

CULTURAL COMPETENCE & SOCIAL JUSTICE: A PARTNERSHIP FOR CHANGE

By Jonathan Stacks, MSW, Project Coordinator, Youth Empowerment Initiatives;
and Andrés Meléndez Salgado & Sara Holmes, Interns, Advocates for Youth

Cultural competence is essential in addressing the sexual and reproductive health needs of young people of color, including gay, lesbian, bisexual and transgender (GLBT) youth of color. Indeed, cultural competence is vital to every program's effectiveness, not just to those serving "minority" groups. Culturally relevant programs and culturally competent individuals can better serve youth, and when cultural competence partners with social justice, society may finally achieve equality in health outcomes for all young people, regardless of their race/ethnicity, language, gender, religion, or sexual orientation.

What Is Culture?

Here, we define culture as a "system of interrelated values [that] influence and condition perception, judgment, communication, and behavior."¹ Everyone looks at the world through a lens, as though through a pair of glasses. While this lens is unique to each individual, the worldviews of people of similar background or social experience is often similar. This similar worldview creates a shared understanding of society. One's involvement in these social groups can be referred to as his/her cultural identity. To understand a culture is to understand a particular worldview.

What Is Cultural Competence?

Cultural competence moves beyond "cultural awareness" (knowledge of another cultural group) and "cultural sensitivity" (knowledge as well as experience with another culture).² Cultural competence acknowledges and responds to the unique worldviews of different people and communities. The way an individual views the world comes from her/his life experiences, many of which are shared by others within the same culture. To understand the individual, one must understand these experiences. Besides recognizing cultural patterns of behavior, the culturally competent person must also acknowledge the social inequities faced by others.

Cultural competence matters because the public health community acknowledges that using one method to reach every person and every community is far less effective—and sometimes completely ineffective—than creating and/or adapting programs to meet the specific cultural context of a particular population. For public health endeavors, cultural competence is the level of knowledge-based skills necessary for providing effective services to individuals from a particular group—however the group is defined.³

What Is Social Inequality?

Champions of *social justice* assert that the foundation of a free society lies in 1) equally valuing all citizens by granting them equal political and civil liberties; 2) meeting their basic needs of income, shelter, and other necessities; and 3) offering each one opportunities and life chances.⁴ Unfortunately, societies usually offer citizens unequal access to education, career opportunities, money, and power. Some individuals—due to cultural identity, gender, skin color, national origin, or sexual orientation, among other attributes—have greater and easier access to a society's resources than do others. In discussing inequitable power and resource distribution, social scientists usually use *privilege* to indicate preferred access to power and resources. They use *oppression* to indicate barriers to power and resources.

Every person has more than a single cultural identity and, thus, in different situations, varied experiences of privilege or oppression. For example, while a heterosexual African American young man may be unable to shop in some stores without being harassed by security, he can usually publicly, and without fear, display his affection for his female partner. At the same time, a white, gay male may be able to shop without being followed around by security but can seldom publicly and fearlessly display his affection for his male partner. True cultural competence demands an understanding of social inequalities and how they affect individuals and communities.

Social Inequality Affects Health.

Social inequality has a profound affect on health and public health outcomes. Yet, it has too often been left out of public health discussions. Research demonstrates a direct correlation between inequality and negative health outcomes. For example, "in the United States between 1980 and 1990, states with the highest income inequality showed a slower rate of improvement in average life expectancy than did states with more equitable income distributions."⁵

Another example is the HIV/AIDS epidemic in the United States. Groups disproportionately affected by the epidemic are also historically oppressed groups—communities of color, women, men who have sex with men, the poor, and young people. All these groups experience serious limitations in their access to resources, especially education, adequate and responsive health care, power to set policy, and opportunities to create relevant media messages. Inequality creates and perpetuates feelings of powerlessness. The link between inequality and health outcomes is a starkly clear reason for linking cultural competence and social justice.

So, how do we achieve socially just cultural competence? By taking three steps: 1) self-awareness, 2) self-analysis, and 3) community partnership.

Self-awareness

Cultural competence means gaining knowledge about both our own culture(s) and the culture(s) with which we work. This process must begin with each of us, before moving outward to the community. Self-awareness means thoroughly examining our own lifestyle, thoughts, and assumptions—particularly our cultural assumptions. For example, our inner feelings about affirmative action, immigration laws, gay marriage, inter-ethnic adoptions and/or intimate relationships, and hate crimes are often part and parcel of our cultural attitudes and biases. Self-awareness requires both thought and discussion with our friends, co-workers, family, and strangers about these beliefs and the situations those beliefs affect. Do we assume that, based on race/ethnicity, we are more likely to be smart, energetic, or responsible than others? Do we assume that someone else will be better at interior design or sports, based on his/her sexual orientation or race/ethnicity? Becoming aware of these automatic assumptions is the first step towards socially just cultural competence.

We also need to examine our position in society and our experience of privilege and oppression. How has our own experience of privilege and/or oppression shaped our worldview? Do we feel entitled to have our opinions heard by policy makers or do we feel that policy makers will not listen to us? Do we think some particular racial/ethnic group is lazier, smarter, or more avaricious or philanthropic than our own? Bah, humbug! When we find exceptions to our internal worldview, we must recognize that these exceptions disprove our cultural biases.

Self-analysis

How do our attitudes, values, and beliefs shape our interactions with others? We need to *assess* the impact of our cultural upbringing upon our concepts of other cultural and ethnic groups and upon our actions in the world. What attitudes did we adopt unthinkingly at an early age? How do our actions reflect those attitudes and what real world experience shows these attitudes to be unfair and/or hurtful to others? True cultural competency requires understanding our own biases and how those biases affect our actions before we even attempt to understand the beliefs, traditions, and values of others.

Community partnership

The third step toward socially just cultural competence is to enter community partnerships. The process of becoming culturally competent now moves outward from the individual, into the community. And what better place to engage in an outward dialogue than with the communities we serve?

Too often, organizations stand between funding sources and the community, serving the community, yet not sharing monetary decisions with it. By limiting communities' direct access to funding, the organization perpetuates social inequality. By creating a true partnership with the community, an organization establishes equality and encourages the community to make *its own* decisions about public health issues, goals, and spending. Through working hard, building mutual trust, and ensuring mutual commitment to shared goals and to genuine equality, communities and youth-serving organizations can build effective partnerships in which the community's expertise (knowledge and shared experiences) and resources (people) join with the expertise (research on best practices) and resources (access to funding) of the organization. The results of empowering communities through genuine partnership may be improved sexual health outcomes among young people of color.

It's Time for Socially Just Culturally Competence.

Despite public discussions and civil rights struggles over the past decades, youth of color grow up with firsthand understanding and experience of inequality and injustice. Discrimination and little hope for the future sometimes leave youth of color with little incentive to protect themselves. In many communities of color, sexual health outcomes reflect the inequities faced by young people. Public health organizations and those working with youth of color need to establish socially just and culturally relevant programs and to hire and train culturally competent staff. Then, organizations and programs will be able to serve youth of color as they deserve and to encourage these youth to achieve positive sexual health outcomes.

References

- ¹ Airhihenbuwa CO. *Health & Culture: Beyond the Western Paradigm*. Thousand Oaks, Sage, 1995.
- ² Messina SA. *A Youth Leader's Guide to Building Cultural Competence*. Washington, DC: Advocates for Youth, 1993.
- ³ Kaiser Family Foundation. *Compendium of Cultural Competence Initiatives in Health Care*. Menlo Park, CA: The Foundation, 2003.
- ⁴ Bowring B. Forbidden relations? The UK's discourse of human rights and the struggle for social justice. *Law, Social Justice & Global Development Journal* 2002; 1.
- ⁵ Daniels N, Kennedy B, Kawachi I. Justice is good for our health. *The Boston Review* 2000; 25.

R
i
g
h
t
s