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Providing Hispanic Immigrant and Migrant Health Care in America: Could NPs be the Answer?

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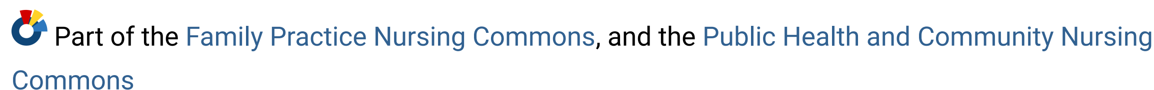

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Kabwe, H. (2021). Providing Hispanic immigrant and migrant health care in America: Could NPs be the answer? A systematic review [Master's alternative plan paper, Minnesota State University, Mankato]. Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato. https://cornerstone.lib.mnsu.edu/etds/1098/

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Providing Hispanic Immigrant and Migrant Health Care in America: Could NPs be the Answer?

A Systematic Review

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N695 Alternate Plan Paper

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April 26th[th], 2021

Providing Hispanic Immigrant and Migrant Health Care in America: Could NPs be the Answer?

Abstract

In recent years, the United States (U.S.) has seen an influx of Hispanic/Latino migrants/ immigrants fleeing their homes in South America, seeking opportunities for a better life in the U.S. Immigrants and their families often present to the U.S. with unique, unmet health care needs that ultimately impact the U.S. healthcare system and migrant health outcomes. Migration is a significant burden for the U.S. health care delivery system today and further magnifies known problems including inability to provide care to all because of lack of insurance for all, racial disparities in care outcomes, and unequal distribution of providers. There is also a shortage of primary care providers in the U.S., partly due to low compensation for these specialized essential workers. Consequently, many medical graduates pursue higher paying specialties to compensate for the educational debt they have incurred in medical school. The results of a literature review indicate there are many factors impacting Hispanic/Latino migrant healthcare needs. Findings from the review were consistent: Non-physician providers such as NPs are in a pivotal role to provide cost-effective, high quality care, comparable to physician providers for the immigrant population.

Keywords: migrant, immigrant, access, barriers, immigrant health, nurse practitioner

Providing Hispanic Immigrant and Migrant Health Care in America: Could NPs be the Answer?

A Systematic Review

The unmet healthcare and medical needs of Hispanic/Latino immigrants/migrants present a unique challenge to the U.S. healthcare system. In one of the most developed and economically wealthy countries of the world, it is difficult to fathom that a subset of the population is unable to access and obtain basic healthcare. Yet 22 Hispanic/Latino migrants/immigrants died between 2013-2018 while being held in U.S. immigration detention centers because of lack of access to proper care (American Immigration Lawyers Association, (AILA), (2021). This is certainly a blight on a country that encourages human rights, equality for all and humane treatment of everyone regardless of creed, color, sexual or gender identity, nationality, ethnic or racial background.

Even though the Affordable Care Act (ACA) of 2010 was passed to give broad healthcare coverage for all Americans, it never fully addressed the needs of Hispanic/Latino immigrants (Bustamante et al., 2019). Bustamante et al. (2019) found that the longer immigrants reside in the U.S., the more their healthcare needs increase and they begin to seek medical care to address these health concerns. Bustamante et al. (2019) further established that because immigrants tend to settle in areas of the U.S that already experience primary physician shortages, nurse practitioners (NPs) are best suited to meet the health care needs of Hispanic/Latino migrants/immigrants.

With the passing of the ACA, the U.S. took on the huge task of extending healthcare insurance coverage for all Americans, including the subset of the population with limited

incomes (McCoy et al., 2016). The intent and goal of the ACA were to broaden access to healthcare for all. While this may have been true, the newly enacted law did not include provisions for immigrants because immigrants that are undocumented in the U.S. are not eligible to apply for Medicaid or subsidies allowing them to purchase health insurance. Furthermore, documented immigrants with a green card were barred from applying for Medicare until they satisfied the 5-year required length of stay in the U.S.

This omission in the ACA represents a significant challenge for the huge numbers of Hispanic/Latino immigrants and migrants who have come to the U.S. with unmet health care needs without the means to meet these needs, most notably access to healthcare. Without being able to access healthcare services, this unique subset of the U.S. population must often rely on emergency services (Becerra et al., 2015). When Hispanic/Latino immigrants and migrants present for care, there has often been a delay in seeking care, and consequently patients are a higher-level acuity and thus often incur higher health care costs. Hispanic/Latino immigrants and migrants often do not have the resources to pay for this more expensive care delivery option. Ultimately, healthcare delivery systems lose money when they are forced to provide uncompensated care (Becerra et al., 2015).

Clinical Phenomena of Interest

The clinical phenomena of interest chosen for this review is to better understand factors associated with poor Hispanic/Latino immigrants/migrants health outcomes and consider how NP providers might be the optimal resource available today to mitigate or alleviate these barriers. The goal of this review is to describe how NPs can serve as a conduit to bridge the gap to health care for the population described. From a socio-ethical humanistic view, the health of Hispanic/Latino immigrants/migrants is of great significance to the overall health of the U.S.

population, hence the need to address these disparities. The following section encompasses a definition of terms used for clarity of their application in this review.

Immigrants

The Migration Policy Institute (2020) defines an immigrant as an individual that resides in a different country from their birth country, independent of citizenship in that country. An immigrant can be legal or illegal, documented or undocumented. For the sake of this literature review, all terms refer to United States immigrants only.

Migrants

Immigration/migration to the United States is a complex undertaking, with two types of immigrants presenting to the borders. They are classified as either primary or secondary (migrants). Primary migrants often present to the U.S. for labor/occupation reasons and secondary migrants are involved in the mobility of human capital and are usually better educated and skilled. Secondary migrants tend to use other more affluent countries (versus their own country) as a stepping-stone to the U.S. For example, someone from Asia desiring immigration status in the U.S. may seek to obtain a visa to Canada first because it's easier to obtain a Canadian visa than a U.S. visa in their country of origin, but they have no intention of staying in Canada (The Migration Policy Institute, 2020).

Among these two classes of immigrants/migrants are those with intentions to come to the U.S. for the sole purpose of establishing refugee or asylum status, such as the migrants/ immigrants described in this literature review. The two terms will be used synonymously to refer to the groups of people who are intent on immigrating to the U.S. This was initially described when immigrants/migrants traveled to get to the U.S. in caravans between the period of 2014-2017, fleeing decrepit conditions, war, economic hardships, drug wars between rival cartels and

many other catastrophes in their home countries. Most of the immigrants/migrants originated from Honduras, Guatemala and El Salvador (The Migration Policy Institute, 2020).

Hispanic/ Latino Immigrants/Migrants

Dating back about 50 years in U.S. history, different terms have been coined to refer to Americans with ethnic ties to South America and Spain; for example, the word 'Hispanic.' The U.S. government began using this term in the 1970s (Pew Research Center, 2020). During this time, Mexican American and Hispanic societies requested the U.S. federal government undertake a census including this particular ethnicity. Following this review, Congress passed legislation in 1976 to compile data of Americans with origins from Central and South American countries, including all other Spanish-speaking ethnicities. The American Census Bureau was also instructed to widen the criteria to be more inclusive of all people identifying themselves with origin from these countries (Pew Research Center, 2020).

Officially, the term Hispanic was originally used in a complete census in 1980 (Pew Research Center, 2020). There was resistance to its use in the 1990s due to the strong connection this term has to Spain. The alternative term 'Latino' has been used since 1997 when the American Office of Management and Budget opted to add the term 'Latino' to government publications. It appeared beside the term 'Hispanic' in the 2000 census (Pew Research Center, 2020).

Another term that is not as popular but surged in Google searches as an alternative to Latino is "Latinx" (Salinas et al. 2020). For the sake of this review, this term will not be used as there is discord among the Hispanic/Latino communities about its applicability and is beyond the scope of this review. For the rest of this review, the terms Hispanic/Latino will be used interchangeably to refer to the same population.

Nurse Practitioners

According to the American Academy of Nurse Practitioners (AANP, 2020) NPs are individuals educated at the masters or doctoral level to provide healthcare in primary care, acute care and long-term care. They undergo didactic and clinical education that is culturally competent to meet the needs of the public and underserved populations (AANP 2020).

Objectives

Clinical Question

The initial clinical question this structured systematic literature review sought to answer was how NP led clinics could reduce barriers to primary healthcare in the Hispanic/Latino immigrants/migrant population to the United States.The PIO question:

What is the impact of NP led clinics on reducing barriers to healthcare access for immigrant and migrant populations?

After an extensive literature review was completed, a dearth of knowledge on the PIO question was apparent, and the question was modified to: *What are the factors involved in the lack of Hispanic immigrants' obtaining optimal healthcare and what role might NPs play to help bridge this gap to care?*

The purpose of this review is to advance the knowledge and understanding of the unique factors that affect Hispanic/Latino migrant/immigrants' seeking healthcare, and how NPs, specifically could be part of the solution in further reducing disparities for this underserved population.

Methods

Study Selection

The author conducted an extensive literature search completed between 7/20/2020 and 12/07/2020. Five electronic databases including Cochrane, CINAHL, Healthsource: Nursing/Academic and Medline, using Academic Search Premier were searched utilizing a variety of keywords. Studies were included if they addressed Hispanic or Latino health care and the use of NPs and their role in expanded affordable quality care, or the education and training of providers caring for Hispanic patients. Best practice recommendations as well as implications for future Hispanic/Latino specific health care education, practice, policy, and research were created based on the systematic review of literature and resulting evidence found.

Information regarding the databases used for this search, key database information, date ranges for the search and search restrictions can be found in Table 1 (see Appendix). Search terms included migrants, immigrants, Hispanic, Latino health, United States, and NP, using the combinations as outlined in Table 2 (contains the specific keyword combination searches in the five databases searched).

The search limits used for the database searches included: results between the years 2009-2020, full text availability, English language, peer reviewed; research article; abstract available, United States only, Hispanic/Latino immigrants/migrants.

Search Strategies

All titles for searches with 20 'hits' or more were retained for this systematic review. Excluded titles encompassed those that did not pertain to Hispanic/Latino immigrants or migrants as specified in the search or failed to apply to NP role or function. Table 2 encompasses the data abstraction process with hit results by database, search restrictions and keyword combinations. These hits are then included in Table 3 in the appendix, with characteristics of literature included and excluded based on specific criteria.

The retained articles were recorded in Table 3 for inclusion or exclusion with specific rationales given for either including or excluding studies. A total of 32 articles were included in this systematic review. The unique hits after reviewing and eliminating studies that did not meet inclusion criteria are presented as Table 4, the literature review of included studies. A total of 24 studies were included from Table 3.

Inclusion and Exclusion Criteria

Articles that pertained to Hispanic/Latino immigrants/migrants health, non-physician providers and NPs were included in this review. Articles were included if they addressed Hispanic/Latino health factors such as access to care, barriers to care, influences of care, health care practices. Other factors included having the legal right to be in the U.S., not having any health insurance, low socioeconomic status, low English proficiency, and how these factors impacted this population to use emergency rooms to seek healthcare. Articles that discussed the practice, education, training, and policies pertaining to the NP as a provider were also included, as well as any articles that described barriers and facilitators to NP practice.

Synthesis of the Literature

Factors Impacting Immigrants/Migrants

The research undertaken revealed several common themes pertaining to Hispanic/Latino migrant/immigrant population in the United States and their health status. These themes were apparent regardless of length stay in the U.S. and were the same whether immigrants were documented or not and are described below.

Disparity and Morbidity

Gresenz et al. (2009) state that disparities in access to primary health care have resulted in health disadvantages for Latinos as well as other people of color. Hispanics have a greater risk

of not having any insurance coverage or established healthcare when compared with their Caucasian peers (Gresenz et al., 2009). They also have less primary care visits in comparison to Caucasians and are less likely than Caucasians to receive routine screening for colon cancer, hypercholesteremia, and hypertension (Gresenz et al., 2009). These screenings are typically done in primary care for disease and illness detection, but if not done in a timely fashion, can lead to illness and disease discovered much later and consequently costlier to treat. Immigrants have multiple hurdles to accessing basic healthcare in a timely manner and these hurdles can be related to lack of income and other variables including acculturation and language barriers (Gresenz et al., 2009).

In their retrospective cohort study, Poon et al. (2013) evaluated the outcomes of undocumented and documented patients 12 months after entering HIV treatment. Poon et al. (2013) established that Hispanic patients initiated treatment with the most proliferated burden of HIV disease when weighed against other races. Undocumented patients carried most of the burden of advanced disease. Poon et al. (2013) asserts that some of the most likely reasons for delays in seeking care were lack of health insurance, lack of consistent care, differences in cultural as well as public perception of health, having more pressing priorities that competed with need for healthcare, and fear of deportation if they went to healthcare facilities.

Disparity and Mortality

There are many disparities that exist in cancer diagnosis, treatment and mortality confronting Hispanic immigrants in the U.S. This ethnic group is also dying at a much higher rate compared to the rest of the population, again due in part to lack of access to primary care services (Adunlin et al., 2019).

There are significant barriers to Hispanic immigrants/migrants' ability to access education about cancer and later on cancer care. Some of these barriers encompass factors such as communication barriers, cultural factors, limited or lack of health insurance, challenges in obtaining adequate education and work, lack of affordable care, decreased self-care knowledge, personal or family values and the healthcare belief system (Gany et al., 2013). These barriers can all play a role in declining health status and poorer health outcomes (Gany et al., 2013)

Disparity and System Barriers

Lack of insurance, lack of documented status, and poor finances limit immigrant communities' ability to access and obtain healthcare (Agudelo-Suárez et al., 2012). These factors lead to Hispanic migrants not being able to use health services and result in negative health effects. As immigrant/migrant health worsens, some turn to using alternative medicine and self-medication (Agudelo-Suárez et al., 2012). Barriers to accessing health services affect immigrants' self-perception of health, leading to the use of alternative health care (Agudelo-Suárez et al., 2012). Poor communication between health care providers and Hispanic migrants leaves immigrants with dire consequences and no control over their health care, as well as social vulnerability (Agudelo-Suárez et. al., 2012).

System and Self-Care Barriers

In their cross-sectional qualitative study, Mier et al. (2012) evaluated self-care in older Hispanics with type 2 diabetes Mellitus (T2DM) born in the U.S. and those born in Mexico. They used variables such as the influence of personal beliefs, acculturation, and health indicators on self-care behaviors to draw conclusions and established that T2DM in Hispanic seniors was a significant disease. Mier et al. (2012) also report that older Hispanics are a fast-growing minority population in the U.S. and are often affected by diabetes complications. In the United States,

Mier et al. (2012) found that T2DM in older Hispanic patients was increasing at a higher rate and there were less opportunities for diabetes education for seniors born in Mexico and now living in the U.S. (Mier et al., 2012).

"Anti-Immigrant" Climate and Policy

The fear of consequences against immigrants/migrants was further heightened under the Trump presidency whose path to victory and the White House came by way of encouraging anti-immigrant views against Hispanic/Latino immigrants (Mier et al., 2012). This sadly resulted in many Hispanic/Latinos delaying care, to their own peril (Mier et al., 2012).

The Trump administration's anti-immigration policies and changes caused a great deal of mental and emotional discord among providers and ancillary staff who care for immigrants frequently (Mesa et al., 2012). These personnel were repeatedly exposed to trauma they were untrained or prepared for. They witnessed first-hand the fear, anxiety and family separation caused by the administration's hardline policies and experienced increased challenges as they attempted to provide health care services to immigrants (Mesa et al., 2012). The effects of the anti-immigrant policies were hard on both clients *and* staff too (Mesa et al., 2012).

Undocumented/Unauthorized Status and Rights to Care

According to Zuanna & Spadea (2017) undocumented migrants in the U.S. have no rights for accessing federally funded health care, common social welfare programs or any type of coverage. Thirty four percent of all legal and undocumented immigrants in the U.S. do not have any health insurance coverage at all (Zuanna & Spadea, 2017). Additionally, there are many other barriers from regulations that migrants face when attempting to access primary healthcare services that are independent of having documented status or not. Of these barriers, care provider

cultural attitudes, cultural experiences, and lack of consideration for immigrants' socio-economic disparities are of substantial significance (Zuanna & Spadea 2017).

Heyman et al. (2009) similarly found that immigrants are vulnerable to increased disparities in health and undocumented immigrants even more so. They do not qualify nor are they eligible for any state health insurance that is publicly funded, other than emergency Medicaid and some limited public health measures. Heyman et al. (2009) also add that these barriers tend to occur more as an interconnected web rather than in isolation, hence making it very challenging for immigrants. As a result, immigrants are subjected to incomplete care, insufficient communication in diagnoses that can be complex, lack of ongoing and coordinated care with treatment as well follow-up visits for chronic conditions (Heyman et al, 2009).

Immigrant Financial/Employment Limitations

While it has been theorized that Hispanic/Latino immigrants/migrants would rather use traditional or cultural methods of healthcare; financial limitation and gaps in employment are of significant influence on their health care decision making and use of regular professional healthcare providers (McCullagh et al., 2015). Furthermore, McCullagh et al. (2015) found immigrants were likely to use professional care services but were affected by financial and employment limitation. The cost of health insurance weighed against immigrant/migrant earnings was unbearable for most migrants (McCullagh et al., 2015). McCullagh et al. (2015) added that folk health care practices were not more preferable for immigrants.

Racism

There are many examples of the effect of racism on health care outcomes. Sadarangani et al. (2019) evaluated cardiovascular disease (CVD) risk outcomes and the influence of having health insurance compared to other healthcare access barriers. Sadarangani et al. (2019) studied

this in newly arrived immigrants to the U.S. and well established, longer domiciled immigrants in the U.S. over the age of 50. Their study findings validated that health disparities among older immigrants are a direct result of factors such as poor service, unjust and prejudicial treatment as well as the inability to exercise any rights, unrelated and much beyond the influence of having health insurance (Sadarangani et al., 2019).

The ‘three delays’ theme appears frequently in the literature. It is actually a model created by Thaddeus & Maine (1994) to assess barriers to access and use of timely obstetric quality care. The model asserts that maternal mortality is intricately connected to the following delays: 1) deciding to seek care; 2) reaching the healthcare facility; and 3) receiving care (Magawadere et al., 2017).

According to Doshi et al. (2020) each of these intervals of delay is intertwined with different influences which ultimately have an effect on use of healthcare services and outcomes. These influences can be due to socio-economic factors, such as cost of services, socio-political, as well as influences exerted by one’s culture, such as use of folk remedies. These factors each have a role in the decision-making process for seeking health care. Other influences include lack of knowledge of which hospital or healthcare centers or facility to go to with a new health care problem, along with the ability to get there, which often is a significant barrier for immigrants (Doshi et al., 2020).

In their qualitative descriptive study, Ziemer & Becker-Dreps (2014) sought to document how well immigrants’ understood healthcare insurance and coverage options. They interviewed 81 adult Mexican immigrants and concluded that immigrants when unfamiliar to a new location had a higher probability of not getting access to healthcare services or encountering long waiting

times. They were also highly likely to suffer from poor quality healthcare services that were independent of not having healthcare coverage (Ziemer & Becker-Dreps, 2014).

Other Immigrant-related Factors

Doshi et al. (2020) in semi-structured qualitative interviews examined both variables that hindered and enabled access to healthcare including public welfare services for undocumented immigrants 18 years and older. They established that at times, pervasive statements and anti-immigrant visual art in the media deprived immigrants' a sense of worth. There were also heightened detention and removal of immigrants from the U.S. that resulted in immigrants living in fear (Doshi et al., 2020). These factors served to further hinder access to healthcare for immigrants (Doshi et al., 2020).

Trust is of great significance to Hispanic/Latino immigrants and migrants (Hearst et al., 2010). The lack of trust of others, especially government workers, leads to Hispanic/Latino immigrants not seeking enrollment in public health programs that they at times qualify for (Hearst et al., 2010). Other reasons for not seeking enrollment found by Hearst et al. (2010) include poor treatment from public health workers, fear of government officials, affordability of services, and language barriers.

The Impact of Nurse Practitioner Care on Migrant/Immigrant Health

Giwa et al. (2020) in a review of the literature sought to quantify the characteristics and value of the NP role on the health of immigrants. While their findings were inconclusive, (there was not enough information about the role of NPs on the health of immigrants), Giwa et al. (2020) concluded that NPs had a positive effect on the health status of immigrants and reduced disparities related to immigrant care delivery. Giwa et al. (2020) add that NPs are recognized as providing cost-effective care. They are pivotal in helping to alleviate the shortage of primary

care providers—especially in rural areas (Sangaramoorthy & Guevara, 2017). Patients that select NP providers use less emergency services for minor ailments (Ziemer & Becker-Dreps, 2014). They also provided a nurturing and unrushed family approach of care (Giwa et al., 2020).

Matteliano & Street (2012) established that NPs practice from a wholistic, family-oriented perspective and are a highly desirable solution to the complex issues that immigrants faced. NPs were more likely than other providers to express principles of 'personalismo,' (personality traits that encompass warmth, and empathy), and generally have better social skills, cultural fluency and professionalism (Matteliano & Street, 2012).

NPs are often underutilized, thought to be due to the differences in state scope of practice (SOP) laws across the U.S. (Hooker & Muchow, 2015; Poghosyan & Carthon, 2017). Poghosyan & Carthon (2017) did not find research to support how care by NPs can reduce disparities but did find a significant number of policies addressing how NPs can play a more significant role in reducing disparities in minority populations given full scope of SOP in all states. This would broaden care for underserved populations including migrant/immigrant minorities. Limitations in SOP across states affect the supply of NPs, as NPs tend to gravitate to states with full SOP (Hooker & Muchow, 2015). States that allow full SOP for NPs have demonstrated better patient outcomes than those with limitations (Poghosyan & Carthon, 2017). NPs need further support to limit the 'red tape' surrounding SOP in order to function more independently and maximally (Poghosyan & Carthon, 2017).

Rasmor et al. (2014) in a mixed methods literature review of qualitative studies, concluded that NPs will have a greater effect on U.S. healthcare only when the ACA is in full effect. Additionally, around the world, NPs are being recognized as able to fill a void in primary care (Institute of Medicine, 2011) (IOM). This report recognized the value of nurses, supports

nurses practicing maximally within their education and facilitating NP growth for the purpose of increasing primary care services. However, this can only happen if the laws governing NP practice are uniform and supportive to NPs (IOM, 2011).

Becerrat et al. (2015) found that errors in prescribing and misunderstandings due to language barriers are prevalent in a fast pace environment that puts added pressure on physicians in the Emergency Department. Here is where it can be argued that NPs are the best suited professionals to help immigrant/migrant patients (with assistance of professional interpreters) get redirected to more appropriate care in primary care clinics. Bustamante et al. (2019) also asserted this, stating immigrants could rely more on NP services to address their health needs, reiterating the qualities of NPs outlined by Woo et al. (2017).

Corso et al. (2018) discuss the physician shortage in the U.S. and argue that non-physician providers such as NPs can broaden access to care. Corso et al. (2018) state that currently, there is an anticipated severe shortage of primary providers to keep up with the increasing aging population and their health needs. By the year 2025, the U.S. is expected to suffer a deficit of between 61,700-94,700 additional primary care physicians (American Association of Medical Colleges, 2021). This is an area in which NPs could fill this gap and alleviate the lack of primary providers.

NPs can provide quality and reliable healthcare services with outcomes equal to physicians (Corso et al., 2018). Hooker & Muchow (2015) undertook a simulated case study of cost analysis for the state of Alabama to determine the effects of loosening restrictions of SOP laws for NPs and PAs. They concluded that removal of restrictions could result in improved NP (and PA) primary physician ratios from around 34 NPs per 100 physicians in 2013, to around 53 NPs (or PAs) per 100 physicians by the year 2022. In addition, a total savings of $729 million in

healthcare costs over 10 years could be achieved by simply making SOP law changes (Hooker & Muchow, 2015).

According to the AANP (2020), graduate level NP education is rigorous and prepares NPs adequately for clinical practice. NPs, after meeting all graduation requirements and licensing criteria, are safe and competent providers who follow practice guidelines (Woo et al., 2017). Rasmor et al. (2014) identified that NPs have special attributes that make them well prepared to function as primary care providers. The NP skillset includes better patient education, intentional listening, more caring attitude as well as better pain management than some of the physician providers (Woo et al., 2017). This team also concluded that it was not really who provided the care but more how the care was provided, and this is where NPs were more successful (Woo et al., 2017).

Hain & Fleck (2014) reviewed the use of NPs in primary care, demonstrated that NPs produce a quality of care equal to physician and achieved high rates of desired patient outcomes. However, as suggested earlier, restrictive practices in different states withhold NPs from practicing to their full potential. Moore (2017) reiterates that NP care is high-quality and comparable to healthcare services by physicians but restricted by excessive legislation.

Immigration can exert pressures on rural area healthcare as rural areas across the country have a shortage of providers to begin with. Rural areas also have more residents without healthcare coverage and limited resources available to rural residents. Provider shortages have created a vacuum for NPs to fill as they are highly skilled and equipped for primary care roles. Adding more NP providers could help alleviate the overcrowding of emergency rooms across the country, through increased access to primary care for underserved, at-risk populations (Sangaramoorthy & Guevara 2017).

Discussion

Based on the review of the literature sited above, Hispanic/Latino migrants/immigrants are at a disadvantage in the U.S. healthcare system. Simply being in the U.S. does not guarantee medical services or access to health care (except in emergency situations), which some utilize but only at a point when an injury or illness becomes very serious. The fear of ramifications is a major source of worry as most Hispanic/Latino migrants are afraid of deportation and family separation if they use U.S. health care, especially under the recent administration.

Mesa et al. (2020) contend that the current immigration policies adopted by the Trump administration have created dire healthcare consequences for immigrants. This has led immigrants to form protective coping mechanisms which included delays in seeking care, not venturing into the public eye, and avoiding any kind of involvement with law enforcement agencies out of fear of deportation (Mesa et al., 2020). Mesa et al. (2020) describe how staff untrained to cope with trauma caused by the anti-immigration culture of the Trump administration suffered significant stress caused by repeated exposure to immigrants experiencing traumatic or challenging events. This is a source of undue emotional burden for the staff, too. This anti-immigration culture ultimately leads to poor health outcomes such as cancer being discovered in a later stage, kidney failure being diagnosed at the end stage disease point, diabetes being diagnosed when there is target-organ damage such as neuropathy, nephropathy and retinopathy (Mesa et al., 2020).

As demonstrated in this literature review, there are multiple variables that affect Hispanic/Latino migrant/immigrant health and these present barriers to health leading to poor health outcomes and increased mortality. Even when immigrants arrive in the U.S. with good

health, their health eventually aligns with the host population health, a phenomenon known as the healthy immigrant paradox (Markides & Rote 2019).

Gaps in Literature

From the literature reviewed, the full scale of cost of human lives lost due to lack of healthcare access for Hispanic/Latino immigrants/migrants remain unknown. While most American citizens are in support of medical care for Hispanic/Latino immigrants/migrants, there are those who oppose this provision of care, and completely oppose any care (Mesa et al., 2020). It’s not widely known whether this segment of the American population has influence over political or social policies that affect immigrants’ health (Mesa et al., 2020). Politics play a huge role in deciding whether healthcare is available for all. The healthcare of immigrants is dependent on current law, which is passed by Congress. Without any relief from the legislative houses, immigrants really have no way to access health care except for emergency services.

Implications for Clinical Practice

Doshi et al. (2020) recommend that healthcare providers be creative and adaptive in providing new services such as transportation, house calls, or telemedicine, which are all services NPs are able to deliver to patients’ homes. Doshi et al. (2020) also advocate for increasing the workforce of community health workers. An example of these ideas working is Canadian healthcare, hence one of the reasons Canadian healthcare is less expensive as some providers/healthcare systems are already employing some of these strategies for all patients (not particular to immigrants or a given ethnicity) (Doshi et al., 2020).

Health care providers need to be better educated about patients of different origins and cultural backgrounds (Ganey et al., 2013). Ganey et al. (2013) further add that increasing cultural competence, learning immigrants social and economic barriers to healthcare could be helpful to

improving outcomes for immigrants. Being aware of the language barrier could also help to reduce any possible mistakes when providing health care treatments, including discharge medications (Gany et al., 2013).

Recommendations for Further Research

More research is needed to gather data regarding the implications of Hispanic/Latino immigrant/migrant health. This population is not forthcoming in general due to the fear of immigration ramifications that could have severe consequences upon their families. There is hence limited data, or the data is aggregated with other Hispanic/Latino or minority ethnic groups.

Future studies need to investigate what effect NPs have on Hispanic immigrant health outcomes. There are very limited current studies in this field. Despite an extensive database search, only one review study (Giwa et al., 2017) pertaining to the impact of NPs on immigrant health outcomes was found.

As stated earlier, there was dearth of studies documenting how NP care can influence immigrant health, however the very act of allowing full SOP for NPs in all states would influence and widen coverage in rural areas that are underserved and where immigrants tend to settle. Giwa et al. (2020) in their review of the literature concluded that NP intervention in the health outcomes of immigrants is positive, increases access, and is cost effective to both immigrants and the country they are in.

Recommendations for policy

Martínez-Donate et al. (2015) in a cross-sectional qualitative study to determine HIV awareness in migrants who live in U.S. border areas with Mexico, found much room for improving healthcare services to immigrants and utilizing NPs could provide these needed

services. In these settings, NPs could routinely offer migrants expanded sexual health services with counseling and confidentiality to broaden coverage for this unique population.

Immigrant adolescents with low English proficiency found accessing U.S. healthcare very difficult and were noted to have a significant disadvantage to recognize and later on access healthcare (Garcia & Duckett, 2009). Even when they were successful in obtaining healthcare, their perception was negative due to low English-speaking skills (Garcia & Duckett, 2009). The implications of this study were that it is important to recognize language barriers and have a way to accommodate this.

Conclusion

From the literature reviewed, it can be stated that NPs are well educated and well suited to provide adequate and quality care to everyone who needs healthcare, immigrants included. The evidence is compelling that primary care has a greater role to play in screening, identification as well treatment of diseases. These interventions can result in less health-related complications, better coordination of care as well as decreased mortality (Corso et al., 2018).

The restrictions affecting NP practice need to be removed so that NPs can function to the greatest extent allowed by their education and training. This effort will benefit underserved populations such as Hispanic/Latino immigrants and migrants, the underinsured and other minorities (Hain & Fleck, 2014).

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Appendix

Table 1

Database Search Description

Database (or Search Engine)	Restrictions Added to Search	Dates Included in Database	General Subjects Covered by Database
Cochrane	Full Text; References Available; English Language. United States only, Hispanic/Latino Immigrants/migrants	2009 through 2020	Full text articles, as well as protocols focusing on the effects of healthcare.
CINAHL	Full Text; References Available; English Language; Peer Reviewed; Research Article; Abstract Available, United States only, Hispanic/Latino Immigrants/migrants	2011 through 2020	Provides full text access to articles about nursing and allied health
Healthsource: Nursing/Academic	Full Text; References Available; English Language; Peer Reviewed; Research Article United States only, Hispanic/Latino Immigrants/migrants, nurse practitioner/s	2011 through 2020	Provides nearly 550 scholarly full-text journals focusing on many medical disciplines, particularly nursing and allied health.
Medline	Full Text; English Language; Peer Reviewed; Research Article; Abstract Available, United States only, Hispanic/Latino Immigrants/migrants	2009 through 2020	Articles cover all medical topics, including "research, clinical practice, administration, policy issues, and health care services

Table 2

Data Abstraction Process Hit Results by Database

Date of Search	Key Words	Hits in Cochrane	Hits in CINAHL	Hits in Healthsource Nursing/Academic	Hits in Medline	Hits in Nursing and Allied Health Database
07.04.20	"Hispanic Migrants" OR "Latino Immigrants" AND "Access Healthcare United States" OR US	0	188	203	61	5,863
07.10.20	"Hispanic Migrants" OR "Latino Immigrants" AND "Barriers Healthcare access United States" OR US	1	688	357	19	6,290
07.10.20	"Immigrant health United States"	3	4,235	3,028	135	12,036
07.20.20	"Nurse practitioner" AND "immigrants" AND "United States"	0	330	245	66	1,310
07.23.20	"Health of Hispanic immigrants" OR "Latino Migrants" AND "United States"	1	8	4	43	87

Table 3

Characteristics of Literature Included and Excluded

Reference	**Included or Excluded**	**Rationale**
Adunlin, G., Cyrus, J.W., Asare, M. et al. Barriers and facilitators to breast and cervical cancer screening among immigrants in the United States. J Immigrant Minority Health 21, 606–658 (2019). https://doi.org/10.1007/s10903-018-0794-6	Included	Disparities in cancer diagnosis, treatment, and mortality are health issues confronting immigrants in the U.S. that must be addressed
Agudelo-Suárez, A. A., Gil-González, D., Vives-Cases, C., Love, J. G., Wimpenny, P., & Ronda-Pérez, E. (2012). A metasynthesis of qualitative studies regarding opinions and perceptions about barriers and determinants of health services' accessibility in economic migrants. BMC Health Services Research, 12(3), 1–13. https://doi.org/10.1007/s10903-018-0794-6	Included	A metasynthesis of studies qualitative studies looking at barriers and determinants of health services' accessibility in economic migrants
Barnett, M., Mortensen, J., Gonzalez, H., & Gonzalez, J.-M. (2016). Cultural factors moderating links between neighborhood disadvantage and parenting and co-parenting among Mexican origin families. *Child & Youth Care Forum*, 45(6), 927–945. http://doi.org/10.1007/s10566-016-9365-y	Excluded	Did not address access or barriers to healthcare
Becerra, D., Androff, D., Messing, J. T., Castillo, J., & Cimino, A. (2015). Linguistic acculturation and perceptions of quality, access, and discrimination in health care among Latinos in the United States. *Social Work in Health Care*, 54(2), 134–157 https://doi.org/10.1080/00981389.2014.982267	Included	This study describes immigration status, lack of health insurance, or low socioeconomic status and how these factors often force many Latinos to utilize hospital emergency rooms for health care treatment.

Bustamante, A. V., Chen, J., McKenna, R. M., & Ortega, A. N. (2019). Health care access and utilization among U.S immigrants before and after the affordable care act. *Journal of Immigrant & Minority Health*, *21*(2), 211–218 http://doi.org/10.1007/s10903-018-0741-6	Included	This study sought to understand and compare the effects of the ACA of 2010 before and after its inaction and found that immigrants tend to cluster in physician short areas and can be effectively managed by non-physicians, such as nurse practitioners.
Bustamante, A. V, Fang, H., Garza, J., Carter-pokras, O., Wallace, S. P., Rizzo, J. A., & Ortega, A. N. (2012). Variations in healthcare access and utilization among Mexican immigrants: The role of documentation status. *Journal of Immigrant and Minority Health, 14*(1), 146-55. https://doi.org/10.1007/s10903-010-9406-9	Included	Understanding healthcare access and utilization in this large and growing population is relevant for both healthcare and immigration reform.
Corso, K. A., Dorrance, K. A., LaRochelle, J., & LaRochelle, J. U. (Ret). (2018). The Physician Shortage: A red herring in American health care reform. Military Medicine, 183, 220–224. https://doi.org/10.1093/milmed/usy211	Included	Discuses physician shortage and how non-physician providers can improve access to care
Diaz, E., Ortiz-Barreda, G., Ben-Shlomo, Y., Holdsworth, M., Salami, B., Rammohan, A., … Krafft, T. (2017). Systematic review and meta-analyses interventions to improve immigrant health. A scoping review. *European Journal of Public Health,* 27(3), 433–439. https://doi.org/10.1093/eurpub/ckx001	Excluded	Systematic review from Europe, applied to immigrants in Europe not the U.S.
Doshi, M., Lopez, W. D., Mesa, H., Bryce, R., Rabinowitz, E., Rion, R., & Fleming, P. J. (2020). Barriers & facilitators to healthcare and social services among undocumented Latino(a)/Latinx immigrant clients: Perspectives from frontline service providers in southeast Michigan. *PLoS One, 15*(6) https:/doi.org/10.1371/journal.pone.0233839	Included	Explores frontline service providers' perceptions of the challenges faced by their undocumented Latino(a)/Latinx immigrant clients in accessing healthcare and social services as well as examine the barriers they themselves face in providing timely and effective services and seeks avenues to reduce or overcome those factors that impede healthcare and social service provision to ultimately improve quality of care for this population.
Garcia, C. M., & Duckett, L. J. (2009). No te entiendo y tú no me entiendes: language barriers among immigrant Latino adolescents seeking health care. *Journal of cultural diversity*, *16*(3), 120–126.	Included	Study is to describe barriers experienced by immigrant Latino adolescents seeking U.S. health care.

Gresenz, C. R., Rogowski, J., & Escarce, J. J. (2009). Community demographics and access to health care among U.S. Hispanics. *Health Services Research*, 44(5p1), 1542–1562. http://doi.org/10.1111/j.1475-6773.2009.00997.x	Included	Hispanics are less likely to have insurance coverage consistent care compared with whites, have fewer ambulatory visits to physicians than whites, and are less likely than whites to receive screening for colon cancer, high cholesterol, and high blood pressure
Hain, D., & Fleck, L. M. (2014). Barriers to np practice that impact healthcare redesign. *Online Journal of Issues in Nursing,* 19(2), 5.	Included	Discusses contribution of NP to the well-being of patients' and how restrictive practices in different state withhold NPs from practicing to their fullest potential
Hearst, A., Ramirez, J., & Gany, F. (2010). Barriers and facilitators to public health insurance enrollment in newly arrived immigrant adolescents and young adults in New York state. *Journal of Immigrant & Minority Health*, 12(4), 580–585. http://doi.org/10.1007/s10903-009-9308-x	Included	Identifies barriers and facilitators to enrollment in public health insurance programs in immigrant adolescents and young adults.
Heyman JM, Núñez GG, & Talavera V. (2009). Healthcare access and barriers for unauthorized immigrants in El Paso County, Texas. *Family & Community Health*, *32*(1), 4–21.	Included	Article presents a large body of qualitative material on healthcare access and barriers for unauthorized immigrants living in the US-Mexico borderlands.
Hohl, S., Thompson, B., Escareño, M., & Duggan, C. (2016). Cultural norms in conflict: breastfeeding among Hispanic immigrants in rural Washington state. *Maternal & Child Health Journal*, 20(7), 1549–1557. https://doi.org/10.1007/s10995-016-1954-8	Excluded	Did not apply to search criteria
Hooker, R. S., & Muchow, A. N. (2015). Modifying State Laws for Nurse Practitioners and Physician Assistants Can Reduce Cost of Medical Services. *Nursing Economic$*, *33*(2), 88–94.	Included	Discussed the effects of modifying scope of practice laws for NPs and Pas in Alabama
IOM (Institute of Medicine). 2011. The Future of Nursing: Leading Change, Advancing Health. Washington, DC: The National Academies Press	Included	Evaluation of a NP residency program in Connecticut; addresses IOM's 2011 recommendation on future of nursing for development of new APRN residency programs.

Kuehne, A., Huschke, S., & Bullinger, M. (2015). Subjective health of undocumented migrants in Germany - a mixed methods approach. *BMC Public Health*, 15(1), 1–12. https://doi.org/10.1186/s12889-015-2268-2	Excluded	Addressed immigrants in Germany, not in the U.S.
Joseph, T. D., & Marrow, H. B. (2017). Health care, immigrants, and minorities: lessons from the affordable care act in the U.S. *Journal of Ethnic & Migration Studies*, 43(12), 1965–1984. http://doi.org/10.1080/1369183X.2017.1323446	Included	A review of how the ACA covered many people and increased access to care but immigrants were still left uncovered, discusses increase of federally funded health care centers and other safety net providers.
Lee, J., Donlan, W., Cardoso, E. O., & Paz, J. (2013). Cultural and social determinants of health among indigenous Mexican migrants in the United States. *Social Work in Public Health,* 28(6), 607–618. http:/doi.org/10.1080/19371918.2011.619457	Excluded	Discussed how gender differences in cultural identifications, perceived discrimination, self-esteem, self-efficacy, affect health does not access or barriers
Martínez-Donate, A. P., Rangel, M. G., Rhoads, N., Zhang, X., Hovell, M., Magis-Rodriguez, C., & González-Fagoaga, E. (2015). Identifying opportunities to increase HIV testing among Mexican migrants: a call to step up efforts in health care and detention settings. *PLoS ONE,* 10(4), 1–13.	Included	Health care systems, jails and detention centers play an important role in increasing access to HIV testing among circular mi- grants, but there is room for improvement. Policies to offer opt-out, confidential HIV testing and counseling to Mexican migrants in these settings on a routine and ethical manner need to be designed and pilot tested, presenting an opportunity for NPs to broaden access to healthcare
McCullagh, M. C., Sanon, M.-A., & Foley, J. G. (2015). Cultural health practices of migrant seasonal farmworkers. *Journal of Cultural Diversity*, *22*(2), 64–67.	Included	Cross-sectional qualitative study, six Hispanic migrant seasonal farmworkers from southeastern Michigan farms were interviewed. Four major themes emerged from the study. Financial and employment limitations, rather than folk health care practices, were more likely to influence use of professional care systems.
Mesa, H., Doshi, M., Lopez, W., Bryce, R., Rion, R., Rabinowitz, E., & Fleming, P. J. (2020). Impact of anti-immigrant rhetoric and policies on frontline health and social service providers in Southeast Michigan, U.S.A. *Health & Social Care in the Community*, *28*(6), 2004–2012. https://doi.org/10.1111/hsc.13012	Included	Effects of current anti-immigrant rhetoric on frontline providers in Southeast Michigan
Mier, N., Smith, M. L., Carrillo-Zuniga, G., Wang, X., Garza, N., & Ory, M. G. (2012). Personal and cultural influences on diabetes self-care behaviors among older Hispanics born in the U.S. and Mexico. *Journal of Immigrant and Minority Health, 14*(6), 1052-62. http://doi.org/10.1007/s10903-012-9639-x	Included	Study adds to the current literature about minority health by determining personal, cultural, and health-related factors that influence self-care behaviors among a socially disadvantaged, older Hispanic population at high risk of diabetes complications and disability.

Migration Policy Institute, (2020), Secondary Migration: Who Re-Migrates and Why These Migrants Matter https://www.migrationpolicy.org/article/secondary-migration-who-re-migrates-and-why-these-migrants-matter	Included	Definitions of migrants to the U.S.
Moore, C. (2017). Policies that restrict foil utilization of nurse practitioners in primary care. *Nursing Economic$,* 35(2), 70–99.	Included	NPs provide high-quality primary care within their areas of competence that is equivalent to the level of care provided by physicians but restricted by excessive legislation.
Negi, N. J., Forrester, P., Calderon, M., Esser, K., & Parrish, D. (2019). We are at Full Capacity": Social care workers persisting through work-related stress in a new immigrant settlement context in the United States. *Health & Social Care in the Community*, 27(5), e793–e801. http://doi.org/10.1111/hsc.12802	Excluded	Study discussed factors associated with buffering stress and frustration among social care workers in a new immigrant settlement city.
Pew Research Center, (2020) Who is Hispanic https://www.pewresearch.org/fact-tank/2020/09/15/who-is-hispanic/	Included	Definition of who is Hispanic and Latino
Poon, K. K., Dang, B. N., Davila, J. A., Hartman, C., & Giordano, T. P. (2013). Treatment outcomes in undocumented Hispanic immigrants with HIV infection. *PLoS ONE*, 8(3), 1–7. https://doi.org/10.1371/journal.pone.0060022	Included	Discusses the need for safety net providers for HIV+ immigrants
Rasmor, M., Kooienga, S., Brown, C., & Probst, T. M. (2014). United states nurse practitioner students' attitudes, perceptions, and beliefs working with the uninsured. *Nurse Education in Practice, 14*(6), 591-597. http://doi.org/10.1016/j.nepr.2014.05.011	Included	Nurse practitioners are uniquely suited to address primary care needs worldwide. NPs represent a unique form of change agent for delivering services in a manner giving primacy to health and hu- man complexity
Roura, M., Domingo, A., Leyva-Moral, J. M., & Pool, R. (2015). Hispano-Americans in Europe: what do we know about their health status and determinants? A scoping review. *BMC Public Health*, 15(1), 1–18. http://doi.org/10.1186/s12889-015-1799-x	Excluded	Discussed Hispano-Americans in Europe
Sadarangani, T., Trinh-Shevrin, C., Chyun, D., Yu, G., & Kovner, C (2019). Cardiovascular risk in middle-aged and older immigrants: Exploring residency period and health insurance coverage. *Journal of Nursing Scholarship, 51*(3), 326-336. http://doi.org/10.1111/jnu.12465	Included	Health disparities among older immigrants are the product of factors such as racism, discrimination, and political disenfranchisement that extend far beyond health insurance.

Sangaramoorthy, T., & Guevara, E. (2017). Immigrant health in rural Maryland: a qualitative study of major barriers to health care access. *Journal of Immigrant & Minority Health*, *19*(4), 939–946. http://doi.org/10.1007/s10903-016-0417-z	Included	The impact of rapid immigration can be particularly severe on rural health systems already struggling with a shortage of providers, high rates of uninsured patients, and limited public resources. Provider shortages have created a vacuum for advanced providers like nurse practitioners to fill
Wen, M., Kowaleski-Jones, L., & Fan, J. X. (2013). Ethnic-immigrant disparities in total and abdominal obesity in the us. *American Journal of Health Behavior,* 37(6), 807–818. https://doi.org10.5993/AJHB.37.6.10	Excluded	Study examined sex-specific disparities in total and abdominal obesity prevalence across 6 ethnic-immigrant groups do not access to health care or barriers
Woo, B., Lee, J., & Tam, W. (2017). The impact of the advanced practice nursing role on quality of care, clinical outcomes, patient satisfaction, and cost in the emergency and critical care settings: a systematic review. Human resources for health, 15(1), 63. https://doi.org/10.1186/s12960-017-0237-9	Included	ROL on the impact of advanced practice nursing on quality of care, clinical outcomes, patient satisfaction, and cost in emergency and critical care settings.
Zou, P., & Parry, M. (2012). Strategies for health education in North American immigrant populations. International Nursing Review, 59(4), 482–488. http://doi.org/10.1111/j.1466-7657.2012.01021.x	Excluded	Did not address access to healthcare or barriers, was a comparison of disparities in total and abdominal obesity
Ziemer, C., Becker-Dreps, S., Pathman, D., Mihas, P., Frasier, P., Colindres, M., … Robinson, S. (2014). Mexican immigrants' attitudes and interest in health insurance: a qualitative descriptive study. *Journal of Immigrant & Minority Health*, 16(4), 724–732. http://doi.org/10.1007/s10903-013-9794-8	Included	Discussed strategies for immigrant health education

Table 4
Literature Review Table of All Studies included

Citation	Study Purpose	Pop (N)/ Sample Size (n) /Setting (s	Design/ Level of Evidence	Findings	Implications
Adunlin, Cyrus, Asare et al. (2019)	Review of studies on breast and cervical cancer screening among immigrant populations.	Analysis of 180 studies	Systematic Reviews of Descriptive and Qualitative studies Level V	Barriers that affect immigrant women accessing cancer screening include fear of breast and cervical cancer screening in immigrant women, cultural, and religious beliefs.	Identified personal and barriers in the system that limit immigrant communities' access to healthcare and obtain health insurance
Becerra, et al. (2015).	To study and describe effect of immigration status, lack of health insurance, or low SES in relation to ER use.	4,013 Latinos ages 18 and older.	Expert Opinion Level VII	Access to health care a significant predictor of good health. migrants tend to utilize hospital emergency rooms for health care treatment.	Lack of immigration status, lack of insurance, low SES affect access, leading to increased cost of care. Immigrants suffer from prescriptions errors, misunderstanding due to language barriers, fast pace environment and pressure on physicians in ED, NPs' best suited to help these patients with assist of professional interpreters.
Bustamante, et al. (2019).	To study and compare the pre and post effects of the 2010 ACA	Adult immigrant in the US, 113,439, between the ages of 18-64	Cross-section Design Level IV	The ACA of 2010 closed the gap in uninsured immigrants, however undocumented immigrants were still left out	These immigrants could rely more on non-physicians (e.g., advanced practice clinicians) health services to address their health needs.

Citation	Study Purpose	Pop (N)/ Sample Size (n) /Setting(s)	Design/ Level of Evidence	Findings	Implications
Corso, et.al. (2018).	How to increase healthcare outcomes in the U.S in the middle of physician shortage	Introspective critique/review of U.S. healthcare	Expert Opinion Level VII	Discuses physician shortage and how non-physician providers can improve access to care	Although the USA spends more on health care than any other comparable nation, Americans are less healthy than citizens of high-income countries that spend far less
Doshi et. al. (2020).	Examine barriers and facilitators to healthcare and social services among undocumented Latino immigrants in Southeast frontline service providers.	Immigrants 18 age or older. Twenty-eight healthcare and social service providers from the Detroit FQHCs	Semi-structured qualitative interviews Level VI	Anti-immigrant rhetoric, insensitive art displays against immigrants in the media, increases in detainments, deportations, caused fear in immigrants.	Multifaceted effects on organizations serving undocumented immigrants. NPs can be creative and adaptive to try new services e.g., transportation, house visits, telemedicine, increasing community health caseworkers
Gany et al. (2013).	Explored knowledge of cancer diagnosis in underserved immigrant/migrant minorities	Four hundred thirty-four patient in the study.	Qualitative Descriptive Exploratory study with evidence from systematic reviews of qualitative studies Level V	Immigrants face multiple barriers to cancer education and care: language barriers, cultural factors, limited access to health insurance, limited opportunities for education and employment, the high costs of treatment, and other economic, personal, and family health priorities	Increasing health care practitioners' knowledge, sensitivity of culturally diverse patients,' cultural orientation helpful in improving communication with patients

Garcia & Duckett (2009).	Study is to describe barriers experienced by immigrant Latino adolescents seeking U.S. health care.	Fourteen recently immigrated Mexican-origin adolescents	Focused Ethnography (Single Qualitative descriptive) Level VI	Not speaking English, a major barrier to identifying and accessing health care services, when able to access, had negative perception of their experience due to language barriers.	Findings from this study highlight the need for Spanish-speaking health care providers, NPs with assistance of professional interpreters can facilitate access to culturally competent care.
Gresenz et al. (2009).	To explore the influence of the communities in which Hispanics live on their access to health care.	1996–2002 Medical Expenditure Panel Survey data, linked to secondary data sources and including 14,504 observations from 8,371 Mexican American respondents living in metropolitan areas.	Systematic Literature Review Level I	When compared to Caucasians, Hispanics less likely to have health insurance coverage, access to regular care, and are less likely to get colorectal-cancer screening, hypercholesteremia and hypertension	Regardless of length of stay and insurance status in the U.S., immigrants have limited access to healthcare, For the uninsured, living in Spanish speaking or Hispanic immigrant populated areas was associated with a poor access and health outcomes for U.S. born Mexican Americans.
Hain, & Fleck (2014).	Discusses the issues that affect NP practice and how these influence healthcare access for the public in the US	NP practice in the US	Expert Opinion Level VII	Restrictive scope of practice laws practices in different states prevent NPs from practicing to their fullest potential	Restrictive and overbearing policies decrease access to healthcare
Hearst, et al. (2010).	To identify barriers and facilitators to enrollment in public health insurance programs in immigrant adolescents and young adults	Twenty-nine students between 18 - 24	Qualitative Descriptive study Level VI	Hispanic immigrants were fearful of and mistrusted government officials, faced discrimination from public workers, were concerned about healthcare costs, in-addition language barriers created more hardship to enroll for healthcare programs	Immigrants suffered poor health outcomes as a direct result
Heyman et al. (2009).	Study focused on active sequences of health-seeking behavior	Eighty-four uninsured	Systematic Reviews of Descriptive and	Immigrants vulnerable to health disparities, rendered ineligible for most public health insurance other	These barriers for immigrants are not isolated but rather occur as interconnected

	and barriers encountered by Hispanic immigrants	immigrants in El Paso County, TX	Qualitative studies Level V	than emergency Medicaid and limited public health measures.	variables, not easily resolved individually. Resulted in incomplete care, lack continued care for complex illnesses, long-term loss treatment and lack of management for chronic illnesses.
Hooker & Muchow (2015).	Simulated study of possible savings in funds in the state of Alabama by matching PA and NP scope of practice legislation in Alabama to states such as Washington and Arizona	Alabama was used as a case study as it is one of a few U.S. states with restrictive legislation affecting SOP practice of NPs/PAs	Cost analysis simulation study Level III	Removing restrictions on NP/PA practice could result in increased NP/PA-to-primary care provider ratio from around 34 PA/NPs /100 primary care providers in 2013, to 53 /100 by 2022.	Decreasing the restrictions on NP and PA practice would generate savings of up to $729 million over 10 years in healthcare costs to the state of Alabama. NPs/PAs underutilized by restrictive SOP laws, reduces the cost benefits of increasing the supply of PAs and NPs
Martínez-Donate et al. (2015).	To determine HIV awareness in Mexican migrants returning from the U.S.	Mexican migrants (N=1,162) that were returning from the U.S.	Cross Sectional Qualitative study Level VI	Study showed that more improvement is needed for better healthcare outcomes for this population, e.g., avail HIV testing counseling confidentially to Mexican migrants	Opportunity to utilize NPs in these settings and broaden coverage for this population
McCullagh et al. (2015).	Study explored culturally related health practices among Hispanic migrant seasonal farmworkers	Six Hispanic migrant workers from southeastern Michigan farms	Cross-sectional qualitative study Level VI	Four major themes emerged from the study.	Immigrants were likely to use professional care services but were affected by financial and employment limitation, folk health care practices were not more preferable for them.
Mesa et al. (2020)	To investigate what effect the anti-immigrant climate and changes in U.S. immigration policy during the Trump administration on	Twenty-eight frontline health and social service providers	Single Qualitative study Level VI	Frontline staff experienced mental and emotional burden while providing services to immigrants in a restrictive climate, increased challenges providing healthcare services to their clients	Frontline staff responsibilities became burdensome due to strict immigration enforcement. More was required of staff due to the unmet client needs. Staff did

	immigrant clients and healthcare staff who serve them				more than their job descriptions for immigrants
Mier et al. (2012).	Compare self-care behaviors in older Hispanics with T2DM born in the United States against those born in Mexico	Two hundred thirty-eight Hispanics with T2DM 60 years old and older in Hidalgo County, TX.	Cross-sectional qualitative study Level VI	Burden of diabetes disease in Hispanic seniors a significant public health concern. Older Hispanics represent a fast-growing minority group in the U.S., and disproportionately afflicted by diabetes as well as its complications	Significantly fewer senior immigrants from Mexico endorsed ever having a diabetes class or any diabetes education, compared to their U.S.-born counterparts
Moore (2017).	How NPs' practice is influenced by different excessive legislation	Nurse practitioners in the U.S.	Expert Opinion Level VII	NPs provide high-quality primary care within their expertise, comparable to care by physicians.' NPs suffer restricted practice from excessive legislation.	NPs' can and do broaden health access if scope of practice laws were uniform across the U.S.
Poon et al. (2013).	To compare the treatment outcomes of undocumented and documented patients 12-months after entering HIV care.	Study population of 1,620 HIV-infected adults in Houston, TX.	Retrospective cohort study Level IV	Study found that Hispanic immigrants suffered from the most proliferated HIV disease. They presented for care much later and with more advanced disease than other groups	Delay in care possibly due to lack of health insurance, lack of a regular primary care, differences of culture and societal perceptions of health, competing survival needs, and fear of detention, removal or deportation from the U.S. is they sought medical care from public healthcare facilities
Rasmor et al. (2014).	To provide experiences for NP students at a U.S. based community clinic and to evaluate their attitudes, perceptions, and beliefs about health disparities.	Twenty-one NP students at a US based free clinic over 1 academic year	Mixed Methods Literature Review of Qualitative studies Level V	NPs will continue to be of significance to primary care in U.S. healthcare landscape, post complete implementation of the Affordable Care Act (ACA). Additionally, all over the world, NPs have been challenged to fill gaps in primary care needs.	The 2010 Institute of Medicine report challenges nurses to practice fully as allowed by their education and training. Educating and facilitating more NPs will improve primary care access for all populations.

Sadarangani et al. (2019)	To compare CVD risk and determine the significance of health insurance coverage on CVD risk compared to other health access barriers, from 2007 to 2012.	Recent and long-term Hispanic immigrants 50 and older of age. (N = 1,920).	Cross-sectional Qualitative study Level VI	Revealed that health disparities in older Hispanic immigrants' stem from such factors as racism, discrimination, and political disenfranchisement aside from lack of health insurance.	NPs and healthcare professionals should prioritize inexpensive lifestyle interventions to reduce CVD risk, such as diet and exercise.
Sangaramoorthy & Guevara (2017).	To determine effect of rapid immigration on rural health systems	Thirty-three in-depth interviews with providers and immigrants	Single Qualitative study Level VI	The impact of rapid immigration on rural health care systems already struggling with not enough providers, higher rates of uninsured patients as well as limited public resources can be particularly severe	NPs are the solution to the crisis of provider shortages.
Woo et al. (2017)	To critically study and determine best current evidence on what NPs have on the quality of care, clinical outcomes, patient satisfaction, and cost in emergency and critical care settings globally	ROL of 15 studies between 2006 and 2016 with 23 681 participants across five countries that use NPs, including Australia	Systematic ROL/meta-analysis of RCTs Level I	NPs brought value to the sites in which they were studied, e.g., in the ED and critical care areas.	Weighed against the aging population aging, and the worldwide increases in chronic illnesses, there can only be more pressure on healthcare systems globally. As such, NPs bring more value and broaden access healthcare
Ziemer & Becker-Dreps (2014)	To understand immigrants' understanding of health insurance and preferences for coverage.	Nine focus groups of adult Mexican immigrants each, with a total of 81 participants.	Qualitative descriptive design Level VI	Being new to an area for immigrants was associated with higher rates of unmet health needs, delays receiving care, and poorer satisfaction with medical services.	Even though some of the immigrants in this study had healthcare coverage, they delayed care due to cost but ended up using emergency services. NPs would reduce cost and decrease use of emergency services
Zuanna & Spadea (2017).	ROL to study access to healthcare in ethnic minorities or migrant	Thirty-five studies, mostly conducted in the U.S.	Systematic Review of Cross-sectional	Studies congruent that in the U.S. undocumented migrants have no rights to receive health care or any other federally funded, public	In addition to regulatory barriers, migrants face multiple other barriers to primary care independent of

			Qualitative studies Level V	welfare programs, nor can they have access to any insurance. It is estimated that 34% of all immigrants (legal and undocumented) in the United States have no health insurance coverage	legal status such as healthcare provider attitudes, quality of healthcare services provided, and lack of accommodation for various factors such as SES. .