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CULTURAL COMPETENCE AND DIVERSITY IN ATHLETIC TRAINING

Understanding different cultures, ethnicities and backgrounds can help athletic trainers provide better quality of care

BY JORDAN GRANTHAM

According to the U.S. Census Bureau, the racial makeup of America is changing rapidly. In 2013, approximately 37.4 percent of the United States population was classified as minority. The 2012 Census results were the first time that nearly half of the children under the age of five were minorities, and experts are predicting that by 2017, minorities will make up more than half of the U.S. population under age 18.

As the United States population continues to diversify, health care providers need to be aware of how this shift within the patient population could affect the way health care is delivered. It has never been more important for athletic trainers to recognize cultural differences, biological factors and religious or ethnic traditions that may affect a patient's progress, rehab treatment or recovery.

"One of the most amazing things about being an athletic trainer is we get to know our patients because we work with them intimately," said EDAC member Dani Moffitt, PhD, ATC. "It only makes sense that we learn about who they are, where they come from and how we can better improve their care. The relationship is already there; we just have the opportunity to make it stronger."

COMPARING PROVIDERS AND PATIENTS

The athletic training profession is not as diverse as the patient population it serves: According to 2015 statistics, approximately 81 percent of the NATA membership is classified as white/non-Hispanic. (See the full membership ethnicity breakdown on p.12). This disparity between provider and patient only emphasizes the need for cultural competence in order to provide the highest quality care.

The *5th Edition of the NATA Athletic Training Education Competencies* includes cultural competence within its "Foundation Behaviors of Professional Practice," advising that the following aspects be incorporated into AT educational programs:

- Demonstrate awareness of the impact that clients'/patients' cultural differences have on their attitudes and behaviors toward health care
- Demonstrate the knowledge, attitudes, behaviors and skills necessary to

achieve optimal health outcomes for diverse patient populations
- Work respectfully and effectively with diverse populations and in a diverse work environment

The *Education Competencies* indicate ATs need to demonstrate "effective interpersonal and cross-cultural communication as it relates to interactions with patients and others involved in the health care of the patient." Effective cross-cultural communication begins with understanding the patient population and how different cultures are affected by specific illnesses or traditional medical practices.

UNDERSTANDING OUR DIFFERENCES

Diversity within patient populations isn't limited to race or ethnicity; ATs must also consider language, religion, sexual orientation, ability/disability and other factors when evaluating the unique individuality of a patient. A one-size-fits-all approach to health care doesn't exist.

Differences can emerge from the initial greeting of a patient: Some cultures shake hands, while others would find that interaction offensive or uncomfortable. Even simple gestures – pointing or beckoning, for example – can lead to misunderstandings between different cultures and affect the relationship between provider and patient. Some cultures avoid eye contact as a sign of respect, and others consider pointing with your index finger as highly offensive. As Rene Revis Shingles, PhD, ATC, puts it in the webinar *Culturally Competent Care in Athletic Training*, "Gestures do not have universal meaning."

ATs might encounter other sensitive situations while caring for patients with different backgrounds. Many people value traditional medical practices from their specific culture, including the use of herbal medicines, homeopathy or cultural/folk healers. Some cultures approach physical contact in different ways, so a patient could be resistant to common manual therapy techniques. "Culture is always present, operating and influencing the interchange in every evaluation," Shingles said. ATs may need to take into account religious holidays when scheduling treatment or rehabilitation. Consider a patient who speaks English as a second language and receives written instructions for treatment, rehabilitation or medicine: Can you be sure they read their second language as well as they speak it? A simple linguistic misunderstanding could limit the effectiveness of the prescribed medical treatment.

Beyond the interpersonal interaction between provider and patient, there are medical conditions that occur more often in specific populations. Sickle cell trait is more common in those of African or Mediterranean descent, while Hepatitis B affects Asian populations at a higher rate. Eastern European/Ashkenazi Jews are more prone to late-onset Tay-Sachs disease, and lactose intolerance is more common in minority populations. Muslim athletes who fast during Ramadan might need special consideration from their athletic trainer. These are just some of the issues that might occur during the course of care, and understanding these differences can be the difference between proper care and/or compliance.

ASSESSING CULTURAL COMPETENCE

Becoming a culturally competent health care provider is not something that can be achieved overnight; it's an ongoing, ever-changing developmental process that evolves over a period of time. If you're interested in assessing your own cultural competence, start by asking yourself some simple questions:
- Do you believe people with a common cultural background think and act alike?
- Do you think aspects of cultural diversity need to be assessed for each individual, team and organization?
- Are you aware that individual athletes/patients may identify with more than one group?
- Do you understand that people from different cultures may define the concept of health care in different ways?
- How comfortable are you working with people from groups other than your own?
- Do you seek out cultural enrichment opportunities?

Beyond those introductory questions, consider your own situation and the patients you serve:
- How to you racially/ethnically identify the athletes and patients you care for? (Hispanic, White, Black, Native American, Asian/Pacific Islander, Middle Eastern, Mixed Ethnicity, Other)
- Which groups do you serve regularly?
- Beyond ethnicity, are you serving patients that fit any of the following descriptions? Mentally/emotionally ill, physically challenged/disabled, homeless/housing insecure, substance abusers, gay/lesbian/bisexual/transgender, different religious backgrounds

Once you assess your own cultural competence and have thought about the different backgrounds that might be represented in your patient population, you can identify weaknesses and take steps to improve your competence in those areas.

GAINING COMPETENCE – AND CONFIDENCE

An effective way to gain cultural competence, recommends EDAC committee member Ami Adams, MS, ATC, is by working with a variety of athletes with a mix of ethnicities, religious beliefs and cultural guidelines. Students might consider graduate assistantships on the other side of the country, or, student aide opportunities working within a unique setting. Seek out enrichment opportunities like cultural events, membership in different cultural groups or volunteering with underrepresented populations.

NATA's Quiz Center (www.nata.org/quiz-center) offers several courses on cultural competence. The 10 free CEUs received with your NATA membership can be used to take the following courses:
- *Culturally Competent Care in Athletic Training*
- *Educational Tools and Clinically-based Assignments to Infuse the EBP Competencies throughout Your Curriculum*
- *From Book to Practice: Integrating Cultural Competency Education Across the Curriculum*
- *Knowledge Translation: Is it the Key to Developing Effective Evidence-based Clinicians?*
- *Islam & Athletics: Providing Culturally Competent Care for Muslim Athletes*

Examining Ethnic Diversity in Sports & Athletic Training

NATA Membership Ethnicity Changes (1997 vs. 2015)

	1997	1997	2015	2015
Ethnicity n/a	3,012	14.26%	2,137	5.12%
Black, Non-Hispanic	256	1.21%	1,452	3.48%
Asian/ Pacific Islander	405	1.92%	1,441	3.46%
White, Non-Hispanic	16,834	79.68%	33,748	80.98%
Hispanic	436	2.06%	1,744	4.18%
Multi-Ethnic	n/a	n/a	583	1.40%
American Indian/ Alaskan Native	103	0.49%	185	0.44%
Other	80	0.38%	386	0.93%
Total	21,126		41,676	

Ethnicity of NCAA Student Athletes by Sport (All Divisions, 2013-14)

Information from the NCAA Race & Gender Demographics Database at www.ncaa.org/about/resources/research/diversity-research. Chart includes top five sports by participation.

	White	Black	Hispanic	Other
Football	52.3%	36.2%	3.3%	8.2%
Baseball	83.7%	3.8%	5.8%	6.7%
Track, Outdoor (M)	62.9%	21.6%	5.2%	10.3%
Track, Outdoor (W)	64.7%	20.1%	4.5%	10.7%
Soccer (M)	65.3%	7.1%	10.9%	16.7%
Soccer (W)	79%	4.1%	6.1%	10.8%
Basketball (M)	42.5%	44.4%	2.9%	10.2%
Basketball (W)	54.1%	**32.6%**	**3.2%**	**10.1%**

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