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WEAVING WELL-BEING

A Case for Immigrant Community-Driven
Mental Health



City of Boston
Immigrant Advancement



LEAH
ZALLMAN
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FOR IMMIGRANT
HEALTH RESEARCH



In the height of the COVID-19 pandemic, as our immigrant communities faced unprecedented challenges, the Weaving Well-being Initiative emerged as a beacon of resilience. Born from the urgent pleas of our constituents, this initiative embodies a powerful truth: our greatest strength lies in the fabric of our community.

Weaving Well-being is not just a program; it's an emergent revolution in community health. By tapping directly into the wellspring of immigrant wisdom, we've unearthed culturally rich, community-embedded practices that fortify mental health and holistic well-being. This initiative stands as a testament to the power of collective knowledge and practice, offering a transformative resource for our entire city as we navigate the ongoing impacts of the pandemic and chart our course towards healing.

At the heart of our mission is an unwavering commitment to elevate Boston's immigrant leaders and community members as the true experts of their experiences. It serves as a powerful tool, enhancing the capacity of our immigrant communities to advocate for themselves and amplifying their voices in the critical dialogue on systems change. By addressing the social determinants of health, we're not just improving well-being; we're reshaping the landscape of equity in our city.

At the Mayor's Office for Immigrant Advancement (MOIA), we strive to ensure that Boston feels like home for all immigrants—a place where they can fully and equitably participate in our economic, civic, social, and cultural life. Together, we're not just weaving well-being; we're crafting the future of our city—one where every voice is heard, every culture is celebrated, and every resident has the opportunity to be well and thrive.

– MONIQUE TÚ NGUYEN, EXECUTIVE DIRECTOR
Mayor's Office for Immigrant Advancement, City of Boston



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THE CASE FOR IMMIGRANT COMMUNITY-DRIVEN MENTAL HEALTH

When the City of Boston Mayor’s Office for Immigrant Advancement (MOIA) reached out to constituents in 2021 to learn how they could best support immigrant well-being during COVID-19, immigrant leaders ranked mental health as one of their highest priorities. Guided by Mayor Michelle Wu’s belief that tax dollars generated by Americans—including all immigrants, regardless of status—belong to the people, MOIA launched the **Mental Health Mini-Grants** initiative in 2022 to respond directly to the priorities of Boston’s immigrant communities. In its inaugural year (2022-2023), MOIA funded seven immigrant-led and -serving organizations seeking to promote Boston immigrant residents’ well-being; destigmatize mental health in immigrant communities through non-clinical, culturally and linguistically sensitive interventions; and shift power to communities as experts in supporting their members.



Pictured Left: The Brazilian Worker Center held essential oil classes for participants



Pictured Right: The Brazilian Worker Center participants learned aromatherapy practices

The seven pilot organizations successfully enhanced social integration and cohesion and built up participants' resilience and well-being. Each organization's activities were unique and culturally tailored by and for their communities. However, their approaches coalesced into five shared program strategies, described in the report [Weaving Well-being: A New Paradigm for Community Mental Health and Wellness](#) and in the **Program Strategies and Examples** section of this report. Taken together, these strategies comprise the initial Weaving Well-being model. We anticipate that the model will evolve over time as MOIA continues to invest in this crucial initiative and builds community capacity to enact systems change.

In its second year (2023-2024), MOIA's **Weaving Well-being** initiative expanded to fund 18 organizations that serve immigrant residents as well as community leaders who provide direct service and advocacy. **Through this mental health initiative, the community-based organizations directly engaged 1,790 immigrants living in Boston and supported a further 387 immigrants in the Greater Boston region, reaching a total of 2,177 immigrants.** This brief report highlights their work and the ways they implemented the Weaving Well-being model.

The third iteration of the Weaving Well-being initiative (2024-2025) launched in May, with 21 community-based organizations in this cohort. MOIA has added an emphasis on care for community leaders working directly with immigrant residents, acknowledging the burnout and secondary vicarious trauma that community-based staff and volunteers experience as they lead wellness programs and care for their communities. This additional dimension validates the fact that community leaders also need and can benefit from mental health supports, even as they work simultaneously as providers.

Through this mental health initiative, the 18 community-based organizations directly engaged 1,790 immigrants living in Boston and supported a further 387 immigrants in the Greater Boston region, reaching a total of 2,177 immigrants.

WHAT IS WEAVING WELL-BEING?

Immigrant community-driven mental health programs develop participants' skills for coping with life's challenges and connect immigrants of all ages with vital resources they can access if needed in the future: **94% of Weaving Well-being survey respondents learned a skill or practice** and **89% said the program helped them identify resources to support them if they were having a difficult time.**

“This program is very special to me, because it helps you understand what’s going on in your own mind.”

-Participant

Immigrants face everyday stressors such as insecure jobs and housing and insufficient household income compared to the cost of living in Boston (some of the key social determinants of health) that are shared with many U.S.-born Bostonians. They also face stressors that most mainstream mental health models are not equipped to address, such as insecure immigration status, fear of deportation, trauma from displacement and/or migration, and discrimination and othering. More

investment is needed to build a diverse mental health workforce in Massachusetts to address this care gap over time. Meanwhile,

Weaving Well-being programs create safe, healing spaces and strengthen participants' cultural identities: **91% felt they could be themselves in the program.** A

participant said, **“I feel safe and seen around my group, and this group has helped me feel more attached to the greater Boston area.”**

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Pictured: A Boston Chinatown Neighborhood Center youth artist works on a mural at the BCNC building



The Weaving Well-being model differs from the individualized medical model of mental health care commonly found in the United States, instead drawing on global strategies to support individual and collective healing. Weaving Well-being creates entry points for Boston's immigrant residents to address mental health in holistic ways and builds bridges to mainstream mental health services in the case of more severe crises.

Program Strategies

- Frame mental health as skill building for holistic wellness.
 - Utilize trauma-informed and culturally rooted healing techniques.
 - Provide group-based, engaging, age-appropriate activities.
 - Support community-embedded, culturally and linguistically responsive, and interdisciplinary staff.
 - Facilitate peer-led, slow trust work that cultivates culture.
-

Program Outcomes

- **Social integration and cohesion:** Weaving Well-being brought participants together in new ways around personal, familial, and community well-being.
- **Resilience and well-being:** Weaving Well-being taught participants skills and introduced them to resources to use in times of stress.



Pictured: EHR Boston Communities participants do yoga in the park

Healing Modalities

Field trips

Lending circles

Group yoga

Therapeutic dance

Expressive arts

Support groups

Visual arts

Wellness workshops

Art therapy

Meditation and
mindfulness exercises

Healing discussions

Crocheting

Storytelling

Tai chi

Music, including group
karaoke

Writing

Sports

Hiking or being in nature

The Weaving Well-being movement is growing in strength and impact, supporting immigrant community empowerment. As participants connect the immediate sources of stress in their lives to the larger socioeconomic systems operating around them, they seek community-level solutions that benefit everyone, fostering well-being and belonging: **91% of survey respondents said the program helped them contribute to the happiness and well-being of others.**

Immigrant Communities Served in Weaving Well-being 2023-2024

18 organizations directly engaged **2,177 immigrants** (1,790 immigrants living in Boston and 387 immigrants in the Greater Boston region).

AFRICA



Cabo Verdean
Somalian
Eritrean
Other

ASIA



Chinese
Vietnamese
Indian
Taiwanese
Other

CARIBBEAN



Dominican
Puerto Rican
Haitian
Other

EUROPE



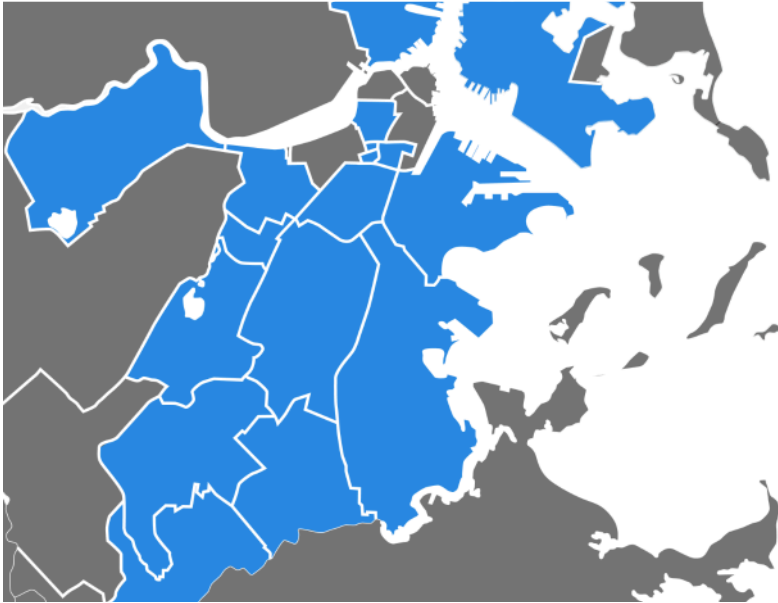
Albanian

CENTRAL OR SOUTH AMERICA



Brazilian
Colombian
Salvadorian
Honduran
Guatemalan
Mexican
Other

Boston Neighborhoods Represented in Weaving Well-being 2023-2024

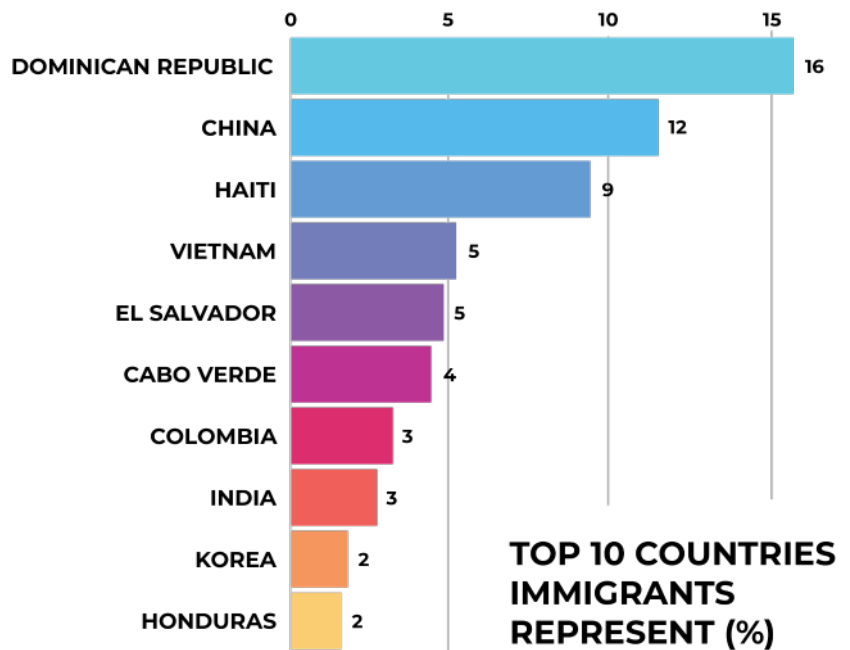
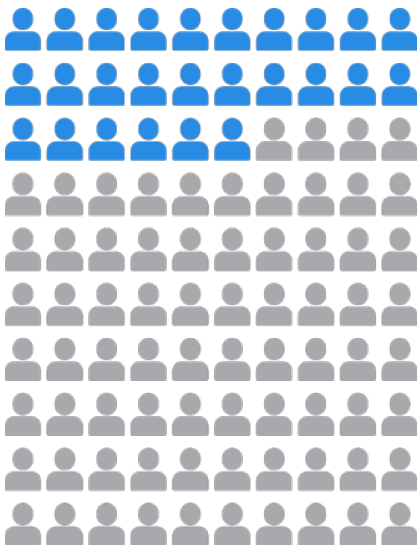


- Allston
- Bay Village
- Beacon Hill
- Charlestown
- Chinatown
- Dorchester
- East Boston
- Fenway/Kenmore
- Hyde Park
- Jamaica Plain
- Mattapan
- Mission Hill
- Roslindale
- Roxbury
- South Boston
- South End

Immigrants of Boston

In 2021, Boston was home to **179,489 foreign-born residents**, almost 27% of the population (Boston Planning and Development Agency, 2021).

27% OF BOSTONIANS ARE IMMIGRANTS



WELL-BEING FOR ALL BOSTONIANS

What does it look like when well-being is woven into the fabric of a community?

When immigrant communities come together to heal, address basic needs, and foster wellness, well-being looks like connection, community care, skills, welcome, and joy.

Welcome. Many immigrants in Boston face unwelcoming environments on a day-to-day basis and/or find it hard to enter and navigate healthcare systems, with just 57% of survey respondents agreeing that it would be easy to see a doctor. With harmful narratives about immigrants common in public discourse, many feel that they do not belong in Boston.

In contrast, Weaving Well-being participants felt welcomed and wanted in their community programs, sharing that program leaders provided a **“very beautiful welcome”** and that they felt **“comfortable”** and **“encouraged and motivated to work on [their] well-being.”** Some participants joined activities in a vulnerable state, and found the staff and leaders to be **“friendly, attentive, patient, and understanding.”** Another shared that the program leaders were **“kind and accepted me for who I was.”** A participant reflected, **“They make me feel like a family, always checking in on me, helping out with school. They make it known that they are someone I can trust.”**

91% of survey respondents felt they could be themselves in the program.

“I feel safe and seen around my group, and this group has helped me feel more attached to the greater Boston area.”

– Participant



Pictured: Chinese Progressive Association members visiting the Boott Cotton Mills Museum

Connection. Organizations made intentional efforts to bring participants out of isolation and to foster connections with peers that would last beyond the activity or program. Some immigrants and refugees seeking mental health supports find it hard to identify providers or services tailored to their specific experiences, which can further feelings of isolation. Of our survey respondents, just 45% said it would be easy to see a mental health professional. Even with loved ones and close friends, feelings of isolation or shame can deter immigrants from reaching out for support. Of survey respondents, 73% felt that they could talk about their problems with their family and friends. In comparison,

The Eritrean American Civic Association (EACA) hosted *uqub* gatherings for Eritrean immigrant women, which provided a space for the women to build connections with one another and participate in traditional lending circles that collectively build capital. A participant noted that EACA ***“offered a safe space, and the staff were very welcoming and friendly.”*** Another shared, ***“EACA has allowed me and my friends to gather and have a good time. The board members are very helpful, giving us vital information where to start as a refugee and how to [integrate] in the American culture.”***

78% felt able to share about their problems with fellow program participants. As one Weaving Well-being participant reflected, ***“It is uplifting to discover similar experiences shared by other participants and connect through a shared topic.”*** One participant appreciated the ***“1:1s and buddy check-ins,”*** and another said, ***“I am very satisfied with the current program because I can keep abreast of the latest news and make new friends through it.”*** Participants also connected with resources to assist them as they worked to meet their basic needs, learn about U.S. systems, and cultivate ***“dignity and quality of life.”***

Community care. Collective approaches to healing were valuable and natural for some participants, as they contributed to and simultaneously benefited from systems of mutual support. Community-driven networks enable resources and support to flow in multi-directional ways that service-oriented programs do not. One participant described this as ***“less individual pressure to keep up with everything in life. More reliance on mutual support and learning about resources together.”***

Others appreciated learning how to prioritize or balance their own needs even as they cared for their families. One participant shared, **“I learned about community care and self-care.”** Many participants had faced significant hardship, trauma, or **“moments of desperation”** in their lives. This program allowed people to step outside of crisis mode for a moment and focus on their own well-being. As one participant put it, **“In this country it is super easy to lose yourself, so [I learned how] to maintain focus on myself to overcome everything.”**

Skills. Clinical and non-clinical practitioners and leaders co-designed activities for people to learn and practice coping skills for a healthy body and mind, such as journaling, yoga, *qi gong*, conflict resolution approaches, breathing techniques, and more. Programs modeled practices that participants might later encounter in therapy, so they would be more comfortable connecting to clinical resources, as well as take-home skills to use in their daily lives to manage stress and anxiety. One participant said, **“This program is very special to me, because it helps you understand what’s going on in your own mind.”**

89% of survey respondents said **that the program helped them identify resources to support them if they are having a difficult time.**

94% of survey respondents learned a skill or practice through their program.

91% of survey respondents said **the program helped them contribute to the happiness and well-being of others.**

“As an immigrant, at the beginning, staying away from my native country was not easy. I had difficult moments, and this experience made me want to help anybody [who’s a] newcomer to this country.”

– Participant

Another shared, **“I learned when to speak, when to listen, and I learned how to control my anxiety through breathing.”**

Many organizations integrated life skills into their programs, responding to the immediate needs of newly arrived immigrants as well as the longer-term goals of more established families and people of all ages. Examples included resume help, processes to succeed with homework, financial management, and creative skills such as art and music.

Joy. Weaving Well-being programs highlighted and cultivated moments of joy that enhanced participants' quality of life and caused them to step outside of their busy routines. A participant shared, **"A lot of fun activities made me feel more social and happy and safe! This program made me change—I am a lot more talkative, social, and happy."** Another said, **"I enjoyed the qi gong; it helped me slow down and alert me that I am always moving too fast."** These activities stand in stark contrast to more common program approaches to fostering family survival, adaptation, and resistance to unwelcoming environments. Participants' appreciation of the opportunity to slow down and enjoy learning and a sense of wonder at the beauty of the world was evident, with one person enthusing,

I participated in the Greenway Walking activity and learned new knowledge. For example, I learned that dead trees can absorb carbon dioxide and protect birds and insects, playing a unique role. I obtained a lot of new knowledge and saw plenty of plants that I hadn't known about before.

Hyde Square Task Force (HSTF) focused on Boston immigrant youth, providing arts enrichment classes, resource days, 1:1 sessions, and wellness days for youth in the Jóvenes en Acción / Youth in Action program and Caminos program. A participant shared, ***"They truly make me feel like all youth matter, including myself. I was able to be myself and express myself through my passion of the Afro Latin arts and I felt accepted and validated for who I am and my background as a Latina."*** Another said, ***"They built a***

relationship with me through helping me grow, seeing and helping me manifest my potential and also giving me emotional support through hard times."



Pictured: Music featured prominently in Hyde Square Task Force's arts enrichment classes for youth



PROGRAM STRATEGIES AND EXAMPLES

Weaving Well-being 2023-2024 Partner Organization Program Summaries



The **Asian American Resource Workshop (AARW)** created a peer supervision and support space for Asian American educators, artists, youth workers, social workers, and other community workers who engage with Asian immigrant communities in Boston. In total, AARW engaged 12 community members.



Boston Chinatown Neighborhood Center (BCNC) engaged youth as creators and facilitators for interventions that used art and conversation to explore topics such as belonging, personal relationships, and community connections throughout the summer and fall of 2023. In total, BCNC engaged 124 community members.



The **Brazilian Women's Group (BWG)** organized five events for community members, including dance classes, a women's health roundtable, storytelling, and psychotherapy talks. In total, BWG engaged 705 community members.



The **Brazilian Worker Center (BWC)** hosted two conversation circles that provided an open space for participants to discuss topics like family, work, and the challenges of living in another country and three classes on essential oils and aromatherapy. In total, BWC engaged 14 community members.



The **Chinese Progressive Association's (CPA)** intergenerational historical and cultural trip program brought immigrant residents on field trips to historical, cultural, and natural sites throughout Massachusetts to familiarize them with U.S. history and society, help them understand their role within it, and build relationships with other community members. In total, CPA engaged 77 community members.



The **Community Healing Center Project (CHCP)** worked with the East Boston Harborside Community School Adult Education Program to offer accessible healing services for immigrant adult students and healing activities for immigrants in the wider East Boston community. In total, CHCP served 350 community members.



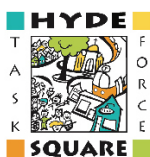
EHR Boston Communities offered yoga and therapeutic dance classes throughout the summer and fall at the East Boston Branch of the Boston Public Library and Bremen Street Park. EHR's goal was to advance the positive mental wellness of participants by providing them with certified, non-invasive practices that promote healing and well-being. In total, EHR engaged 25 community members.



The **Eritrean American Civic Association (EACA)** hosted traditional *uqub* gatherings that create bonds among Eritrean women and generate small capital to resolve minor economic problems. In total, EACA engaged 45 community members.



The **Family Nurturing Center of MA (FNC)** offered biweekly Nurturing Circles for parents and grandparents, ad-hoc parenting education workshops, and concrete support (diapers, wipes, etc.) for Cabo Verdean families. In total, FNC engaged 21 community members.



Hyde Square Task Force (HSTF) expanded its social-emotional and well-being support across its core *Jóvenes en Acción* / Youth in Action (JEA) program, *Camino*s (college/career preparation) program, and arts enrichment programming during the grant period. In total, HSTF engaged 164 community members.



The **Immigrant Family Services Institute (IFSI)** organized wellness workshop sessions for newly arrived immigrants with trauma, providing practical tips to reduce stress and anxiety and opportunities to share stories confidentially in circles. IFSI held weekly workshops on parent wellness, pregnancy support, and coping mechanisms for mental health challenges. In total, IFSI engaged 90 community members.



The **Massachusetts Albanian American Society (MAASBESA)** organized eight workshops for older Albanian immigrants in Boston that supported their overall wellness and access to resources. Workshop topics included the importance of physical and mental exercise, navigating the healthcare system, and applying for citizenship. In total, MAASBESA engaged 115 community members.



Mutual Aid Eastie's *Manualidades* program provided immigrant women in East Boston with biweekly circles on arts and crafts and emotional support and self-empowerment. In total, Mutual Aid Eastie engaged 37 community members.



Rian Immigrant Center's Resource and Support Services (RSS) program provided a weekly psychosocial support group for women-identified clients. Facilitators supported the peer-led nature of the mutual support group, with discussions on topics such as self-care and adjustment to a new culture. In total, Rian engaged seven community members.



Sociedad Latina hosted its Summer Wellness Initiative, a bilingual Spanish-English program that provided immigrant youth with daily wellness activities like meditation, visual arts, and yoga, and field trips to community partners with activities like art therapy and hiking. Sociedad Latina held 1:1 wellness check-ins with the youth and worked with consultants to help youth process trauma through art and music. Sociedad Latina engaged 97 community members in total.



The **Somali Parents Advocacy Center for Education (SPACE)** conducted a community needs assessment and hosted workshops on traditional African art forms like crocheting, painting and storytelling, mindfulness and coping mechanisms, and culturally resonant forms of healing. SPACE engaged 133 community members in total.



The City School hosted Collective Care Circles led by and for immigrant and first-generation youth and young adults. Circle participants discussed topics like BIPOC youth mental health, transformative justice, mutual aid, and consent and healthy relationships and practiced collective care through grounding practices and expressive arts. In total, The City School engaged 44 community members.



The **Vietnamese American Initiative for Development (VietAID)** provided older Vietnamese adults with a daily space for activities such as tai chi, yoga, meditation, chess, arts and crafts, karaoke, and bingo. VietAID also provided culturally relevant food during holiday celebrations and groceries for seniors. In total, VietAID engaged 117 community members.

MOIA's flexible funding encourages mental health and wellness services that range in type, format, and delivery. Some organizations offer group yoga and arts-based programming while others create and facilitate support circles and shared spaces. While the immigrant-serving organizations tailor their programs to the familiarity, culture, and comfort levels of their community members, all organizations employed the five strategies described below, which were originally introduced in [Weaving Well-being: A New Paradigm for Community Mental Health and Wellness](#). These five strategies currently make up the Weaving Well-being program model, although MOIA and partners are open to the model evolving over time as the initiative grows and learns from each subsequent year. The **Program Summaries** above provides an overview of the 18 organizations' activities in the 2023-2024 cycle.

1. Frame mental health as skill building for holistic wellness

The **Massachusetts Albanian American Society (MAASBESA)** structured its initiative as a series of workshops on **“overall wellness and access to resources.”** Focusing on older Albanian immigrants, MAASBESA framed the topics as issues that were likely to affect Albanian seniors. MAASBESA worked with Albanian nurses and consultants to provide seminars on the importance of connecting with other community members and coping with dementia, depression, and anxiety. One participant shared, **“I learned how to manage my stress,”** while another said, **“I learned how to monitor my mental health.”**



2. Utilize trauma-informed and culturally rooted healing techniques

EHR Boston Communities offered therapeutic yoga and dance classes at the Bremen Street Park and East Boston Branch of the Boston Public Library. EHR held these classes on Thursday evenings, primarily reaching out to immigrant mothers returning from work. By engaging in these culturally rooted healing techniques, participants **“saw the changes in the connection with movement and the body”** after attending the dance classes. Others shared that **“the yoga classes helped [us] to have more conscious breathing and be calm.”** Participants noted that they saw improvements in their overall daily levels of stress and tension from participating in the therapeutic yoga and dance sessions.

Pictured: EHR Boston Communities held therapeutic dance classes at the East Boston Branch of the Boston Public Library

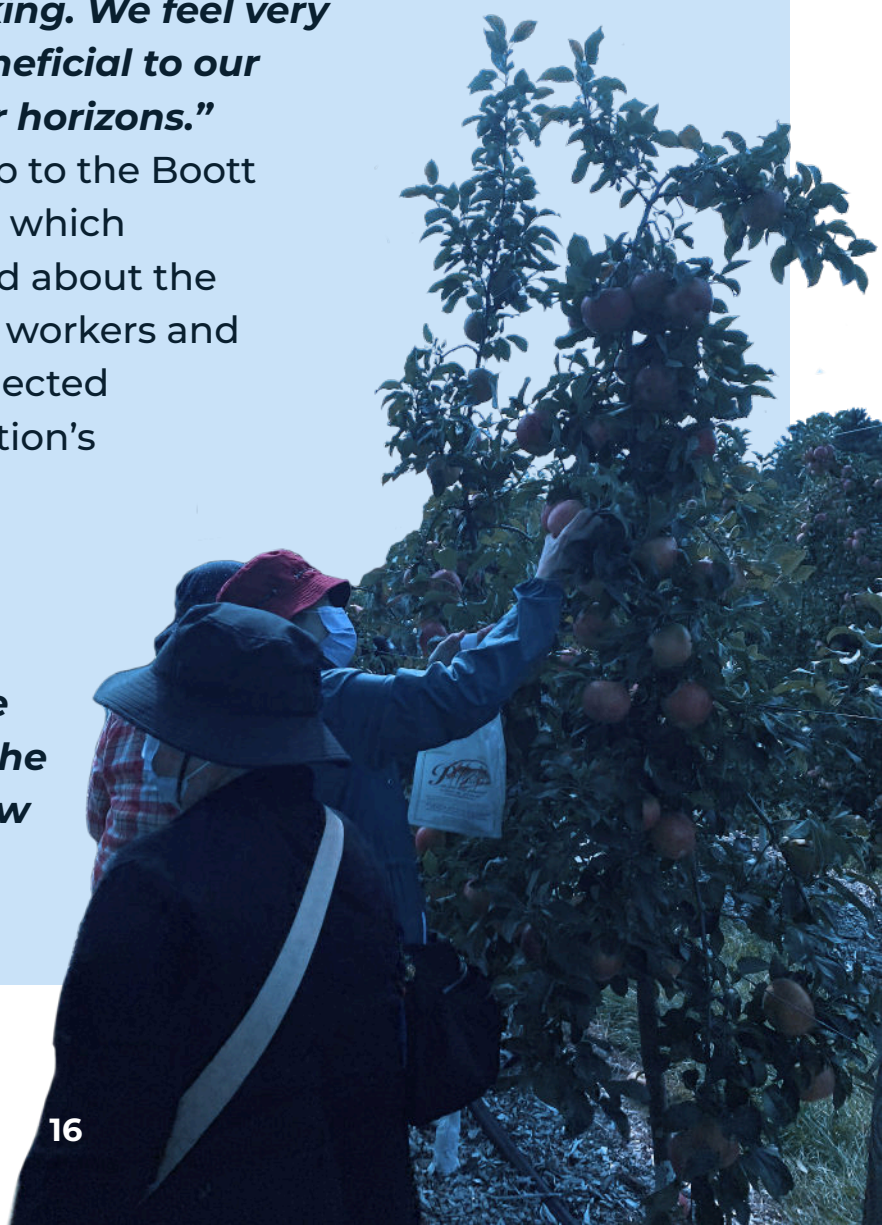


3. Provide group-based, engaging, age-appropriate activities

The **Chinese Progressive Association (CPA)** organized intergenerational and cultural field trips to familiarize Chinese immigrant residents with U.S. history and society and cultivate a sense of their roles in society. CPA brought community members on an apple picking trip and partnered with the Rose Kennedy Greenway to hold guided tours in Chinatown and the Greenway Beehives and Meadow. One participant shared, ***“The Chinese Progressive Association helps us, the elderly, understand social knowledge and culture, and allows us to participate in social activities, such as apple picking and Greenway walking. We feel very happy because they are beneficial to our health and can broaden our horizons.”***

CPA also organized a field trip to the Boott Cotton Mills Museum, during which community members learned about the history of immigrant women workers and worker organizing. CPA connected that learning to the organization’s ongoing worker and housing organizing campaigns. A participant said, ***“I participated in community activities, learned about the history of Chinese living in the United States, and knew how to fight for legal rights and interests.”***

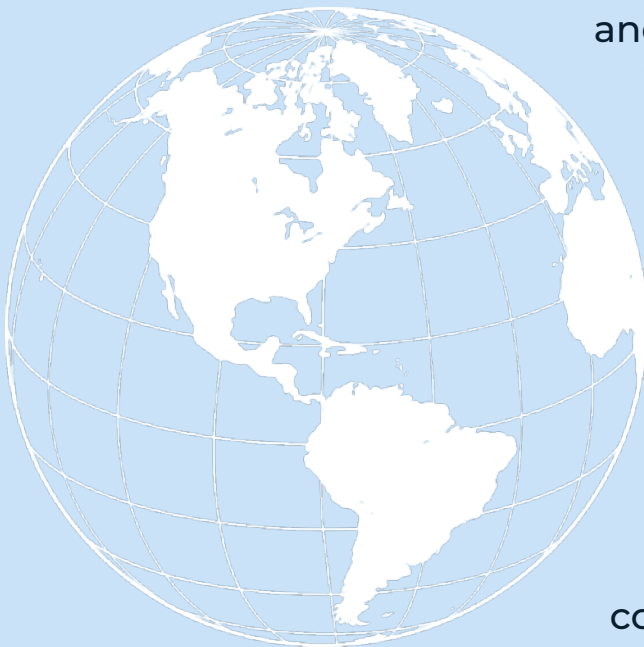
Picture: Older adults from the Chinese Progressive Association went apple picking in the fall



4. Support community-embedded, culturally and linguistically responsive, and interdisciplinary staff

The **Immigrant Family Services Institute (IFSI)** organized wellness workshops for newly arrived immigrants who experienced traumatic events as part of their displacement or migration histories. Serving primarily Haitian new arrivals—many of whom were staying in shelters or hotels—IFSI staff used

trauma-informed approaches to engage and support community members in sharing their stories as a form of healing. IFSI program staff are Haitian and fluent in Creole, leading to a more immediate understanding of participants' cultural context and greater trust between participants and staff. IFSI staff ***“normalized conversations about mental health,”*** and facilitated spaces for community members to interact with and support one another.



Pictured: Boston Chinatown Neighborhood Center youth artists design and plan a mural



5. Facilitate peer-led, slow trust work that cultivates culture

The **City School** held Collective Care Circles three times a week for immigrant and first-generation youth that were youth-led and -facilitated. The youth leaders—themselves immigrants and first-generation—took responsibility for identifying and selecting the topics for circle discussions, covering subjects like BIPOC youth mental health, transformative justice, mutual aid, and consent and healthy relationships. Over the course of the initiative, the youth had a space to practice implementing collective care through grounding practices and expressive arts. The youth leaders supported their peers in building a systemic analysis of oppression and experimenting with practices like mutual aid. One youth shared, ***“This program made me feel comfortable by [extending] actual care about my well-being and respecting my boundaries.”*** Another highlighted, ***“They have an emphasis on leaders being people of color and give everyone a voice.”***



Pictured: Community Healing Center Project volunteers and participants take a group photo after a healing session

THE WORK AHEAD: COHORTS, COALITIONS, AND CHANGE

While the worst of COVID-19 is behind us, the effects of the pandemic on our collective mental, physical, and socioemotional health continue to linger. Consistently, across programs and across the two years of this initiative, we have heard from Boston's immigrant residents that they need and want additional mental health supports. This desire for mental health resources is interwoven with a need to address the day-to-day barriers—including housing, jobs, legal status, and racism—that prevent families from achieving well-being. Immigrant leaders noted that culturally and linguistically accessible mental health resources address larger **“systems of oppression”** that contribute to and exacerbate immigrants' negative health outcomes. They shared a desire for social and systemic change—a much larger, longer-term outcome than individual physical or mental relief. Their vision of a healthy and equitable community extends beyond a collection of healthy individuals to include healthy and equitable systems.



Pictured: SPACE organized workshops for Somali mothers of children with disabilities

Social Determinants of Health at the Core

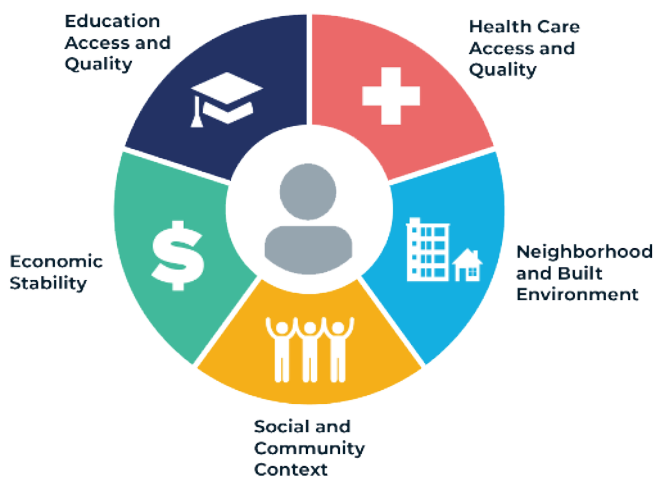
Weaving Well-being focused on providing immigrant community members with nonclinical mental health interventions, but community leaders and members also demonstrated a clear understanding of the connections between their work and the intersectional elements of social systems that affect a person's mental health.

Participants spoke of wanting more mental health resources in the same breath as desiring **“better working conditions,” “financial stability,” “a license and a car,” and “good health care”**—assets in life that

map to the social determinants of employment, income, transportation, and health care. Immigrant community members were also deeply aware of immigration status and the accompanying elements of culture and language fluency as key drivers of health, with a participant sharing, **“Having a green card would really improve my life, in addition to being fluent in English, because it would improve working conditions, the possibility of choices, etc.”**

The CDC defines social determinants of health (SDOH) as the “conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems.”

Social Determinants of Health



According to [Healthy People 2030](#), the five SDOH domains are economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. While they might appear nebulous, social determinants of health have clear impacts on people's health and well-being. For example, numerous studies demonstrate the effects of [financial stability and capability](#) (economic stability) on physical

Adapted from: [Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.](#)

and mental health, including depression diagnoses; [educational opportunities and attainment](#) (education access and quality) on health, including longevity and mortality; [health insurance](#) and [access to care](#) (health care access and quality) on quality of treatment for medical conditions; [green spaces](#) (neighborhood and built environment) on mental health and cardiovascular and respiratory conditions; and [social connectedness](#) (social and community context) on life expectancy, physical and mental health, and sense of belonging.

Ensuring the well-being of the approximately 180,000 immigrants who call Boston home will require strategies and investments that connect community-led mental health interventions with policies that improve systems. Centering immigrants and their voices and perspectives in creating systemic change necessitates community-driven advocacy and community empowerment.

Pictured: Sociedad Latina organized games for youth



Immigrant Community Empowerment and Advocacy

Moving forward, MOIA’s goals for the Weaving Well-being initiative are to support organizations working with immigrant families and to foster coalition-building work that empowers immigrant community members to advocate for policy changes that address the social determinants of health. Although all Weaving Well-being partner organizations provide direct services and programming to their community members, many also recognize that policy advocacy is necessary for sustainable community change and empowerment.

Policy advocacy is necessary for sustainable community change and empowerment.

Through solidarity sessions and support circles, several community-based organizations created avenues for immigrant community members to “**explore important topics about well-being, community flourishing, and community building.**” Participants bonded with their peers over shared life experiences—both joys and challenges—and came to realize that “**no matter how low they may be feeling**

or what they have experienced, they are not alone.” This realization—that a person’s individual experience was often reflective of a community’s collective experience—was empowering for many as they made the connection between the immediate sources of stress in their lives and the larger socioeconomic systems operating around them and their communities.



Pictured: Mutual Aid Eastie participants pose with their final arts and crafts products

Program leaders at one organization highlighted how they were able to “**connect tenant leaders with our worker leaders, and many residents who support our housing organizing mobilized in support of workers at future events.**” This tangible effect on community organizing is part of the coalition and capacity building work that MOIA is encouraging through the Weaving Well-being initiative. As immigrant residents have opportunities to improve their mental health and build their own capacity, the immigrant communities to which they belong will also experience greater community empowerment and an increased ability to advocate for policy change.

Community organizers and staff also benefited from this initiative, and MOIA will continue to encourage organizations to dedicate resources to enhancing the well-being of their staff and volunteers. One organizer shared the following insight:

One of my biggest takeaways was getting the time and space to reflect on how much of my "whole self" I feel I am able to bring into different areas of my life, as well as how we can continually isolate ourselves in community organizing work when we suppress our emotional selves in order to prioritize community members around us and their needs. It was relieving to realize that other people are also struggling around this emotional suppression, link it to our specific cultural backgrounds and challenging simplistic narratives, and support each other in thinking about what are ways we can bring more of our emotional selves into our work, too.

This realization—that a person’s individual experience was often reflective of a community’s collective experience—was empowering for many as they made the connection between the immediate sources of stress in their lives and the larger socioeconomic systems operating around them and their communities.

Health System Retrofit

The U.S. healthcare system provides a range of entry-points and service delivery options for behavioral healthcare. This includes integrated primary care models and [patient-centered medical homes](#), including at federally qualified community health centers, that were incentivized by the Affordable Care Act. The behavioral healthcare system also includes community-based mental health programs, which proliferated after de-institutionalization as an alternative to psychological practices, specialty clinics, and hospital-based care for acute illness. Community-based mental health programs typically serve populations that are marginalized in healthcare, including people experiencing homelessness and veterans. They take healthcare out of the doctor’s office and meet people physically where they are in communities. For example, the Veterans Health Administration (VHA) designed an intensive model that [braided mental health services with supports to address the social determinants of health](#) “in vivo where their complex social issues arose.” Community-based mental health models are also designed around the intentional hiring of peer and lay practitioners such as community health workers and peer recovery support workers in the substance use disorder field.

Health System Retrofit



We look forward to a day when immigrants and refugees seek clinical care and feel as welcome as they do in the Weaving Well-being programs.

Existing models do not adequately reflect the strategies and outcomes coming out of Weaving Well-being. This suggests the health system may need to be retrofitted to incorporate the knowledge and practices coming from immigrant and refugee communities. More work is needed to understand and refine models of immigrant community-driven mental health programs that draw on the cultural strengths of communities and simultaneously support

immigrant families while working to effect policy change. There are ample opportunities for mainstream healthcare and behavioral health organizations to integrate lessons from Weaving Well-being into their practices. We look forward to a day when immigrants and refugees seek clinical care and feel as welcome as they do in the Weaving Well-being programs. In the meantime, medical education and psychological training programs could support the expansion of immigrant and refugee health curricula and residencies, knowing that directly addressing bias and racism in medical and residency training [shifts medical professionals' attitudes](#).

Immigrant community-driven mental health looks different from our current behavioral healthcare system, and we should not expect a one-size-fits-all model to adequately address the diverse mental health needs of our immigrant communities. As we learn from each Weaving Well-being cohort to catalyze policy change, immigrant-led strategies should be incorporated into healthcare models and frameworks to advance equity.

Pictured: A Brazilian Worker Center participant participates in an essential oil class



Research, Evaluation, and Learning

Since 2022, the [Leah Zallman Center for Immigrant Health Research \(LZC\)](#) has partnered with MOIA and the Weaving Well-being partners to learn from and lift up their work in community. We synthesize knowledge across organizations and describe the strategies used by immigrant-led organizations so that other immigrant leaders can replicate aspects of the model in their own communities. We also report on the successful outcomes from the initiative to build a case for ongoing investment in and scaling of this work.

Program leaders collected 232 surveys in nine languages.

In 2022, LZC co-developed a conceptual framework and evaluation design with MOIA and program leaders, and designed a participant survey, based on [existing validated mental health indicators](#). Program staff distributed the survey to participants in eight languages, collecting 93 surveys that LZC analyzed. LZC also facilitated 14 pre- and post-group interviews with program leaders to understand how they designed their nonclinical mental health interventions and to identify key lessons learned at the end of the initiative. LZC analyzed survey data using Stata, a statistical software, and used inductive and deductive coding strategies to analyze qualitative data recorded from surveys, interviews, and final reports.

In 2023, LZC modified the participant survey to include MOIA's standard demographic questions. The mental health and program participation questions remained the same. Program leaders collected 232 surveys in nine languages and submitted final program reports at the end of the grant period, which were incorporated into LZC's analysis. LZC shared findings in real time and facilitated reflective dialogues to vet data and discuss potential implications for practice and coalition-building. MOIA now has the capacity to collect ongoing, multi-year data on immigrant mental health strategies and outcomes in Boston across diverse immigrant communities, in partnership with community-based organizations.

As this initiative grows and evolves and MOIA continues to build a [City of Belonging](#) for all, **opportunities for research, evaluation, and learning include:**

- **Replicate the survey** across organizations in future years to **grow a multi-year database.**
- **Build in structured learning moments through action research** including participatory research design sessions, reflective dialogues, and collaborative analysis opportunities.
- **Support partner organizations' capacity as researchers**, including inviting a small cohort of interested leaders to be community researchers in the next cycle.
- **Assess the value and fit of adding social determinants of health and advocacy dimensions** to the existing Weaving Well-being model.
- **Design new research questions** around the goals of the initiative to build coalitions, advocate for policy change, and grow to scale.

Pictured: Completed mural at the Boston Chinatown Neighborhood Center building



Authors: Jessica Santos, PhD, and Danielle Chun, MPP

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LZC Research Team: Ariela Braverman Bronstein, MD, PhD, MPH; Lisaury Diaz; Pallavi Goel; and Shriya Powar, MPH

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