Cultural competence refers to academic, clinical, and interpersonal skills that allow allied health professionals to remove barriers between themselves and their patients. Uncovering biases based on an ethnic, religious, political, sexual-preference, or social prejudice requires time, knowledge, and experiences with individuals from diverse cultural backgrounds, as well as reflection on the clinician’s own experiences. Culturally competent allied health professionals increase their understanding and appreciation of the cultural differences and similarities, including behaviors, communication style, language, belief systems, and attitudes.2,3 Rapidly changing demographics demand that health-care practitioners acquire heightened awareness, sensitivity, and skill in meeting the needs of culturally diverse groups. Since 1995, many medical schools and residency programs have included cultural competency in their curricula. The surgeon general of the United States has devoted significant attention to culturally competent care in relation to delivery of mental health services. The National Athletic Trainers’ Association (NATA) has included cultural awareness on the list of knowledge and skills to be mastered in entry-level athletic training programs. The factors of cultural competence presented in this article are not intended to be all inclusive, nor is this review intended to advocate broad application of any concept to any group on the basis of cultural affiliation.

**Operational Definitions**

**Culture** refers to patterns of language, thoughts, actions, customs, beliefs, courtesies, rituals, manners, interactions, roles, expected behaviors, and values of race, ethnicity, religion, sexual orientation, and disabilities. Culture is not a static entity; it changes as awareness, beliefs, and environment change. Ethnic refers to similarities in ancestry, language, rituals, religion, music, and food preferences. Minority, in a sociological sense, describes a group that faces limitations related to social resources, access to opportunity, status, and political power. In this context, the term minority is not intended to denote small demographic numbers.

**Effect of Cultural Competence on Athletic Health Care**

Patients’ cultures influence their perception of care, compliance, communication, and the injury or illness assessment and management process. Research findings suggest that when health-care professionals act only on what they
feel is correct, the risk of patient insult and suboptimal treatment increases.\textsuperscript{9} Research findings also suggest that there are some cultural variations in symptom presentation and expression, as well as subtle differences in the metabolism of certain medications. Furthermore, athletic trainers who provide culturally competent care have a unique opportunity to educate physically active individuals concerning general health issues endemic to specific sectors of the population. The athletic training profession can benefit from the strides made in medical and nursing education with respect to the manner in which cultural competence fits into clinical practice. Specifically, athletic trainers and therapists can better understand the dynamics of what happens in the clinical setting by appreciating external behavioral influences. Cultural competence emphasizes recognizing patients’ cultures, developing professional skill and policies to deliver treatments, and developing effective management plans.\textsuperscript{10}

\textbf{Resisting Stereotyping}

Stereotyping—making assumptions without gathering sufficient information—is associated with oversimplification of cultural facts. Culturally competent health-care practitioners will determine whether any particular assumptions they make apply to an individual patient.\textsuperscript{9} Not all individuals who share the same culture, or individuals who are placed in particular census ethnic categories, identify with everyone else in that culture. Age, education, or individual personality can determine how culture is expressed as one identifies with groups of a certain religion, profession, sexual orientation, or age. In fact, an individual might identify with multiple cultures.

There is also diversity within racial and ethnic groups. Biological and genetic similarities among all races suggest that it is no longer appropriate to divide people into traditional anthropometric racial groupings of Caucasoid, Negroid, or Mongoloid.\textsuperscript{6} Race has been transformed into a social category, whereas cultures are delineated according to socially significant criteria that relate to access to power.\textsuperscript{11,12} Hispanics/Latinos are ethnically diverse. They might be Mexican, Cuban, Puerto Rican, South American, Central American, or European. Indigenous North Americans might be Hispanic/Latino if they are from Mexico or American Indian if they are from the United States. Many people from the Dominican Republic self-identify racially as Black (physically) but ethnically as Hispanic or Latino. Native Hawaiians and Korean Americans have limited similarities in heritage but are classified together as Asian. A Black Caribbean person might be very culturally different from a Black American. Children of Asian families raised in suburbia might identify more with American culture than with the culture of their ancestry. Southern Black and White Americans might be more homogeneous in some beliefs and behaviors than are southern and northern Black Americans.

\textbf{Willingness to Confront Personal Biases and Stereotypes}

There is a tendency to discount the importance of cultural differences with statements reflecting attitudes such as “We are all just human beings,” “Color/culture doesn’t matter,” and “I am color-blind.” Color blindness, culture blindness, cultural insensitivity, and cultural incompetence are in themselves impediments that do not permit clinicians to see the facets that make up an individual, contribute to the injury manifestations or illness, and affect the management of the condition. Clinicians who are willing to acknowledge cultural differences and who appreciate the influence of culture in a patient’s decisions and responses approach people differently, and care is not compromised.\textsuperscript{1}

\textbf{Culturally Competent Clinical Environment}

The U.S. Department of Human Services’ Office of Minority Health\textsuperscript{20} has proposed standards to make health-care services more responsive to the individual needs of patients. Although many of the suggested standards are intended for health-care organizations, several are appropriate for clinical facilities that are committed to promoting culturally competent athletic health care. The standards are also intended for use by educators of health-care professionals to raise awareness in their curricula regarding the significance of culture and language in the delivery of health-care services. The standards acknowledge practical difficulties in achieving these goals and focus on commitment and good-faith...