

Diversity Champions: Expanding Access

Dawn Marie Alapisco, NAGPRA Coordinator



Oregon State University
Office of Institutional
Diversity

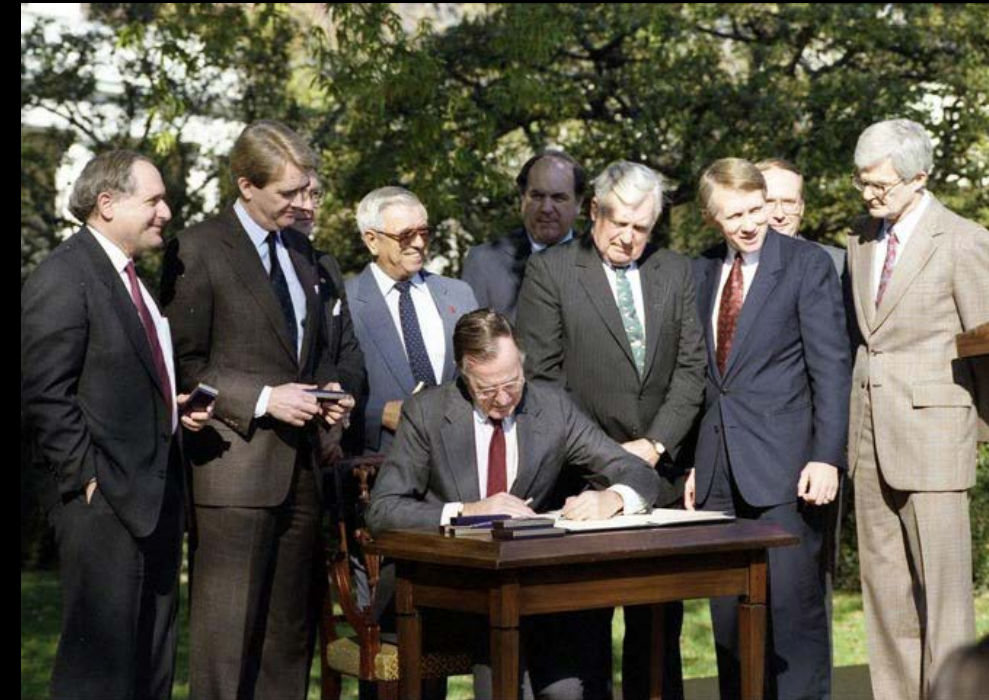
The most frequently asked question?

What is NAGPRA?

NAGPRA is the acronym for the **N**ative **A**merican **G**ra**v**es **P**rotection and **R**epatriation **A**ct of 1990.

NAGPRA was signed into law on November 16, 1990 by President Bush after decades of fighting for basic equality for Native American graves.

NAGPRA is part of a larger worldwide Indigenous Rights Movement.



Who is Dawn Marie and why is she here?

I am an applied anthropologist with two degrees from OSU. I have an HBS in Physical Anthropology and Archaeology and an MA in Applied Biocultural Medical Anthropology and Osteoarchaeology (aka Bioarchaeology in the United States).

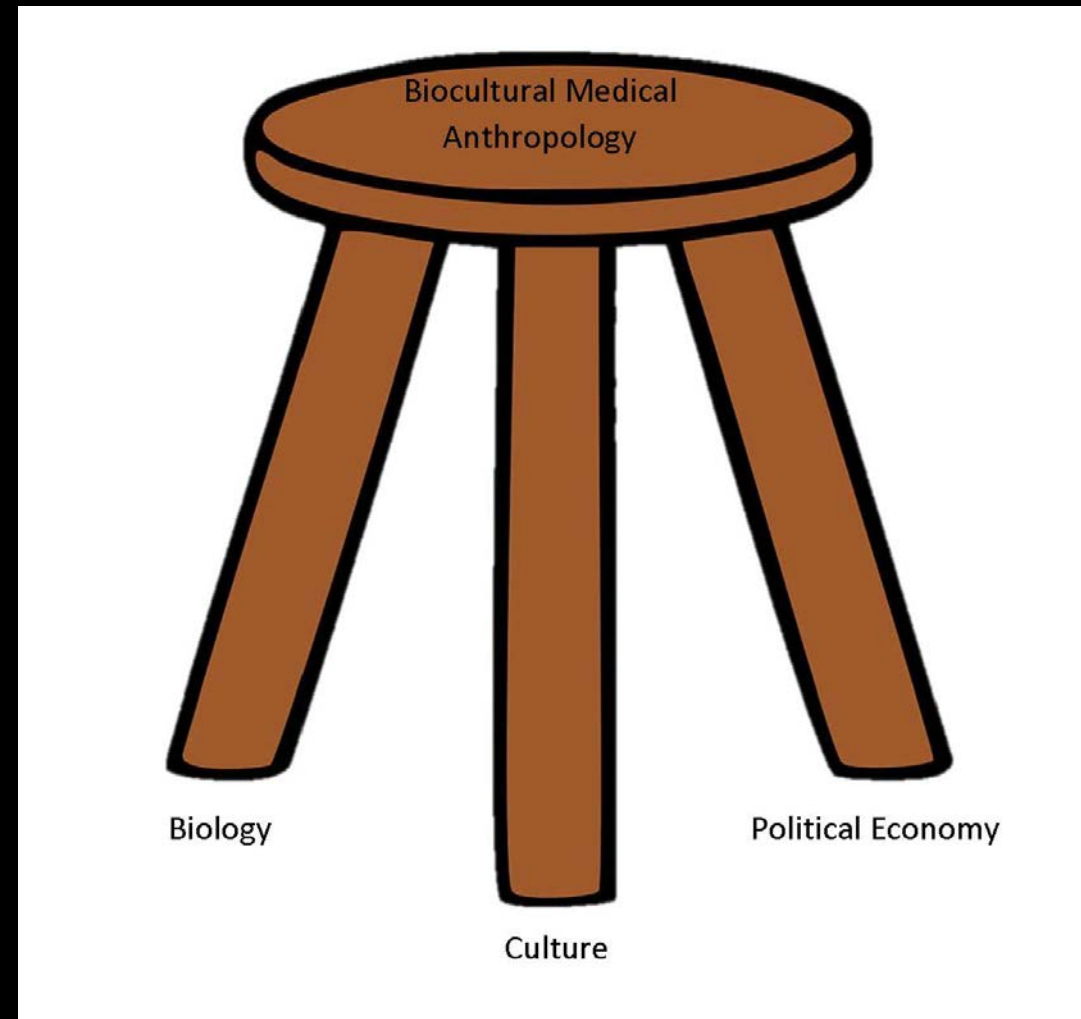
My areas of research focused on the health and wellness of a specific population during subsistence strategy and sociocultural transitions, the gendered division of labor, and maternal and infant health. My area of focus currently is the appropriate curation and repatriation of human remains and cultural items held by OSU to the 574 Federally Recognized Tribes at a Federal level and the inventory of an expanded list of cultural items for the nine Oregon Tribes.

But...as both a person of color and a disabled individual, I am also an advocate for equitable access for all individuals to all aspects of daily life, in the face of systemic, physical, or other barriers.

What is Biocultural Medical Anthropology?

Biocultural medical anthropology is the study of disease from three distinct perspectives: the biological (bacteria, viruses, etc.), the cultural (E.g. mask wearing as a preventative to the spread of disease, cultural relativity), and the political economy (SES, race, social hierarchies, class structures, disability, the social determinants of health, etc.)

We can think of this like a three legged stool.



Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider
Debt	Parks	Vocational training		Discrimination	linguistic and cultural competency
Medical bills	Playgrounds	Higher education		Stress	Quality of care
Support	Walkability				
	Zip code/ geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Source: Henry J. Kaiser Family Foundation

What factors impact equity and access?

Privacy

Shame

Guilt

Fear of retribution

A feeling that one must do things without help

Not wanting to bother anyone

Not wanting to feel like a burden

Fear of being considered a “favorite” or “teacher’s pet”

<https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>

What are the goals of providing equitable access?

A level playing field.

EQUALITY VERSUS EQUITY



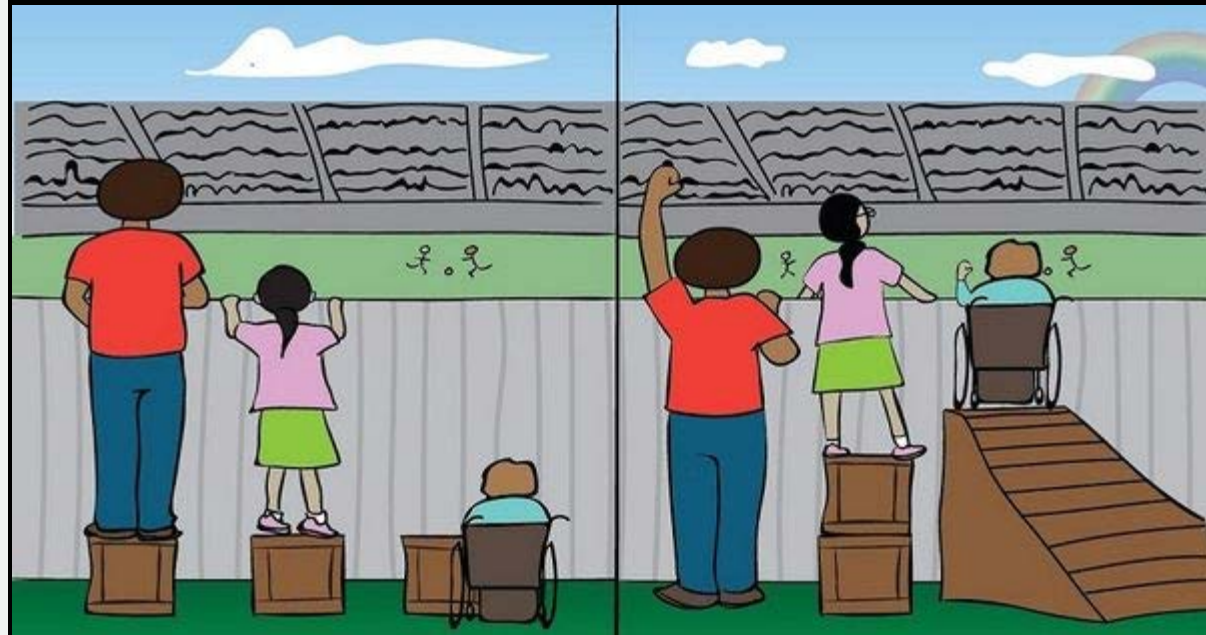
In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.



How do we get there?

Use the university infrastructure to your advantage.

Have videos captioned, if they already have not been.

Enlist the help of an ASL or language interpreter when necessary.

Use accommodation request language in all of your advertising and publications.

Go out of your way to ask if anyone needs an accommodation.

Equal Opportunity & Access has funding to help.

Keeping solutions actionable

Learn from your mistakes and take full responsibility.

Apologize!

Don't beat yourself up, take notes, request input, and move on knowing that you have done your best.

Understand that not everyone will want or accept help.

Lived experiences

We all have our own lived experiences. Normal is what you are used to, meaning that my lived experiences have created a “normal” for me that is likely vastly different than your lived experiences have created for you.

Use cultural relativity to highlight commonalities with less focus on differences while still acknowledging the diversity among you.

Celebrate diversity! If we were all the same life would be pretty boring.

Questions?

If you have questions or comments
please contact **Dawn Marie** at

Office: (541) 737-4075

Cell: (541) 231-1000

dawnmarie.alapsco@oregonstate.edu