

NH Behavioral Health Summit
Manchester, NH
December 9, 2025



Health as Survival?

Immigrant and Community Well-being in Turbulent Times



Jessica Santos, PhD, Director
Leah Zallman Center for Immigrant Health Research
Institute for Community Health



A CENTER AT



Today's talk:

WHAT:

- Turbulent times, not new
- Boldness in dehumanization

SO WHAT:

- Political anxiety
- Financial trauma
- Individual, institutional, relational changes

NOW WHAT:

- Immigrant integration
- Narrative strategy
- Self and collective care

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



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.¹ 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.² 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.

WHAT

What are some of the key patterns and policies affecting immigrant mental health?

- Turbulent times, not new
- Boldness in dehumanization

ICE IMPACTS



Health and Economic
Policies (new and old)



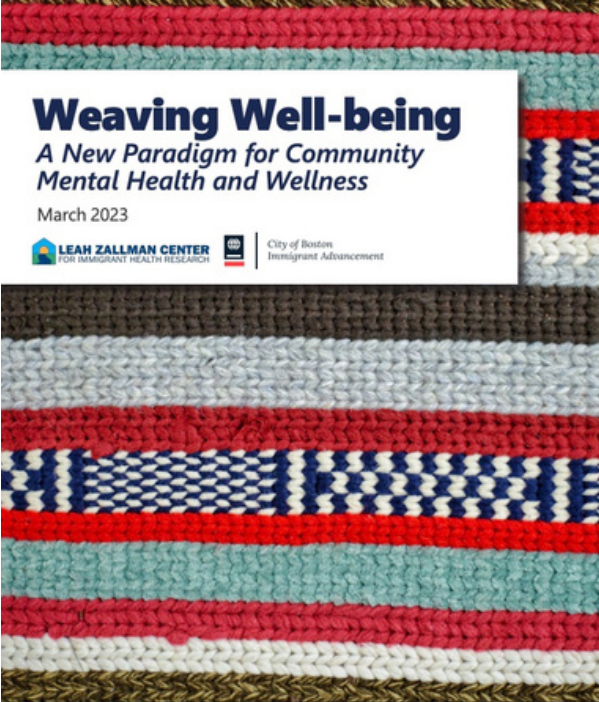
Othering



SO WHAT

How do they play out and what are the effects on immigrant and community health?

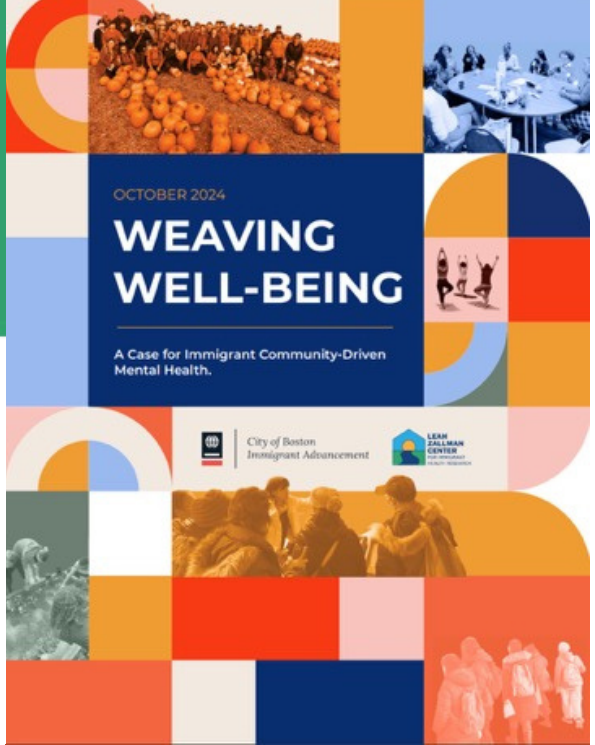
- Political anxiety
- Financial trauma
- Individual, institutional, relational changes



Measuring Well-being

A Sample of Mental Health and Well-being Scales for Immigrant Communities

June 2023



Right now, **deportation is very big on everyone's mind...** the program will be spreading word of what we have - a card that shares how to get a lawyer, legal services, resources, and organizations of help. We don't know what's coming but I can say with confidence **raising the resiliency in the community is how we can prepare.**

-Weaving Well-being program leader

90%
of survey respondents said **the program helped them contribute to the happiness and well-being of others.**

90%
of survey respondents said that **the program helped them identify resources to support them if they are having a difficult time.**

96%
of survey respondents **learned a skill or practice through their program.**
n=553 over 3 years

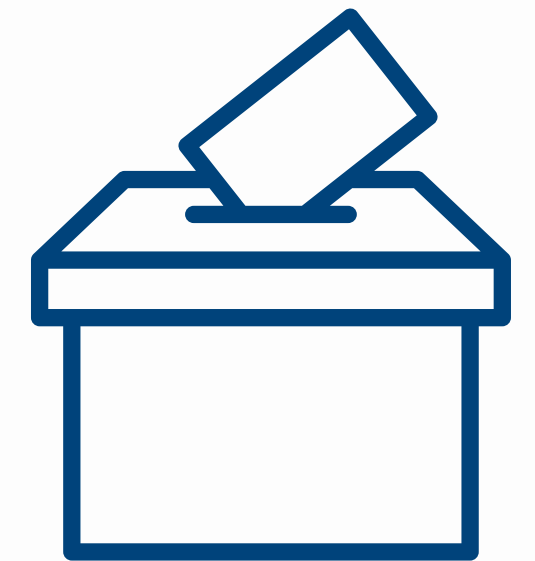


Political anxiety

...is a term used to describe **feelings of uncertainty, instability, and distress** over world events, government decisions, and societal shifts.

Data: Weaving Well-being; mental health landscape review

72% of voters feel that the **tone and civility in American politics has gotten worse.**
(May 2025)



- **We cannot therapize away policy-induced harm**
- **We can...**
 - develop healthy coping strategies
 - provide resources about rights, legal support, and safe spaces
 - create opportunities for community and civic engagement
 - channel funding to community-based organizations and mutual aid networks that are already doing the work



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.

Data: basic income evaluation; study of CDFI role



*When I came here, I came with nothing... I faced a lot of, like, depression because **I felt like I was by myself and I was, like, drowning**.. So being part of the program and having that little assist to pay basic needs—it was just incredible.*

-program participant



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

-program participant

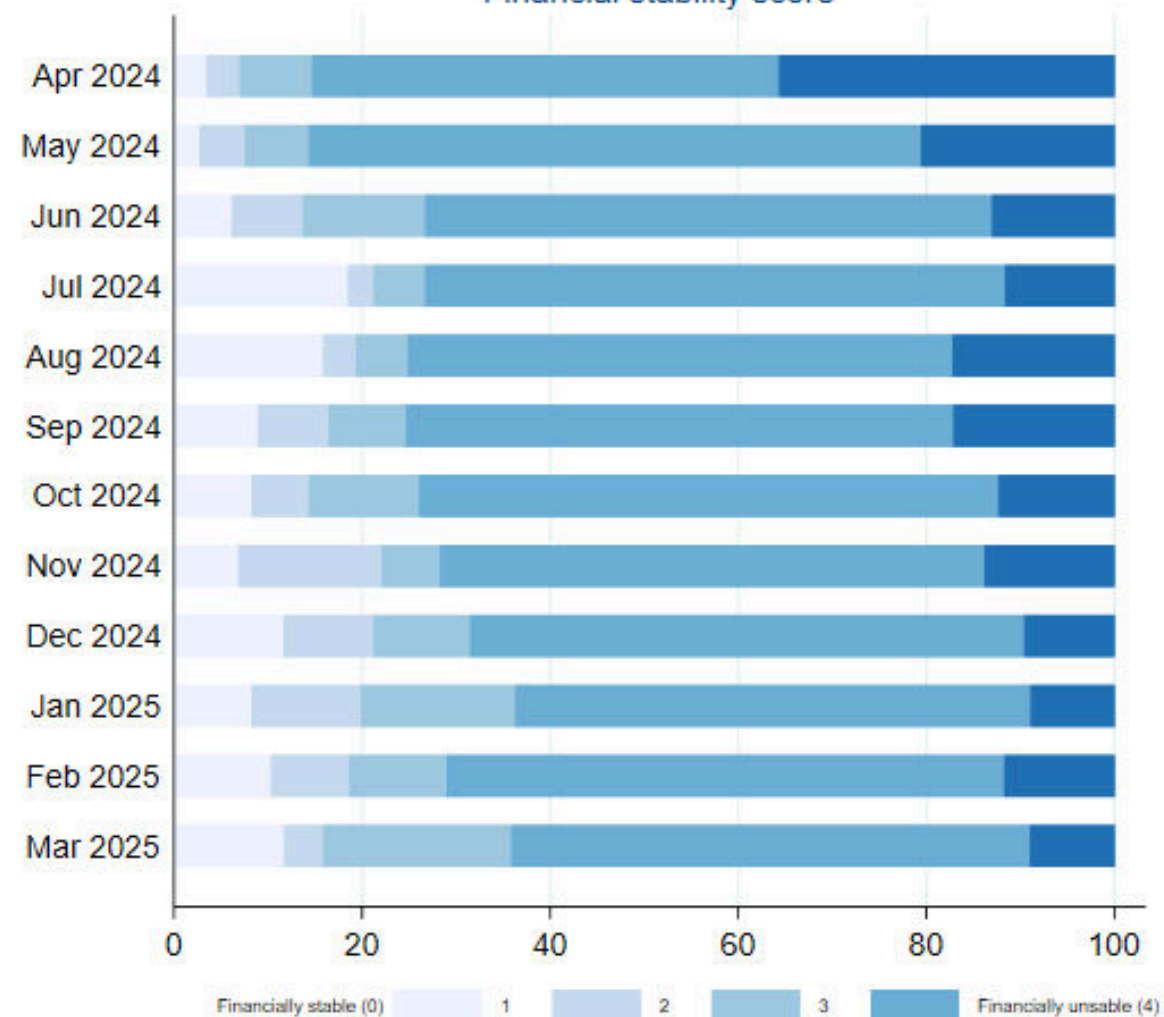
Key sources of financial trauma

- 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
- Racial or gender-based discrimination
- Anti-immigrant policies and narratives

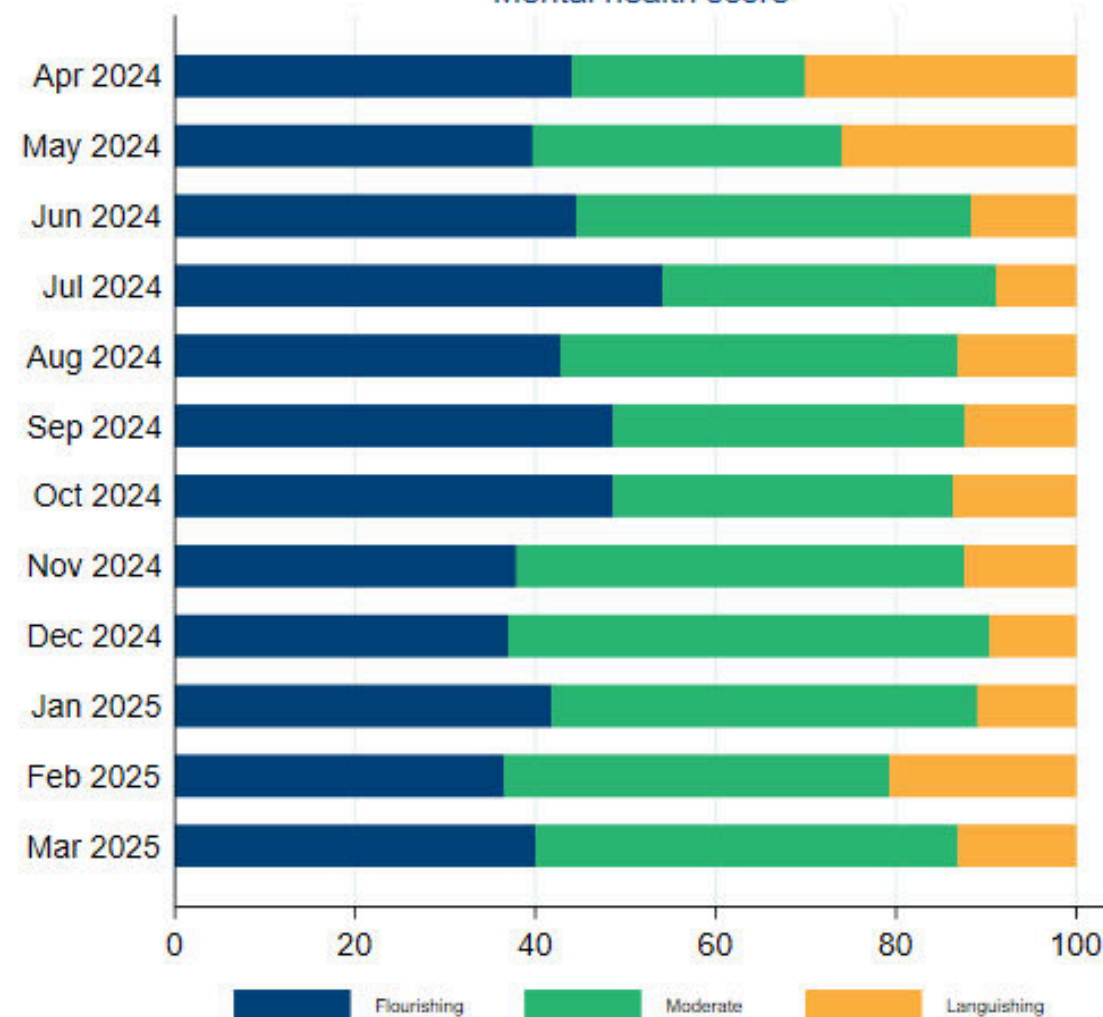


As participants' financial stability increased, languishing mental health decreased

Financial stability score



Mental health score



*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

Institutional response

Data: basic income evaluation; study of CDFI role



*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

Trauma-informed lending

- No pressure to sign, offer resources
- Staff reflects community, multi-lingual services
- Institution physically present in communities
- Range of loans aligned with needs and values
- Acknowledging history/intergenerational trauma
- Holistic assessment of goals, risks, and credit
- Shift relationship with money through coaching
- Shame-free environment, warm handoffs

Health care: not business as usual

Data: PAR study on narratives in health care re: immigrants

Resources and best/emerging practices

- Institutional protocol for if ICE shows up
- Train frontline staff and ID primary point of contact
- Public v. private/protected areas
- Data privacy / chart review
- Don't ask patient legal status
- Patient resources (red cards, legal referrals, mental health, family preparedness plans, mutual aid)
- Support for coworkers / workforce well-being
- Coordinated sector-based advocacy
- CLAS standards
- Language and communication access
- CHWs and/or care in trusted locations
- Telehealth

Know Your Patients' Rights: Keeping Healthcare Welcoming and Safe for Immigrants

Logos: HLISN, LEAH ZALLMAN CENTER FOR IMMIGRANT HEALTH RESEARCH, NATIONAL IMMIGRATION PROJECT, health law advocates

Wed February 12th 6pm ET

Panelists

- Iyys Fernandez-Pastrana, JD The Border is Here.
- Lara Jirmanus, MD MPH Health and Law Immigrant Solidarity Network and Harvard Medical School
- Kate Purrington, JD Health Law Advocates
- Yulie Landan, JD National Immigration Project

For registration Scan QR Code here
Click the Link: <https://rb.gy/pz3p79>

Logos: LEAH ZALLMAN CENTER FOR IMMIGRANT HEALTH RESEARCH, FXB Center for Health & Human Rights at Harvard University, HLISN

Know Our Rights: Legal Updates for Immigrant Health

Join the **Leah Zallman Center for Immigrant Health Research (LZC)**, **François-Xavier Bagnoud (FXB) Center for Health and Human Rights** at Harvard University, the **Health & Law Immigrant Solidarity Network (HLISN)**, and Massachusetts healthcare partners for a virtual update on immigration law and policy.

Healthcare leaders, providers, workers, public health professionals, and all encouraged to attend!

Panelists

- Susan Church**
Chief Operating Officer & Legal Advisor,
MA Office for Refugees and Immigrants
- Heather Yountz**
Senior Immigration Staff Attorney
Massachusetts Law Reform Institute

Thursday, October 16th, 2025
2:00-3:00 pm ET
Virtual on Zoom

LZC Coffee Chat

Please reach out to lzc@communityhealth.org with any questions. [CLICK HERE TO REGISTER](#) or [SCAN TO REGISTER](#)

NOW WHAT

How can we move out of survival mode and create safe and healthy communities for all?

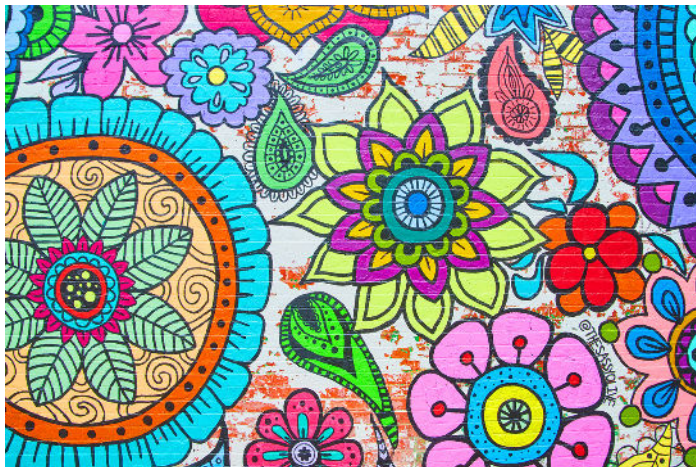
- Immigrant integration
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- Self and collective care

Immigrant integration

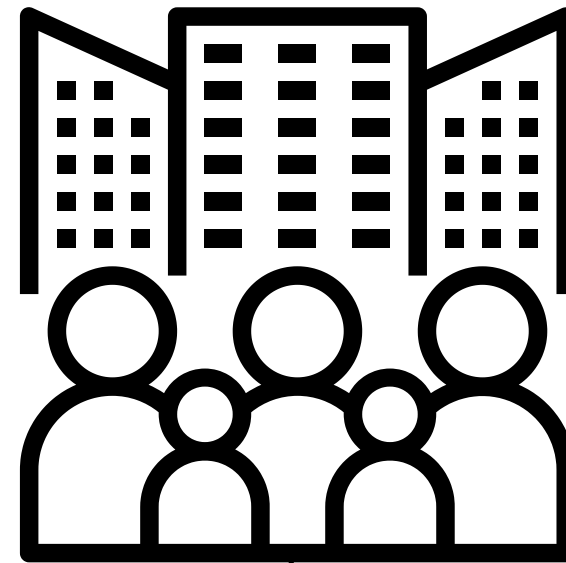
...is a dynamic, two-way process in which newcomers and the receiving society work together to build secure, vibrant, and cohesive communities.

Data: every single project!

Cultural



Institutional



Personal



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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.

Data: PAR study on narratives in health care re: immigrants



“Listen to me. Gender is a construct, society is a construct, money is a construct. But bedtime is very, very real.”

The Current Media & Social Media Landscape

When at the core of the intersection of healthcare, immigration, and frontline work, the landscape is **clearly divided into supportive and oppositional narrative viewpoints** — there is little middle ground:

Proponents

Anti-immigrant policies in healthcare affect all our care and health

Immigrants are a drain on the health care system and cheat the system at the expense of taxpayers

Opponents



Proponents

Healthcare is a human right, so, health care facilities should be sacred spaces, immune of immigration enforcement.

Health care workers hold a professional identity and responsibility to provide care—regardless of patients' immigration status.

Immigrants are a critical part of the healthcare workforce, filling important and necessary roles in our care infrastructure that would otherwise leave gaps in the system.

If immigrants fear getting healthcare, that negatively impacts and hurts the overall public health—which is already threatened by ongoing public health risks.

“The immigrant workers are very crucial to the functioning of this facility and to the physical and mental health of the people they serve.” –Terry Hodge, Administrator at the Framingham, Massachusetts, facility — CNN

“Care delayed is care denied, we want patients to know ultimately we have the preventative care you need, we want you to have timely access to treating your disease or illness...and to live a healthy, productive life. That requires that you have continued access to your health care provider and we are still here to meet those needs. That hasn't changed.” – Michael Curry, chief executive of the Massachusetts League of Community Health Centers — BOSTON GLOBE

“Foreign-trained physicians will now be able to help fill in the core of health care professionals that are serving in the Commonwealth and lead to getting people in sooner, diagnosed sooner, treated sooner, and afforded prevention and wellness sooner,” –Michael Curry, president and chief executive of the Massachusetts League of Community Health Centers — BOSTON GLOBE

“Nursing homes are looking for additional workers, they aren't bidding down wages for native-born workers, they're working alongside native born workers.” –David C. Grabowski, professor of health care policy at Harvard Medical School — BOSTON HERALD

“The biggest myth in the debate over immigrant welfare use is that noncitizens — which includes illegal immigrants and those lawfully present on various temporary visas and green cards — disproportionately consume welfare. That is not the case. **Noncitizen immigrants consumed 54 percent less welfare than native-born Americans.” –CATO institute — WBUR**



Opponents

Immigrants are a drain on the health care system and often cheat it.

Blue States are providing immigrants with free health care at the expense of taxpayers.

Immigrants who work in healthcare are taking jobs away from citizens.

“**This is a bill that I have run to promote accountability.** It in no way compromises a person’s ability to be served and treated at a hospital” –Republican state Sen. Wendy Rogers. — [FOX NEWS](#)

“Thankfully, the court put another nail in the coffin of **Biden’s radical left-wing agenda**” – Alabama Attorney General Steve Marshall — [BOSTON GLOBE](#)

“Today, **our healthcare system is overrun by illegals** who came into our country, and the **cost is borne by people like you and me**, who are regular citizens, regular immigrants, who came here the right way” Abraham George, the chairman of the Texas Republican Party — [BOSTON HERALD](#)

“Even though President Trump is ending the ‘Temporary’ Protected Status of all these **deadbeat Haitian illegals**, the local Democrats desperately want them to remain here, on their **permanent lifetime vacations**. It’s all part of the fundamental transformation of America into a Third World hellhole.” –Howie Carr, political commentator — [BOSTON HERALD](#)

“This audit shows that the governor, that the program was **rampant in overspending. It spent well in excess of 200% more** than what was estimated in budgets and in appropriations” –John Curran, Illinois state Senate Republican leader — [FOX NEWS](#)



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.

Data: PAR study on narratives in health care re: immigrants

Emerging/potential strategies

- We are all connected
 - Humanization and connection through messengers
 - Respectfully finding common ground
 - Countering us v. them
- We all seek safety and deserve more than survival
 - Caregivers as vital members of communities
- Financial well-being is about more than covering bills, It's about understanding your power in the economy.
 - Economic impact v shared economic destiny.



*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



Self and Collective Care

Data: every single project!

Daily acts of self and collective care include treating ourselves and others with love, care and compassion



Perhaps our mothers knew then what we are learning now, that the systems were not designed to protect us. Our mothers created community and practiced collective care as an act of survival but also as a place to radically reimagine the futures of their children.

-Mugabekazi (Gloria) Mugasha, [African Feminism](#)

Rest is anything that connects your mind and body.

-Tricia Hersey, [The Nap Ministry](#)



Thank you!

Research projects referenced in this presentation were supported by and/or conducted in partnership with:

- City of Boston Equity and Inclusion Cabinet and Mayor's Office for Immigrant Advancement
- CDFI Research Consortium at the University of New Hampshire Carsey School of Public Policy
- Harvard T.H. Chan School of Public Health
- Health & Law Immigrant Solidarity Network
- Massachusetts Immigrant Collaborative
- Massachusetts Immigrant & Refugee Advocacy Coalition
- Robert Wood Johnson Foundation
- Wonder: Strategies for Good

Join our mailing for research and event updates:
<https://immigranthealth.org/contact>

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