

Opportunity Finance Network  
CDFI research symposium session:  
Services to meet community needs

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# Addressing Immigrant Financial Trauma and Empowerment through CDFIs



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# Leah Zallman Center for Immigrant Health Research

## Mission

To partner with immigrant communities, advocates, policymakers, funders, and social and health systems on actionable research to improve immigrant health and well-being.

## Values

Collaboration. Equity. Joy. Rigor. Generosity. Impact.

## How we work

The Leah Zallman Center builds on ICH's long history of using participatory methods to ensure that community voices in research are amplified to the state and national level as part of evidence-based policymaking.

[www.immigranthealth.org](http://www.immigranthealth.org)



# Leah Zallman Center's Theory of Change

## Research:

We conduct rigorous, actionable inquiry to build knowledge that advances immigrant health and well-being by:

- Identifying immigrant health policy opportunities, best practices, and cases
- Developing evidence-based narratives that support immigrant well-being
- Building theory and methods grounded in community and equity

## Capacity and Learning:

We provide immigrant scholars and immigrant-led organizations with technical assistance and mentoring while fostering an internal learning culture by:

- Supporting the growth of immigrant scholars to develop into future leaders
- Equipping immigrant researchers, community leaders, and practitioners with tools and resources to lead anti-assimilationist inquiry
- Assisting immigrant-led and immigrant-serving organizations to refine programs, policies, and evaluation frameworks through systematic learning

## Networks:

We engage with and connect immigrant advocates, policymakers, funders, and social and health systems to build cross-sector relationships, knowledge, and power by:

- Connecting leaders across disciplines with shared values to identify new solutions, collaboration opportunities, and resources to turn research into action
- Raising public awareness about how society can be organized to advance immigrant health equity
- Creating spaces that inspire and empower people to effect change



**Spotlight on Asylum Health Equity and Care for Asylum Seekers in Massachusetts**  
December 2023

By Anika Kumar, Abhinava Dasgupta, MPH, Sara Snyder, PhD, MPH, MA, Emily Hahn, MPH and Jessica Santos, PhD

**Summary**

The United States' lack of a humane immigration system places inordinate and unique demands on local institutions. Right now, across the country, 2.8 million asylum seekers are waiting for a hearing, with an average wait time of 4.3 years.<sup>1</sup> A steady influx of asylum seekers to Massachusetts in 2023 highlighted cracks in our housing, legal, and healthcare systems. These systems, which have been strained for many years, are reaching a breaking point. But we cannot sit back and wait for federal solutions. There is much work ahead at the local level to adequately welcome and protect people seeking asylum in our communities.

In this brief, we shine a spotlight on relevant policy systems, data trends, and historical factors that led us to this current moment. We identify historical patterns of racial exclusion, the unequal distribution of public resources, and our nation's track record for treating immigrants of color differently than white European immigrants as structural determinants of health. These intergenerational inequities are visible today as disparities in the health and well-being of different immigrant groups.

People fleeing violence and seeking asylum in the United States deserve equitable health and care – these are human rights enshrined in Article 14 of the Universal Declaration of Human Rights.<sup>2</sup> We describe one healthcare system's efforts to support asylum seekers' health by creatively leveraging limited resources, and we acknowledge the many efforts of Massachusetts-based leaders across sectors. We urge all policymakers, funders, healthcare leaders, and advocates to institutionalize the healthcare system's legal and social obligation to care for all migrants as a health equity mandate.

**Spotlight on Access to Care Immigrant Access to Health Care in Massachusetts**  
March 2024

By Anthony Rumbos-Perez; Abhinava Dasgupta, MPH; Shyamal Sharma, MPH; and Jessica Santos, PhD

**Abstract**

Five U.S. states and Washington, D.C., currently offer state- or locally funded health coverage to all adults, regardless of immigration status. Massachusetts is not one of them. In the state's complex coverage landscape, many immigrants have access to limited health care based on legal status, age, and other eligibility criteria. However, gaps in access to quality care persist. When people are uninsured or underinsured, they are less likely to benefit from preventive and primary care. This increases risks for long-term chronic disease and mental health conditions. It also contributes to avoidable population- and neighborhood-level health disparities and differences in life expectancy over time, with communities of color disproportionately impacted.

In this Spotlight, we provide an overview of Massachusetts' current eligibility landscape and outline the barriers that immigrants face when they seek access to quality care, highlighting the case of the *Boston Workers Alliance*. Drawing on Dr. Leah Zallman's legacy, we note the contributions that immigrants make to our society's public healthcare infrastructure, pointing out the intrinsic unfairness of immigrants being denied access to a service to which they contribute. We then provide some examples of policy initiatives and actions that either restrict or expand immigrant access to care and end with suggestions regarding further cross-sector collaboration for health equity.

• Access to quality healthcare is a barrier to good health that disproportionately affects immigrants; 50% of uninsured people in Massachusetts are non-citizens.

• Racial and ethnic health disparities reflect access gaps and social and structural barriers faced by immigrants from communities of color; 6% of naturalized citizens or 20% of non-citizens in Massachusetts are Black, Asian, Hispanic, or other/multiple races, compared to 17% of citizens.

**Spotlight on Mental Health Restructuring Care for Immigrant Families**  
November 2024

By Jennifer Y. Zhang, MPH '25; Danielle Chun, MPH; Vilma Uribe, MA, PhD '26; and Jessica Santos, PhD

**Summary**

While the need for health services is universal, because of migration processes, the U.S. immigration system, structural inequities, and exclusionary social norms, immigrant families face unique mental health risk and protective factors. Research shows that there are several defining life experiences unique to immigrants and/or refugees that introduce risk factors for mental health, including but not limited to:

- Trauma as a cause or result of migration (including voluntary or involuntary displacement, separation from loved ones and places, and the migration journey)
- Lack of access to healthcare services and insurance
- Lack of legal status (including fear of detention/deportation and exclusion from work, housing, resources, and rights)
- Living in multigenerational households (increased proximity to effects of the criminalization of immigration, intergenerational cultural dissonance, discrimination and "othering")
- Cultural and language barriers (including lack of access to diverse mental healthcare clinicians, linguistic isolation, and childhood language brokering).

**Mental Health Service Landscape Gaps in Massachusetts**

Unmet need for adult mental health services: In 2022, 11% of adults reported an unmet need for mental health services.

Unmet need for youth mental health services: In 2022, 14% of children with severe depression did not receive any mental health treatment. Treatment access for children poses additional barriers because children and young adults are often reliant on older adults seeking treatment on their behalf.

Inequities in access to mental health services: In 2019, compared to 51% of white patients, only 35% of Latino patients and 42% of Black patients with mental health conditions received treatment.

# Motivation

■ **COVID-19** had deeper and longer-lasting impacts in immigrant communities and communities of color.

■ **Immigrant potential or real contributions** invisible despite overrepresentation in essential workforce, care for community.

■ **Role of CDFIs** in immigrant wealth building in Massachusetts unclear

■ Family **financial trauma** - dimension not captured by stats on housing, job, food instability - health and social-emotional challenges at scale.

■ **Empowerment Economics**: financial well-being is about more than covering bills, It's about understanding your **power in the economy**.

Goal: to understand **how financial trauma and financial empowerment** prevent or facilitate healthy **relationships between immigrants and financial institutions**.



*I used to be a lawyer in [my home country].  
Now, I work in housekeeping.*

*Program participant*



*We really need for people to understand how much immigrant communities are contributing to economic growth and economic stability. And why **when you invest in immigrants, you're also investing more broadly**, right?*

*CDFI leader*



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# Research Qs and methods

Financial trauma,  
healing, and  
empowerment

CDFI role in  
immigrant  
inclusion

Narratives to foster  
empowerment

## Methods for larger study:

- Longitudinal participant data
- [T1 and T2 participant surveys for intervention and control]
- Qualitative focus groups and interviews

## This paper:

- Qualitative focus groups and interviews (n=52)
  - Program participants (36)
  - Program staff (n=5)
  - CDFI leaders (n=11)
- Thematic and narrative analysis

Table 1 Demographic characteristics at baseline

	Total N=143
<b>Gender</b>	
Man	34 (23.8%)
Woman	109 (76.2%)
<b>Age</b>	40 (11)
<b>Primary language</b>	
Spanish	76 (53.1%)
Haitian Creole	62 (43.4%)
Other	5 (3.5%)
<b>Years since arrival to US</b>	
Less than 5 years	78 (54.5%)
6 to 10 years	20 (14.0%)
11 years or more	45 (31.5%)

Data are presented as mean (SD) for continuous measures, and n (%) for categorical measures.

Other languages include Arabic, English, and Portuguese

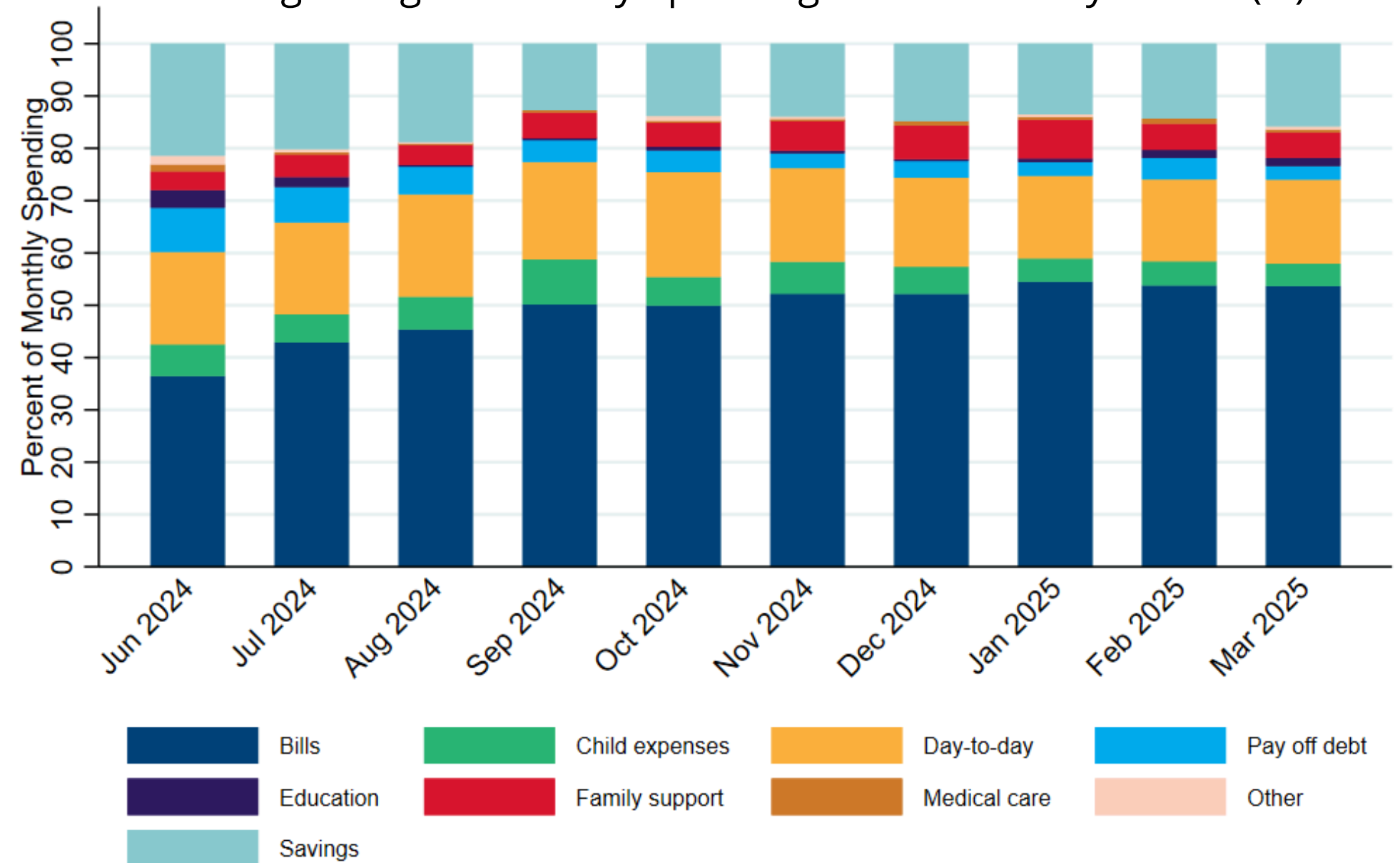
# Participant experiences and outcomes

**Program Design:** Direct cash, incentives for saving and training/education, monthly meetings with caseworker

## Outcomes:

- **Bridging basic needs**
  - Increase in financial security
- **Accelerating financial inclusion**
  - 100% banked and saving
  - ESOL, workforce training
- **Reducing stress and improving mental health**
  - As financial stability increased, languishing mental health decreased
- **Fostering hope, learning, and belonging**
  - Municipality invested in immigrant families

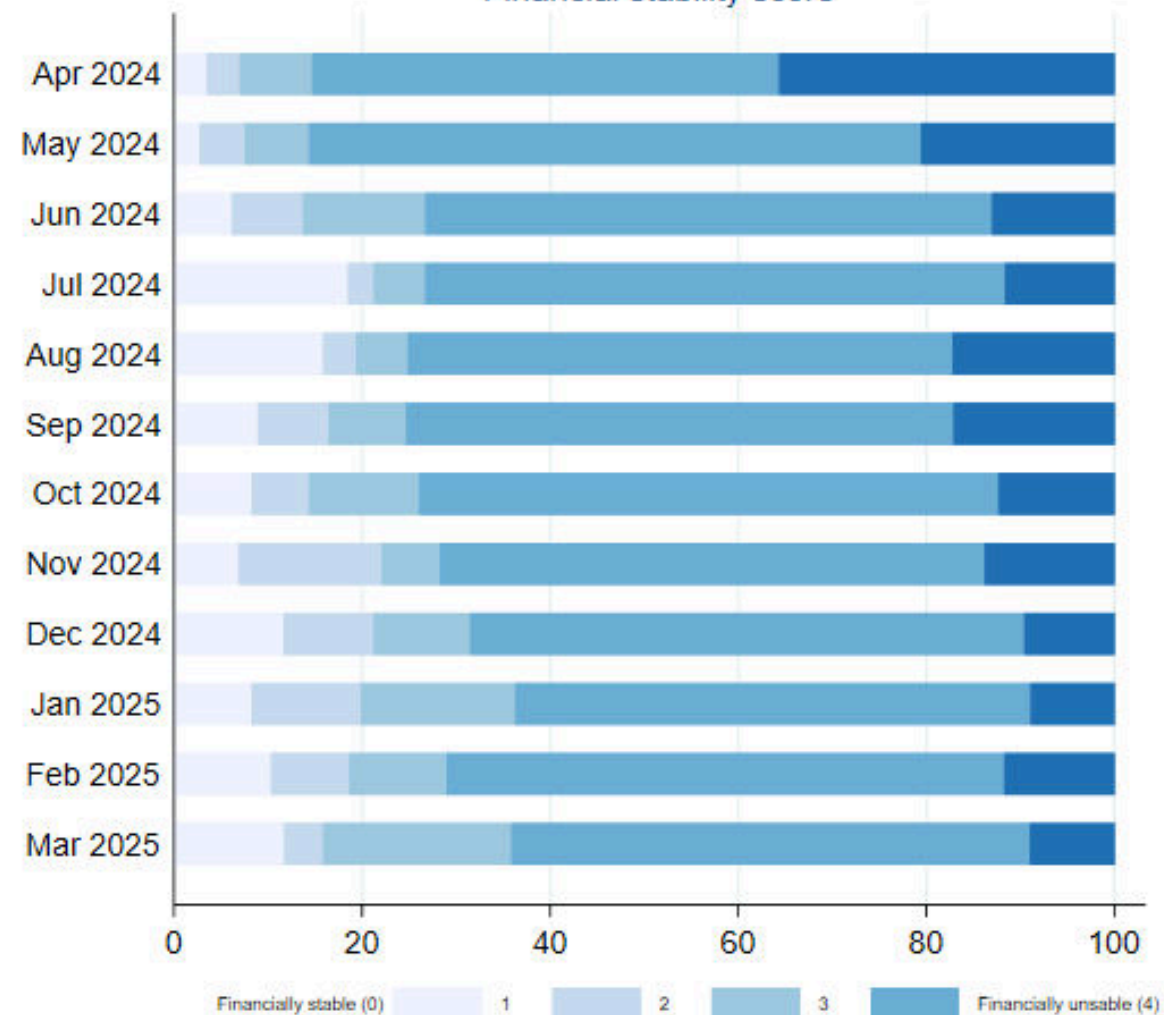
Average Program Money Spending Distribution by Month (%)



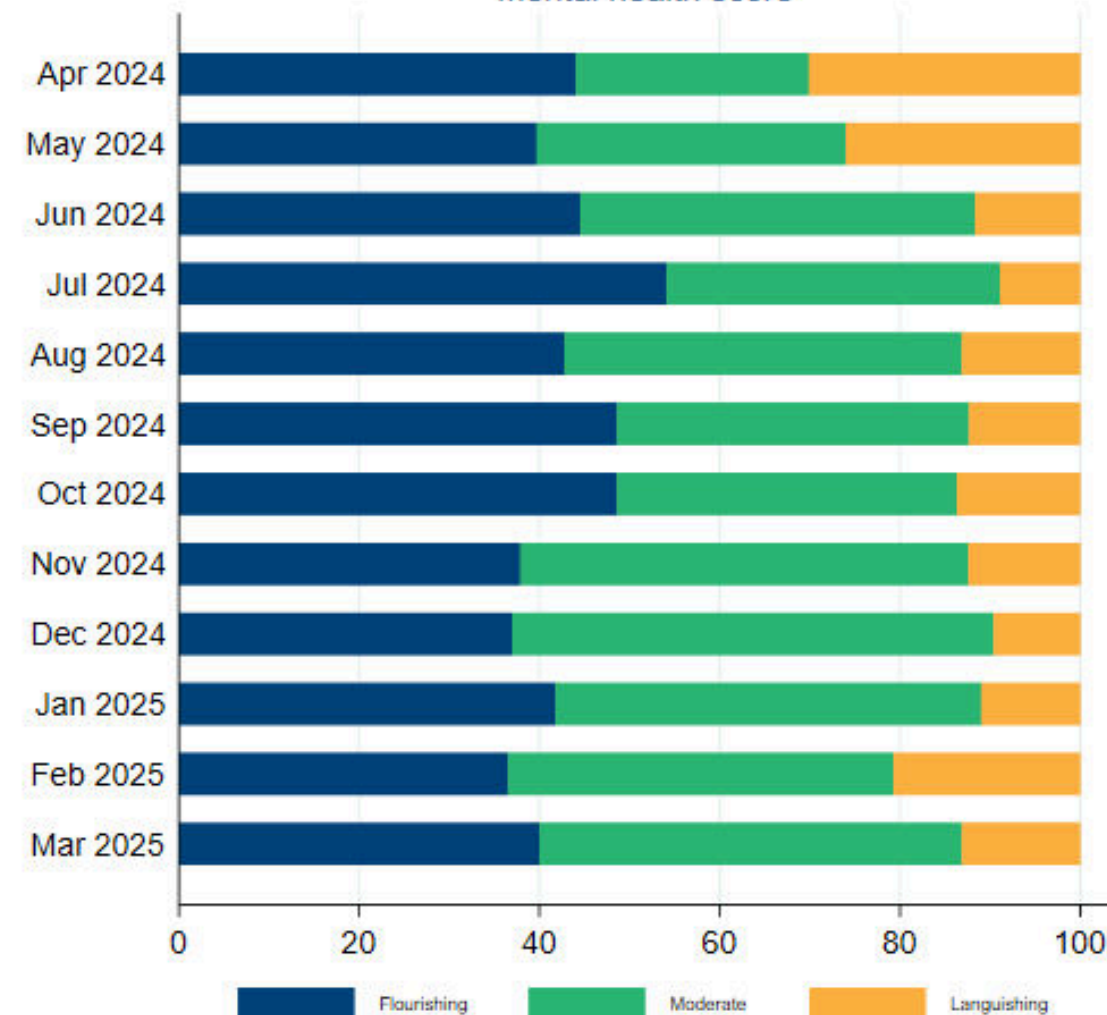
Average total amount participants received each month ranged from \$870 to \$900

# As participants' financial stability increased, languishing mental health decreased

Financial stability score



Mental health score



*It is much better now, because **before that money, I was stressed. But when I started receiving that money, stress level is low. And then the money helped a lot,** and then I did a lot of things with it. So, my financial situation, it's on a better position right now, way better before I was receiving that money.*

*Program participant*



*This has been a blessing in my life. It's helped me resolve a lot of economic issues and **be able to help others.***

*Program participant*

# Key findings

Financial trauma is the psychological and emotional stress people experience from serious or ongoing money problems like poverty, job loss, housing instability, bankruptcy, or growing up in a financially insecure environment. It can affect how someone thinks about, feels about, and manages money long after the original hardship has passed.

Financial trauma,  
healing, and  
empowerment

- **Key sources of financial trauma**

- Loss and violence through migration
- Poverty, inability to provide for family/others
- Being denied opportunities (lending, jobs)
- Predatory lending, fraud, or violence due to debt
- Fear of further loss: legal and financial insecurity (due to immigration and labor policies, low wages, contingent jobs, underemployment)
- Racial or gender-based discrimination
- Anti-immigrant policies and narratives

CDFI role in  
immigrant  
inclusion

- **Resolving specific barriers builds trust**

- Becoming banked (individual and business)
- Learning U.S. financial / regulatory systems
- Establishing domestic credit and work history
- Finding loans consistent with religion/values
- Knowing someone who uses the same bank

Narratives to foster  
empowerment

”

*People know how to cut hair, know how to barber, how to fix car, how to sell car, how to have a grocery store. That was **a path for them to breathe.***

CDFI leader

”

*I believe that the entrepreneurs we've helped, immigrant and nonimmigrant alike... have **become more financial stable and more financially self sufficient** than they were before they got a loan from us. And in that way I think, I hope, that we've **helped them heal** some of their financial trauma.*

CDFI leader

# Key findings

Immigrant integration is a dynamic, two-way process in which **newcomers and the receiving society work together** to build secure, vibrant, and cohesive communities.

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- **Trauma-informed lending**

- No pressure to sign, offer resources
- Staff reflects communities served
- Multi-lingual services
- Institution physically present in communities
- Range of loans aligned with needs and values  
(e.g. personal, business, micro-enterprise, cultural placemaking , immigration bonds)

- **Relationship-based coaching**

- Acknowledging history/intergenerational trauma
- Holistic assessment of goals, risks, and credit
- Shift relationship with money
- Shame-free environment
- Facilitating referrals and partnerships



*It is reality in the United States, whether people wish to acknowledge it or not, that race, ethnicity, and immigrant status can and does correlate with economic prosperity. So, we're seeking to **find the path to yes for folks to whom the banks have said no.***

*CDFI leader*



*At the end of the day, sitting down with any family, they all feel the same way. They all want to **create generational wealth**, they all want to make sure that they're leaving a legacy **for their family.***

*CDFI leader*



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# Key findings

A narrative strategy is a long term effort to **raise certain values and diminish others** in ways that engage **diverse types of narrators and audiences**, and that are not bound by short term communications needs.

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- **What CDFIs are (and are not)**
  - Filling gaps, path to yes
  - Re-evaluating risk with holistic approach
  - Clarity and transparency creates trust
  - Work in partnership with other orgs
  - Advocacy and collective action?
- **Who CDFIs are here for**
  - LMI, immigrant, BIPOC families/communities
  - Entire neighborhoods / zip codes
  - Economic prosperity of US as a whole
- **Empowerment in this current environment**
  - Link between financial stability and health
  - Humanization and belonging
  - Respectfully finding common ground

”

*All the stories need to be elevated...  
the **stories of success, the stories of  
overcoming hardship.***

CDFI leader

”

*I think in terms of empowerment, it's being  
able **to not come in as the saviors**, but more  
as the resources needed. More of, **we can be  
kind of like the toolkit**, for you to have more  
access to finances. But **we're not saving  
anybody**, and we're not taking that from them.*

CDFI leader

# Implications and remaining Qs

- **Economic stability and legal status are key determinants of health**
  - Policy reforms that expand economic opportunities and strengthen legal protections will improve community prosperity and health
  - To what extent are CDFIs advocating collectively for these policies?
- **CDFIs: culturally responsive, trauma-informed financial services**
  - CDFIs can play a key role in building trust and reducing financial trauma in immigrant families and communities
  - How are best practices developed, evaluated, and disseminated among CDFIs?
- **Evidence-based narrative research**
  - CDFIs are well positioned to develop empowering and evidence-based messaging about community health and prosperity
  - To what extent are CDFIs conducting narrative research and/or developing narrative strategies?

# Thank you!

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