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Abstract:

- This study examines the barriers and facilitators that influence healthcare access among Vietnamese Americans and immigrants. Guided by Critical Race Theory and an AsianCrit framework, the research investigates how social determinants of health, including age, gender, English language proficiency, and length of residence in the United States, shape patterns of help-seeking behavior.
- Secondary retrospective data were drawn from the 2021 and 2022 California Health Interview Surveys, which included 544 Vietnamese participants aged 18 and older. The findings indicate that age and level of acculturation are significant factors influencing the use of health services, while prolonged residence in the United States is associated with increased psychological distress.
- The study underscores the importance of developing culturally appropriate policies and interventions to improve healthcare access and outcomes for Vietnamese communities.

Introduction:

- Social determinants of health play a crucial role in influencing health outcomes, well-being, and quality of life across populations. For Asian Americans, and especially Vietnamese Americans, these determinants are shaped by unique cultural values, migration histories, and lived experiences.
- In 2022, approximately two million Vietnamese Americans lived in the United States, the majority of whom are immigrants and foreign-born (Pew Research Center, 2024).
- Vietnamese cultural values such as stigma, shame, beliefs in self-reliance, limited awareness of mental health issues and services, and a lack of linguistically appropriate resources often discourage individuals from seeking professional help, which places them at greater risk of untreated physical and mental health conditions (Do et al., 2020).
- This study explores how social and cultural factors such as stigma, acculturation, language barriers, and emotional restraint influence access to physical and mental health services among Vietnamese Americans and immigrants.

Methods:

- This research was deemed exempt by the California State University, Long Beach Institutional Review Board. Using secondary retrospective data from the California Health Interview Survey's Public Use Files.
- The University of California, Los Angeles Center for Health and Policy Research granted access to the data.
- The sample size was 544 Vietnamese adults, and the data is entirely de-identified; therefore, there is no risk to the subjects in the event of loss of confidentiality.
- The demographic variables analyzed included gender, self-reported age, marital status, English use and proficiency, years lived in the United States, citizenship status, health behaviors, mental health behaviors, type of health insurance, and geographical location.
- Chi-square statistical procedures, independent sample t-tests, Pearson’s R Correlation, and one-way analysis of variance were conducted using the Statistical Package for Social Science, version 29.

Acknowledgements:

I am deeply grateful to my partner, family, and friends for their unwavering support throughout this challenging journey. I extend heartfelt thanks to Professor Emerita Jo Brocato, Ph.D., whose mentorship fostered my growth as a culturally sensitive researcher and deepened my connection to Vietnamese communities through thoughtful guidance and meaningful dialogue. I also sincerely thank my committee members, Associate Professor Mimi Kim, Ph.D., and Professor Emerita Eileen Mayers Pasztor, D.S.W., for their invaluable feedback, encouragement, and the nurturing space that empowered me to complete this personally significant project.

Results:

- Most Vietnamese American and immigrant participants in this study reported having health insurance and a regular source of care at a doctor’s office.
- Approximately half did not experience communication barriers, as their healthcare providers spoke Vietnamese.
- Age significantly influenced health screening attitudes, as older participants were more likely than younger individuals to have undergone diagnostic tests such as colonoscopies and sigmoidoscopies.
- Age significantly influenced perceived need for help with emotional and substance use issues, with younger individuals more likely to report needing assistance than older adults.
- Vietnamese individuals who had lived in the United States longer reported more psychological problems than those with fewer years of residency.
- Older participants reported fewer Adverse Childhood Experiences and more Positive Childhood Experiences than younger individuals, yet experienced greater psychological distress and were less likely to seek help.
- These findings reflect cultural stigma, fear of embarrassment, and possible social desirability bias influencing self-reporting and help-seeking behavior (Edwards, 1982).

TABLE 1. Demographics.				
Variable Name	Attributes	Descriptive		
		f	%	
Citizenship status	U.S. Born Citizen	21	4	
	Naturalized Citizen	475	87	
	Non-citizen	48	9	
Poverty level	0-99% FPL	125	23	
	100-199% FPL	135	25	
	200-299% FPL	59	11	
	300% FPL and above	225	41	
English use and proficiency	Very well/well	285	52	
	Not well/not at all	259	48	
Marital Status	Married	341	63	
	Living with partner	32	6	
	Divorced/Separated/widowed.	91	17	
	Never married	80	15	
Years Lived in the U.S.	Inapplicable	21	4	
	<5 Years	23	4	
	5-9 Years	38	7	
	10-14 Years	45	8	
	15+ Years	417	77	
Rural and Urban	Metropolitan	544	100	
	Urban	418	77	
	Mixed	6	1	
	Suburban	111	20	
	Rural	9	2	
Own or rent a home	Not ascertained	40	7	
	Refused	4	7	
	Own	266	49	
	Rent	193	36	
	Other arrangement	41	8	
Self-reported Gender	Male	319	59	
	Female	225	41	
Self-reported education level	< High school education	81	15	
	High school education	125	23	
	Some college	149	28	
	College degree or above	189	35	
Type of current health coverage source for those under 65	Uninsured	16	3	
	Medi-Cal (Medicaid)	104	19	
	Employment-based	177	33	
	Privately purchased	14	3	
	Other public	2	.4	
Type of current health coverage source for elderly 65+	Medicare + Medi-Cal (Medicaid)	110	58	
	Medicare + other	102	20	
	Medicare only	5	.9	
	Other only	14	3	

Implications:

- This study applies **Critical Race Theory and AsianCrit** to challenge dominant narratives, highlight diversity within Asian American communities, and address systemic barriers to healthcare access among Vietnamese populations.
- The findings align with the NASW Code of Ethics by emphasizing **social justice, advocating** for culturally and linguistically appropriate services, and challenging the model minority myth.
- Social workers are urged to promote equity through **policy advocacy**, improved data collection, and the development of community-informed, culturally responsive interventions.
- These findings highlight the **critical role of social workers** in reducing health disparities and mental health stigma among Vietnamese communities by advocating for culturally and linguistically appropriate services, developing age-specific outreach strategies, and promoting access to care.
- Tailored, **strengths-based interventions** that address acculturation challenges, cultural stigma, and generational differences are essential to improving healthcare utilization and supporting the well-being of underserved Vietnamese Americans and immigrants.
- Future research** should deepen understanding of healthcare access and mental health among Vietnamese Americans by incorporating qualitative methods to explore cultural stigma and help-seeking behaviors. Studies should include direct measures of acculturation and adopt longitudinal designs to assess their long-term impact on service utilization.
- Additionally, future work should examine **gender dynamics**, evaluate the effectiveness of culturally tailored interventions, and identify best practices to reduce barriers and improve care for this population.
- This study is **limited** by its reliance on secondary data, which lacked key cultural, social, and identity-specific variables, excluded some subgroups, and restricted the depth of analysis due to time constraints and missing data.

Conclusions:

- This study offers a deeper understanding of how social and cultural factors shape healthcare access and mental health help-seeking among Vietnamese Americans and immigrants.
- By centering the lived experiences of this community, the findings highlight the urgent need for culturally grounded, language-accessible services and community-based supports that address stigma and systemic barriers.
- Ultimately, this research calls on social workers, policymakers, and community leaders to listen, respond, and advocate for equitable, inclusive, and meaningful care that honors the unique histories and needs of Vietnamese individuals and families.

References:

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