CALL FOR PROPOSALS
The 13th Annual Diversity Challenge

*Intersections of Race, Culture, and Health, or Mental Health*

Sponsored by the Institute for the Study and Promotion of Race and Culture
Boston College

OCTOBER 2013

Proposal Submission Deadline: **April 12, 2013**

The Institute for the Study and Promotion of Race and Culture at Boston College invites you to join us for the Institute's 13th annual national conference in the suburbs of Boston, a city known for its struggles and efforts to address issues of racial and ethnic cultural diversity in U.S. society. The Institute was founded in 2000 at Boston College, under the direction of Dr. Janet E. Helms, to promote the assets and address the societal conflicts associated with race and culture in theory and research, mental health practice, education, business, and society at large. The Institute solicits, designs, and distributes effective interventions with a proactive, practical focus. Each year the Institute addresses a racial or cultural issue that could benefit from a pragmatic, scholarly, or grassroots focus through its Diversity Challenge conference.

**The theme of Diversity Challenge 2013 is Intersections of Race, Culture, and Health, or Mental Health**

**Areas of Emphasis:**

- Assessment and Treatment
- Discrimination
- Global Health
- Mental Health
- Prevention
- Public Health
- Public Policy
- Trauma
- Racism
Conference Focus

Intersections of Race, Culture, and Health, or Mental Health

Health and mental health practitioners, educators, and policy-makers have begun to recognize the effects of life experiences on individuals’ health and mental health across the lifespan. Consequently, it is unlikely that one can create effective interventions without understanding how life experiences influence health and physical health outcomes. The link between health and mental health is particularly problematic for people of Color and related immigrant groups because very little evidence is available concerning how life experiences, such as discrimination and socioeconomic status, are related to health and mental health. On the other hand, very little evidence is available concerning what life experiences do or do not give White people health advantages over their counterparts of Color and non-dominant cultural origins. Evidence pertains not only to research, but also to interventions that practitioners, educators, and policy-makers have used to treat racial-cultural dynamics that affect health and mental health.

Although life experiences associated with race and culture may negatively affect health and mental health, they may also be associated with positive attributes. Specific racial and ethnic cultural communities have a variety of strengths, as well as resiliency and resistance attributes, such as strong social and community support, cultural and spiritual ties, and positive racial identities. Moreover, a number of health puzzles abound, such as why immigrants are healthier when they arrive in this country than they are seven years later or why preschool students of Color exposed to enrichment programs lose their mental health advantage once they enter regular schools. In examinations of the intersections of race and culture and health and mental health, possible protective factors should not be ignored.

Nevertheless, people of Color often experience racism, prejudice, poverty, and violence, which, in turn, increase the incidence of mental and physical health problems. For example, exposure to racist events increases the likelihood of trauma, depression and anxiety symptoms, which, in turn, have been linked to increased physical health problems, such as risky health behaviors (for example, alcohol, tobacco, and drug abuse) or chronic physical illnesses (for example, obesity, diabetes, and cardiovascular disease). The prevalence of such conditions generally have been attributed to the groups’ racial or ethnic group membership without acknowledging and addressing the impacts of life experiences associated with ascribed racial or ethnic group membership on both the mental and physical health of individuals and communities.

Some relevant life experiences are systemic. Specifically, people of Color, relative to their White counterparts, may be disproportionately affected by barriers to appropriate care, such as difficulty finding services in their native language, stigmatizing and stereotyping by communities and service providers, as well as having to seek services from providers who may be unable to provide culturally responsive care. Additionally, individuals from lower socioeconomic statuses, regardless of race or ethnic culture, may experience barriers to quality care, such as inadequate health insurance, as well as practical concerns, such as lack of transportation, limited time off work, and lack of child care.

Some relevant life experiences that affect the incidences of mental and physical health are cultural. Allegedly individuals from many ethnic cultural groups are unlikely to seek formal medical care, instead preferring informal supports. Furthermore, a person’s perceptions about society’s and her or his own cultural group’s health beliefs and attitudes often lead to negative attitudes about treatment, thus becoming barriers to seeking help for mental or physical health problems. Additionally, a person’s racial and cultural background may influence how she or he expresses and interprets mental health symptoms, resulting in physical and mental health symptoms being inseparable. For example, among various ethnic groups, emotional and psychological distress supposedly may often be expressed as physical pain, which may include back pain, head and/or stomachaches, and musculoskeletal pain. Yet where is the evidence?
Variations in the ways that people manifest symptoms, regardless of race, may potentially lead to low rates of service use, as well as researchers, practitioners, and policy makers' failure to recognize the gravity of a person's condition(s). Moreover, ignoring White people's race- or culture-related expressions of symptoms of distress simply because they are White may also result in their engaging in risky health behaviors and willingness or unwillingness to seek services, as well as scholars and practitioners' inappropriate diagnoses and interventions. Virtually no evidence is available concerning whether people who are advantaged by racism or discrimination manifest good mental or physical health as a result.

We seek proposals that focus on research, assessment, interventions, and health policies that move beyond merely comparing racial/ethnic groups to more fully considering the complexity of race and culture as effects on mental and physical health. We welcome proposals that address such issues across the lifespan and focus on specific age groups, such as children and adolescents and adults of all ages. Also, we encourage proposals outlining systemic approaches to these concerns, which may include preventive strategies, school interventions, and agency collaborations that focus on racial life experiences, such as racism and discrimination, and/or cultural attributes, such as resilience and health beliefs.

We envision an interdisciplinary forum in which a variety of perspectives are explored and scientists, practitioners, educators, and social activists can interact with each other in order to address mutual concerns related to this important theme. Proposals are welcome from researchers, practitioners, educators, community organizations, advocacy and activist groups, medical service providers, employee assistance personnel, government agencies, spiritual healers, and providers of community services. Work groups focused on health disparities are also encouraged. Finally, we welcome critical perspectives and creative ideas concerning the role of race and culture in fostering health and mental health in the lives of individuals regardless of their race or cultural origins.

Suggestions for Proposals

We invite proposals that reflect some aspect of your experiences in treating, teaching, studying, or intervening to understand how race and culture influence the lives of individuals. Although the proposals may focus on any aspect of mental and physical health, all proposals should demonstrate a clear integration of race and culture. Presentations might focus on developments in research, professional practice, education, community activities and activism, and/or social justice initiatives as they pertain to racial and cultural constructs and health and mental health.

Topics may include, but are not limited to, applications of psychological and educational theories of race and culture as contributors to health status as well as current research, education, and practice related to (a) understanding how cultural values or perceived discrimination pertain to mental and physical health of diverse racial and ethnic cultural age groups in the United States, (b) improving the quality of life for children, adolescents, and families in schools and communities by focusing on within-group racial and cultural concepts, (c) community and grassroots initiatives pertaining to addressing the impact of mental and physical health from culturally responsive perspectives, and (d) implementing and evaluating innovative and culturally competent interventions in traditional and nontraditional environments.

Strongest consideration will be given to proposals that focus directly on the 2013 Diversity Challenge theme, Intersections of Race, Culture, and Health or Mental Health.
Although many topics are germane to the Diversity Challenge theme, some examples that merit an explicit racial or ethnic cultural focus are:

- Health beliefs as related to health and/or mental health
- Discrimination, race-related stress, health and/or mental health
- Immigration and/or acculturation stress, health and/or mental health
- Within-group sociodemographic intersections (e.g., gender, sexual orientation, socioeconomic status)
- Sociopolitical contexts as related to symptoms of health and/or mental health (e.g., military, justice system, schools, social service agencies, employment status)
- Media portrayal of health and/or mental health topics
- Effects of race-related or culture-based coping strategies on health and mental health
- Evidence-based culturally responsive interventions
- Researcher, clinician, or educator biases
- Treatment outcomes as related to health and mental health (e.g., service utilization, barriers, coping strategies) of various ethnic groups
- Research and assessment related to health and/or mental health
- Health and/or mental health across the lifespan (e.g. family health, generational health)
- Global health and/or mental health
- Help-seeking attitudes
- Sexual and reproductive health and sexually transmitted diseases

Conference Program Formats

**Workshop** (90 minutes) - An intensive presentation intended to share specific research, educational, social policy, or mental health experiences and/or skills, or empirically based knowledge about racial and cultural factors in treatment, research, and policy with an interactive and experiential focus.

**Symposium Panel** (90 minutes) - Three to five participants present individual papers with a shared racial and cultural theme from different perspectives. Symposium proposals typically have a chair and discussant.

**Individual Presentation** (15 to 30 minutes) - Formal presentation of theoretical, practical, policy issues, or research related to program development, mental health issues, community and school initiatives, and overcoming systemic barriers as experienced by individuals of all ages. Papers may be grouped together around similar themes by the conference organizers. Typically, 3-4 presentations will share a 90 minute block.

**Structured Discussion** (45 minutes) - Conveners present a theme relating to some aspect of racial or cultural factors and facilitate group discussions intended to generate new ideas and solve related problems.

**Poster** - Presenters display information with a racial or ethnic cultural focus intended to share information, interventions or research skills, or other experiences relevant to racial or cultural dynamics.

- For queries, including submission questions, registration and other administrative issues, please email isprc@bc.edu
- For up-to-date information about the Challenge, visit our website [http://www.bc.edu/isprc](http://www.bc.edu/isprc)
General Submission Requirements

You may submit up to two proposals as the first author.

In order to ensure anonymity during the review process, please identify presenters and institutions only on the proposal cover sheet.

1. Proposal Cover Sheet (1 copy) - See presentation format specific guidelines for cover sheet. Please include the name and address for EACH presenter who will be attending the conference.
2. Proposal (5 copies) - Each packet should contain the following:
   - 500-word overview or summary that includes:
     - Title
     - Program format
     - Purpose, goals, and objectives
     - Methodology, conclusions, and/or questions raised
     - Structure of presentation
3. Program Abstract (1 copy) - A 50-word synopsis to appear in the program
4. An electronic 120 word APA style abstract to be published in the official conference proceedings Please send via email to isprc@bc.edu.
5. Envelopes: Two (2) self-addressed stamped standard-size envelopes for notification of receipt and acceptance/non-acceptance of proposal

Note: Proposals will only be considered once all materials are received.

Send Hard Copy Proposals to: or Online Submission Options:

Janet E. Helms, Ph.D.
Institute for the Study and Promotion
Of Race and Culture
Boston College, 318 Campion Hall
140 Commonwealth Avenue
Chestnut Hill, MA 02467
Tel: 617-552-2482
Fax: 617-552-1003
Email: isprc@bc.edu
Website: www.bc.edu/isprc

Option 1. Download all proposal forms from our website: www.bc.edu/isprc. Email all completed forms to our email address: isprc@bc.edu. *No envelopes required
*Option 2. Use the online proposal form found on our website. Please note: You will be asked to attach your written proposal document and abstract to the forms. (most common method) Only the primary presenter will be notified via email upon receipt and after proposal review.

*Preferred Option

Proposals should be submitted by April 12, 2013

Proposal Review and Selection Process

Notification of acceptance or non-acceptance will be sent in late June, 2013. Proposals will be reviewed on the basis of quality and contribution to the study of race or culture and health or mental health. An anonymous review of conference proposals will be conducted by a minimum of two reviewers.
Proposal Cover Sheet Instructions

On a separate piece of paper, please provide all of the information outlined below for your chosen presentation format.

Workshops / Individual Presentations / Structured Discussions / Posters:
- Title of Proposed Program (12 word limit)
- Each Presenter's information, identify the primary presenter (include only those attending the conference)
  - Name
  - Title & Degree
  - Affiliation
  - Mailing Address
  - Telephone (home) & (work)
  - Email address
- OK to print address in program?  ____ Yes  ____ No

Symposium *:
- Title for Symposium (12 word limit)
- Title of each Presentation (12 word limit) with Presenter information (include only those attending the conference)
  - Name
  - Title & Degree
  - Affiliation
  - Mailing Address
  - Telephone (home) & (work)
  - Email address
- OK to print address in program?  ____ Yes  ____ No

*Please Note: Symposium proposals require the following:
- A 500-word summary for the entire symposium and a 50 word program abstract is required as part of your proposal.
- Each symposium presenter must provide a separate 500 word summary/proposal. Please see general submission requirements.

Provide information for Chair and/or Discussant:
- Name
- Title & Degree
- Affiliation
- Mailing Address
- Telephone (home) & (work)
- Email address
- Identify one or both:  ____ Chair  ____ Discussant
- OK to print address in program?  ____ Yes  ____ No

FOR ALL PROPOSALS / PRESENTERS:
- Only the primary presenter will be notified of the proposal’s acceptance/non-acceptance.
- Failure to include the above required information means that your submission will not be in the program.

REGISTRATION:  All presenters are required to register and pay to attend the conference no later than October 1, 2013.
Please complete and return with your proposal cover sheet(s) and proposal.

AWARENESS OF DIVERSITY CHALLENGE: Please tell us how you heard about Diversity Challenge:

___ ISPRC Mailing                  ___ Listserv (please state which listserv): ______________________ __
___ Attended last Challenge       ___ Word of Mouth
___ Other (explain): ______________________

PLEASE VERIFY:

___ Neither I nor any co-presenters are under sanction by a licensing/certifying body in any state. (Please explain if this is not the case).
___ I have permission from my employer/institution to submit the present application.
___ Permission to submit this application is not required by my employer/institution.

PROGRAM FORMAT: ___ Workshop          ___ Symposium or Panel ___ Poster
 ___ Individual Presentation ___ Structured Discussion

FORMAT CHANGE:
If your program is not accepted in your requested format, will you accept an invitation to present in a different format?
___ Yes  ___ No

AUDIOTAPING or VIDEOTAPING:
If your session is selected for audio taping or videotaping, do we have your permission to tape?  ___Yes  ___ No

ATTENDANCE RESTRICTIONS:
___ None        ___ Maximum #_____  ___ Minimum #____
___ Other (explain): ______________________

SCHEDULING CONFLICTS: Please note that several sessions are scheduled concurrently. If you or any of your co-presenters are submitting more than one proposal, please provide title(s) so that we can avoid conflicts in scheduling.

______________________________________________________________________________

SPECIAL REQUIREMENTS: Please describe any special requirement, restrictions on scheduling (by day and hour), or other information not included above.

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