

Recently, awareness of the adverse social conditions and trauma experienced by individuals of Mexican ancestry in the United States (IMA-US), Black, Indigenous, and other People of Color (BIPOC) in the United States has increased, including targeted violence, public acts of social hostility, and police brutality. Despite these historical and contemporary hardships, many BIPOC individuals have exhibited several health-related strengths, although many of these strengths have been ignored by *damage-centered research*, which focuses on deficits rather than resilience.

My research seeks to enhance the well-being of those of indigenous ancestry by identifying *cost-effective strategies* to enhance health and educational outcomes for IMA-US and other Hispanic-Latinx groups from a resilience perspective. My theoretical and methodological orientation is based on an interdisciplinary perspective, which draws from history, Indigenous knowledge, feminist values, cognitive behavioral models, and implementation sciences. This work is informed by over a decade of direct practice experience in settings that have included community mental health, major hospitals, non-profit organizations, the public-school district k-12, and higher education. This perspective is also informed by my prior research experience, which spans several areas, including bilingual language processing, mental health treatment for BIPOC, IMA-US, and other Latinx patients affected by comorbid health problems, interpersonal trauma, and structural healthcare disparities.

Currently, I am working on three research projects. One mixed methods study evaluates the impact of COVID19 on the quality of healthcare services for young BIPOC in recovery. Another mixed methods study examines academic experiences in higher education of IMA-US with histories of interpersonal trauma. My dissertation investigates the health strategies used by IMA-US and other *People of Latin American ancestry* in the United States (*PILA-US*) during the COVID19 pandemic. This work compares the health practices used by the current population, with those strategies used by their ancestors (a.k.a. *Pueblos Originarios*), during the smallpox epidemic brought to Mesoamerica by the Spanish invaders.

Currently, I am searching for a grant to fund my next research project, which involves an assessment of healthcare needs of older Mexican people one of fastest-growing groups in the United States. Older IMA-US are especially vulnerable to neglect, infection, hospitalization, and death. In general, most older adults exhibit co-morbid health conditions, which are worsened by isolation and social challenges. In particular, IMA-US exhibit higher risk for high blood pressure, obesity, diabetes, and cardiovascular disease. Simultaneously, they have had less access to adequate healthcare services, and other social benefits. In the United States, older IMA-US are expected to make up almost 20 % of this group by 2060. As the population of older IMA-US continues to grow, it is critical to ensure that they have trustworthy and effective behavioral health care services. The proposed mixed-method study will investigate whether the perceived quality of health care services is an indicator for treatment engagement and retention in older IMA-US with comorbid disorders.

My long-term research career goals include partnering with community-based healthcare organizations to co-design population-based interventions geared toward addressing mood disorders for IMA-US and related populations.