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The Grace Peterson Nursing Research Colloquium

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Background: While Asian-American immigrants are the fastest growing racial group in the United States, they are likely to have less access to healthcare services and delayed health-seeking behaviors, placing them at higher risk for health problems.

Objective: The main purpose of this integrative literature review was to identify the barriers that prevent access to health care systems among Asian American immigrants, its impact on the general and mental health of these individuals, and to suggest culturally appropriate action strategies to increase the use of health care.

Methods: A computerized search of literature was completed using ProQuest Nursing & Allied Health Source, CINAHL complete, and PubMed databases, as well as reliable public health resources, such as World Health Organization, U.S. Department of Health and Human Services, and a school of public health. Research words included: Mental illness, barriers, health care access, Asian American, United States, immigrants, underutilization health care system, health disparities, refugees, elderly adults behavior affect health use, and culture diversity and culture bias.

Results: Five barriers in accessing health care systems among Asian-American immigrants were identifies in this literature review. Those included language, cultural incompetency of health system, discrimination, patient’s beliefs, and health literacy. The impacts of those barriers to health were high mortality rate, dissatisfaction of their treatment, high level of perceived discrimination, and lack of treatment knowledge.

Conclusion: The findings suggest that to reduce impact of those barriers to health and increase accessing to health care, health care providers should recognized these barriers. Additionally, they should promote care with culturally competent and educate patients based on their need and beliefs without using their own judgment on patients.

Key words: Mental illness, barriers, health care access, Asian American, United States, immigrants, underutilization health care system, health disparities, refugees, elderly adults behavior affect health use, and culture diversity and culture bias.