2021 California Health Equity Summit:

Healing Communities Beyond 2020:
Our Health, Our Culture, Our Climate. #ElevatingVoices

June 10-11, 2021| Virtual, Oakland, CA

REQUEST FOR PRESENTATIONS

PRESENTATIONS | WORKSHOPS

Submission Deadline: February 15, 2021 at 11:59 p.m. PST

Alameda County Behavioral Health (ACBH) cordially invites you to submit a proposal to present at the **2021 California Health Equity Summit: *Healing Communities Beyond 2020: Our Health, Our Culture, Our Climate.*** *#ElevatingVoices*, scheduled for June 10-11, 2021. This cultural event is sponsored by Alameda County Behavioral Health (ACBH) and will be the Summit's first virtual event.

Twenty Twenty (2020) was the start of a new decade and we decided to retire the title Cultural Competence Summit and introduce a more inclusive summit title to now be called—California Health Equity Summit. While the new title is looking through the lens of Health Equity, the focus is still on behavioral health. The 2021 California Health Equity Summit is accepting submissions for presentations and/or workshops that highlight projects, programs, methods, activities, and/or interventions that use various healing, wellness and recovery practices, and with a continued focus on behavioral health. There is an emphasis on cultural healing practices as well as traditional medicine that are intended to reach California's diverse populations. The 2021 Summit will offer an opportunity to engage and deliver a range of cultural healing practices through innovative workshops and presentations to promote learning and to advance cultural humility, social justice, and equity throughout organizations and systems to effectively meet the diverse needs of consumers, individuals, families, and communities.

At the start of the first two quarters of 2020, our lives were turned upside down due to a series of events like the coronavirus, widespread racial injustices and wildfires. As a result, we are making the necessary adjustments to this year's Summit by expanding the scope to include a space to respond to those horrendous events. Not only will we move to a virtual platform, but we are asking presenters to explore the behavioral health implications of those additional events and introduce indigenous/traditional healing practices to aid in the response and that allows for healing.

Workshops and presentations are expected to focus on proven cultural practices (evidence-based or community-defined) that deliver a message of inclusivity and healing across all diverse and cultural communities by responding to the power dynamics, oppression and privilege that have impacted the delivery of equitable services within the behavioral health setting. The summit will also highlight innovative ways to honor and recognize the changing cultural and linguistic demographics of California. We can stand to learn a great deal about diverse communities, traditions and healing practices and apply them to our behavioral health service delivery programs and services.

More specifically, this year's summit will focus on cultural healing practices that stem from Traditional Medicines that complement conventional Western treatments. We are looking for cultural healing practices that have been integrated into systems of care that parallel with Western practices and help to improve behavioral health outcomes for adults, children, and family members.

TRADITIONAL MEDICINE is defined by the World Health Organization (WHO) as the "sum total of knowledge skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not. Traditional Medicine is used in the maintenance of health as well as in the prevention, diagnosis improvement or treatment of physical and mental illness." *(Kesler, DO, Hopkins LO, Torres, E, Prasad A. Assimilating Traditional Healing into Preventive Medicines Residency Curriculum. American Journal of Preventive Medicine 2015;49(5S3): S263 – S269)*

TRADITIONAL MEDICINE OR HEALING PRACTICE is comprised of different practices and can vary greatly across cultures and regions. In some cases, these customs are believed to originate from luminaries or the divine, are passed down through the generations, and are well-developed and documented. Other healing traditions are primarily oral customs interpreted by individual healers, strongly influenced by local customs and milieu. However, despite culture specific elements, comparative studies on healing across cultures also identified common threads. Most take a holistic view of healing, recognizing and oftentimes emphasizing the mind-body-spiritual connection, and believing the community and the environment are key elements in individual healing. *(Lichtenstein AH, Berger A, Cheng MJ. Definitions of healing and healing interventions* across different cultures. Ann Palliat Med 2017;6(3):248-252).

CULTURAL PRACTICES AND TRADITIONS serve many purposes. Often these traditions not only help define a community, they help create a community. They also have healing qualities in that they help us make connections within ourselves, to feel a sense of belonging and to strengthen a sense of identity and purpose. Exploring our own cultural heritage and practices can make an important contribution to recovery and well-being, but so can learning about the traditions and practices of other cultures. We can borrow from other traditions if we find meaning, comfort and connection in them. Curiosity and self-exploration are important components of living well and being healthy. *(© 2013 Manitoba Trauma Information & Education Centre);https://trauma-recovery.ca/recovery/cultural-practices/*

EVIDENCE-BASED PRACTICES[1] The term evidence-based practice (EBP) was used initially in relation to medicine but has since been adopted by many fields including education, child welfare, mental health, and criminal justice. The Institute of Medicine (2001) defines evidence-based medicine as the integration of best researched evidence and clinical

[1] It is also important to note in many indigenous, racial, ethnic and/or cultural communities, they do consider their programs to be evidenced based. However, their approach or method may not be measured empirically, and their information and data collection may not fall within the Western evidence-based model or standard. So, in terms of cultural practices, we welcome all proposals with or without data. Our goal is to be inclusive and look for ways to build bridges between evidence-based and the cultural communities and their practices.

expertise with patient values (p. 147). In social work, most agree that EBP is a process involving creating an answerable question based on a client or organizational need, locating the best available evidence to answer the question, evaluating the quality of the evidence as well as its applicability, applying the evidence, and evaluating the effectiveness and efficiency of the solution. https://www.socialworkers.org/news/research-data/social-work-policy-research/evidence-based-practice

COMMUNITY-DEFINED EVIDENCE (CDE) is defined as "A set of practices that communities have used…to yield positive results as determined by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community. (MARTINEZ, 2008; MARTINEZ, CALLEJAS, & HERNANDEZ, 2010).

Each year, our Summit brings together culturally and linguistically diverse behavioral health practitioners, administrators, faith and spiritually based providers, agencies, funders, consumers, clients, peers, advocates, family members and community-based organizations while attracting professionals across other health disciplines. It is our expectation and hope to broaden the range of participation and collaboration even further with this multi-sector theme and focus.

Background: Culture, Context and Language

In California—as is the narrative throughout the nation—the well-being of many cultural and linguistic communities is influenced by a myriad of internal and external factors that tend to work against their emotional well-being. Behavioral health is a critical and frequently unaddressed matter in many racial and ethnic communities. African Americans, Native Americans, Asian Americans, Latino/Latinx, Pacific Islanders, LGBTQQI2S and Non-Gender Conforming and various cultural communities are often over-represented in populations that are particularly at risk for behavioral health challenges. Yet, they experience symptoms that are undiagnosed, under-diagnosed or misdiagnosed for cultural, linguistic or historical reasons.

Unfortunately, still in this day and time, culture, race, ethnicity and gender identities continue to be uneasy subjects for some to discuss but it is of great importance in the work we all do and must be honored. Our communities are grappling with a myriad of current and historical issues that impact our abilities to access culturally and linguistically affirming care and we can ill-afford to just ignore them.

Cultural Competency Coordinators (CCC) and Ethnic Services Managers (ESMs) throughout the state of California have been discussing and diligently working to lift up cultural diversity and the complexity of needs of our Medi-Cal beneficiaries and family members. The world's population and the State of California are comprised of people of color as the majority and the demographics of the United States is also rapidly changing to a minority-majority. And the existential question is: Are we adequately prepared to respond to this racial, ethnic and linguistic shift and heal our communities using a Western paradigm?

Lichtenstein et al (2017) pointed out that "For centuries healing has been embedded in non-Western cultures. Traditional cultures believe that healing is derived from the divine and utilize a holistic approach to healing including the body, mind and spirit. The community and environment are key elements in individual healing along with herbal remedies and ceremonies." Given the cultural and linguistic diversity in Alameda County and throughout the State of California as a whole, the integration of traditional healing practices coupled with Western Medicine is imperative to addressing health inequities and to improving the health outcomes across our communities. Exploration of these

traditional healing practices and the lessons learned could be utilized to honor our diverse cultures and incorporated into other behavioral health service delivery models.

Proposal Instructions

We are seeking proposals for cultural healing practices that have been successfully integrated into Western practices and help to improve behavioral health outcomes for adults, children, and family members. Our conference objectives are to:

1. Identify radical perspectives to promote health equity across all cultural and linguistic groups.
2. Explore radical approaches to engaging the community around the issues of behavioral health.
3. Increase accountability among departments to ensure social justice is brought to the forefront.
4. Identify liberating practices that can address the historical and contemporary trauma across diverse communities.
5. Understand the implications and issues of climate change on behavioral health.
6. Introduce a framework or approach to respond to racial inequities in our society.
7. Discuss the historical meaning of "wearing the mask" and its implications on communities of color during COVID-19.
8. Strategies that respond to COVID-19 by ensuring there are inclusive and equitable prevention and treatment practices.

Proposals may also address, but are not limited to, the following topics

- *Traditional Medicine* [India—cleansing methods like therapeutic vomiting, enema; Native American—sweat lodges; Chinese—Qigong. Tai Chi, or Herbal Medications]
- *Healing Practice* [Many indigenous cultures—Ceremonies, Mexico—Curanderismo, the art of Mexican folk healing: Native American—GONA; African American: Singing]
- *Cultural Practices and Traditions* [shaman, Día de los Muertos; Juneteenth, Spirituality, Faith]
- Holistic/healing practices [emphasis on the mind-body spirit connection, acupuncture, massage, reflexology]
- *Evidence-based Practices and Community-defined Practices* [African American: Emotional Emancipation Circles; API: Caring for our families in the Asian Pacific Islander Population]
- *Housing* [Homeless job training programs, Housing First, Permanent Supportive Housing, or other supported housing models, Innovative use of peer support services in housing or homeless programs, Landlord engagement, Rapid Re-housing, Sober Living Recovery Houses, Street outreach for homeless, Tenant-based rental subsidies]

Guidelines for Proposals

- All proposals will need to include:
  - Contact information and current resume or Curriculum Vitae (CV) for each presenter
  - Abstract (50 words)

- Program Summary
- Three Learning Objectives
- References

Types of Submissions

- **Professional Presentation**: Professional presentations focus on a specific topic and may be an individual (1 presenter) or panel presentation (a maximum of 3 presenters). Presentations that offer a continuum of evidence-based practices and or promising cultural practices, emerging and community-defined practices, and innovative practices are encouraged. Short videos or films that enhance the discussion may be included.

- **Panel Discussion**: This format is intended as a forum for overarching questions/issues, not for presentation of specific cultural and healing practices. The panel is an engaging conversation among 3-4 presenters and the audience about ideas, methods, lived experience and/or, practice-related experiences. A central question or theme should serve as the focus for the panel discussion. The audience will be given 30 minutes to respond to the questions/issues raised and to introduce additional questions and comments to the panel.

Continuing Education Guidelines for Proposal Submissions

It is our goal to be able to provide Continuing Education (CE) credit for each session added to the agenda. Accepted proposals must adhere to the definition of Continuing Education in that they improve service to the public and enhance contributions to the profession. All presentation proposals must demonstrate their relevance to the professional education of the intended audience, their advanced level of training, and their contribution to consumer care. In your proposal, please be sure to include these elements, including learning objectives, where appropriate, so that we have enough information to be able to determine if your presentation should be added and attendees can be given credit for attending.

For questions regarding CE and/or learning objectives, please contact Theresa Ferrini, CGMP, Conference Planning Department Manager, at tferrini@cibhs.org.

Review and Selection Process

The process to accept presentations is competitive as there are a limited number of workshops and space available. Proposals that are clearly written and have clear obtainable objectives will be given preference.

- You will receive an email acknowledging the receipt of your proposal.
- We will notify all submitters of the status of their proposal by March 3rd, 2021

Rules of Participation

a) Presenters may submit proposals on behalf of a single presenter or group in partnership with or endorsed by an organization, or panel of no more than 3 presenters.

b) Multiple submissions from presenters will be accepted for consideration, however only one session may be conducted for the conference.

c) Accepted submissions must be presented at the scheduled time allotted by the Program Planning Committee.

d) Completing the registration process will confirm your intent to participate.

Additional Information

- If you plan to have more than one presenter, please list as A, B and C. The person listed as A will be considered the primary presenter for whom the registration fee will be waived. A separate link will be sent to the other presenter to register at a discounted rate.
- The California Institute for Behavioral Health Solutions (CIBHS) will include your PowerPoint and handouts along with those from the other presenters and make them available on our website for download as well as on the conference mobile app prior to the start of the conference. NOTE: You can provide CIBHS with the PDF file of your other resource material for inclusion on the CIBHS website to be posted after the event.
- No demonstration or endorsement of commercial products will be permissible in educational sessions.

Presenter Deadlines

- **Wednesday, February 15, 2021** Deadline for submitting proposals
- Notification of accepted proposals by Wednesday, March 3rd, 2021
- **Tuesday, June 1st, 2021** Deadline for sending presentation (PPT) and handouts to CIBHS