

Cultural Competency in Community Food Work

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Presenter

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Purpose: The focus of this presentation was to engage group members in conversation about power and privilege. Additionally, the session educated members about how power and privilege play out when working within the community.

“I was taught to see racism (sexism, ageism, classism etc...) as individual acts of meanness, not an invisible system of conferring dominance on my group.” Peggy McIntosh

What is “Cultural Competency”?

As we in the United States begin to realize the depth and vastness of our own diversity, the need for “cultural competence” becomes more prevalent. Therefore, there is a greater need for clarity around what cultural competence means. Below, are some definitions used to understand cultural competency.

- Cultural Competency is defined as a set of values, behaviors, attitudes and practices within a system, organization, program or among individuals; which enables them to work efficiently cross culturally.
- Cultural Competency refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of individuals, families receiving services, as well as staff who are providing such services.
- Cultural Competency means striving to achieve cultural competence is a dynamic and ongoing, developmental process that requires a long-term commitment of time and other resources.
- Operationalized definition - Cultural competency means translating and integrating knowledge (functional) about individuals and groups of people into specific practices and policies applied in appropriate cultural settings can begin of work of achieving cultural competence.

Cultural Competency Continuum

The Cultural Competency Continuum was developed to help individuals gauge their own cultural competence within specific situations. The descriptions are placed on a continuum to account for the contextual nature of cultural competence. Essentially, the same person may be more culturally competent in different contexts (cultures, time, place, etc...). Below, is a table describing each factor of the continuum.

Cultural Destructiveness (is intentionally destructive)	Cultural Incapacity (is not intentionally destructive but lacks capacity to help people of color)	Cultural Blindness (expresses a philosophy of being unbiased)	Cultural Pre-Competence	Basic Cultural Competence	Advanced Cultural Competence (Proficiency)
-- practices cultural genocide (e.g. Boarding schools for Native Americans)	--takes paternal posture toward "lesser" races	--believes that color or culture make no difference; we're all the same	--realizes its weaknesses in serving minorities and attempts to make specific improvements	--has acceptance and respect for differences	--holds culture in high esteem
--dehumanizes or subhumanizing clients of color	-disproportionately applies resources	--believes helping approaches used by dominant culture are universally acceptable and universally applicable	--tries experiments; hires minority staff, explores how to reach clients, trains staff on cultural sensitivity, recruits minorities for their boards and advisory committees	--engages in continuing self-assessment regarding culture	--adds to knowledge base by doing research, developing new approaches based on culture, publishing results of demonstration projects
--denies clients access to their natural helpers or healers	--discriminates based on whether clients "know their place" and believes in the supremacy of dominant culture helpers	--thinks all people should be served with equal effectiveness	--has commitment to civil rights	--makes adaptations to service models in order to meet client needs	--hires staff who are specialists in culturally competent practice
--removes children from their families on the basis of race	--may support segregation as a desirable policy	--ignores cultural strengths, encourages assimilation, and blames clients for their problems	--may feel a false sense of accomplishment that prevents further movement	--works to hire unbiased workers	--advocates for cultural competence throughout the system and improved relations between cultures throughout society
--risks client's well-being in social or medical experiments without their knowledge or consent	--enforces racist policies and maintains stereotypes --promotes ignorance and unrealistic fears of people of color	--follows cultural deprivation model (problems are the result of inadequate cultural resources)	--may engage in tokenism	--seeks advice and consultation from minority community	
	--maintains discriminatory hiring practices	--practices institutionalized racism			
	--gives subtle "not welcome" messages	--sets ethnocentric eligibility for services			
	--has lower expectations of minority clients				

Table source: Cross, T. L. Cultural competence continuum: Agencies and professionals. Retrieved August 9, 2007, 2007, from <http://www.d.umn.edu/sw/culturalcomp/Cultural%20Competence%20Conti.htm>

Source: Cross, T. L., Barzon, B. J., Dennis, K. W., & Issacs, M. R. (1989). *Towards a culturally competent system of care vol. 1: A monograph on effective services for minority children who are severley emotionally disturbed*. Washington, D.C.: Georgetown University Child Development Center.

Group Exercise

The larger group was asked to answer a series questions about race, class, access to education, age, access to food and income to make determination about each group member's relative privilege. Those with the most privilege (e.g. Caucasian, younger, middle to upper income, educated, men, who are food secure) were assigned the job of recorder and they would speak about issues last—if time permitted, while those with less privilege led the group and were able to speak first about their issues. Three sub-groups were given the following assignment:

Identify a key issue in local food system that creates inequity in access to food and answer the following questions:

1. What is the root of the issue?
2. What systems perpetuate the issue?
3. Who are others in your community that are interested in addressing this issue
4. How can you engage them?
5. How can you use your relative privilege to address the issue?

Responses from group project included:

Facilitators' experiences

- Compassion, common goals and values
- Shared experiences, Richer knowledge
- Rage and betrayal then through dialogue empathy
- What are the impacts of internalized oppression-people who had limited privilege in society struggled with being in positions of power

Recorder's observations

- Not uncomfortable in the group but interested in seeing how the process played itself out
- Appreciative of the collective listening
- Uncomfortable about not saying anything

Other observations

- The fact that recorders (those who are more privileged in society) chose not to participate was a part of their privilege.
- “I felt as though I had to say everything that I needed to say because I rarely get an opportunity to speak.”

The overall purpose of this exercise was to illustrate the fluidity of privilege and give members a slight glimpse of what it is like to have or not to have a voice (depending on which was applicable).