

November 2025

WEAVING WELL-BEING IT'S US

COLLECTIVE HEALING IN IMMIGRANT COMMUNITIES AGAINST THE ODDS



City of Boston
Immigrant Advancement



**LEAH
ZALLMAN
CENTER**
FOR IMMIGRANT
HEALTH RESEARCH

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

This report was made possible through support from **Mayor Michelle Wu** and the **City of Boston Mayor's Office for Immigrant Advancement**. The authors thank all the partner organizations and program participants who shared their time, stories, and perspectives with us.

We would like to acknowledge the following individuals for their contributions to this report:

Leah Zallman Center Research Team: Ariela Braverman Bronstein, MD, PhD, MPH; Shriya Powar, MPH, BDS; and Denice Villar

MOIA Reviewers: Monique Tú Nguyen, MPP, and Courtney White, MA, MSW

Partner Organization Leaders: Asha Abdullahi; Farhia Ali; Lourença Barros; Carlot Celestin, DMin, MA, MDiv; Valinda Chan; Megan Cheung, MSW; Bruno Contreras; Peter Ducharme, LICSW; Roza Eynula, EdD; Regina Fink; Geralde Gabeau, DSL, MPH; Chelsey Gao, MA; Kelly Huang, MA; George Huynh; Baolian Kuang; Kevin Lam, MPS; Nicole Lanice; Colleen Leddie, LCSW, MS; Maryan Mohamud, MS; Leo Olsen; Lenita Reason; Husain Rizvi; Angelica Rodriguez, MEd; Troy Rothman; Nancy Slamet, MA; Donna Stiglmeier, MSW, MTS; Sean Tatar, MPA; Kannan Thiruvengadam, MS; María Valle Hart; Tara Venkatraman, LCSW; Cynthia Woo, MA



CONTENTS

Director Notes	4
I. Overview of Weaving Well-Being	5
Origins	5
Evaluation Methods	5
Ground-up Growth of the Initiative	6
Program Strategies	10
II. Three-Year Outcomes	11
Cultural Rootedness	11
Social Integration and Cohesion	12
Resilience and Well-being	13
III. Mental Health Policy and Practice Landscape	15
Structural Barriers	16
Leveraging Resources and Partnerships	17
Bridging Community and Clinical Health	18
Power, Advocacy, and Coalitions	19
Well-being in Organizations and Ourselves	20
Effects of and Strategies in Place to Cope with Political Context	21
IV. Future of Weaving Well-Being	22
Opportunities and Recommendations for Further Inquiry and Innovation	22
Appendices	
Appendix A: Weaving Well-being Partners and Programs Descriptions (2022-2025)	25
Appendix B: Three-Year Outcome Figures	30
Culturally Rooted Program Elements	30
Social Integration and Cohesion	31
Resilience and Well-Being	32

DIRECTOR NOTE

Looking back on the first three years of Weaving Well-being, I'm filled with deep gratitude for how the program has grown. What began as a small pilot initiative of seven organizations has grown into a powerful network that continues to respond to the urgent need for sustained investment in community-centered mental health programming.

When we launched the "Mental Health Mini Grants" in 2022, immigrant communities were emerging from years of disruption and isolation caused by COVID-19. Residents shared openly that mental health was one of their most pressing needs. Yet, meaningful support remained out of reach due to stigma, limited access to culturally responsive care, and systems not built with their experiences in mind.

We also recognize that the challenges facing immigrant communities have only grown more complex. Families are navigating rising fear about the national political climate, barriers to clinical care, and inequities that affect every aspect of daily life. In this moment, the work of Weaving Well Being is not just supportive, it is essential. Our partners are creating spaces where people can breathe, reflect, learn, and build strength together. They are also reminding us that caring for communities includes caring for the staff who serve them.

As we look toward the future, our commitment is to continue listening deeply and supporting the leadership that already exists across Boston. **I am deeply thankful for the leaders, partner organizations, healers, and community members who bring Weaving Well-Being to life.** Their voices shaped every step of this initiative and continue to guide its evolution.

Your resilience, creativity, and compassion continue to shape a stronger and more connected Boston. Together, our communities have built not just a program, but a movement that affirms the dignity, wisdom, and well-being of those we serve.

With gratitude,

Monique Tú Nguyen

Executive Director, Mayor's Office for Immigrant Advancement

I. Overview of Weaving Well-Being

Origins

In 2022, as part of the City of Boston's COVID-19 pandemic recovery initiatives, the **Mayor's Office for Immigrant Advancement (MOIA)** reached out to immigrant residents to learn what was foremost on people's minds. Mental health emerged as a priority community need, with leaders citing stigma, a lack of culturally responsive providers, and the need for nonclinical approaches as key barriers to care.

In response, MOIA developed a pilot program called the “**Mental Health Mini-Grants Initiative**”, a six-month initiative focused on community-led, nonclinical mental health interventions. MOIA invested a total of \$70,000 and awarded grants to seven immigrant-serving nonprofit organizations to:

- Promote well-being and enhance the wellness of immigrants in Boston
- Destigmatize mental health in immigrant communities
- Support nonclinical, culturally and linguistically sensitive practices
- Reduce the potential escalation and severity of mental health conditions
- Fund and support the programmatic capacity of grassroots, immigrant-led, immigrant-serving nonprofits who are generally not on donors' radar
- Shift power relations in the direction of community through grantmaking and research.

Evaluation Methods

MOIA partnered with the Leah Zallman Center for Immigrant Health Research (LZC) at the Institute for Community Health to co-develop and implement a participatory evaluation with the seven funded organizations. Together, we identified three core organizing themes for the evaluation:

- Culturally rooted program elements
- Social integration and cohesion
- Resilience and well-being



We designed a mixed-methods evaluation around two evaluation instruments: a participant post-program survey in Qualtrics based on **Measuring Well-Being** — a literature review of existing validated mental health assessments co-developed with the **ADAPT Coalition and the Asian American Resource Workshop (AARW)** — and 14 pre- and post-program group interviews with 21 program leaders from the seven grantee organizations.

MOIA facilitated the translation of the survey into languages requested by program leaders and provided paper copies of the survey as needed. Program leaders from all seven organizations administered the survey with participants, yielding a total of **93 surveys in eight languages** in the pilot year.

The pilot proved highly successful in supporting the mental health of immigrant community members and expanding the capacities of the partner organizations in serving Boston's immigrant residents. The majority of survey respondents in the pilot year reported that the program helped them to identify resources to support them in difficult times (**84%**) and contribute to the happiness and well-being of others (**84%**).

Ground-up Growth of the Initiative

Since 2022, Weaving Well-being has grown each year through a network of dedicated immigrant community leaders and program partners, co-learning opportunities resulting from the evaluation, and strong backing from MOIA and the City of Boston (see Figure 2, which shows the 28 immigrant-led and -serving organizations in Boston that have participated in at least one year of Weaving Well-being).

The initiative is designed to support the inherent capacities and strengths of immigrant communities. This ground-up approach has fostered innovation and collaboration. There are no overarching requirements or program specifications designed by government or external experts that communities are expected to follow. Instead, organizations are encouraged to draw on their existing knowledge and expertise to best utilize the resources available to them, and the City of Boston learns alongside partners.



Picture Left:
A resident-led tour in Chinatown
hosted by the Chinese Progressive
Association (CPA)



Picture Right: Azerbaijani Society of
New England (ASNE) participants
pose with their artwork

In the second year of the initiative (Weaving Well-being 2.0 from 2023-2024), MOIA invested \$130,000 in 18 community-based organizations, engaging 1,790 immigrants living in Boston and 387 other immigrants in the Greater Boston region for a total of 2,177 participants. Replicating the participant survey from 2022, LZC added MOIA's demographic questions to the beginning of the survey to ease reporting requirements based on feedback from grantees. Partner organizations collected a total of **232 surveys in nine languages** from program participants. In **Weaving Well-being: A Case for Immigrant Community-Driven Mental Health**, survey responses underscore the value of these holistic, nonclinical mental health initiatives, with 89% saying that the program helped them to identify resources to support them in difficult times and 91% saying that the program helped them contribute to the happiness and well-being of others – increases of five and seven percent, respectively, compared to the pilot year.

By the third year of Weaving Well-Being, MOIA had translated the survey into

13
languages

By all metrics, Weaving Well-being is a successful initiative, with participants expressing gratitude for the program and asking that it continue. However, Weaving Well-being on its own is not large enough to fill the gaps in our mental healthcare system. This work has further revealed the depth of need for culturally and linguistically relevant mental health services. For the Weaving Well-being 3.0 evaluation, MOIA, LZC, and the grantee partners chose to build in a landscape review to understand the immigrant mental health funding, policy, and programmatic landscape in Boston and the state of Massachusetts.

MOIA provided \$200,000 to 21 immigrant-led and -serving organizations in Weaving Well-being 3.0 (2024-2025). In total, community partners supported the mental health of 3,034 Boston residents and 381 non-Boston residents. LZC conducted 15 interviews with seven program leaders and eight external experts in healthcare who served as key informants for the landscape review. The funded community-based organizations administered the participant survey again, yielding 228 surveys in 13 languages.

Picture Right: Brazilian Worker Center (BWC) participants with flowers





Picture: BCNC youth interview older adults

MOIA provided \$200,000 to 21 immigrant-led and -serving organizations in Weaving Well-Being 3.0 (2024-2025). In total, community partners supported the mental health and well-being of 3,034 Boston residents and 381 non-Boston residents. LZC conducted 15 interviews with key informants (seven program leaders and eight external experts in healthcare) for the landscape review. The funded community-based organizations administered the participant survey again, yielding 228 surveys in 13 languages.

Participants built resilience and social cohesion, with **94%** saying that the program helped them to identify resources to support them in difficult times and **92%** saying that the program helped them contribute to the happiness and well-being of others—increases of five and one percent, respectively, compared to the previous year.

Figure 1. Weaving Well-being 3.0 (2024-2025) Outcomes

92%

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

94%

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

98%

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



Figure 2. Weaving Well-being Partners (2022 – 2025)

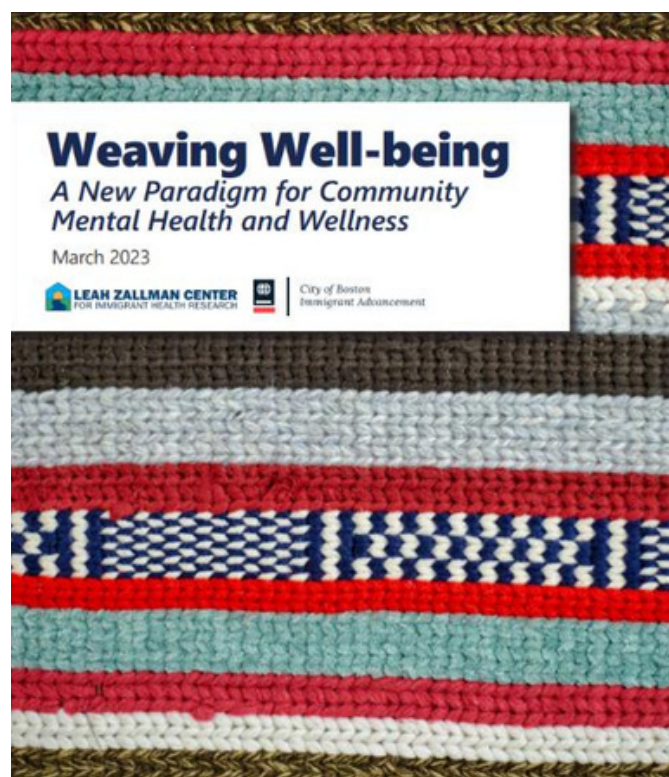


Program Strategies

One of the most important findings from Weaving Well-being is that there is no “one size fits all” approach to supporting mental health in immigrant communities. While each organization took a unique approach to supporting their community members (see program descriptions in **Appendix A**), we identified five common strategies across programs:

- 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

Weaving Well-being: A New Paradigm for Mental Health and Wellness demonstrates how immigrant families skillfully “weave” personal and community well-being into their lives by drawing on a range of disjointed resources and overcoming institutional barriers to create their own spaces and sources of community care and support. The vivid tapestry on the cover of the report was woven by a program participant at the Somali Parents Advocacy Center for Education (SPACE) and represents how immigrants weave together different resources and strengths from all aspects of life—from cultural traditions to government programs to spiritual faith to community initiatives—to create something stronger, greater, and more beautiful than each original thread. One program leader explained, “We’re building the social fabric of the neighborhood.”



Picture:
EHR Boston
Communities
participants



As Weaving Well-being grew into an established program, we all grew in our understanding of collective care and support for one another. Weaving Well-being is now more than a standalone MOIA initiative. It is an approach to immigrant integration and belonging that weaves well-being into the fabric of our collective programs, organizations, and partnerships. It provides a framework for other organizations and cities to consider as they support and uplift community-led healing initiatives. At a time when divisive federal policies and narratives threaten immigrant well-being and belonging, we embrace healing, joy, and communal well-being as methods of resistance to external pressures that center individualism, competition, profit, and assimilation.

II. Three-Year Outcomes

In this section of the report, we share a cumulative analysis from the three-year evaluation¹, demonstrating outcomes in the areas of cultural rootedness, social integration and cohesion, and resilience and well-being. We also include a vignette from specific grantees for each outcome area, showing how these outcomes are interconnected.

**Over the three years
of Weaving Well-Being,
program leaders collected**

533

participant surveys

Figure 3. *Weaving Well-being Overall Outcomes*

90%

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

94%

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

98%

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

Cultural Rootedness

Weaving Well-being programs look to immigrant cultures as sources of pride and strength, create culturally familiar spaces, and offer participants the opportunity to walk into these programs without having to leave any aspect of their identity at the door. Participants highly valued the ability to connect with other Boston residents from their immigrant communities and draw strength from their cultural roots.

¹Due to the anonymity of the participant survey and the fact that some grantee organizations participated in multiple years, there may be duplicate respondents. Data are not longitudinal unique IDs. However, the cross-year analysis indicates broader patterns due to replication of the same survey each year.

Across the three years, on average, participants felt that they could be themselves in the program **(90%)**, saw staff and leaders from their cultural background **(90%)**, and, relatedly, found it helpful that staff and leaders were from their community or background **(89%)**. One participant shared, ***“I felt comfortable with the people because there was no language barrier. We all understand each other and can relate with each other. Also, there’s no cultural barrier because we are all similar.”***

“A Space for People to Bond”

In the traditionally conservative Azerbaijani community, mental health is a taboo topic, and if people are struggling, it is seen as a shame on the whole family. Mental health and psychology are not common fields of study, and community leaders reported that there is not a lot of internal expertise within the community. Young immigrant families are struggling in Boston and the Azerbaijani community is seeing rising rates of suicide.

The Azerbaijani Society of New England (ASNE), a partner organization in Weaving Well-being from 2024-2025 (3.0), is a fully volunteer-led cultural organization. Founded to celebrate culture and promote Azerbaijani representation, ASNE began to offer Saturday fitness and arts and crafts programming for community members aged high school and up, with some parents bringing their children.

In this natural and culturally familiar environment with their peers, community members began to open up to each other and it became **“a space for people to bond and vent if needed.”**

Social Integration and Cohesion

Many Weaving Well-being participants are in the process of healing from traumatic events related to displacement, migration, and violence. Nearly every program created a collective space for healing, rather than providing 1:1 services to individuals. They also brought together people who suffer from isolation, loneliness, and social exclusion and created opportunities for participants to contribute meaningfully to their community. One program leader shared that, in their work, they were most proud of “inclusion—for those who are homebound, lonely, or kids are far away, this group is very important.

Weaving Well-being contributed to social integration and cohesion, an important part of the healing process.

Overall, three-year averages show that participants valued the opportunity to contribute to the happiness and well-being of others (90%), felt that they could trust staff or leaders in their program (94%), and learned to identify people in their lives who support them or form new trusting relationships (89%).

“It’s Us Knowing What We’ve Gone Through to Be There”

The Gilbert Albert Community Center (GACC) is a community-based organization in Dorchester that supports immigrants in Boston with education and social services.

GACC’s ESOL teachers became conscious of the need for collective mental health supports when some of their Haitian students were so troubled that they broke down and cried during class or were unable to participate in lessons.

Offering a collective healing space enabled students to share similar experiences and build empathy in a safe space that was not originally designed around mental health. GACC staff noted how important it was to be around other people who have experienced similar trauma, saying, **“Bonds were created in that space because it’s “us” knowing what we’ve gone through to be there.”**

Resilience and Well-being

Instead of tracking changes in anxiety, depression, or other clinical mental health outcomes², we focused on the concepts of resilience and well-being, defined by whether participants learned skills and/or saw improvements in their ability to weather difficult situations and strengthen their well-being. This reflects the nonclinical nature of the programs, which adeptly weaved skill-building for mental health into other activities, classes, and environments such as senior lunches, community walks, youth soccer sessions, or mural painting.



Picture: Sociedad Latina youth participants at Hale Reservation

²LZC, MOIA, and the pilot year grantees collectively agreed to word questions based on validated mental health scales without directly asking about clinical outcomes due to the highly stigmatized nature of mental health in many immigrant communities.

Across the three years, we saw a year-on-year decrease in participant discomfort or shame in seeking help if they could not handle their problems on their own (**37%** of survey respondents in the first year, **32%** in the second year, and **24%** in the third year). Conversely, participants increasingly felt that they could talk about their problems with their family and friends (**60%** of respondents, **73%**, and **76%** in Years 1, 2, and 3, respectively). Overall, **96%** of survey respondents across the three years learned a skill or practice through their program that they could use to enhance their own well-being.

“We Help Others Feel Welcomed and Seen”

Soccer Without Borders (SWB) engages immigrant youth in Boston through the global game of soccer.

In sessions, youth learn and practice emotional regulation skills outside of soccer games so they can bring these skills onto the field. When trauma, anxiety, anger, and other emotions arise on game days, players know they can go to a “cool down” station or take breaks to regulate with their peers. These essential coping and emotional regulation skills will serve them throughout their development and long into adulthood.



Picture:
EHR Boston Communities offering outdoor yoga

III. Mental Health Policy and Practice Landscape

Our Weaving Well-being evaluation generated at least as many questions as it did answers. The initiative emerged out of a global pandemic and grew during a time when the United States was wrestling loudly and publicly with dehumanizing, politicized narratives about immigrants in society. In a time when immigrant communities faced isolation, fear, insecurity, and exclusion, grantees brought people together to foster healing and growth against the odds. Importantly, MOIA designed this initiative to support work that was already happening in distinct immigrant communities. However, MOIA also united leaders and healers in new ways.

Collectively, we wondered:

- How might the collective capacity of immigrant communities to care and heal be supported systematically, scaled, and sustained, especially in times of insecurity and fear?
- Why are immigrants not being better served by the existing healthcare system, given the fact that we have some of the best hospitals in the world in Greater Boston?
- Is MOIA the only government agency to explicitly fund community-based immigrant mental health projects? Whose responsibility is it to fund and care for the mental well-being of community members?
- Are there any existing policies, practices, models, providers, or practitioners in Greater Boston who can support the financing and expansion of this work?
- Which types of care and healing are best carried out within the healthcare system, and which are best in community settings?

LZC spoke to 15 key informants (grantees and external experts in healthcare and community mental health settings) to learn about models of care, existing referral pathways to/from clinical and community programs, institutional barriers that prevent immigrant mental health from being a priority, primary partners and funders, and best practices for the alignment of community and clinical care. We also asked how key informants are coping with the uncertainties of the current policy climate and what infrastructure, if any, they are building to support immigrant mental health moving forward

A photograph showing a pregnant woman with dark hair tied back, wearing a white patterned t-shirt, sitting in a black folding chair. She has her eyes closed and a serene expression. Behind her, another woman with short brown hair and glasses, wearing a grey t-shirt with a sunflower design and light blue pants, is standing and massaging her back with both hands. The background is a plain, light-colored wall.

Picture:
Community Healing Center Project (CHCP)
offering accessible healing services for
immigrant adult students

Structural Barriers

Our findings reinforce what the Weaving Well-being partners collectively acknowledge on a regular basis: Immigrant mental and holistic health is shaped in large part by structural inequities. The Weaving Well-being programs make a real difference for families and communities that are suffering, but long-term changes are unlikely without ongoing advocacy and changes to structural factors such as policy, practice, and funding patterns.

There are not enough mental health providers in Greater Boston to meet needs, and many communities and neighborhoods lack culturally and linguistically congruent providers. However, the landscape is much more complicated than a basic lack of providers because mental health is inextricably tied to communities' abilities to meet their basic needs and determine their future.

One key informant pointed out that there is a “real swirl of stressors that are disproportionate for immigrants.” Interviewees identified four specific barriers that prevent immigrant youth, adults, and families from achieving optimal mental health: funding, the health system, the education and workforce system, and physical space.

Picture:

Brazilian Worker Center (BWC) hosted conversation circles that provided an open space for participants to discuss topics like family, work, and the challenges of living in another country.





Picture:
EHR Boston Communities provided participants with practices that promote healing and well-being.

Leveraging Resources and Partnerships

These gaps are larger and deeper than any community-based organization can solve alone with skilled leaders, or any municipal government can fund alone through a mini-grants initiative. Weaving Well-being partners effectively funded their mental health work by braiding the grants from MOIA together with funding for ESOL classes, case management, organizing, education, workforce development, and more. Organizations embedded resilience and well-being programming into green energy, food justice, economic stability, climate education, environmental sustainability, small business, civic engagement, voter rights, worker empowerment, public housing, senior housing, homeless services, and senior programs. Boston has a rich landscape for immigrant support services, and although silos are prevalent, one key informant praised “MOIA’s collaborative governance approach, which is unique,” and noted that “the City of Boston’s trying very hard to have different departments work together.”

When asked who their primary partners are, interviewees identified community health centers, social support agencies for immigrants and refugees, public institutions (e.g., schools, Mayor’s Offices), immigrant advocacy groups, and other organizations working toward the same goals and/or serving similar populations. They valued opportunities provided through Weaving Well-Being and other spaces to share ideas and identify best practices together.

Bridging Community and Clinical Health

While Weaving Well-being programs have traditionally been nonclinical in nature (e.g., aromatherapy, reiki, wellness walks, support circles, team sports), several key informants and program leaders spoke to the value of being able to “bridge” community and clinical mental health care. Many health systems and community organizations started joint health initiatives during COVID-19 (e.g., mobile clinics, vans, etc.) that have not been sustained past the pandemic or expanded to include mental health care. We did not identify a consistent model or best practice for bridging community and clinical health, although we did hear about efforts from both community and clinical leaders to move in that direction.

Weaving Well-being leaders shared stories of how nonclinical initiatives have been transformative for some community members and have acted as an on-ramp to clinical services. In one example, Weaving Well-being program staff met someone with substance use disorder at a farmers’ market. They invited the person to participate in a therapeutic dance session. By the end of the session, the person told the staff member that they were “ready to get help.”

Weaving Well-being grantee organizations were clear that their work is complementary to clinical care, and described needing clearer referral and support pathways for “instances where [the need for clinical care] is out of their scope.” In those cases, staff rely on their networks to refer participants to neighborhood health centers, social workers at food pantries or other agencies, or mental health clinics. One Weaving Well-being program leader said their program was very helpful, but they would have liked to have “a clinician come around and hold space” for their community members. Another leader mentioned that they are “partnering more deliberately with a community health center and their new behavioral health team.”



Picture:
Community Healing Center Project (CHCP)

Integrated behavioral health models are common in Massachusetts, with varying degrees of alignment with the needs of immigrants and refugees. This can include urgent behavioral healthcare onsite at medical clinics or look like practice standards where primary care visits include warm hand-offs to behavioral health providers, sometimes for same-day appointments. It also increasingly includes hybrid or telehealth opportunities for immigrants who are afraid to leave their homes to access care. However, integrated care does not necessarily include the culturally rooted, holistic approaches to healing that Weaving Well-being programs provide. One center with a robust integrated model that includes legal and social service supports described their flexible and responsive approach as “trying to give people more choices around what engagement and mental health care looks like for them, based on what feels comfortable or safe.”

A few key informants who work in healthcare are experimenting with holistic care, with one community health center planning to play calming music on site and an urgent care center considering offering reiki to patients in the waiting room. Healthcare respondents noted the importance of group work besides individual therapy, pointing out that group settings are often more comfortable for and better attended by immigrant patients. Their healthcare systems partner with school-based health centers, senior centers, shelters, and youth programs to provide mental healthcare. In thinking about expanding care and empowering community members, key informants brought up Mental Health First Aid as a valuable tool as it teaches community members and nonclinical practitioners about mental health challenges and how to provide initial help to someone facing acute mental distress.

Power, Advocacy, and Coalitions

Building collective capacity, knowledge, and power within immigrant communities can address the real-time needs of families, including basic holistic needs that are inextricably tied to mental health. It also contributes to a base of healthy and civically engaged communities that are equipped to advocate for and address their own needs. Program leaders shared that the Weaving Well-being work has “ripple effects.” There is the potential for real social organizing around mental health as Weaving Well-being participants gain knowledge and techniques, share them with others, and invite them into these spaces.



**Picture:
Chinese Progressive
Association (CPA)**

A program leader shared that “advocacy is difficult at times... It’s hard finding the right person. Whether they will listen to you depends—they are more receptive to coalitions. You need to put down a groundwork.” With limited resources, a high need for mental health supports, and the vocal opposition to immigrants in some political narratives, Weaving Well-being inspires a vision of collective mental health and belonging in Boston. As another program leader said, “Solidarity is incredibly needed in the years ahead.”

Well-Being in Organizations and Ourselves

Both MOIA and the Weaving Well-being partners are deeply aware of the need for self-care, community care, and supportive structures in order to be effective. Direct service and advocacy work are extremely demanding, leading to high turnover and burnout rates. One of MOIA’s eligibility options in the Weaving Well-being 2024-2025 request for proposals was a program to care for staff and their well-being. Some organizations prioritized sending staff for trainings to build capacity and grow community knowledge about mental health and healing techniques.

Others developed and expanded internal programs to support staff well-being. A program leader shared, “For a year now, we have had a successful series of self-healing workshops... To be of good service to the community, we must be well ourselves. Team members all take a turn leading a workshop.” Another said, “We do a lot of education in relation to self-care.” Another leader shared how they are strict about not working more than 40 hours a week.

If evenings or weekends are needed, comp time is taken. We make it known we don’t want staff to be overworking themselves. We have meals together paid by our organization, we have community spaces and events for staff that involve games or places for people to sit and chat.

Picture:

Vietnamese American Initiative for Development (VietAID) provided culturally relevant food during holiday celebrations and groceries for seniors



Effects of and Strategies in Place to Cope with Political Context

The key informant interviews took place between December 2024 and February 2025—some after the presidential election but prior to the inauguration and others after Inauguration Day. In their interviews, program leaders and key informants highlighted the intense, rampant anxiety, fear, and uncertainty of the moment. One program leader interviewed in early January 2025 said, “There’s a lot of anxiety within our community—youth and adults. There’s so much uncertainty of what’s going to truly happen. Are these real words or real things, like persecution?”

Right now, deportation is very big on everyone’s mind. I don’t know what we have done much yet, but 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.

In this political moment, we are grateful that MOIA has established a strong network of immigrant-led organizations and allowed them to name and embrace the work that they were already doing for immigrant community members. The thousands of Bostonians who have benefited from Weaving Well-being have greater resilience and stronger social cohesion—crucial aspects for the current times. Thanks to Weaving Well-being, grantees have laid the foundations for immigrant community-driven mental healthcare and are building larger paradigm and knowledge infrastructure between programs. Meanwhile, program leaders and organizations continue to learn how to prioritize caring for themselves in this contentious climate.

As we build on the foundation of the past three years, we know that the work will continue to pivot and adapt. A program leader said, “We’re creating a series of sessions alongside healing when discussing legal rights, how to prepare for possible removal and separation from loved ones, and deportation.” Another spoke of the need to “maintain good relationships with law enforcement to protect immigrants.” Nevertheless, leaders spoke of a collective belief in the resilience that participants and immigrants demonstrate repeatedly. As one said, “It is important to find what you enjoy and how to do it despite the stress.”



IV. Future of Weaving Well-Being

Since the initial pilot, the City of Boston has increasingly focused on weaving well-being into its programs and approaches, with MOIA designating 2025 as the “Year of Belonging” in Boston and emphasizing community resilience, safety, and well-being. At this stage, Weaving Well-Being is an established program and well-known among Boston’s immigrant-led and –serving organizations. MOIA received over 90 applications for Weaving Well-being 4.0 (2025–2026), highlighting the ongoing need in immigrant communities and the strong desire from community-based organizations to provide mental health programming to members.

Opportunities and Recommendations for Further Inquiry and Innovation

Participatory evaluations take time and effort from all involved, and we are especially grateful to the partner organizations who administered surveys with participants in addition to running programs. At this stage, with consistent data showing positive outcomes for three cohorts, we have ample evidence showing that Weaving Well-being makes a difference for immigrant families and communities. MOIA, LZC, and partners decided to close the participant survey process after three years.

Weaving Well-being 2025–2026 (4.0) launched during one of the most stressful times for immigrants in recent history, and we anticipate an ongoing and growing need for mental health supports in immigrant communities. We are committed to anti-exploitative, trauma-informed, and “do no harm” research methods that require us to ask whether any potential data collection with immigrant families right now is safe. We are committed to future inquiry using methods that simultaneously support the capacity of immigrant-led organizations to lead research processes and protect and build power with immigrant families and partner organizations. As such, we are interested in how research and evaluation here might evolve and how we can collectively shift toward a model that facilitates increased advocacy and organizing in the cohort of participating organizations.

Picture:
Brazilian Worker Center
(BWC).



As MOIA continues to build a City of Belonging, we offer the following recommendations and potential avenues for further inquiry and innovation:

1. Redefine, if necessary, the future parameters of Weaving Well-being.

Weaving Well-being was initially designed to provide nonclinical, holistic mental health supports for immigrant community members. Over the years, as Weaving Well-being partners have successfully introduced mental health concepts and provided on-ramps to clinical care, we have noticed a growth in Weaving Well-being applicants wanting to offer more clinically rooted care in addition to their community wellness programs. We recommend that MOIA decide whether to continue drawing strong boundaries around this initiative offering solely nonclinical mental health programming or whether to expand those boundaries to include programs that propose a “bridging” model that connects nonclinical and clinical care.

2. Engage private philanthropy, other government agencies, and other sectors resources for sustainability.

Immigrant mental health will be an ongoing area of need for the foreseeable future. Given MOIA’s constraints (e.g., terms limiting grant funding to one year instead of multi-year grants), we recommend engaging private philanthropy to expand, grow, and champion Weaving Well-being. Partnering with funders could also look like connecting Weaving Well-being organizations with potential grantmakers who are interested in funding certain aspects of community-based organizations’ work that are outside MOIA’s grantmaking scope or organizations that want to implement larger, multi-year programs. One program leader noted, “MOIA is an important partner... There’s a stamp of legitimacy the MOIA grant has offered, saying the Mayor’s Office supports our own work.”



We started to wonder what a coordinated effort that pooled the resources of and engaged community leaders, policymakers, funders, researchers, and others might look like. MOIA could act as a convener or model for potential collaborators as we envision how community mental health programs such as those run by Weaving Well-being grantees could be scaled up, sustained, and/or supported by health, behavioral health, and other institutions.

3. Connect the Weaving Well-Being initiative with other City of Boston programs and/or with other immigrant-led organizations, cities, and states around the country.

As MOIA builds a City of Belonging in Boston, Weaving Well-being could complement other MOIA or Equity and Inclusion Cabinet initiatives. As the number of 2025–2026 applicants attests, numerous immigrant-led and/or –serving organizations are seeking funding and connections to mental health initiatives, recognizing the importance in caring for community members in this way. Figuring out ways to dismantle silos in city government and pool funding together for greater impact could be a worthy next step internally for MOIA and the Weaving Well-Being program.

There is also strong interest from leaders beyond Boston in the Weaving Well-Being initiative. While immigrant communities have been caring for one another in holistic, nonclinical ways for years upon years, organizations see value in the “stamp of legitimacy” that comes from participation in formal programs. MOIA is well positioned to convene a network comprising other cities, states, and immigrant-led organizations focused on community-led strategies to support immigrant mental health.





Appendices

Appendix A. Weaving Well-being Partners and Program Descriptions (2022–2025)



Allston Brighton CDC collaborated with local organizations to better serve and engage with the immigrant communities who live within our affordable housing portfolio. Many of these residents have been isolated from their neighbors and have lacked an accessible and inclusive place to connect with community members. Through this grant, ABCDC was able to create accessible and culturally competent programming to better serve these residents and provide engaging and inclusive programming.



The **Asian American Resource Workshop (AARW)** created the Vietnamese Women’s Circle for mothers and women who are long-term residents of Dorchester to convene monthly and learn about AARW’s current campaigns and organizing efforts, focused on housing justice and Southeast Asian deportation community defense work. This past year, the Women’s Circle also attended different workshops to help develop their leadership skills, including learning skills for advocacy, and how to protect themselves and their community from fake news, misinformation, and disinformation.



Azerbaijani Society of New England (ASNE)’s program met every Saturday, with the first hour dedicated to Fitness Flex, a class for more active members. They did Zumba dancing, yoga stretching, and muscle relaxation while listening to upbeat workout music or enjoying meditation music. The second hour was dedicated to the arts with a variety of projects, including collaging, painting, drawing, pumpkin decorating, stamping, and clay molding.



Boston Chinatown Neighborhood Center's (BCNC) Pao Arts Center and Youth Program implemented a six-week youth mural creation project, the Mural and Media Program, that engaged 19 youth in an enriching exploration of Asian American and Boston Chinatown history, advocacy, public speaking, and the transformative power of mural art and media. BCNC held workshops on collective care, community activism, and leadership training, culminating in the installation of Chinatown's Glowing Lanterns at BCNC's 38 Ash Street site.



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



The **Brazilian Worker Center (BWC)** led Mindfulness-Based Stress Reduction (MBSR) sessions; hosted conversation circles that provided an open space for participants to discuss topics like family, work, and the challenges of living in another country; and offered classes on essential oils and aromatherapy.



Bridge Over Troubled Waters provided fun, engaging, and relaxing activities that were culturally and linguistically sensitive to immigrant youth experiencing homelessness. Bridge Over Troubled Waters aimed to increase the well-being of immigrant youth and encourage their hopeful zest for a better life.



Casserly House promoted well-being for its immigrant neighborhood by integrating well-being into its English for Speakers Of Other Languages (ESOL) classes; offering a collaborative, participatory, multi-lingual Workshop on Community Health and Well-being; and by hosting neighborhood music/meal events to build community.



Chica Project used the funds to host a wellness fair for community members and build staff capacity to facilitate programs that build character, strengthen resilience, and facilitate professional development in youth.



Chinese Progressive Association (CPA) facilitated a series of resident-led tours of Chinatown that focus on shifting narratives about the community by bringing visibility to its working-class, immigrant-led organizing history. CPA also hosted field trips visiting other neighborhoods to learn about local history and society, better understand residents' role within it, and recognize how many of the issues they can organize around are systematic and affect communities citywide.



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.



Eastie Farm hosted community events full of community-building, connecting to land and one another, local music, local food, and healing. Events and programming were bilingual or ESOL-accessible, as well as focused on benefiting the mostly immigrant community of East Boston. Immigrant youth were at the center of Eastie Farm's work. The grant also enabled Eastie Farm to give well-being stipends to staff.



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.



The **Eritrean American Civic Association (EACA)** hosted traditional uqub gatherings, which create bonds among Eritrean women and generate small capital to resolve minor economic problems.



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 Cape Verdean families.



Gilbert Albert Community Center (GACC) provided group wellness comfort sessions for assessing and improving the mental health of new immigrants and for mental health readiness for the rigors of arrival, resettlement, acculturation and assimilation in the Boston area.



Greater Boston 中華耆英會
Chinese Golden Age Center

Greater Boston Chinese Golden Age Center (GBCGAC) hosted a Chinese Music Group that met weekly at Quincy Tower Community Center. The group offered participants a chance to connect with their community, celebrate shared cultural experiences, and improve their emotional, mental, and social well-being through music, movement, discussion, and refreshments. The Chinese Music Group was co-facilitated by GBCGAC staff and Berklee College of Music professors.



Hyde Square Task Force (HSTF) expanded its social-emotional and well-being support across its core Jóvenes en Acción / Youth in Action (JEA) program, Caminos (college/career preparation) program, and arts enrichment programming during the grant period.



The **Immigrant Family Services Institute (IFSUSA)** 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.



The **Massachusetts Albanian American Society (MAASBESA)** organized 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.



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.



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.



Soccer Without Borders provided team-based program activities in East Boston, integrating soccer play and instruction with educational support and community-building activities, creating a whole-person approach to youth development and their well-being.



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.



Somali Development Center (SDC) conducted outreach to female clients to promote their well-being through awareness, resources and tailored support. Key activities included weekly drop-in Friday wellness workshops, individual consultations, and community events.



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.



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.

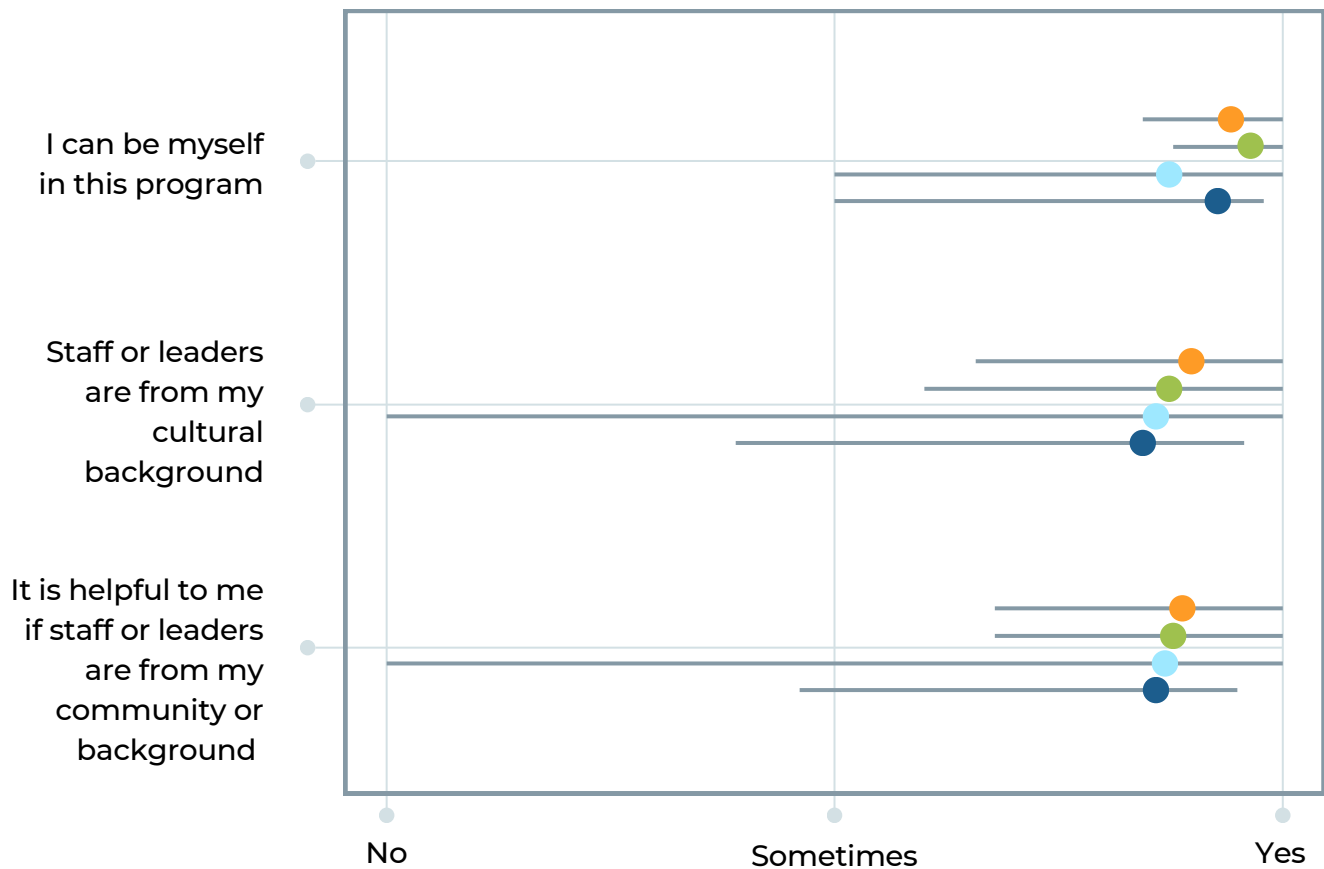


The **Vietnamese American Initiative for Development (VietAID)** provided older Vietnamese adults with a daily space for activities such as tai chi, yoga, meditation, chess, arts and crafts, karaoke, and bingo. VietAID also provided culturally relevant food during holiday celebrations and groceries for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

Appendix B: Three-Year Outcome Figures

Culturally Rooted Program Elements

Culturally Rooted Program Elements - Culminative Results (2023-2025)



Gray line: Range of program average

Year 1

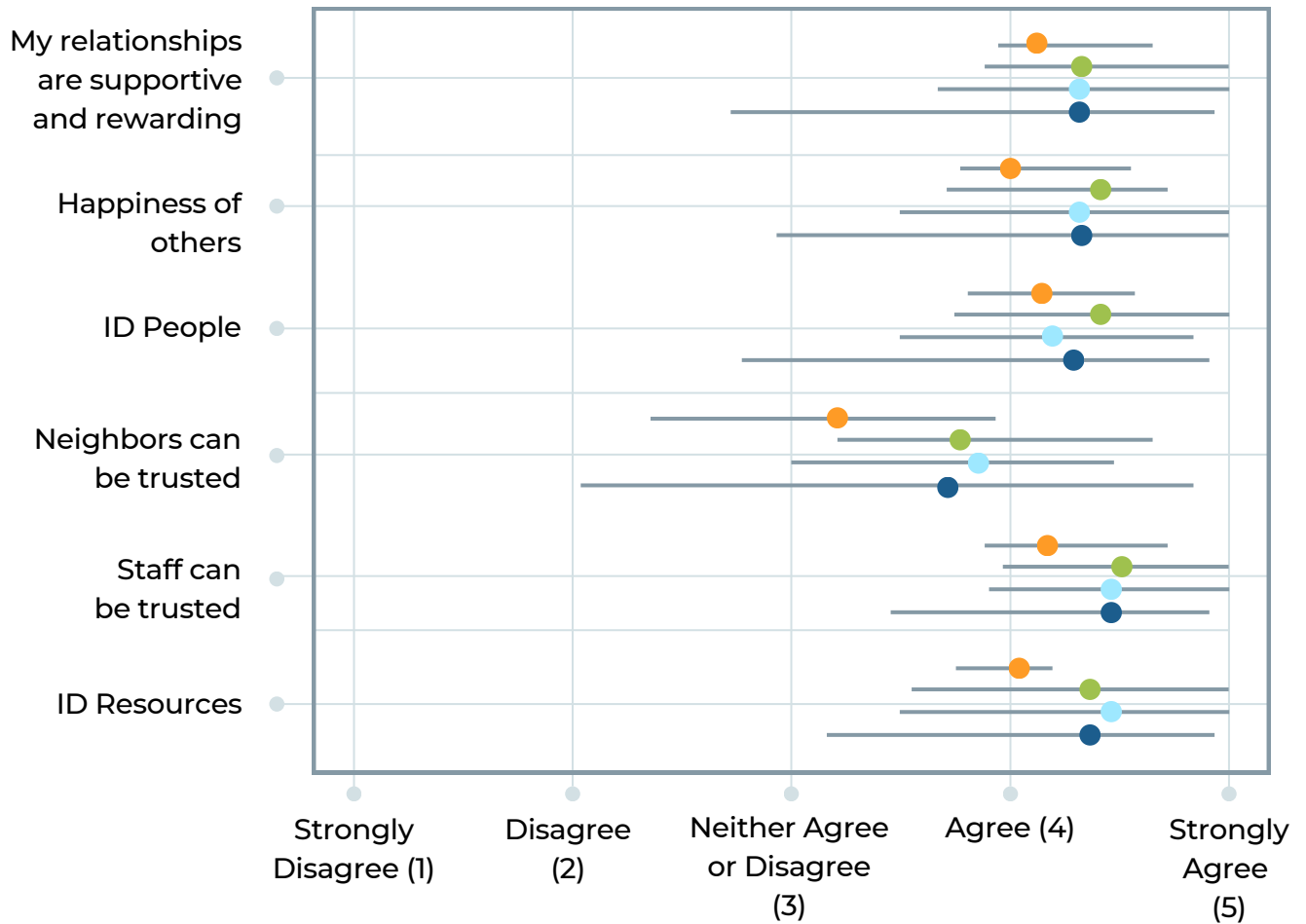
Year 2

Year 3

3-year average

Social Integration and Cohesion

Culturally Rooted Program Elements - Culminative Results (2023-2025)



Gray line: Range of program average

Year 1

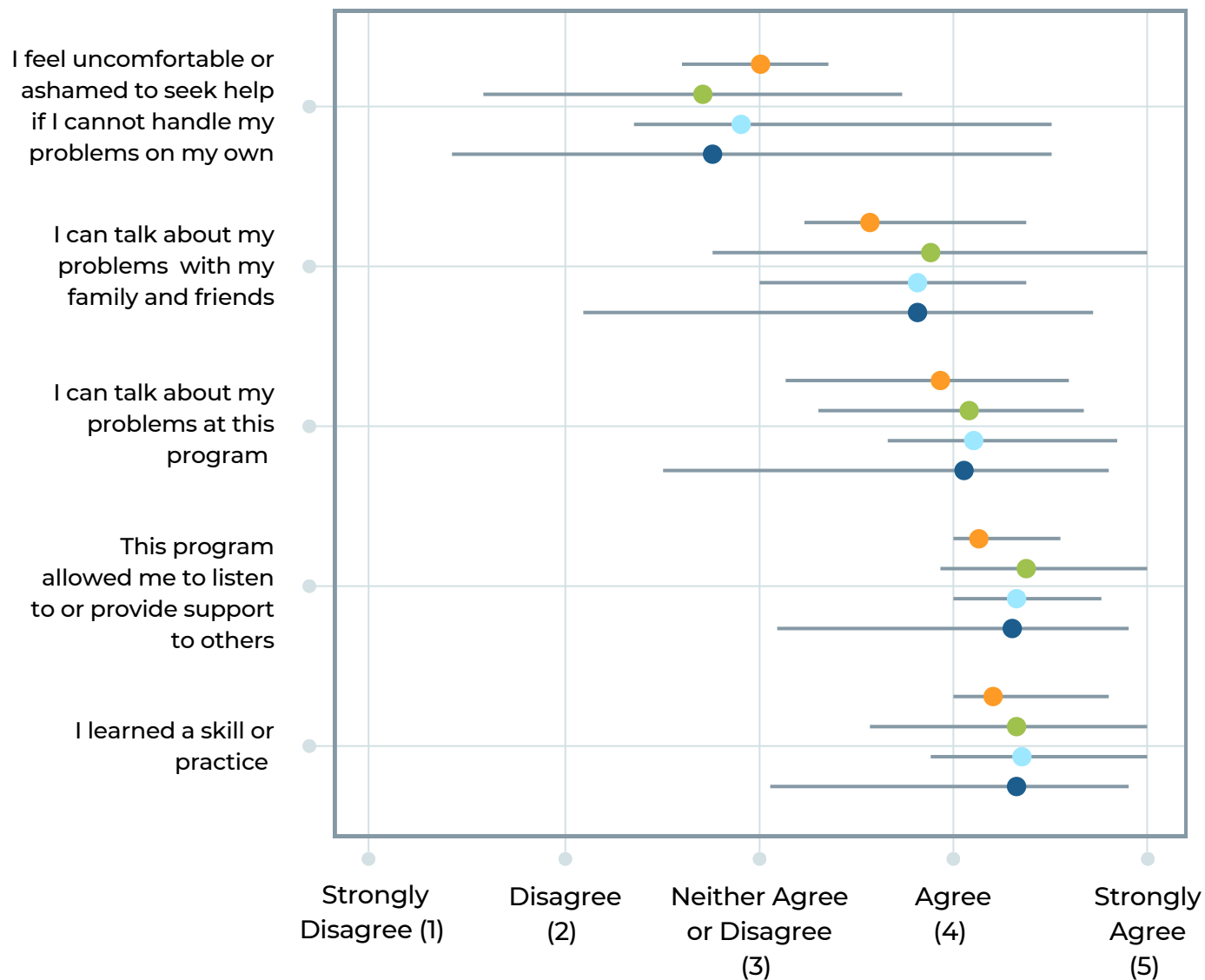
Year 2

Year 3

3-year average

Resilience and Well-Being

Resilience and Wellbeing - Cumulative Results (2023-2025)





City of Boston
Immigrant Advancement



**LEAH
ZALLMAN
CENTER**
FOR IMMIGRANT
HEALTH RESEARCH