

Creating a welcoming environment for immigrants can smooth integration with the wider community and ultimately improve health outcomes.

As communities across the United States begin to see the benefits of fostering a welcoming culture for immigrants, support is coming from a growing number of municipal governments, individuals, and nonprofits. In New Hampshire, for example, the Endowment for Health—acting on its belief in the importance of social inclusion for good health—has been laying the groundwork for municipalities in the state that want to establish integration initiatives. ²

Responding to Change

America is diversifying like never before. And as it does, a growing number of cities and towns are recognizing the economic and social benefits of fostering a welcoming culture for new and diverse populations. A grassroots-driven movement called Welcoming America has already been tested in 60 immigrant gateway communities, among them Nashville (Tennessee), Dayton (Ohio), Boise (Idaho), and Greensboro (North Carolina). Community by community, participants are working to create an inclusive culture and smooth the process of weaving immigrants into the social fabric of their new hometowns.

New Hampshire is a state that has seen its foreign-born population increase by 30 percent over the past decade.³ And at 7 percent of New Hampshire's workforce, immigrants are contributing significantly to the state's economic and cultural vitality.⁴ Even so, there are concerns about data showing that serious health disparities disproportionately affect immigrants and refugees as well as nonimmigrant people of color.

It is critical to ensure that, as the state's diversity increases, health disparities do not also increase. That is why, in 2013, the Endowment for Health launched an Immigrant Integration Initiative in New Hampshire. The effort emphasizes mutual respect and incorporation of differences, with the goal of increasing immigrant engagement in all aspects of community life. The Endowment believes that, in the words of the World Health Organization, "societies that enable all citizens to play a full and useful role in the social, economic, and cultural life of their society will be healthier than those where people face insecurity, exclusion, and deprivation." 5

Endowment for Health President Steve Rowe has a long-term take on the issue. "When we look through our windshield," he notes, "we see a different New Hampshire than we see in our rear view mirror. We must prepare for future ahead of us. Our changing demographics will determine our future workforce, and a prosperous economic future depends on successful integration today."

Four Towns Take Up the Challenge

The Endowment for Health has modeled its approach on efforts under way in Colorado, Ohio, Illinois, and Idaho. Recognizing that the first step in integration is to arrive at a plan that both new-comers and longstanding community residents can embrace, the foundation released a Request for Planning Proposals in December 2013. It subsequently awarded an \$11,000 planning grant to each of four communities in the state: Concord, Laconia, Manchester, and Greater Nashua. Promising structures already in place contributed to the award decisions.

Concord

In Concord, New Hampshire's capital, Second Start has been a hub for newcomers for many years, providing English classes and other adult education programs. It was a natural choice to be the lead organization for that city's planning process. The 2010 U.S. census indicates that 5.5 percent of Concord is foreign born. The city is home to a variety of immigrants, including refugees from Iraq, African nations, and Bhutan. The city's immigrant-integration planning process is building on the strength of Second Start, with strong community leadership from New American Africans, the Bhutanese Community of New Hampshire, the city government, and the local Chamber of Commerce.

Laconia

Laconia's experience with newcomers has been largely through participation in refugee resettlement. Although the immigrant population in Laconia is small compared with towns to the south, efforts to welcome newcomers have been intentional and have involved key city leaders, including the chief of police and the mayor. Leading the planning effort in Laconia is the Lakes Region Partnership for Public Health, which has prior experience offering both cultural-competency training for health-care providers and health education and outreach to Bhutanese refugees. The planning team also includes the local family-resource center, faith institutions, law enforcement, the school district, institutions of higher learning, and the United Way.

Manchester

New Hampshire's largest city was built by waves of immigrants: French Canadians, Irish, and Greek, to name a few. Today's immigrants come from Africa, Asia, the Middle East, Eastern Europe, and the Americas. Latinos make up the largest group. There also are many refugees who have been resettled in Manchester. In 2009, the city government and community leaders came together to create the Manchester Task Force to address concerns over the resettlement. The city's immigration-integration planning effort features a partnership between that task force and the community-based Organization for Immigrant and Refugee Success.

Greater Nashua

The newcomer population in Nashua is composed largely of Latinos, Portuguese-speaking Brazilians, and Asians. The new immigration-integration planning effort builds upon the Gate City Health and Wellness Immigrant Integration Initiative, which has been effective in raising issues of integration with city entities such as the school district and the police department. Led by the United Way of Greater Nashua, the new planning process also incorporates the efforts of New Hampshire's Welcoming America affiliate.

Promising structures already in place can be predictors of immigrant-intergration success.

Collaboration for Change

The planning work funded by the Endowment for Health grants are likely to benefit from the fact that the chosen communities are already in collaboration mode.

As Eva Castillo, of the New Hampshire Alliance for Immigrants and Refugees, says, "The process of integration does not happen in a vacuum. It takes the whole community to embrace and allow the process to happen."

The Endowment for Health values that collaborative spirit in addition to each grantee's unique approach. At the same time, it requires teams to incorporate in their efforts specific elements gleaned from what has worked in immigrant-integration planning efforts around the country:

- an experienced, neutral facilitator must shepherd the process;
- local government must be committed and at the table;
- teams must commit to participating in a "Community of Practice" convened by the Endowment for Health;
- · towns must seek additional funders for the implementation phase; and
- teams must demonstrate a commitment to the two-way process of immigrant integration by balancing the views of both newly arrived and long-standing community members.

All teams will be addressing concerns such as increasing economic opportunities for immigrant workers and cultivating stronger relationships between immigrants and other community members. The ultimate measuring stick of the four-year initiative will be whether or not immigrants report increased social inclusion and integration.

Partnerships are integral to the process, and the Endowment for Health is working to enrich them. That is part of the organization's field-building approach to its mission—a field being a community of organizations and individuals working toward a common goal and using a set of common approaches.⁶ A partnership with the Massachusetts Immigrant and Refugee Advocacy Coalition has led to the creation of a peer-learning community called the Immigrant Integration Community of Practice, which creates space for representatives of the four New Hampshire communities to share strategies and lessons, engage in problem solving, and offer mutual support.

Amy Marchildon, director of Services for New Americans for Lutheran Social Services, is one participant. "A community of practice is incredibly important and valuable for New Hampshire because communities are at different stages with experience and exposure to immigrant integration," she says. "We're all learning from the expertise of one another, and we're able to share this information with our local communities."

The Endowment for Health believes in spreading the learning. Its approach to choosing grantees for immigrant-integration planning and its use of communities of practice may provide ideas for other New England municipalities trying to do a better job of welcoming New Americans and tapping the richness of diversity.

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Endnotes

- ¹ See Rachel Steinhardt, "Promoting Economic Prosperity by Welcoming Immigrants," Communities & Banking 24, no. 3 (summer 2013), http://www. bostonfed.org/commdev/c&b/2013/summer/promoting-economic-prosperityby-welcoming-immigrants.htm. And for more information about Welcoming America, see www.welcomingamerica.org.
- ² According to the Robert Wood Johnson Foundation, health care accounts for only about 20 percent of what determines a person's health and well-being. See "County Health Rankings & Roadmaps" (report, University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, 2012), http://www.countyhealthrankings.org/our-approach.
- ³ We use the terms "immigrant" and "newcomer" to recognize all foreign-born U.S. residents, regardless of their current immigration status.
- ⁴ See www.immigrationpolicy.org/just-facts/new-americans-new-hampshire.
- ⁵ Richard Wilkinson and Michael Marmot, eds., Social Determinants of Health: The Solid Facts, 2nd ed. (Copenhagen: World Health Organization-Europe, 2003).
- ⁶ Components of a strong field include a shared identity, standards of practice, a strong knowledge base, leadership, grassroots support, adequate funding, and an infrastructure and environment to support policy change. See Strong Field Framework: A Guide and Toolkit for Funders and Nonprofits Committed to Large-Scale Impact (Boston: The Bridgespan Group, June 2009).

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