

---

Charles Darwin University

## 'A foot in each world, a heart in none' – whose responsibility is cultural competence?

Robinson, Priscilla; Lee, Vanessa; D'Antoine, Heather

*Published in:*  
Australian and New Zealand Journal of Public Health

*DOI:*  
[10.1111/1753-6405.12596](https://doi.org/10.1111/1753-6405.12596)

Published: 01/08/2016

*Document Version*  
Publisher's PDF, also known as Version of record

[Link to publication](#)

*Citation for published version (APA):*  
Robinson, P., Lee, V., & D'Antoine, H. (2016). 'A foot in each world, a heart in none' – whose responsibility is cultural competence? *Australian and New Zealand Journal of Public Health*, 40(4), 303.  
<https://doi.org/10.1111/1753-6405.12596>

### General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal

### Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

doi: 10.1111/1753-6405.12596

# 'A foot in each world, a heart in none' – whose responsibility is cultural competence?

**Priscilla Robinson**

Department of Public Health, College of Health, Sciences and Engineering, La Trobe University, Victoria

**Vanessa Lee**

Faculty of Health Sciences, The University of Sydney, New South Wales

**Heather D'Antoine**

Associate Director of Aboriginal Programs, Menzies School of Health Research, Northern Territory

The Australian Public Health Graduate and the National Indigenous Public Health Framework competency sets<sup>1,2</sup> include several competencies related to cultural competence. Competence comes with exposure and practice; it is not just learned from theory. One useful definition of professional competence is: "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and the community being served".<sup>3</sup>

As public health teachers and practitioners, teaching technical competence is hard enough. Comparable technical information about health inequities, good examples of programs that have really worked, and the provision and running of public health and primary care services in difficult-to-reach communities are hard to find. Finding effective mechanisms to teach cultural competence, implied in the last few words of Epstein's definition, is harder still. But perhaps we are looking in the wrong places.

Good definitions of cultural competence are hard to come by. There is general acknowledgement that there are many aspects and dimensions to this concept,<sup>4</sup> including personal and professional, societal and organisational, and different specific cultural backgrounds to be considered; and all of these are also the basis for barriers in cultural exchange.<sup>5</sup> However, suggested remedies for dealing with disparity tend to involve solutions whereby the 'other' group provides the solution, for example through cultural brokerage and multi-language information sheets, rather than finding our own way to bridging cultural gaps. The responsibility for our understanding remains that of the less advantaged, rather than that of the dominant, stronger and better resourced group.

There are clear experiential aspects to cultural competence, so some of this exposure and

learning needs to be characterised through experiences outside the classroom, through experiential learning and, by extension, teaching. This is not a new idea. We all experience and learn from and through our own cultures, although most people probably do not classify their day-to-day life as a 'cultural experience'. Kolb<sup>6</sup> helps here by describing three experiential learning models, all of which involve tangible experience, observation, reflection and feedback, and which enable the testing of new understandings in repeated settings.

Sometimes we would not want to subject our students to first-hand experience of situations experienced by other people, for reasons ranging from ethical to practical – however, we can expose them to the consequences of these experiences.

Located within public health settings such as health promotion, the visual and performing arts provide creative opportunities for public health projects, such as that which underpins the Western Desert Kidney Project<sup>7</sup> and OddSocks<sup>8</sup> that are effective at eliciting public engagement. The Arts also provide powerful vehicles for the expression of experience and consequence.<sup>9</sup> Except where banned, the world's peoples each have unique ways of describing and recording their history and culture, but these expressions are not necessarily overt; they can require seeking out. Examples of Indigenous experiences are, however, all around us, in painting and singing, story-telling and dancing. These are provided as a way of recording stories and experiences, with the responsibility being on all of us to listen, reflect, test our new knowledge, and deepen our understanding of the worlds of other peoples.

Indigenous Australian people have a particularly rich history of story-telling and cultural recording, and in recent years have adapted western cultural genres to express their stories. We argue that these provide

a rich, unique and wonderful resource for public health teachers to provide a backdrop to the more formal teaching of the so-called 'problem' of the parlous state of Indigenous health included in epidemiology and biostatistics, policy and environmental health. This is because the dispossession narratives are only the prelude. The main performance is the consequences of these actions, imposed wittingly or otherwise.

We suggest this: we need to inspire and support our students to embrace Aboriginal and Torres Strait Islander culture through the literary, visual, and performing arts.

Some ideas to include in course and subject resources include visits to our impressive state art galleries, experience Bangarra Dance Theatre, listen to Indigenous music, read Sally Morgan and Ruth Hegarty, watch *Ten Canoes* and *Rabbit Proof Fence*, spend evenings with NITV and join in NAIDOC week and Sorry Day. If we watch and listen we can all learn.

## Acknowledgement

The phrase 'A foot in each world, a heart in none' is taken from Spear, a collaboration between the Bangarra Dance Theatre and the Australian Broadcasting Corporation. See <http://www.spear-film.com.au/>.

This editorial was written as a reflection during NAIDOC Week.

## References

- Genet B, Robinson P, Parker E. *Foundation competencies for Master of Public Health Graduates in Australia*. Australian Network of Public Health Institutions, 2009. Department of Health and Ageing, Australian Government, Canberra.
- Project Reference Group of the PHERP Indigenous Public Health Capacity Development Project. 2008. Department of Health and Ageing, Australian Government, Canberra.
- Epstein RM, Hundert EM. Defining and assessing professional competence. *JAMA*. 2002;287(2):226-235.
- Sue DW. Multidimensional aspects of cultural competence. *The Counselling Psychologist*, 2001; 29(6):790-821.
- Betancourt JR, Green AR, Carrillo JE, Ananeh-Firempong O. Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Rep*. 2003 Jul-Aug; 118(4): 293-302.
- Kolb DA. *Experiential learning – experience as the source of learning and development*. 1984. Prentice-Hall, New Jersey.
- Sinclair C, Stokes A, Jeffries-Stokes C, Daly J. Positive community responses to an arts-health program designed to tackle kidney disease in remote Aboriginal communities in Australia: a qualitative study. *Aust NZ J Public Health*, Version of Record online: 15 May 2016. DOI: 10.1111/1753-6405.12522.
- Robinson P, McIver S, Rumbold J, Rankin B, Hawkins R, Colliver B, Rumbold B. OddSocks at the Melbourne Fringe Festival: A methods paper for using an arts installation in promoting public health. *Aust NZ J Public Health*, 2008; 32(3): 250-253.
- Corti B, Holman CDAJ, Donovan RJ, Frizzell SK, Carroll AM. Warning: attending a sports, racing or arts venue may be beneficial to your health. *Aust NZ J Public Health*, 1997; 21(4): 371-376.