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A Different Kind of Barrier

Social integration is defined as ways different groups come together to form a whole society. For immigrants, integrating into an unfamiliar environment is extremely crucial when it comes to creating a new life for themselves. This can be starting a new career or even going to school. One of the main challenges that can result in a lack of immigrant integration is Language Barriers. With a combination of scarce resources that would help combat language barriers, the issue of immigrants not being able to integrate into society is something that needs to be addressed and managed, specifically in the Greater Boston area and Massachusetts as a whole.

Language barriers play a massive role in the integration of immigrants, as speaking English is crucial in American society. This and a lack of education are issues within immigrant communities of Massachusetts that can often be intertwined. Obtaining English language skills is crucial for immigrants when it comes to work, activities, or just about anything in normal everyday life in this country. If an individual is not able to speak a language that is extremely prominent in one place, it is more often than not they will struggle in multiple senses. In an article referring to the issue of language barriers in Boston, the author shows an instance of what non-english speaking individuals go through. The article states, "Pooja Chandrashekar, a first-year medical student at Harvard Medical School, said she noticed in early March that a mobile health clinic was having difficulty serving predominantly immigrant and refugee patients."(CommonWealth Magazine). This is an example of the kind of struggles immigrants who don't speak English go through, something as simple as getting service at a health clinic can be a difficult task to take on. That's when ESL (English as a second language) learning comes in, which gives non-English speaking immigrants the opportunity to learn English as a second language. There are also many other types of programs that can help immigrants learn skills that can also further their integrational journey. A problem that can come about with this is access; some immigrants might not have access to schools or programs where they teach English or help with what's to come after arriving in the states.

A large portion of the already large portion of Massachusetts immigrant residents are non english speakers. As of 2018, about 15.9% of the Massachusetts population were "Foreign-Born,"also known as immigrants (The Immigrant Learning Center). In 2020, it was found that about 23.9% of households in Massachusetts didn't speak English (Data USA). This just goes to show the amount of individuals who don't identify English as their primary or first language. Even though immigrants and/or those who don't speak English make up a substantial amount of Massachusetts residence, there is still a large amount who are considered to be Limited English Proficient. Limited English Proficiency refers to those who have difficulty communicating in English as that isn't their primary language. According to "Breaking the Language Barrier: A Report on English Language Services in Greater Boston", in 2006-2008 the Limited English Proficient levels in Massachusetts were at 9.4%, a little bit higher than the United States as a whole at 9.3%. Levels in the Greater Boston area were at an astounding 11.7% (Understanding Boston Breaking the Language Barrier). Demonstrating the massive amount of those struggling with English, this greatly affects immigrant integration as these individuals can't communicate how they want to with their new community. This can create more

obstacles for them as they could lose job or education opportunities that would further their integration in society.

Lack of education can prevent immigrants from feeling part of their new community, which can possibly stunt their societal development in the United States. In Massachusetts, 90% of schools have students that are English Language Learners (ELL), while only 14 districts have dual enrollment programs to help these students develop their English skills. With that disparity already in mind, in 2014 about 14.9% of English Language Learners dropped out of highschool within the overall 5.6% of those who dropped out (Language Opportunity). Even though most schools in Massachusetts have students that are English learners, the amount of schools that offer programs to help these students are significantly low. Current law mandates that there be one program for English Language Learners but, this model isn't best for students as it is described as a default "one-size-fits-all" program that doesn't fit the needs of all students (Language Opportunity). Making it difficult for ELL students to progress as their needs aren't being met in a majority of cases.

While taking a closer look into the city of Boston, you will find that this disparity in educational integration resources doesn't get any better. Looking back at "Breaking the Language Barrier: A Report on English Language Services in Greater Boston", a total of 13,000-14,000 of the Limited English Proficiency immigrants received service for their English. This just represents 5% of the 237,000 immigrants in Greater Boston (Understanding Boston Breaking the Language Barrier). Immigrant services aren't recognized as priority, which makes these types of services very scarce. Thus preventing immigrants to come together within American society and more specifically in Boston, Massachusetts.

Overall, immigrants make up a large part of our society and we need to do what we can to make sure that they have the essentials to feel and contribute as part of American society. There are few resources that focus on different aspects of the immigration process. The Immigrant Family Service Institute (IFSI) in Massachusetts provides immigrant families with afterschool and summer programs, classes, and resources that aid further in their whole integration process. IFSI is able to work closely with immigrant families and help them break down language barriers. They are able to provide them with different forms of programs such as ESL classes for all ages, music instruction, youth leadership, and many others. This just goes to show what we as a society have to put our focus towards when it comes to helping immigrants integrate into society.

Bella Lee

The Mental Health of the Elderly: What Can We Do?

Mental health, especially in the elderly, should be something that is comfortable to talk about. As the population of elders is increasing rapidly, the problem of hesitation to seek help regarding mental health is growing too. According to the National Academies of Sciences, Engineering, and Medicine, approximately one-quarter of Americans who are 65 and older are considered to be socially isolated, and a significant proportion of adults report feeling lonely. The mental health of elders has long been dismissed as many perceive elders as burdens due to stigmas of ageism and mental health (U.S. News and Reports). The lack of support elders receive regarding mental health is dangerous and does not aid with additional behavioral or physical problems such as depression and dementia. Thus, it is pivotal that the stigma around mental health is brought to attention and broken and that it is no longer neglected so that elders feel comfortable seeking help.

Isolation is increasingly prevalent with age as many retire, lose loved ones, and develop chronic illnesses. As elders go through the process of aging, many may experience problems such as developing dementia or schizophrenia. Additionally, some encounter losing a significant other, sibling, or other loved ones which leaves elders feeling lonely and can lead to mental health issues including depression and anxiety (Centers for Disease Control). With older age comes a larger number of losses, which can be harmful to one's mental health. Additionally, many elders feel isolated because they are not exposed to the type of socialization they experienced when they were younger, whether with immediate family, coworkers, or friends (National Institute of Aging). Specifically, as their family also ages, they grow their own families, leading to less frequent visits as they are busy with their new families. Consequently, many elders become burdens to their families which also leads to decreased visits. Loved ones become distant, and some may pass, leaving many elders feeling alone with nobody to go to.

Causes of isolation include an increase in difficulty with socializing as elders are more likely to experience living alone, mobility issues, and illnesses, and with those factors come health risks. Studies have shown that social isolation increases risks for "high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death" (National Institute of Aging). Although social isolation is not a cause of death, it increases the chance of premature death along with other factors such as smoking, obesity, and physical inactivity (Centers for Disease Control). Furthermore, it is harder for elders to access proper resources because they may not recognize the gravity of their condition or feel embarrassed as it can be perceived as a sign of losing their independence.

The stigma surrounding mental health causes reluctance to seek help. Especially with elders, the stigma is greater as they grew up with the belief that mental health issues are shameful (Health in Aging). Although younger generations are working towards overcoming the stigma, it is still hard for elders to come above the historical ignorance surrounding mental health. The fear of not being understood by friends and family, and being seen as inferior or incurable, are all harmful effects of stigma (Mayo Clinic). There are new programs targeting concerns of mental health being integrated into general care checkups through surveys to help alleviate the stigma. Although that is a good first step, there can still be hesitation to reach out for help.

Social isolation of the elders can be combatted. There are many programs that are accessible to elders that provide a way for them to stay socially connected. For example, Little Brothers Friends of the Elderly is a nonprofit organization that connects elders with college students to build intergenerational friendships (Little Brothers Friends of the Elderly). Organizations similar to Little Brothers Friends of the Elderly are committed to relieving the social isolation of the elderly, especially those who are without family and friends. To start, a critical first step to take can be to raise and spread awareness. By doing so, the topic of mental health can become a more comfortable issue to speak about, therefore encouraging elders to seek help. Many people do not know or choose to neglect the elderly and the problem of social isolation. By improving awareness in the general public, social isolation of the elderly can become a higher priority and thus within the healthcare workforce too. Furthermore, it is essential to create age-friendly communities, meaning making communities “more livable, and better able to support people of all ages, [...] to improv[e] the quality of life for the very young, the very old, and everyone in between” and “walkable, feature transportation options, enable access to key services, provide opportunities to participate in community activities, and support housing that’s affordable and adaptable” (The American Association of Retired Persons). By fostering an age-friendly community, all age groups, including elders, feel more connected and seen. We can be one step closer to relieving the issue around mental health by increasing the political prioritization of relieving the isolation and loneliness of the elders. Through this, elders can then feel further encouraged to attend support groups and find organizations such as Little Brothers Friends of the Elderly to aid with social isolation and mental health.

As the population of elderly is greatly increasing, consequently, the problem of mental health and social isolation of the elderly is also growing. Since social isolation has been founded to be related to premature deaths in the elderly, it is critical that younger generations raise awareness about this topic to help relieve the stigma around mental health.

Nia Simmons

Health Inequality in Boston

Everyone should be able to access healthcare without fear of discrimination. Sociedad Latina, a community service organization I work for, helps low income Latin and Black youth in Roxbury find health and wellness resources. While working with the youth I continue to ask myself, why do they (or their parents) feel more comfortable discussing health and wellness at Sociedad Latina rather than with a licensed medical professional? This question inspired me to research health disparities in Latin and Black communities. Boston has a long history of health care discrimination towards Black and Latin communities, and unfortunately this is still happening today. Because of the city's history of racial discrimination, microaggressive comments from doctors, lack of diversity amongst healthcare professionals, and discriminatory practices, many Black and Latin patients do not feel comfortable in a medical setting.

Roxbury is a historically underserved community. Beginning in the 1940s due to the Second Great Migration, many African Americans moved to Roxbury from the South (BU Today). This was one of the only neighborhoods in Boston they could reside in at the time. In the 1960s, the Roxbury population grew significantly due to many Latin families moving in (BU Today). By the 1970s Roxbury had been coined a majority minority city. This means the population was composed of less than 50% of White residents (BU Today). Poverty and stress are two major aspects that lead to health inequality (Landscapes Northeastern). These two factors were very prevalent in Roxbury, because of the inadequate resources in the area. It was much harder for Roxbury residents to accumulate wealth because the city of Boston did not provide Roxbury with proper financial resources, and as a result of this Roxbury residents could not afford adequate health care. Although this was many years ago, the residents of Roxbury still feel the effects of segregation. In fact, Boston is still one of the most segregated cities in the US (Boston Globe). This social segregation and racism led to discrimination in health care.

Because of the city's history of racial discrimination, many Black and Latin patients do not feel welcome in a medical setting. In 2017, The Boston Globe Spotlight team interviewed 50 Black Bostonians who had all been to various hospitals in Boston. Many said they had experienced racially biased or microaggressive comments. At Twelfth Baptist Church in Roxbury, members spoke about their experiences at hospitals. They discuss being called a "big black women" by the hospital staff (Boston Globe). One member was told, "you people eat a lot of fried food, don't you (Boston Globe)?" Another example comes from David Purvis, a master's level therapist who is a veteran. He saw a doctor at a Veterans hospital for a checkup. One of the first questions the doctor asked him was, "Are you using cocaine?" The doctor then ordered a urine test (Boston Globe). These comments and experiences can be extremely harmful and deter POC from seeking medical care. This can also prevent younger generations from seeking health care because of the horror stories they've heard from people close to them. If hospitals in Boston had more doctors of color, this cycle of discrimination could be prevented.

Being treated by doctors of color can bring a sense of comfort and familiarity to people of color. It was found in a citywide survey conducted in 2013 that 11% of Black Bostonians were mistreated by healthcare professionals compared to 2.5% of White residents (Boston Globe). Finding doctors of color can be very difficult in Boston. At Boston Medical Center (BMC) and Carney Hospital only 4% of doctors are Black. At Mass General and Dana-Farber, hospitals in majority white areas reported 2-3% of doctors being Black (Boston Globe). The interviewees

from the Spotlight study shared that it doesn't really matter what hospital they went to, no matter what, they did not receive care from people who looked like them (Boston Globe). Recruiting executives at BMC, Carney and Mass General recognize that Boston has a reputation of being unwelcoming to minorities. They know Boston is a difficult place for Black and Latin people to live and they claim this is the reason there is such a disparity. The lack of doctors of color, especially in positions of power, may explain why there are so many discriminatory practices at hospitals in Boston.

There are many hurdles Black and Latin residents face in healthcare that can be overwhelming, which is another reason why minority patients do not seek out care at hospitals in Boston. A doctor employed by Mass General volunteered at Whittier Street Health Center in Roxbury where he was able to identify obstacles at hospitals that can drive away people of color. Depending on insurance, patients may need a referral sent by a doctor in order to be seen at a large hospital. Many Roxbury residents do not have a primary care physician or insurance (Boston Globe). According to the Boston Globe, 40% of Black residents (non-elderly) in Massachusetts are on medicaid, an insurance company that pays hospitals at a lower rate than private insurers (Boston Globe). Travel restrictions are another hurdle for patients of color. Ambulance and ride share services can be very expensive, and public transportation is not convenient if medical needs are urgent. Although the barriers exist, Boston hospitals recognize them, and are starting to fix their discriminatory practices.

Boston hospitals are beginning to restore their relationships with Black and Latin communities. In 2000, the Boston Public Health Commission (BPHC) committed to improving health resources for communities of color (Boston.gov). On their website they state Boston is one of the most racially segregated cities, and because of this there is persistent inequality in health care for Black and Latin Bostonians (Boston.gov). BPHC is committed to engaging with minority communities to promote health access. In 2019, they established a Health Equity Cohort to advance racial justice and health equality. All of these policies are helpful, bias training for doctors could be very beneficial. According to the study done by the Spotlight team, many minority patients have a view of healthcare due to the way doctors and nurses have treated them (Boston Globe). By implementing bias training in hospitals across the city, racial bias from doctors could be improved. Hiring doctors of color would be another way the hospitals in Boston could end the racial discrimination at their establishments.

The inequality and mistreatment Black and Latin Bostonians have faced explains why youth and their parents choose Sociedad Latina to educate themselves about health and wellness. Although Sociedad Latina does not give any valid medical advice, this is a great place for youth to go if they are struggling physically or mentally and Sociedad Latina can provide them with the next steps. This option is very accessible and isn't as daunting for youth because they will be talking to a trusted community member who can guide them.

Flawed System to a Flawed Future:
The Education Achievement Gap In Boston Public Schools

Education is a disease. What is supposed to be a system to perpetuate our future and support those in achieving the “American Dream” is at its core: flawed. The system is designed to paint minority groups such as the Latino population as underdogs due to a lack of support in educational achievement. Organizations like Sociedad Latino were created not out of a want, but a need for better education for minority individuals in hopes of gaining access to college degrees. The greater Boston area has one of the largest educational achievement gaps in the country. The educational gap crisis for minorities has a long standing history dating back to the 1960s, is supported by statistics and narratives, and is in the process of creating reforms for the future generations.

Historically a lack of educational achievement for racial minorities is embedded in our systems. The 1960s and 1970s was a time of inequity and segregation between the Black and White communities, however, Boston turned a blind eye to the Latino community. For Example, Latinos struggled to navigate Boston’s segregated school systems as “Latino children confronted obstacles including language barriers, inadequate teaching and counseling, dilapidated buildings and overcrowded classrooms, limited curriculums, and severe shortages of materials.”(Cruz Tatiana, “We Took ‘Em On”) To combat these challenges Boston created the “Busing Crisis” which sought to desegregate the public schools through court control over the busing of students. The “Busing Crisis” directly impacted a phenomenon called “White Flight” which pushed many white families to move to the suburbs while families of color were denied mortgages. Other white families moved their children into private schools which left the Boston Public Schools overwhelmingly populated with economically disadvantaged Black and Latino students. In the scholarly article called “We Took ‘Em On” Carmen Pola describes her personal experience being “horrified” as a mother to a Latino child in the Boston Public Schools in 1972. She expresses:

[I] was horrified when [I] walked into [my] daughters’ classroom at the Farragut Elementary School in Boston. They...had been placed in the same crowded classroom with over forty Latino children. Amid the chaos of students throwing things and cursing in Spanish stood a young white teacher who appeared helpless and could not settle them down. In fact, the teacher could not communicate with her students at all since she spoke only English and the children were all recent migrants and only spoke Spanish.

Carmen Pola describes her first-hand account of the lack of resources in the Boston Schools to impact the pathos of those reading. Understanding her narrative and the challenges her daughters went through are a physical semblance of the systemic inequities and gaps for minority groups.

Today, the economic inequities and lack of support in Boston Public Schools is deafening. As a result of the “Busing Crisis” and “White Flight,” Boston Public Schools have predominantly Black and Latino populations that make up approximately 77.8% of the enrollment shown in Figure 1 (Miranda Helena and Mokhtar Christina, Opportunity and Equity). However, while Black and Latino demographics make up the majority of the enrollment, there are large disparities where they do not have the same access to educational opportunities and are predominately living in poverty. The district review of

the Boston Public Schools was conducted by the Department of Elementary and Secondary Education found that 58.3% of students meet the state’s measure of economic disadvantage and only 29.3% of those students are enrolled in exam schools – a specialized curriculum and high academic standard public school. This is where the achievement gap sets in. Simply put, the Black and Latino population cannot achieve equal educational opportunities and college degrees if they aren’t even enrolled in exam schools, or supported in getting there. Additionally, only 16.25% of the graduating Latino seniors had completed MassCore curriculum standards – the standard course recommended by the state for college readiness (Carolan-Silva, Navigating the Path to College). There is a clear dilemma created by the Public School System that does not prepare and support racial minority students for educational success.

Figure 1: Male Enrollment by Race/Ethnicity, SY2012
(N = 28,777)

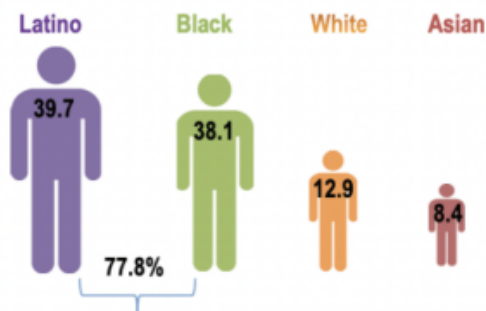


Figure 1: Enrollment Rates in Boston Public Schools by Demographics

These barriers and challenges to college access and graduation rates are predominately a result of the K-16 pipeline – the path taken by students from kindergarten to the completion of their bachelor’s degree. During this timeline Black and Latino students “are not supported in their development of college aspirations; their enrollment in college-bound classes; their access to sufficient information about college; and their completion of the necessary applications to enroll in college and receive financial aid” (Carolan-Silva, Navigating the Path to College). Support is everything. During the most vital time in an adolescence educational journey, racial minorities have large disparities and setbacks compared to their white counterparts. The Sage Journal’s Article on “Employing Multilevel Intersectionality in Educational Research” states: “Latinos would be the least likely racial/ethnic group to progress successfully through elementary school, high school, and postsecondary education. Their analysis indicated that for every 100 Latinos beginning elementary school, just 52 would graduate from high school and 10 would graduate from college.” The staggering statistics prove the Boston Latino youth continue to have lower rates of college attendance despite having high career aspirations. It is not that the Latino population does not want to succeed, it is that they do not even have the opportunity to.

Both historically and the modern statistics express the critical need to improve college access and educational opportunities for Latino students. However, state institutions are aware of these pressing educational achievement gaps and have been working to combat it. For example, the CCE (Center for Collaborative Education) and AISR (Annenberg Institute for School Reform) a national policy research and reform-support organization, has completed phase one of their report which researched the inequitable education access for the Black and Latino population. The report is currently underway in their second phase that focuses on specific schools that are successful at serving the Black and Latino population to see how these strategies can be applied to other schools. "This is a proactive study as opposed to a reactive study," Warren Simmons, AISR executive director said (Desmarais Martin, Boston Studying Latino and Black Public School Success). This study and report on the Boston Public Schools focuses on three crucial issues in education reform today: school transformation, college and career readiness, and expanded learning time (Desmarais Martin, Boston Studying Latino and Black Public School Success). Simmons explains the study's "proactiveness" to enhance the public's understanding that action is being taken.

It is evident that authority figures and powerful figureheads of the Boston community are prioritizing a conclusive understanding and taking action to change the educational achievement gap. The study has already been effective even after Phase 1 including:

the creation of professional learning communities to share culturally responsive strategies; a deliberate policy on recruiting, retaining, and supporting a cadre of racially, culturally and linguistically diverse principals, teachers, and staff members; expansion of high quality early childhood programs (Boston Public Schools, 'Promising Practices').

Not only have there been systematic changes as a result from the study, but "attendance, MCAS proficiency, and graduation rates have increased, while dropout and suspension rates have declined" (Boston Public Schools, 'Promising Practices'). This is an improvement, but there remains clear racial and ethnic disparities and even geographical challenges that persist as a result of the "Busing Crisis." Even Mayor Martin Walsh comments that "a report such as this is long overdue for our city. Its findings shine a light on our issues and our challenges, but they also allow us to see that there is a way forward." There are positive signs that the report is impacting the system, however, there is a deeper rooted racial disparity in our country that will not be simply solved from a case study.

Change is on the horizon. Boston is not unique to these inequities in the Educational system, this is a national problem. There is still a long path forward to provide each student rather than merely some, with access and opportunities to succeed in both education and their future endeavors. We must remain active in stopping the spread of educational disease.