

# **Anthropologists Should Quit Whining and Get Involved: Anthropology and Cultural Competence**

Notes for a Presentation for Anthropology Day  
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Though the title of my talk is a bit of an attempt to provoke, and probably somewhat overstated, it does reflect some of my response to the plaintive cry that goes up every few years from anthropologists who feel that our discipline and the value of its perspectives are being....gasp.....ignored by the public in general and by policymakers in particular.

## **A Few Examples**

In the fall of 1986, the President-elect of the American Anthropological Assoc announced to the Association a need to “undertake a broad program to increase both public awareness of anthropology and anthropology’s influence on public affairs.” Rappaport called for a discipline wide programmatic approach to educating the public about the field’s potential contribution to matters of public significance and taking action to enlarge anthropology’s role in public affairs and social change.

In about 1994 when the Cultural Diversity movement was beginning to gather steam among management consulting and the communications field, anthropologists began to ask, “Why are we being left out, why aren’t they consulting us instead of the communications folks and the sociologists...we know a lot more about culture. ” This movement began to lose some steam when it became clear that many of the management consultants who conducted the diversity workshops in corporations were doing more damage than good. Anthropologists tended to say, “We should have been consulted.”

A few, like Mikel Garcia, did enter the fray with some much more culturally rigorous workshops that were well accepted. In general, however, anthropologists, even workplace anthropologists, remained on the sidelines, unhappy that others were making “big bucks” and doing a poor job.

Recently, I got a request from some clinical anthropologists to participate in a session at the forthcoming AAA meetings in New Orleans. The thrust of the session is centered on why medical anthropologists aren't more involved or consulted in the now very strong and policy-oriented cultural competence movement in the medical and healthcare fields. I agreed to participate, but emphasized that I'd take the position of loyal opposition, and argue that we aren't being left out and that those who feel that way may be opting out.

If, in fact, anthropologists are being left out, this is of considerable concern to **applied anthropologists**, as we are focused on research and projects that are designed to solve human problems.

### **Influence and Policymaking**

Let's talk a bit about what we mean by this.

Policymaking occurs when decisions are made that influence people's lives in concrete ways. It can be a decision about who will get what kind of medical care, how agricultural development will take place, what Native American tribes are federally recognized, how deaf pre-schoolers are affected by the allocation of educational resources, what services are available to refugees, whether physicians and nurses are taught to understand cultural issues in medicine.

The allocation of resources, people, dollars, space, materials, etc. is one very significant way policy gets made. The making of rules, regulations, legislation and standards that control or change the behavior of people or institutions are another way that policy is made.

Policymaking is a dynamic process that involves the interaction of several sectors:

1. Administrators, legislators, special interest associations, professional groups, licensing groups, governmental agencies at all levels, federal, state, local. These folks allocate funds and plan services.
2. Persons who provide services;
3. People who use services

All of these types of groups need fact-finding, research and expert input. Providing these is a way to **influence** policy. But in order to have this kind of influence, there are specific things a professional anthropologist must do, and I want to discuss these.

I want to talk **first**, though, about why I don't think applied medical anthropologists are being left out of this movement. **Then** I would like to suggest **some strategies** for applied anthropologists to use when they want their work to have wider influence and to affect policy.

### **What is the Cultural Competence movement?**

- Though not entirely new, as we shall see, several factors have drawn increased attention to the need for healthcare services to be responsive to diverse kinds of patients:
- Immigrants, diverse populations, healthcare discrepancies across groups.
- Institute of Medicine Report.
- Recognized need by the medical profession (Family Practice, OB/Gyn, Peds, Psychiatry) that biomedicine is one' culture's medicine.
- Recognition that there are different cultural contexts for understanding health and illness. AMA Cultural Comp Compendium, Amer. Assoc. Medical Colleges, Graduate Council on Medical Education.
- This didn't happen by chance...anthropologists had much to do with it:
- Arthur Kleinman , 1983 article. Kleinman's 9 questions have had great effect on how history-taking is practiced.
- Noel Chrisman, PhD., President of the Soc. for Applied Anthropology. Long term involvement in teaching nurses and physicians about cultural issues in health and illness. Currently

working on the REACH Program, CDC, Division of Cancer Control and Population Sciences at Nat. Inst. Of Health

- Lauren Clark RN, PhD. Nurse anthropologist
- Robert Like, MD Physician anthropologist
- Ron Stall, Merrill Singer, Michael Agar
- Large number of anthropologists affecting the direction of healthcare thru combination of research and activism.

### **Research and Activism**

- Research is a point of entry. Make specific types of data available as directly as possible to those who can apply it in the work that they do, whether their work is the allocation of funds or the design of services.
- Expertise in a specific area
- My own trajectory:
- In academic environment for 15 years, moved into non-profit corporate healthcare arena.
- MediCal, CLAS, National Health Law, Office of Minority Health, Office of Civil Rights,
- Institute of Medicine, American Association of Medical Colleges
- Dialectic between research and policymaking roles. Current work on interpretation involves both research and policymaking (grants review, site visits for Robert Wood Johnson).

### **Strategies**

All of the Medical Anthropologists I've mentioned used these strategies to influence policy and make social change:

- Problem focused research. Qualitative and quantitative. Be able to be advocate for qualitative. (Me: case studies) Work with the people who will use your data
- Serving on research and program review study groups; this affects the direction of research and program development in the fields you hope to influence.
- Publish, but not necessarily or only in academic anthropological journals
- Present papers, but not exclusively to other anthropologists;
- Step outside the academic world....often: work with non-profits, government agencies, corporations, commissions.
- Work across disciplines...often. Do not trash other disciplines. Learn from them, whether it's cross disciplinary research or a management team. Present with them at their conferences. Co-author articles for their journals.
- Learn the culture and language of the groups you're working with.
- Take the opportunity to do public speaking, serve on panels, give workshops.
- Work with communities.
- Say yes to service on boards, planning bodies, regulatory agencies,. Follow the paths that keep opening to you.
- Always, always identify yourself as an anthropologist and have good answers when people ask "What does anthropology have to do with.....?"
- Do research that people can use in specific ways. When you have data, **take** it to the people who can use it. Don't wait for them to come to you.

## **CSULB Student Research in this Arena**

Here are some of our students doing potentially policy-related research:

Mary Ferguson: Transition from childhood to adulthood of sickle cell patients;

Helena Ottoson: Africans and HIV/AIDs

Jesse Castner: Mental health issues and American Indian youth

Lhee Vang: Hmong Shamanism in a Plural Medical Context.