Caring for
Hispanic Patients

Smoking Cessation Within the U.S. Hispanic Community

Includes a patient education handout

PHYSICIANS AS MENTORS 4
PROVIDING CULTURALLY COMPETENT CARE TO MEXICAN-AMERICAN PATIENTS 5
CANCER SUPPORT GROUPS AND HISPANIC CANCER SURVIVORS 19
A SPANISH LANGUAGE VERSION OF THE ETHNICS MNEMONIC: A CLINICAL TOOL FOR HEALTH CARE PROFESSIONALS 21
A CULTURAL COMPETENCE MODEL FOR MEDICAL SCHOOL CURRICULUMS 27
ENCOURAGING MENTAL HEALTH BY LINKING HISPANIC WOMEN WITH COMMUNITY RESOURCES 32

3.0 CME CREDITS
A great variation in English-language proficiency exists among Hispanic Americans. This diversity in language reflects the diversity in health status and disparities among the various Hispanic cultures. Effective communication with these patients is a key to providing effective care. With the development of the ETHNICS mnemonic, health care professionals have a practical interviewing tool to use when addressing cross-cultural health issues with Hispanic patients and their caregivers. The tool allows for exploration of the patients' perceptions of their symptoms, illness, or condition, and facilitates communication during the clinical encounter. (Caring for Hispanic Patients. 2005;21:21-24. Copyright © 2005 American Academy of Family Physicians.)

Hispanic Americans represent the fastest-growing racial and ethnic minority population in the United States. Among the many cultures of origin that are considered to be Hispanic (e.g., Mexican, Puerto Rican, Cuban, Central American, South American, Spanish), English-language proficiency varies greatly. The lowest rate of English proficiency is reported among Puerto Ricans and Spaniards, 26 percent of whom speak only Spanish. This diversity in language mirrors the considerable diversity in health status and disparities among the various Hispanic cultures. For example, mortality rates from cardiovascular disease range from 86 per 100,000 among persons of Mexican Hispanic origin to 94 per 100,000 for persons of Puerto Rican Hispanic origin. Both figures are considerably lower than the rates for cardiovascular disease among non-Hispanic whites. However, in other morbidity measures related to chronic diseases such as diabetes mellitus, Hispanics fare much worse than other racial and ethnic minority populations. Health care professionals who can communicate effectively with Hispanic populations will be key to improving these clinical disparities.

Providing effective care to Hispanic patients involves more than just bridging issues of Spanish-language communication. Although interpreter services often are used to give culturally appropriate care to Hispanic patients, health care professionals must understand the key cultural aspects of familia (family), respeto (respect), and personalismo (personal familiarity). They should also be sensitive to nonverbal communication (e.g., touch, eye contact, facial expression, vocal tone between the patient and health care professional), which can greatly influence care.

The development of appropriate Spanish-language versions of clinical tools is essential because of the growing Hispanic population and the limited number of culturally and linguistically sensitive tools that are currently available. Ad hoc translation strategies can result in mistranslation by health care professionals and miscommunication between the patient and the health care professional. Existing Spanish-language versions of validated clinical tools include, but are not limited to, the Mini-Mental State Examination, the Geriatric Depression Scale, and the CAGE Questionnaire.

The ETHNICS mnemonic is a practical interviewing tool and framework that health care professionals can use to address cross-cultural health issues with patients and their caregivers. This article provides a Spanish-language version of the ETHNICS mnemonic that can be used as a clinical tool when providing care for Hispanic patients with limited or no English proficiency.

The ETHNICS Mnemonic

Table 1 presents a Spanish-language version of the ETHNICS mnemonic with the translated English version and suggested probe questions to elicit additional information. The English version was translated into universal Spanish using a one-way translation technique. Compared with validated assessments, this is a framework with suggested language for the health care professional who is not proficient in Spanish and is working with an interpreter.

The ETHNIC mnemonic was developed initially in 2000 by applying explanatory model concepts to address cross-cultural issues with patients. In 2002, the mnemonic was broadened to ETHNICS by including the letter "S" for spirituality. Each letter of the mnemonic refers to a cultural aspect of health and illness for health care professionals to explore. This clinical tool does not replace the standard medi-
conomic history process. It is neither a scoring sheet nor a detection scheme to uncover hidden cultural concerns, but rather a clinically applicable tool for eliciting and negotiating cross-cultural issues during the health care encounter. The mnemonic is designed to be integrated into the 15-minute visit between the health care professional and the patient in an ambulatory office setting, hospital, home health environment, nursing home, or other setting.

The domains of the ETHNICS mnemonic are Explanation, Treatment, Healer, Negotiation, Intervention, Collaboration, and Spirituality. These domains do not have to be followed in any particular order. They allow the health care professional an opportunity to explore the perceptions of patients or caregivers regarding their symptoms, illness, or condition, and to facilitate communication during the clinical encounter.

"Explanation" determines how patients and others may perceive their illness, condition, or symptoms. "Treatment" inquires about interventions, both medical and alternative, that patients have used before and in the current clinical encounter. "Healer" asks about all health care professionals, both medical and alternative, that patients have employed before and in the current clinical encounter.

"Negotiation" is the inquiry to establish whether patients are willing to work actively with the health care professional to seek outcomes in a jointly acceptable manner. This builds on the previously identified beliefs. "Intervention" is the discussion between patients and the health care professional about a mutually proposed course of action, again addressing the needs identified earlier. "Collaboration" allows patients and health care professionals to mutually discuss how the therapeutic relationship can best develop. "Spirituality" provides the health care professional with an understanding of how patients' faith or religion can affect their symptoms, illness, or condition.

Clinical Application of the Spanish-Language Version of the ETHNICS Mnemonic

The following case vignette provides an example of caring for an Hispanic patient and illustrates the clinical application of the Spanish-language version of the ETHNICS mnemonic. It should be noted, however, that the specific health and illness attitudes, beliefs, and values described here are clearly individual to this patient and are not necessarily generalizable to all patients of Hispanic origin.

CASE: A 62-year-old Hispanic woman presents to her family physician's office with type 2 diabetes mellitus. Her native language is Spanish, she speaks no English and is accompanied by her daughter. She understands diabetes to mean "high blood sugar" because other family members have had it, and she has undergone diabetic counseling. The patient has been coming to the office for the past six months and is seeing a physician who does not speak Spanish. According to the medical records from her previous office visits, she is taking oral diabetes medication twice daily, and her most recent blood work reveals borderline controlled diabetes mellitus.

At this particular office visit, the patient complains of increasing fatigue. A bilingual staff member acts as an interpreter following the Spanish-language version of the ETHNICS mnemonic. When the physician asks through the interpreter what the patient's own explanation is for all these problems, she says, "The diabetes is what is making me sick. I feel my medication is not helping" ("E"). She further explains that she has been going to church and praying to feel better, because she believes that praying will help her get better ("H" and "S"). With further probing from the physician and interpreter, the patient admits that, after being encouraged by family members, she has been taking "nopaltes," which she purchased at a local ethnic grocery store ("T"). Nopaltes, or cactus, is a complementary therapy used to treat diabetes; however, the results of studies regarding its efficacy have been contradictory, with weak evidence to suggest that it benefits patients with diabetes.16

The patient says she wants to keep praying and taking the nopaltes because this is what many of her family members do for diabetes and she feels that both prayer and nopaltes can help her. She was afraid to mention this before because she thought her previous physician "wouldn't understand." Acknowledging the patient's comments, the physician mentions that her current fatigue could be caused by her diabetes and the combination of her treatments ("E" and "N"). The physician recommends that she modify her current dosage of prescription diabetes medication to once daily and that she continue praying and taking the nopaltes, along with watching her diet ("T"). The patient agrees to give this a try ("N"). She is asked to follow up in two weeks.

CASE COMMENT: In the above case, the use of the Spanish-language version of the ETHNICS mnemonic and appropriate language interpreter services gave the treating physician a better perspective on the patient's perception and further management of her chronic disease. Diabetes mellitus can be challenging to manage because of the multiple interactions of diet, medications, and lifestyle factors that are often influenced by culture. Through an interpreter, the physician established a rapport that allowed the patient to share her explanation by applying key cultural aspects and negotiating a mutually acceptable treatment plan. Health care professionals must access appropriate interpreter services for their patients.17

The frequent blending of traditional and "western" medicine perspectives is particularly relevant among Hispanic pa-
<table>
<thead>
<tr>
<th>Components of the ETHNICS mnemonic</th>
<th>Direct question/statement for the patient</th>
<th>Probe questions/statements to elicit additional information from the patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explanation</td>
<td>¿Por qué piensa usted que tiene esto ... (use the phrase that uses the patient’s expression)</td>
<td>¿Qué es lo que dicen las amistades, familiares, y otros acerca de estos síntomas? (ex. ¿Sabe alguien más que a usted? Ha oído usted acerca de esto por parte de otras personas, la radio, la televisión o internet, o ha leído en el periódico? Si el paciente no puede ofrecer una explicación, pregúntele qué le preocupa sobre sus problemas.)</td>
</tr>
<tr>
<td>Treatment</td>
<td>¿Qué es lo que usted ha probado para esto ... (use the phrase that uses the patient’s expression)</td>
<td>¿Qué tipo de medicina, remedios caseros, u otros tratamientos ha usado para esta enfermedad? (ex. ¿Ha probado cualquier remedio casero que puede estar tomando, como, o hacer para mantenerse saludable? Dígame sobre esto. ¿Qué tipo de tratamientos busca usted de mí?)</td>
</tr>
<tr>
<td>Healers</td>
<td>¿A quién más le ha pedido ayuda para aliviar esto ... (use the phrase that uses the patient’s expression)</td>
<td>¿iTiene usted alguna otra persona que pueda ayudarlo a usted? (ex. ¿Tiene usted alguna otra persona que pueda ayudarle?)</td>
</tr>
<tr>
<td>Negotiation</td>
<td>¿De qué manera usted cree que le puedo ayudar?</td>
<td>Trate de encontrar opciones que sean mutuamente aceptables para usted y su paciente y que no contradigan sino más bien incorporen algo de las creencias de su paciente.</td>
</tr>
<tr>
<td>Intervention</td>
<td>Esto es lo que pienso que debes de hacer ahora.</td>
<td>Determine una intervención (ex. diagnóstico, farmacológica, social, educativa) con el paciente, que puede aún incorporar tratamientos, asistencia, y curanderos alternativos como otras prácticas culturales (ex. comiendo o evitando alimentos en general y/o cuando está enfermo).</td>
</tr>
<tr>
<td>Collaboration</td>
<td>¿Cómo podemos trabajar juntos en esto y con quien más?</td>
<td>Colabore con el paciente, miembros de la familia, los curanderos, y recursos de la comunidad.</td>
</tr>
<tr>
<td>Spirituality</td>
<td>¿De qué maneras le/religion/spiritualidad le ayuda usted este ... (use the phrase that uses the patient’s expression)</td>
<td>Hableme de su vida espiritual. ¿Qué cree usted que le pueda ayudar sus creencias espirituales con esto? (ex. ¿Qué cree usted que le pueda ayudar sus creencias espirituales con esto?)</td>
</tr>
</tbody>
</table>

**Table 1. Spanish-Language Version of ETHNICS: A Framework for Culturally Appropriate Care**

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patients. More than 61 percent of Hispanics reported using some form of complementary and alternative medicine in 2002, a higher rate than in other populations. Many such interventions involve ingestion of herbal products that have the potential to interact with allopathic medical treatments. Physicians treating older Hispanic patients need to be especially aware of the use of complementary and alternative medicine. In this particular case, the interaction between nopalcs and the oral diabetic medication may have caused hypoglycemia, which would explain the patient's fatigue. In addition, the roles of nontraditional healers and prayer and the strong influence of faith in Hispanic cultures were explored using this clinical tool.

Conclusion

The ETHNICS mnemonic can be helpful in facilitating cross-cultural communication during clinical encounters. However, it does not address important systemic, institutional, or interpersonal barriers to culturally competent care. The Spanish-language version of this tool has been used by a limited number of health care professionals and interpreters, and anecdotal feedback has been consistently positive. In addition, this tool can serve as an instructional strategy to be incorporated into cross-cultural curricula for training programs in all health care disciplines. Future empiric research is needed to study the effectiveness of the ETHNICS mnemonic in enhancing cultural competency.

References