

WELCOMING
AMERICA



BUILDING A NATION OF NEIGHBORS

Pursuing Health Equity through Welcoming Work





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PURSUING HEALTH EQUITY THROUGH WELCOMING WORK

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BACKGROUND

Welcoming America inspires people to build a different kind of community—one that embraces immigrants and fosters opportunity for all. The organization is leading a movement of inclusive communities across the nation becoming more prosperous by making everyone who lives there feel like they belong. Welcoming America connects a broad network of nonprofits and local governments and supports them in developing plans, programs, and policies that transform their communities into vibrant places where people respect each other and everyone's talents are valued and cultivated. The goal is to change systems and culture to help communities create policy, reinforce welcoming principles, and communicate the socioeconomic benefits of inclusion.

On April 19–21, 2016, Welcoming America brought together national and international audiences for its inaugural Welcoming Interactive. This interactive provided participants an opportunity to establish new connections and exchange promising ideas to overcome divisiveness and increase the impact of efforts to build more inclusive communities for immigrants nationwide. One specific focus of the interactive included incorporating health equity in welcoming work.

Currently, there is minimal crossover between the fields of public health and immigrant inclusion, with few immigrant inclusion organizations focused explicitly on promoting immigrant health. While there are ongoing efforts and lessons to be drawn, which was in part the impetus for this session, the welcoming movement would benefit from the integration of a health equity framework that would allow communities to recognize and address factors that can stand in the way of immigrants' leading healthy lives, including the physical environment, health care, health behaviors, and social and economic opportunity.

To advance the conversation on how states and communities could bridge the gap between health equity work and immigrant inclusion, Welcoming America convened a panel discussion titled “Integrating a Health Equity Framework into Welcoming Work.” This session discussed the many ways in which welcoming and health equity work are interrelated. The three presenters were Jennifer Driver of Welcoming America, and two representatives from Welcoming America member cities: Maria Azuri of

the City of Atlanta's Office of Immigrant Affairs, and Barbara Murock of the Department of Human Services in Allegheny County, PA.

This paper will expand on key points addressed during this session, highlighting some of the communities leading the charge to achieve health equity while welcoming newcomers. In addition, it will explore key themes to be taken away from their successes: newcomer participation, social and cultural barriers, and structural and policy change. Finally, recommendations are provided for communities seeking to pursue a combined health equity and immigrant inclusion agenda.



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THE CASE FOR INTEGRATING HEALTH EQUITY AND IMMIGRANT INCLUSION WORK

A straightforward definition of health equity is “social justice in health.”¹ Camara Jones elaborates on a working definition of health equity, stating: “Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and addressing contemporary injustices by providing resources according to need.”² This understanding of health equity compels those working in public health to look at both immediate causes of poor health and social determinants of health, the underlying causes of poor health. Social determinants such as income and education can affect health in a variety of ways, by making people more likely to engage in unhealthy behaviors or risk exposure to environmental hazards or higher levels of stress.³

Several social determinants of health, including immigration status, language, and race, underlie the health inequities experienced by immigrants.⁴ Each of these determinants may subject immigrants to discrimination in employment and housing and may lead to isolation, depression, and other mental health challenges. Residential segregation places people of color and immigrants at higher risk of living in neighborhoods with poorer conditions such as higher levels of violence and environmental hazards. These neighborhood conditions also affect people’s opportunities to make exercise, good nutrition, and social connectedness part of their daily lives.⁵ Place-based strategies are key to advancing health equity, and the field of immigrant inclusion has already made great strides to working within communities.

Evaluating whether immigrant inclusion work has positive influences on health would strengthen evidence around the importance of investing in these interventions for both human and economic benefits.

Even when immigrant inclusion work does not explicitly set out to improve health, it addresses social determinants of health by promoting immigrants’ access to economic and social opportunities and inclusion. Pursuing these goals while considering a health equity framework could benefit the work of immigrant integration by: 1)

encouraging cross-pollination between the fields of welcoming and health equity, and 2) providing a more complete picture of what it means to create a society in which everyone has the opportunity to thrive. Evaluating whether immigrant inclusion work has positive influences on health would strengthen evidence around the importance of investing in these interventions for both human and economic benefits.



FOSTER PARTICIPATORY PLANNING AND RESEARCH

One recommendation highlighted by panelists was including the perspectives of immigrants who will be affected by decisions. Taking a participatory approach to decision-making can improve the effectiveness of health programs and policies by giving a more complete and accurate picture of a health issue in an immigrant community. Allegheny County Department of Human Services offers an example of putting immigrant voices at the center of discussions through its Immigrants and Internationals Initiative, which has an elected council of community representatives who represent the various immigrant and refugee communities in Allegheny County. The purpose of the council is twofold: 1) enabling immigrants and internationals to connect to existing services, and 2) identifying unmet needs and collaboratively developing ways to address those needs.⁶ By recruiting a council of majority immigrant and refugee representatives, this council is able to respond to evolving community concerns and use assets identified by members of immigrant communities to respond to them.

The Community Toolbox, a free resource for people working towards healthier communities, lists the many benefits of participatory planning: for instance, participatory planning builds a sense of ownership in a program, provides an opportunity for often disenfranchised groups to be heard, and puts ideals of empowerment into practice.⁷ Also, participatory planning is more likely to identify community assets and needs and avoid unintended consequences. However, this requires time, careful planning, and a commitment to the process. It is important that planners be prepared to integrate participants' viewpoints; in some circumstances, there may not be much room to change a program or policy. The Community Toolbox offers the following advice: "The trick is to balance participation and time restraints, and to try to use the highest level of participation possible under the circumstances."⁸

To engage in programming and policy-making for immigrants, there is a need for more research about immigrant health needs and effective programs. Research, like planning, should be participatory as much as possible. Community-based participatory research (CBPR), also known as participatory action research (PAR), is an approach that has been popularized in public health, especially when conducting research involving racial and ethnic minorities.⁹ Immigrants should be involved in research about their own communities, at a minimum by helping to create research questions and interpret research findings, although they can certainly be involved at every stage of the research process. Participatory research increases the validity of study findings by posing questions of key importance to the community and increasing the likelihood that research findings could offer promising solutions to key health concerns.

STORY OF IMPACT

Using a Strengths-Based Approach to Talk About Reproductive Health

Highly effective interventions tailored to immigrant communities often arise from immigrant leadership and take a strengths-based approach to designing programs and policies that lift up immigrants. For example, the Lifting Latina Voices Initiative (LLVI) through Atlanta's Feminist Women's Health Center adopted the *promotores de salud* model, common in many Latin American countries, to start conversations about reproductive health with Latinas. LLVI recognizes that "cultural norms, stereotypes, communication modalities and gender inequities continue to silence Latinas and suppress personal and interpersonal health and growth."¹⁰ The program counteracts these issues by providing open spaces for discussion, workshops, leadership, and mentoring opportunities with the goal of increasing the empowerment of Latinas and increased reproductive awareness and health. The messages of the initiative spread to more than 11,000 community members by using community assets – safe spaces where Latinas gathered, such as health centers, legal agencies, and children's soccer games. In launching this successful initiative, LLVI constructed a culturally appropriate strategy to provide health education, disrupting the dominant narrative that Latinas were not interested in talking about sex. The success of LLVI hinged on the leadership of Latinas who brought familiarity with their own communities and could plug into safe spaces for Latinas.

IMPLEMENT STRATEGIES TO OVERCOME COMMON BARRIERS TO HEALTH

Immigrants continue to experience barriers to accessing health care, an important determinant of health. Some immigrants are explicitly excluded from accessing health insurance due to immigration status, and others may avoid interacting with government entities or clinics due to fear.¹² Cost remains a significant barrier for many immigrants, largely due to high rates of uninsurance among immigrants and made worse by lack of communication about other payment options. New York City's Task Force on Immigrant Health Care Access issued a report recognizing gaps in the availability of linguistically appropriate health care. As of 2013, 63.9% of New York City's undocumented immigrants were uninsured, compared to a 20% uninsured rate of other noncitizens and 10% of the general population.¹³ While lack of insurance coverage is a national concern, there are local solutions that can help fill this gap. For example, Federally-Qualified Health Centers (FQHCs) offer sliding-scale programs to anyone regardless of immigration status, and hospitals are required to offer discounts and charity care for needy individuals. These options for uninsured or underinsured immigrants may need to be expanded or better advertised to immigrant communities where there are gaps in services or knowledge.

Communities must also ensure access to culturally and linguistically appropriate health care. Title VI of the Civil Rights Act mandates language access for agencies receiving federal funding, which is an

important motivator for health care providers to offer interpretation.¹⁴ However, the mere existence of this law is insufficient; it is important that communities assess whether language access services are readily accessible, high quality, and clearly advertised to immigrants as a right in all health care settings. New York City's Task Force proposed the following steps to close the gap in services: increasing the availability of well-trained medical interpreters, educating health care providers about how to work effectively with medical interpreters, and educating speakers of other languages about their right to an interpreter.¹⁵ Communities should follow this example in assessing gaps in health care access. Additionally, as Maria Azuri suggested during the Welcoming Interactive, health care and social services agencies should

STORY OF IMPACT

Designing Behavioral Health Services for Refugees In Allegheny County

The lack of appropriate behavioral health services is a significant refugee health concern, due to the trauma that refugees experience prior to and after arriving to some extent in the U.S. Yadhu Dhital, a Fellow at the Allegheny County Department of Human Services, explains the many sources of stress his community of Bhutanese refugees has endured. "Some of my neighbors were raped, tortured, imprisoned, with a long history of fear and trauma. They had to learn a new place and there was a lot of stress with finding housing and food in the U.S."¹⁶ Moreover, explains Dhital, Western mental health practitioners may not be effective at treating some refugee communities, who "don't have an idea about mental health or are ashamed." To provide culturally appropriate solutions to address the mental health needs of the Bhutanese community and other immigrant groups, the Allegheny County Department of Human Services funds local agencies to train immigrant community members to lead peer support groups for members of their respective communities. Each group facilitator has the flexibility to structure the group and choose topics of relevance to their particular group. Barbara Murock, the of Allegheny County Department of Human Services, describes one such group: "For example, we have some Bhutanese groups just for elders, where they do yoga and meditation and there's a box where you can drop a question. They believe they have prevented suicides with this model." This model provides support and training for community members to fill a critical health need in their community while leaving flexibility to allow for discussion of behavioral health issues, which carry a stigma for many people. It is a strengths based approach, building on natural and community supports.



take care to ensure that their forms do not resemble immigration forms, understanding the fear of immigration enforcement that may prevent some immigrants from accessing these services.¹⁷

The need for culturally appropriate health services does not end with making existing services accessible to immigrants. Care must also be taken to provide meaningful access to all aspects of health care, including services that cannot easily be made accessible to speakers of another language through the introduction of a medical interpreter. Sometimes entirely new approaches are needed to address immigrant and refugee health needs, perhaps most clearly in the area of behavioral health. Providing behavioral health services to newcomers is a challenge because Western approaches to providing mental health services may be incompatible with some immigrants' cultural norms about mental health. Allegheny County offers a case study of how one community has created culturally appropriate mental health services for refugees.

ENGAGE IN STRUCTURAL AND POLICY ANALYSIS

In addition to enhancing programming, communities should examine how policies affect a health equity agenda. Paula Braveman, professor of Family and Community Medicine and Director of the Center on Social Disparities in Health at the University of California, San Francisco, explains the link between policy and health, stating that “Greater harm to health may be done as a result of unintentionally discriminatory processes and structures, even when conscious intent to discriminate no longer exists.”²¹ Neighborhood segregation, criminal justice codes and enforcement, and unequal funding of schools are just a few examples of policies that impede economic and social opportunities for immigrants and people of color. Because control over these policies rests outside of the public health sector, intersectoral collaboration is critical to addressing social determinants of health. The “Health in All Policies” approach offers a helpful guide to communities seeking to consider the health consequences of decisions. It urges policymakers to review evidence concerning the positive and negative health and equity consequences of policies.²²

Fairfax County, Virginia, is an excellent example of a community that has recognized the detrimental effects of inequality on economic prosperity. Although Fairfax County has the second highest median income in the country, there are wide gaps in income and opportunity along racial and ethnic lines. Communities of color are driving population growth and are projected to make up a majority of the

STORY OF IMPACT

Data-Driven Approaches to Social Inclusion and Equitable Growth in New Hampshire

The developers of New Hampshire's health equity plan recognize that people of color are more likely to live in neighborhoods that lack elements that promote good health, such as fewer safe play areas, less access to healthy food, and more environmental health hazards as well as higher crime rates.¹⁸ In addressing these factors, the plan advocates partnering broadly with agencies outside of the health sector that have the ability to address these social determinants of health. New Hampshire releases periodic report cards on both health outcomes and determinants of health, stratified by race and ethnicity with a ratio-based “disparity score” to help identify areas in need of attention.¹⁹ The report cards also explain how each indicator affects health, which is helpful for readers to contextualize factors that may seem distantly related to health equity. The New Hampshire plan also describes the importance of the social inclusion of newcomers, whose arrival often generates uneasiness in receiving communities and isolation for newcomers. If newcomers are able to establish wider connections in a community, the effect is described as “generating a sense of belonging, which contributes to improved mental health and well-being. The other residents also benefit as their fear decreases, and as they expand their own networks, learning to benefit from the skills, knowledge and cultural differences brought by their new neighbors.”²⁰



county by 2020.²³ Recognizing that these disparities threaten its population's health and prosperity, Fairfax County created a plan that would target these disparities so that the county's prosperity does not leave behind large segments of its population. A few approaches that Fairfax County is implementing include targeting discriminatory housing and lending practices, investing in transportation and affordable housing, and providing more equitable funding to schools attended by lower-income students. Although health equity

is not the main goal of this plan, unequal access to education, transportation, economic opportunities and the many other factors addressed in the Fairfax County plan are key social determinants of health that Fairfax County is targeting. New Hampshire's health equity plan offers another case study of how a local government can critically examine disparities and take a broad approach to health equity.



THE “HEALTH IN ALL POLICIES” APPROACH INCLUDES SIX KEY ELEMENTS

1. Promote health and equity by incorporating health and equity into specific policies, programs, and processes, and by embedding health and equity considerations into government decision-making processes;
2. Support intersectoral collaboration by bringing together partners from many sectors to recognize the links between health and other issue and policy areas, break down silos, and build new partnerships to promote health and equity and increase government efficiency;
3. Benefit multiple partners and simultaneously address the policy and programmatic goals of both public health and other agencies;
4. Engage stakeholders beyond government partners, such as community members, policy experts, advocates, the private sector, and funders;
5. Create structural or procedural change in order to fundamentally change how government works by embedding health and equity into government decision-making processes at all levels; and,
6. Develop welcoming policies and programs to include social connections that allow community members to thrive. With a sense of belonging, we are more inclined to take action to improve our own health and the health of others.

IMPLICATIONS AND RECOMMENDATIONS

There is a strong case to be made for integrating a health equity perspective into immigrant integration work. Immigrant and refugee voices should be at the center of local and national discussions around immigrant and refugee health, not only from a moral perspective, but because people from communities affected by health issues are more likely to identify effective solutions to those issues. Local government and nongovernmental organization (NGO) entities are important players in advancing health equity and they can work towards better health for newcomers by learning from the lessons shared by Welcoming America partners. Fairfax County, Allegheny County, and the State of New Hampshire are three examples of communities that are pursuing health equity through cross-sector collaboration; these publications may help other states and counties conduct their own analysis of health disparities and put forward plans to achieve health equity. Welcoming work in pursuit of health equity is no small undertaking, but evidence abounds that allowing health disparities for immigrants and refugees to persist leads to social, economic, and human costs that communities will have to pay in the future.





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