

## Role of National Research Centers of Excellence on Minority Health and Health Disparities under the Affordable Care Act

In 2010 Patient Protection and Affordable Care Act (PPACA) included new funding for making the National Center of Minority Health and Health Disparities a formal Institute (NIMHD) and for an endowment program to include more eligible academic institutions including P20, P60 and U54 Health Disparities Centers which emphasize the importance of relationship building between the academic institutions and communities. The NIMHD COEs program, established by the Minority Health and Health Disparities Research and Education Act of 2000 (P.L. 106-525), has played a vital role in realizing NIMHD's mission to support research in minority health and health disparities, promote the training of a diverse research workforce, disseminate research findings, and foster innovative collaborations and partnerships.

### What is the TREE Center?

The Transdisciplinary Research, Equity and Engagement Center for Advancing Behavioral Health (TREE Center) is one of the twelve centers funded by NIMHD (U54 MD004811-08, October 1, 2017-June 30, 2022. See: <https://www.nih.gov/news-events/news-releases/nih-fund-centers-excellence-minority-health-health-disparities>). The Center has three complementary cores (Administrative, Investigator Development, Community Engagement and Dissemination), two major community-engaged research projects (zero teen suicide and immigrant well-being), a total of ten annual pilot projects and on-going data and evaluation activities. The Community, Scientific and Policy Advisory Committee (CSPAC) plays a key role in guiding and assessing the progress and direction of the Center along with a smaller but representative Steering Committee that includes 3 NIMHD officers, 4 Center PI's, community members and senior scholars. A key strategy of the TREE Center is to build Communities of Practice for Dissemination of both community based and academic based evidence (COP4D).

### What is our Vision?

The Center's vision is to partner with local, state, tribal and national leaders to create opportunities for transformative impact that:

- 1) Improves behavioral health equity among diverse communities in New Mexico;
- 2) Nurtures community and academic ways of knowing; and
- 3) Prepares the next generation of under-represented minority scholars for conducting transdisciplinary multi-level intervention research.

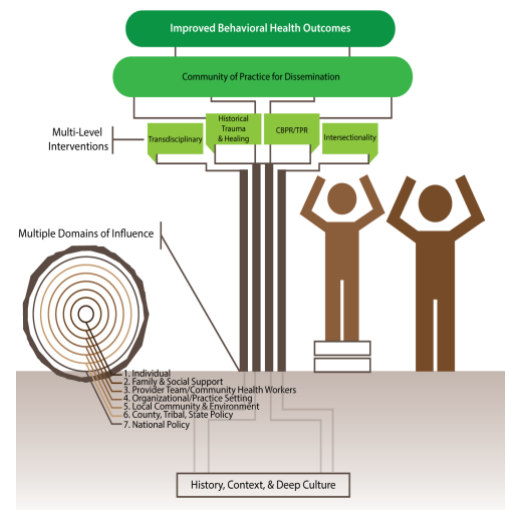
### What do we do?

Our Center's research focuses on the social determinants of behavioral health, including *Adverse Childhood Experiences, suicide, historical trauma and the intersectional effects of poverty, discrimination and lack of access to health care*. We aim to:

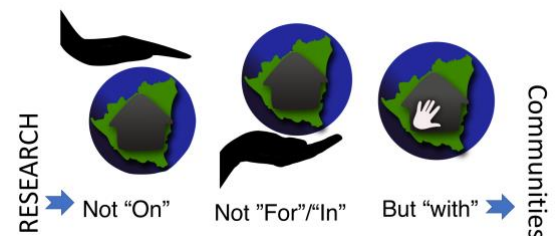
1. Implement a synergistic co-leadership model to promote transdisciplinary, multi-level intervention research that will advance the knowledge and science to improve behavioral health outcomes.
2. Operationalize integration of theories, study design, and analysis into collaborative, multi-level interventions that improve behavioral health outcomes for socioeconomically disadvantaged and underserved rural populations in the southwest region.
3. Expand the development of a diverse scientific workforce by training new and early stage under-represented minority investigators in a transdisciplinary context to conduct community engaged, multi-level intervention behavioral health research.
4. Cultivate equitable research collaborations with community and tribal stakeholders, regionally and nationally, to translate and co-disseminate transdisciplinary research evidence into practice and policy.

### What is our approach?

Our intervention research embraces a model of engagement **"with"** rather than "on" or "in" communities. We cultivate equitable research collaborations with diverse partners at the local, tribal, state, regional and national levels in order to test solutions and translate and co-disseminate transdisciplinary research evidence into practice, systems and policy.



Cacari Stone, L., Hogue, C., Wallerstein, N., Cowboy, L., Chavez, N., Quin-Hussein, L. & McGough-Maduena, A.  
Source: [https://hsc.unm.edu/programs/nmcareshd/docs/cec\\_community\\_handout\\_2012.pdf](https://hsc.unm.edu/programs/nmcareshd/docs/cec_community_handout_2012.pdf)



## What is our impact?

The TREE Center is “finding solutions together” for advancing health equity by fostering community engaged research, accelerating innovative interventions and growing a diverse research workforce.

The center’s two major projects, will run through 2022:

1. **“Integrating Intergenerational Cultural Knowledge (ICK) Exchange with Zero Suicide”** is an innovative study in the San Felipe tribal nation that integrates into Indian Health Services primary care settings. Cultural knowledge and language is like an immunization against risks around suicide. The ICK with Zero Suicide project adapted/developed the Katishtya Intergenerational Culture Knowledge Seminar (KICKS) manual, established protocols with the School Based Health Center and the Indian Health Service partners, and trained of clinicians. Contact: [DAlschul@salud.unm.edu](mailto:DAlschul@salud.unm.edu).
2. The **“Immigrant Well-Being Project”** formalized strong partnerships with key immigrant based organizations: Centro Sávila, Encuentro, New Mexico Immigrant Law Center and New Mexico Dream Team. It aims to reduce mental health disparities among Mexican immigrants by adapting and integrating a multilevel community-based advocacy, learning, and social support intervention into existing efforts at three community partner organizations that focus on mental health, education, and legal and civil rights issues of Mexican immigrants. Contact: [jgoodkin@unm.edu](mailto:jgoodkin@unm.edu).



**We cultivate vibrant communities of practice for disseminating (COP4D) culturally defined practices and evidence including:** Chimayo/Rio Arriba County; Gallup with the San Juan Collaborative; Dine Centered Evaluation Research Group (Shiprock); Hobbs (Lea County) and Las Cruces and the Paso del Norte Region. Goals of the COP4D meetings have been to support new research and dissemination of community-based practices and evidence based research findings for action plans in the respective regions. A few examples include: Development of Digital Policy Stories to elucidate the power of “querencia” for healing the root causes of opioide and other addictions in Chimayo; and development of a series of infographics with the Pacific Research Institute for Research and Evaluation which focus on access to care resiliency as a protective factor of LGBTQ health equity. Contact: [Ljoe@salud.unm.edu](mailto:Ljoe@salud.unm.edu) or [Avilam@unm.edu](mailto:Avilam@unm.edu).



**We support a mini-pilot project program that awards grants to under-represented junior faculty and postdoctoral scholars to conduct mental and behavioral health disparities research:** Ten Pilot Projects (\$116,000) for PIs using a community-engaged, transdisciplinary and multi-level intervention focus. Six researchers are underrepresented minorities (5 Hispanic, 1 Native American), 6 are female (underrepresented in science) and all 10 are junior faculty/early stage researchers. Contact: [Thcruz@salud.unm.edu](mailto:Thcruz@salud.unm.edu) or [Mborrego@salud.unm.edu](mailto:Mborrego@salud.unm.edu)

**“Ignite for Equity” talks are a key innovation of our work and feature our community partners.** Embracing “narrative as change for healing” they are a dynamic method for presenting brief, impactful talks on topics related to behavioral health evidence, best practices and healing trauma and resilience. See: <http://www.ignitetalks.io/ignite-albuquerque>.

**“Equity ’n Policy” Institute.** The TREE is partnering with Con Alma Health Foundation, NM Public Health Institute, Dine Centered Evaluation and Research Collaborative, NM Health Equity Partnership, NM DOH, Scholars Strategies Network and other stakeholders to launch a 5 day training institute. **Using policy analysis techniques from an equity lens, the institute brings together grass roots leaders with students, researchers and policy makers** to use data for action with a focus on racial and geographic health and social equity for children and families in New Mexico. Products will include policy briefs and policy dialogues.

**TREE trains clinicians, health systems leaders, researchers and community partners on holistic approaches to treating and healing Historical Trauma and Unresolved Grief.** Historical trauma response is described as a constellation past and current conditions due to the multigenerational, collective, historical and cumulative psychic wounding over time (lifespan and across generations). We have sponsored four introductory trainings to HTUG and support embracing this critical holistic approach for intersectionally diverse communities in New Mexico. Contact: [MBraveHeart@salud.unm.edu](mailto:MBraveHeart@salud.unm.edu).

**Supplemental funds from National Institute on Aging support research on Alzheimer’s disease** and related dementias to advance our knowledge of age-related cognitive decline risk factors among rural/frontier populations. We have had 158 trainees for 8 workshops which was comprised of a mixture of pre-doctoral, post-doctoral, and junior level faculty participants. The workshops were led by senior scholars in aging researchers. Contact: [santerry@unm.edu](mailto:santerry@unm.edu), [kcartright@unm.edu](mailto:kcartright@unm.edu), [sverney@unm.edu](mailto:sverney@unm.edu) or [gsanchez@unm.edu](mailto:gsanchez@unm.edu).

**For more information or to discuss collaborative opportunities for health equity impact please contact:**  
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