

Asian and ethnic minority health research in Aotearoa New Zealand: a scoping review of grey literature (2011–2020)

Annie Chiang, Alina Meador, Roshini Peiris-John, Rachel Simon-Kumar

ABSTRACT

AIMS: A wealth of knowledge, especially on ethnic and migrant health, is located in “grey literature” (GL), i.e., material that is not formally published. This article reviews four types of GL: a) student theses, b) research reports, c) government, and d) non-government unpublished research on Asian and other ethnic minority (A/EM) health in Aotearoa New Zealand, covering a decade between 2011 and 2020.

METHODS: A range of flexible data collection methods was used for each GL category. The application of inclusion and exclusion criteria resulted in the selection of 167 articles for review.

RESULTS: Key themes on methodologies, participants and identities, acculturation, barriers to health and recommendations for changes in healthcare are highlighted in the findings. In general, there was greater representation of intersectional identities, deployment of non-Western methodologies to address A/EM health problems and a broader diversity of health conditions addressed in GL compared with published A/EM research.

CONCLUSION: All four GL categories are important knowledge bases for A/EM health in ways not captured in published research, with student research in particular offering creative and cutting-edge conceptual health frameworks. There needs to be greater visibility of GL, especially non-conventional frameworks and methodologies for A/EM health knowledge.

Research on, about and by Aotearoa New Zealand’s rapidly growing “ethnic” (henceforth, Asian and ethnic minority [A/EM]) populations—namely groups identifying as having Asian, Latin American, Middle Eastern and African origins—is an emerging field in health research. As a population category, A/EM, who comprise nearly 17% of the population,¹ are known for their diverse ethno-cultural, linguistic, nationality, generational, migration and visa/residency status.¹

In 2021, three of the current authors co-published the findings of a 10-year scoping review of academic research publications on A/EM in the *New Zealand Medical Journal*.² The findings of our original review were based on—and, indeed, limited by its focus on—published research, overlooking the particular relevance of “grey literature” (GL). There is a thriving community and voluntary sector that produces evidence for reasons including visibility, policy impact and funding, which is likely to be published in non-traditional formats and in multiple languages. As New Zealand’s A/EM population grows generationally, there is also an increase in student

research on ethnic health issues, which are often unpublished. This paper, a companion to the original, is a scoping review of GL on A/EM populations in New Zealand.

GL is gaining prominence as a reliable source of data for research and policy. The Cochrane Group defines GL as “*literature that is not formally published in sources such as books or journal articles.*”³ GL refers to “manifold document types”, both in print and electronic formats, produced by non-commercial publishers, distinguishing it from for-profit “white literature”. Understandably, there is vast diversity among GL and who produces it, which informs their credibility. Garousi et al.⁴ classify GL on the basis of *credibility* and *outlet control* into works of high (which includes books, theses, reports) medium (annual reports, news articles) and low (blogs, emails, tweets). Recognition of GL allows for representation of ideas in diverse formats and of authors, communities and publishers who may not meet conventional standards of mainstream publishers. In academic publishing spaces, which are known to be disadvantageous to minority scholarship, this recognition is

especially validating.⁵⁻⁷

Recognising the value of GL, we conducted a scoping review of GL on A/EM health in New Zealand covering a 10-year period (2011–2020) with the aim of determining the scope and coverage of this literature as well as broadly mapping its focus areas. A scoping review is typically the preferred strategy for appraising literature when the breadth of scholarship in a field is unclear and it is premature to pose specific questions, as in the case of a systematic review.⁸ Our scoping review aims to map and classify the body of GL in this field, identify prominent themes and potentially appraise its contributions to the body of A/EM health research in New Zealand. The paper discusses the implications of the findings for A/EM health research and practice and also evaluates GL as a source of evidence. The GL included in this review are student theses, research reports and reports from government and non-governmental organisations (NGOs).

Methods

GL search strategy

Given the dispersed and non-codified nature of GL, standard data searches (e.g., database keyword searches) are often insufficient to provide assurance that the key literatures have been identified. Furthermore, given that there are multiple categories of GL, each requires a different search strategy. Consequently, a multifaceted and iterative search approach was adopted.

This scoping review focusses on GL in four categories: a) student research, b) research reports, c) government reports, and d) NGO reports. As such, it adheres to the guidelines for “high credibility” sources.⁴ To be included in the review, the literature had to be published between 2011 and 2020 (both years inclusive), written in English and have a clear focus on any A/EM population group in New Zealand. Different search methods were undertaken for each of these categories, which are described below.

- a. **Student research:** Theses and dissertations at the masters and doctoral levels were extracted from the online databases of eight universities in New Zealand (The University of Auckland, Auckland University of Technology, Massey University, University of Waikato, Victoria University of Wellington, Lincoln University, University of Canterbury and University of Otago),

along with NZResearch.org, which houses a comprehensive selection of research from these universities as well as smaller polytechnics. The search strategy used to search these databases is provided in Appendix Table 1.

- b. **Research reports:** Research reports are non-peer-reviewed publications that are outputs of university-based research projects. A three-pronged approach was undertaken to find research reports. First, relevant research centres housed at the eight New Zealand universities were identified and their websites were manually searched for reports that matched the inclusion criteria. Next, the search strategy listed in Appendix Table 1 was used to search NZResearch.org for research reports. Finally, a “filetype:pdf” Google search of the search terms in Appendix Table 1 was conducted in order to find all relevant PDF documents. The latter search strategy resulted in the inclusion of additional pieces of GL of all four categories.
- c. **Government reports:** Reports from New Zealand government agencies such as the Ministry of Health or Ministry of Social Development were obtained through manual searches of the websites of each organisation listed on the New Zealand government website.
- d. **NGO reports:** There is a thriving ethnic NGO sector in New Zealand, representing its diverse multicultural profile. Many are specific to ethnicities or nationalities (e.g, Indian NGOs or Latin American NGOs) although several are pan-ethnic in focus (such as the Migrant Resource Centre or The Asian Network Incorporated). For this scoping review, NGO reports were manually extracted from the websites of each NGO listed on the Ministry for Ethnic Communities’ Community Directory.⁹

Study inclusion and exclusion

Papers were included if they a) fit into one of the four categories of GL, and b) included participants who identify with an A/EM group. Literature was excluded where the identification of ethnic group was non-specific; for example, where the only ethnic group referred to in a paper was the composite “Asian” which was not further disaggregated. Title and abstract screening for inclusion was done by AM in consultation with

the team.

As shown in Figure 1, a total of 32,381 pieces of GL were initially identified. After the removal of 670 duplicates, 31,711 were selected for screening. Title and abstract screening excluded 31,452 pieces of literature. The most common reason for exclusion at this stage was not having an explicitly health-related focus, and therefore not addressing the aims of the review. The 259 remaining reports were then selected for full-text review. Appendix Figure 1 shows individual PRISMA flow diagrams for each of the four types of GL. A further 92 articles were excluded as they did not meet the inclusion criteria and did not address the aims of the review, resulting in a total of 167 pieces of GL included in this review.

Data extraction and thematic analysis

Each paper was reviewed to identify the ethnic group(s) and population group of interest, broad research area and field of study. Ethnic groups were coded exactly as they appeared in the literature. A coding sheet was collated using Microsoft Excel. The coded identifiers for the documents were analysed quantitatively to determine the overall profile of the body of GL.

This was followed by detailed qualitative thematic analysis based on the substantive content of the articles. The key themes and their descriptions are presented separately. Following established qualitative analyse practices of creating codes from which themes were collated, each GL item was read across three main fields: methodology, findings and recommendations, with individual authors focussing on at least one of these fields. Using an inductive approach, codes were determined based on *frequency of word use* (e.g., acculturation, cultural competency) or *substantive content classification* (e.g., methodological approach or participant types). Themes were then generated around these codes, drawing on similarities and differences among them. All codes and themes were cross-checked and verified across authors. The key themes and their descriptions are presented separately for each field below.

Author positionality

The research was undertaken by a trans-disciplinary team comprising epidemiologists, public health researchers and social scientists. All authors on the paper are migrants to New Zealand and three are of A/EM ethnicity. While the quantitative segment followed objective protocols,

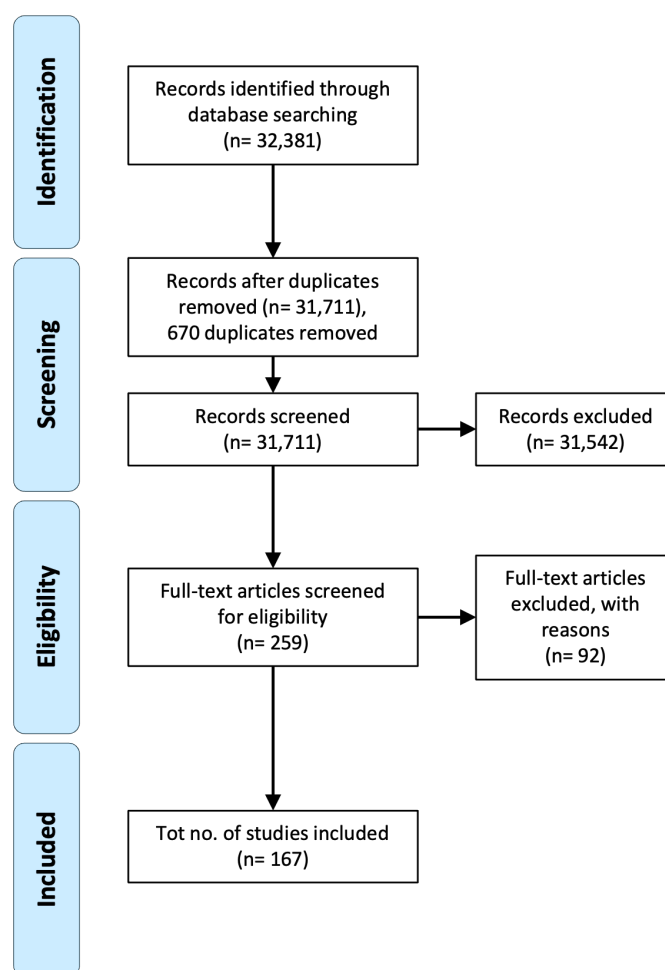
the qualitative component was informed by the authors' "insider" perspectives of the community and of their disciplinary backgrounds. This breadth was also helpful given that GL was found in diverse disciplinary fields. For instance, the focus on the underpinning methodological philosophy or construction of A/EM as a subject group in health would be of interest to social science frames of health, whereas appraising recommendations and actions would be a public health priority.

Results

Profile of GL

Table 1 summarises the 167 studies that were selected for review. The majority (100/167) of the GL research is disseminated through theses, with 71 masters- and 29 doctorate-level theses captured by our inclusion criteria. Of the masters theses, 63% (45/71) adopted a qualitative methodology, 18% (20/71) utilised quantitative methods and 8% (6/71) were mixed-methods studies, compared with 52% (15/29), 10% (3/29) and 34% (11/29) of doctoral theses, respectively. There was a steady publication rate of A/EM-related government reports over the 10 years. The majority (29/37) of government reports were descriptive in nature, providing descriptive statistics about A/EM populations,¹⁰⁻¹⁸ descriptive accounts of ethnic experiences or customs,¹⁹⁻²⁸ evaluation of existing policy or services²⁹⁻³² or review of existing literature on A/EM communities,^{24,33-37} most of which included some recommendations for practice or future opportunities for more research. The remaining eight government reports were prescriptive, setting out future services plans,³⁸⁻⁴¹ guidelines^{42,43} or training resources^{44,45} for working with A/EM communities. NGO and research reports were published more sporadically, with gaps in publication in both types of literature between 2015 and 2017. NGO reports focussed on refugee health and services access,⁴⁶⁻⁴⁸ sexual and family violence,⁴⁹⁻⁵³ mental health⁵⁴⁻⁵⁷ and experiences of the COVID-19 pandemic.^{58,59} Research reports similarly focussed on the needs of refugee populations,⁶⁰⁻⁶² as well as sexual health of African communities⁶³⁻⁶⁵ and Asian men who have sex with men,⁶⁶ and the wellbeing of youth.^{67,68} Compared with the peer-reviewed literature on A/EM communities in New Zealand published in the last 10 years,² there was a greater diversity of A/EM ethnicities represented in theses and government reports. While the inclusion rate

Figure 1: PRISMA flow diagram.



of Chinese populations was comparable between theses and peer-reviewed literature, this proportion decreased for Indian populations while increasing for African populations. The increased literature on African populations intersects with the relatively large body of GL on communities from refugee backgrounds and the intersections between African communities and sexual health research.

Interest in the study of women's health experiences and outcomes is prominent among theses. Research focussed on women included topics such as appearance, weight and nutrition,^{69–74} experiences of pregnancy and motherhood,^{75–79} as well as intimate partner/family violence^{80–82} and female genital mutilation^{83,84} that was absent from the body of peer-reviewed literature in the last decade.

While the body of peer-reviewed articles published between 2010 and 2019 was largely focussed on chronic physical health conditions,

this was not a dominant area of interest in student-led research. Mental health, particularly that of refugee,^{85–89} youth,^{88,90–92} Korean^{93–95} and Chinese^{92,96} populations, was prominent in the theses captured. Among other forms of GL, research focussed on deaths resulting from suicide and its prevention,^{24,27,56} mental health needs^{33,37,48,55,57} and appropriateness of mental health services for A/EM communities.^{23,61,97} In addition, there was interest in the experiences and wellbeing of the A/EM health workforce.^{98–105}

Results of thematic analysis

In addition to the profile findings of the GL research, substantive analyses identified the following dominant themes.

Conceptual framing

Compared with the peer-reviewed published outputs, GL (particularly theses) employed diverse theoretical frameworks to frame the

concerns of the A/EM populations. While some studies drew on traditional public health frameworks (such as Health Belief Systems or Berry's acculturation theory^{106,107}), a significant proportion of thesis research employed narrative, ethno-methodology, anthropological, participatory, critical, feminist and interpretive methodologies as these better represented the contradictions and tensions in the lived realities of these communities. A growing body of emerging researchers sought a fusion of cultural epistemologies within Western research models. Thus, creatively, student theses used Afri-centric philosophy,¹⁰⁸ *Guanxi* Confucianism,^{96,109} Indian psychology,¹¹⁰ Burmese cultural concepts (such as *apegan*/social isolation, *oaksukwede*/internal fragmentation and *thwesenyinyut*/social solidarity),⁸⁵ Filipino folk philosophy¹¹¹ and Islamic value-frameworks,¹¹² among others, to define the health and wellbeing needs of their community.

Participant categories

As summarised in Appendix Table 2, the GL highlighted research on A/EM populations in three categories: first, by ethnicity or migrant status (e.g., migrants, refugees, Asian, Middle Eastern) highlighting discrepancies in cultural values and dislocation in healthcare access; second, there was a focus on A/EM as hospital or community programme service users (e.g., palliative care users, hospital patients, users of parenting programmes, resettlement programmes) evaluating current programme approaches and the incompatibility of existing models of care for migrant communities; finally, GL focussed on A/EM professional healthcare workers (e.g., A/EM healthcare practitioners, mental health professionals, international medical graduates, community therapists) to highlight problems with recruitment pathways, under-utilisation of skills and retention of A/EM healthcare providers.

Significantly, the GL reflected complex, inter-sectional representations of A/EM groups, typically within student research. For example, instead of a generalised category such as "ethnic or Asian women", research specified women of Black African descent;¹¹³ older South Korean women;⁷⁴ Muslim women;^{112,114} diasporic South Asian young women;⁸⁰ and pregnant Chinese women.⁷¹ Similarly, children and youth were studied in 11 different ways and the African population as 10 distinct identities. Finally, student theses were more likely to capture the marginalised among minority A/EM groups. For example, the research

corpus focussed on gender-diverse youth⁹¹ or South Asian women experiencing period poverty.

Barriers to health and help-seeking

Barriers to healthcare services and help-seeking for A/EM communities were a dominant theme in the GL (Appendix Table 3). Across the four categories, studies highlighted *structural barriers* such as pre-migration trauma; poorly translated health messages;^{37,46,47,65,66,115–117} access to social determinants such as housing, employment, financial resources, social capital; *values-based barriers* such as stigma from mainstream society and feelings of being "othered" and a lack of trust in services;^{25,36–44,48–51,106,115,118} cultural beliefs and values, especially in relation to mental health services and women's lives.^{24–27,48–50,80,90,95}

Of special note were barriers experienced especially by young people including acculturation and adaptation to New Zealand life, and consequent clash with cultural and parental expectations. The role of religion as influential in health and wellbeing was another emergent theme. Studies highlighted religious influences in (lack of) physical activity among Muslim women,¹¹² and in fostering conservative attitudes to sex education in Black African communities¹¹⁹ and in food preferences.¹²⁰ However, religion was also integral to resilience and coping,^{86,121} and in the construction of positive ethnic identity.¹¹¹

Acculturation

Acculturation, the opportunities and challenges of "living in two worlds"¹²² and its implications for health and wellbeing, was a dominant and repeated theme, particularly within student research (Table 2). Although published research does reflect on acculturation to some degree,^{2,122} within GL this aspect is particularly well developed. Acculturation, which shapes new pluralistic identities and value frames, is an expected part of the migration journey.^{123–127} It also impacts changes in lifestyles, especially in diets^{71,99,128–130} and health-seeking behaviours.^{35,76,131} Studies pointed to acculturation as distinct from assimilation and a reconciliation of two different cultures. Where acculturation was successful, it was associated with better physical and mental health, sense of belonging,^{92,93,112,124,125} improved sexual health knowledge,¹³¹ employment satisfaction^{132,133} and ability to negotiate between pluralistic health knowledges.^{76,90,134,135}

Studies note, however, that acculturation is unevenly adopted by the A/EM community

and therefore is also an underlying cause for stress and conflict^{95,118,136–138} and feelings of being “stuck”.^{76,77,90,112,113,119,122,123,125,139} Women and young people—namely, 1.5th- and 2nd-generation A/EM—were more likely to struggle with negotiating a “third space”. For women, there was a desire to be free of some of the burdensome expectations of their culture without being seen as “un-Asian” or “un-African”.^{22,24,25,49,75–77,112,113,139} For young people, differential acculturation could potentially result in intergenerational conflict and mental distress.^{95,119,140}

Analysing recommendations

We also analysed the recommendations emerging from all four strands of the GL with a strong theme across all categories being the need for cultural responsiveness (Table 3, Appendix Table 4).

To meet mental health needs, there were recommendations to establish cultural and linguistic mental health services,^{89,93,140} improve culturally competent skills of health professionals^{76,90,125,141} and educate the community to improve access to mental health services.¹⁴¹ There were special recommendations for women who experience violence, including for culturally specialised and community-based services.^{81–84}

Recommendations also highlighted the importance of primary healthcare services creating partnerships with A/EM community groups,^{107,118,142} including for intersectional groups.^{91,143} Whole-of-government approaches were proposed for refugee-specific health services,^{88,144} including innovative art-based approaches to engage communities and facilitate social connections.^{85,89} There were also recommendations for the provision of culturally appropriate food in hospitals.^{120,130,145}

Several studies made recommendations on prevention, such as prevention of tuberculosis,¹⁴⁶ period poverty¹⁴⁷ and domestic violence,⁸¹ and on enhancing quality of life of elderly migrants.¹⁴⁸ Prevention studies highlighted the importance of culturally tailored health messaging,¹³¹ culturally informed services for HIV prevention,^{119,149} improving cultural awareness of health professionals in relation to screening^{114,150} and ways to improve physical activity among South Asian migrant women.¹⁵¹

Theses/dissertations and reports recommended recruiting more A/EM professionals in mainstream healthcare services,¹⁴³ and improving employment conditions to minimise service disruptions reliant on A/EM professionals.^{101,103} Research and NGO reports had recommendations related to addressing racism and discrimination,

both at a structural and interpersonal level, and highlighted the importance of community voice in decision making.

Recommendations for future research also featured in the GL. Future research suggestions included implications of Western dietary habits for children,¹²⁸ mental health risks and user-friendly services,^{92,95,152} therapy needs to address oppression experienced by A/EM sexual and gender minority youth,⁹¹ sex education skills among A/EM parents¹¹⁹ and risk factors for increased blood pressure in primary school children.¹⁵³ In women's health, improved intersectional understandings of family violence,⁸⁰ risk of pregnancy complications,⁶⁹ psychological services for women^{75,77} and cervical screening uptake¹¹⁴ were recommended. Further research is also needed on elder care delivery,¹⁰¹ critical life events¹⁵⁴ and caregiving.¹⁵⁵

Discussion

The scoping review of the GL provided substantive and original knowledge on A/EM health in New Zealand. Some broad observations are noted here. First, studies in GL canvas a broader diversity of topics than is found among published A/EM health research. Rather than a disproportionate focus on “ethnic diseases”,² GL scholarship draws attention to issues not typically covered in such scholarship including body image, queer sexuality, parenting and sex education, among others. The GL scholarship, especially student research, showcased a particular focus on mental health and wellbeing issues; for new migrants, these centred around the challenges of settling into a new country, and for a younger generation, questions around identity and belonging were prominent.

A second observation is that the GL literature was more likely to focus on A/EM sub-groups often overlooked in published health research, allowing for more visibility of health issues for African, Middle Eastern and Latin American populations compared to published research in academic journals and books. GL research was also more likely to examine intersectional identities or complex identifications beyond merely being a homogenous “Asian” or migrant or refugee. A third observation relates to risk and protective factors. While GL confirmed what is already known in health equity research, highlighting the focus on structural determinants (such as employment, housing, etc.), institutional blindness (e.g., in health messaging) and structural discrimination (such as racism), it also

showcases innovations in A/EM health through use of holistic, transdisciplinary, critical (highlighting imbalances in power) and non-Western frameworks (e.g., Afro-centric, Indian, Chinese epistemologies). The pervasiveness of acculturation in health outcomes was a prominent theme, reflecting both alignment and antagonisms between cultures, particularly impacting women and young people. These facets deserve attention within mainstream theories of A/EM health equity.

A final observation relates to recommendations for change. There is an overwhelming call across all strands of GL for cultural responsiveness in healthcare that includes, but is not limited to, designing culturally appropriate services, diagnostic tools and health messaging. Cultural responsiveness *vis-à-vis* recruitment and retention of diverse personnel is another key theme that was prominent in this research.

This GL analysis is limited in that the literature covers the decade prior to COVID-19 and significant changes to migration policy and health sector reforms. At one level, the needs of the community are likely to be consistent despite these changes. However, there is also a possibility that the implications of the new landscape limit the findings of this analysis. That said, responses to these changes on migrant health are best captured in GL, reinforcing the value of this body of scholarship.

Conclusion

Our scoping review of GL is a companion to a previously published review of a 10-year analysis of published research on A/EM health in New Zealand. A detailed process for identifying and including “high credibility” GL was undertaken, culminating in a final corpus of 167 documents in four categories—namely, student research, NGO reports, research reports and government reports. GL tends to be considered as inferior to

published health research but, contrary to this widely held view, our review affirms GL as a substantial repository of A/EM health research and knowledge. Indeed, GL research may offer opportunities for greater visibility of marginalised groups and opportunities to develop innovative frameworks for health and equity. Our review of GL also highlights the more prominent focus on recommendations and their application. Several recommendations, particularly around culturally competent healthcare, advance guidelines for practice and are foundations for evaluating existing practices (see Appendix Table 4). The GL also offers new areas to further research unique to ethnic communities; for example, there is scope to explore acculturation and intergenerational relationships as part of public health research. There is also the potential for ethnic methodologies to be the basis for practical screening and diagnostic tools.

In all, our main takeaways from this study are: a) GL literature offers practical recommendations not otherwise found in published research, b) GL student theses are a particular space for innovative and creative thinking during the period under consideration, but these are often unpublished—improving avenues for their work is a priority. Although all four categories were important knowledge bases for A/EM health, student research particularly offered creative, cutting-edge and “home-grown” conceptualisations that acknowledged hybridity of A/EM identities and lived realities. Yet student research is also the least likely to find its way into publication and recognition within mainstream health knowledges. This oversight needs to be corrected as it is within this sphere that innovations for future understanding of A/EM health are likely to emerge.

Table 1: Number of grey literature publications by year, ethnic group, population category and broad area of research.

| | Theses/dissertations | Governments reports | NGO reports | Research reports |
|----------------------------|---|--|---------------------------|---------------------------------------|
| Year of publication | | | | |
| 2011 | 10 ^{75,76,85,86,90,98,114,136,141,156} | 4 ^{16,19,29,33} | 1 ⁴⁶ | 3 ^{60,63,67} |
| 2012 | 11 ^{69,70,77,78,87,99,108,112,118,157,158} | 6 ^{15,20,30,34,42,43} | 1 ¹⁰⁰ | 3 ^{64,116,159} |
| 2013 | 10 ^{79,88,96,128,142,149,160-163} | 6 ^{13,14,21,31,44,45} | 2 ^{47,54} | 2 ^{65,68} |
| 2014 | 13 ^{71-73,80,83,93,101,143,148,164-167} | 3 ^{10,22,23} | 1 ⁴⁸ | 2 ^{66,168} |
| 2015 | 11 ^{84,94,110,119,123,124,137-139,154,169} | 4 ^{24-26,35} | 0 | 0 |
| 2016 | 7 ^{81,95,102,107,134,151,170} | 2 ^{12,38} | 0 | 0 |
| 2017 | 13 ^{82,122,125,150,152,171-178} | 4 ^{11,18,39,40} | 0 | 0 |
| 2018 | 4 ^{74,146,179,180} | 2 ^{32,181} | 1 ⁵⁵ | 2 ^{61,62} |
| 2019 | 9 ^{89,91,103,104,119,127,128,153,182} | 1 ²⁷ | 6 ^{49-53,56} | 0 |
| 2020 | 12 ^{92,113,115,131,144,145,147,155,183-186} | 5 ^{17,28,36,37,41} | 3 ⁵⁷⁻⁵⁹ | 3 ^{105,117,187} |
| Ethnic group | | | | |
| Chinese | 41 ^{69,71,79,81,90,91,96,98,103,104,115,129-131,136-138,141,145,148,150,152,154-157,162-167,169,171,174,176,178,183,185,186} | 13 ^{11,12,15,17,18,20,22-24,26,27,45,181} | 4 ^{54,55,57,100} | 6 ^{66-68,105,116,117} |
| Indian | 16 ^{69,78,98,102,103,110,120,136,150,154,160-162,171,173,180} | 6 ^{11,13,15,18,26,181} | 5 ^{50-52,57,100} | 6 ^{67,68,105,116,159,187} |
| African | 12 ^{69,83,84,102,108,113,119,125,146,149,158,164} | 4 ^{10,16,28,181} | 1 ⁵² | 8 ^{63-65,68,105,159,168,187} |
| Korean | 11 ^{74-76,93-95,136,142,143,152,166} | 5 ^{11,17,20,23,24} | 3 ^{54,56,57} | 2 ^{105,116} |
| South Asian | 11 ^{70,80,107,120,134,147,151,153,170,172,182} | 5 ^{12,17,26,28,42} | 1 ⁵⁸ | 1 ⁶⁶ |

Table 1 (continued): Number of grey literature publications by year, ethnic group, population category and broad area of research.

| | Theses/dissertations | Governments reports | NGO reports | Research reports |
|----------------------------|---|--|-----------------------|----------------------------|
| Southeast Asian | 4 ^{69,130,162,172} | 5 ^{17,26,27,42,181} | 1 ¹⁰⁰ | 1 ¹¹⁶ |
| Other Asian | 7 ^{69,153,161,162,165,170,172} | 10 ^{10-13,15,18,26,27,42,181} | 0 | 4 ^{67,68,159,187} |
| Latino | 4 ^{69,118,123,124} | 3 ^{10,16,181} | 3 ^{50,51,53} | 1 ⁶⁸ |
| Middle Eastern | 1 ⁷² | 4 ^{10,16,42,181} | 0 | 3 ^{68,159,187} |
| Filipino | 5 ^{98,102,139,165,175} | 1 ¹¹ | 1 ⁵⁷ | 1 ¹⁰⁵ |
| Japanese | 3 ^{103,142,154} | 2 ^{11,20} | 1 ⁵⁷ | 0 |
| Sri Lankan | 2 ^{102,103} | 1 ¹¹ | 1 ⁵⁴ | 0 |
| Muslim | 3 ^{14,103,112} | 1 ²¹ | 0 | 0 |
| Fijian Indian | 2 ^{73,99} | 0 | 1 ⁵⁴ | 1 ¹⁸⁷ |
| East Asian | 1 ¹⁸⁰ | 1 ⁴² | 0 | 0 |
| Malaysian | 2 ^{136,166} | 0 | 0 | 0 |
| Vietnamese | 2 ^{154,165} | 0 | 0 | 0 |
| Sikh | 1 ¹⁸⁴ | 0 | 0 | 0 |
| Population category | | | | |
| Refugee | 9 ^{85-89,122,128,144,177} | 12 ^{19,22,25,30,31,33-35,37,40,41,43} | 4 ^{46-48,51} | 4 ^{60-62,116} |
| Migrant | 8 ^{77,82,87,89,101,154,174,179} | 8 ^{17,19,28,31,36,37,40,41} | 3 ^{49,51,59} | 1 ⁶⁶ |
| Women | 26 ^{14,69-84,94,108,112,113,122,131,147,175,182} | 4 ^{13,25,44,45} | 0 | 1 ¹⁶⁸ |
| Youth | 5 ^{95,137,162,165,174} | 0 | 1 ⁴⁸ | 2 ^{67,68} |
| Children | 6 ^{143,153,161,170-172} | 1 ²⁹ | 0 | 0 |

Table 1 (continued): Number of grey literature publications by year, ethnic group, population category and broad area of research.

| | Theses/dissertations | Governments reports | NGO reports | Research reports |
|---|--|--|-----------------------|----------------------------|
| Parents | 3 ^{77,95,143} | 0 | 0 | 0 |
| Older peoples | 5 ^{74,101,139,148,167} | 0 | 1 ⁵⁴ | 1 ¹¹⁷ |
| LGBTQIA+ | 2 ^{91,150} | 0 | 0 | 1 ⁶⁶ |
| Disability | 1 ¹⁴³ | 2 ^{21,29} | 0 | 0 |
| Broad area of research | | | | |
| Chronic health conditions | 11 ^{99,129,146,153,163,169,172,179,180,184,186} | 0 | 0 | 0 |
| Body composition/diet | 14 ^{69-73,120,128,130,145,157,161,170,171,182} | 0 | 0 | 0 |
| Mental health | 23 ^{77,85-96,103,108,110,124,125,141,152,154,165,177} | 5 ^{23,24,27,33,37} | 4 ^{48,55-57} | 1 ⁶¹ |
| Addictions | 4 ^{137,138,162,183} | 3 ^{17,22,25} | 0 | 1 ¹¹⁶ |
| Reproductive/sexual health | 18 ^{69,71,75,78-84,113,114,119,131,149,150} | 6 ^{13,19,28,36,44,45} | 5 ⁴⁹⁻⁵³ | 6 ^{63-66,168,187} |
| Health practice/service provision | 21 ^{83,88,96,98,99,101-104,115,118,134,145,155,158,160,163,164,176,180,185} | 13 ^{13,14,20,29,31,32,35,38,39,42-45} | 2 ^{47,100} | 3 ^{62,105,159} |
| Patient perceptions/service utilisation | 11 ^{71,73,92,93,107,114,134,150,156,166,167} | 1 ³³ | 3 ^{47,49,59} | 1 ⁶⁵ |
| Settlement experience/identity | 12 ^{76,77,90,104,108,122-125,136,136,162,174} | 0 | 2 ^{48,59} | 1 ⁶⁶ |

Table 2: Themes that intersect with acculturation.

| | Theses/dissertations | Government reports | NGO reports | Research reports |
|--|----------------------|--------------------|-------------|------------------|
| Acculturation | | | | |
| Acculturation leads to new value frameworks | 73,76,124-127 | 22,24,25 | 48 | 65,75 |
| Acculturation is associated with better health-seeking behaviours | 35,76,131 | 24,27 | - | 63 |
| Acculturation improves ability to negotiate between plural health knowledges | 35,76,134,135,185 | - | - | - |
| Acculturation impacts dietary habits | 71,99,128-130,169 | 35 | - | - |
| “Healthy migrant effect” diminishes over time as acculturation occurs | 175 | 11,12,15,18,40 | - | - |
| The desire to acculturate (e.g., to “fit in”) leads migrants to adopt health-harming behaviours (increased alcohol consumption, gambling) | 138 | 12,17,22,25 | - | 116 |
| Acculturation can have positive effects (e.g., improved English levels, physical and/or mental health, feelings of safety and/or belonging) | 93,112,124,125 | 35 | - | 65,66,75 |
| The strength and effectiveness of the welcome given to migrants and/or refugees by service providers impacts their feeling of belonging and speed of acculturation | - | - | 46,47 | 61,75 |
| Acculturation stress | | | | |
| Acculturation stress leads to health-harming behaviours (e.g., problem gambling) | 124,136,138 | 17,24 | - | 116 |
| Acculturation stress negatively impacts mental health | 89,95,124,136,139 | 24 | 55 | 116 |
| Acculturation stress is significant for migrants shifting from collectivist to individualistic societies | 136 | - | 56 | 63 |
| Acculturation conflict | | | | |
| Different rates of acculturation can lead to intergenerational conflict or tension within families | 76,88,95,119,140 | 22,24 | 49,56 | 62,75,116 |

Table 2 (continued): Themes that intersect with acculturation.

| | Theses/dissertations | Government reports | NGO reports | Research reports |
|--|--------------------------------------|--------------------|-------------|------------------|
| Acculturation impacts women and young people more with respect to traditional practices | 76,77,112,113,139 | 22,24,25 | 49 | 75 |
| Acculturation conflict is often experienced between children and parents (children adopt values and lifestyles of new country while parents expect them to uphold traditional cultural values) | 76,88,95,119 | 22,24 | - | 62,75 |
| Acculturation may feel like being “stuck between two worlds” as migrants try to hold onto traditional culture but adapt to New Zealand society | 76,77,90,112,113,119,122,123,125,139 | 22,25 | 48 | 62,65 |

Table 3: Summary of recommendations for health service improvements.

| Area of focus | Cultural responsiveness | | | | | | Ethnic minority workforce | | | Holistic approach to care | | Addressing racism and discrimination | Empowering and providing opportunities in decision making | Column total |
|-----------------------------------|--|---|---|--|---|--|-----------------------------------|-----------------------------------|-------------------------------------|---|--|--------------------------------------|---|--------------|
| | Creating culturally responsive services and policies | Improving culturally competent skills of health professionals | Developing partnerships and building trust with community | Creating culturally appropriate health messaging, (including education on New Zealand's health system) | Using ethnic-specific diagnostic tools and criteria | Improving ethnic/group-specific data collection, reporting | Foster growth of ethnic workforce | Addressing hardship in employment | Creating culturally safe workspaces | Whole-of-government or population health approach | Improving information sharing between services | | | |
| Addiction services | • (3) | | • (1) | • (2) | | | • (1) | | | • (1) | • (2) | • (1) | | 11 |
| Antenatal services | | | | • (1) | | | | | | | | | | 1 |
| Cervical/breast screening service | | • (2) | | • (2) | | | | | | | | | | 4 |
| COVID-19 services | • (1) | | • (1) | • (2) | | • (1) | | | | • (2) | | | | 7 |
| Cultural case workers | | | | | | | • (2) | • (1) | | | | | | 3 |

Table 3 (continued): Summary of recommendations for health service improvements.

| | | | | | | | | | | | | | | |
|---|-------|-------|-------|-------|-------|-------|--|--|--|-------|-------|--|-------|----|
| Dementia care services | • (1) | • (1) | • (1) | • (1) | | | | | | | | | | 4 |
| Diabetes and cardiovascular disease services | • (1) | | | • (4) | • (2) | | | | | | | | | 7 |
| Disability care services | • (2) | • (1) | • (3) | • (1) | | | | | | | | | | 7 |
| Elderly care services | | | | | | | | | | • (2) | | | | 2 |
| Electronic health records | | | | | | • (1) | | | | | | | | 1 |
| Family planning, contraception services | • (1) | | | • (2) | | | | | | | | | | 3 |
| Family violence prevention services | | | • (3) | • (2) | | • (1) | | | | • (2) | | | • (2) | 10 |
| General practice/primary health organisation services | • (3) | • (4) | | | | • (2) | | | | | • (2) | | | 11 |

Table 3 (continued): Summary of recommendations for health service improvements.

| | | | | | | | | | | | | | | |
|---|--------|-------|-------|-------|--|-------|-------|-------|-------|-------|-------|--|-------|----|
| Health services overall | • (5) | • (1) | | • (1) | | • (2) | • (2) | | | • (2) | • (2) | | • (1) | 16 |
| Hearing-care services | • (1) | | | | | | | | | | | | | 1 |
| HIV/AIDs prevention services | • (4) | • (2) | • (1) | • (4) | | | | | | | | | • (1) | 12 |
| Hospitals | | | | | | | | | • (1) | | | | | 1 |
| Mental health and psychological services | • (14) | • (9) | • (4) | • (8) | | • (2) | • (2) | • (1) | | • (1) | • (2) | | | 43 |
| Nursing services | | | | | | | | • (1) | • (1) | | | | • (1) | 3 |
| Nutrition and dietetic services | • (5) | | | • (2) | | | | | | | | | | 7 |
| Oral health services | • (1) | | | • (1) | | | | | | | | | | 2 |
| Paediatric services | | | • (1) | • (2) | | | • (1) | | | • (1) | | | | 5 |
| Palliative, hospice, advanced care services | • (2) | • (1) | • (1) | • (1) | | | | | | | | | • (1) | 6 |

Table 3 (continued): Summary of recommendations for health service improvements.

| | | | | | | | | | | | | | | |
|--|-------|-------|-------|-------|-------|-------|--|--|--|-------|-------|-------|-------|---|
| Physical activity and wellbeing services | • (1) | | • (3) | | | | | | | | | • (1) | 5 | |
| Primary healthcare and health promotion services | | | • (5) | • (2) | | | | | | | | | 7 | |
| Refugee health services | • (6) | • (5) | | • (2) | | • (1) | | | | • (7) | | • (1) | 22 | |
| Sexual violence prevention services | | • (1) | • (1) | • (1) | | | | | | • (1) | | • (1) | • (2) | 7 |
| Stroke care services | | • (1) | | | | | | | | | | | 1 | |
| Suicide prevention services | | | | | | | | | | • (1) | • (1) | | • (1) | 3 |
| Tuberculosis care services | | | | | | | | | | • (1) | | | 1 | |
| Ultrasound services | | | | | • (1) | | | | | | | | 1 | |

Table 3 (continued): Summary of recommendations for health service improvements.

| | | | | | | | | | | | | | | |
|--|--------|-------|----|-------|---|-------|---|---|---|-------|---|---|-------|----|
| Women's health (violence, female genital mutilation, period poverty) | • (10) | | | | | | | | | • (1) | | | | 11 |
| Youth health services | • (3) | • (1) | | • (2) | | • (2) | | | | • (1) | | | • (1) | 10 |
| Row total | 64 | 29 | 25 | 43 | 3 | 12 | 8 | 3 | 2 | 23 | 9 | 4 | 10 | |

Note: numbers in brackets refer to total recommendations per cell.

COMPETING INTERESTS

None.

AUTHOR INFORMATION

Annie Chiang: PhD Candidate, School of Population Health, Faculty of Medical and Health Sciences, Waipapa Taumata Rau The University of Auckland, Auckland, Aotearoa New Zealand.

Alina Meador: Research Assistant, School of Population Health, Faculty of Medical and Health Sciences, Waipapa Taumata Rau The University of Auckland, Auckland, Aotearoa New Zealand.

Ass Prof Roshini Peiris-John: Associate Professor and Co-Director, Centre for Asian and Ethnic Minority Health Research and Evaluation (CAHRE), School of Population Health, Faculty of Medical and Health Sciences, Waipapa Taumata Rau The University of Auckland, Auckland, Aotearoa New Zealand.

Prof Rachel Simon-Kumar: Professor and Co-Director, Centre for Asian and Ethnic Minority Health Research and Evaluation (CAHRE), School of Population Health, Faculty of Medical and Health Sciences, Waipapa Taumata Rau The University of Auckland, Auckland, Aotearoa New Zealand.

CORRESPONDING AUTHOR

Rachel Simon-Kumar: School of Population Health, Centre for Asian and Ethnic Minority Health Research and Evaluation (CAHRE), Waipapa Taumata Rau The University of Auckland, 22 Park Avenue, Grafton, Auckland, Aotearoa New Zealand. Ph: 09-923-7645
E: r.simon-kumar@auckland.ac.nz

URL

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REFERENCES

1. Stats NZ. 2018 Census ethnic group summaries [Internet]. 2020 [cited 2024 Jan 3]. Available from: <https://www.stats.govt.nz/tools/2018-census-ethnic-group-summaries>
2. Chiang A, Simon-Kumar R, Peiris-John R. A decade of Asian and ethnic minority health research in New Zealand: findings from a scoping review. *N Z Med J*. 2021;134(1542):67-83.
3. Higgins JG, editor. *Cochrane Handbook for Systematic Reviews of Interventions* [Internet]. Cochrane; 2008 [cited 2024 Jan 3]. Available from: <https://training.cochrane.org/handbook>
4. Garousi V, Felderer M, Mäntylä MV. Guidelines for including grey literature and conducting multivocal literature reviews in software engineering. *Inf Softw Technol*. 2019 Feb 1;106:101-21.
5. Eisen MB. We need to act now. *Elife*. 2020 Jun 5;9:e59636. doi: 10.7554/eLife.59636.
6. Merchant RM, Del Rio C, Boulware LE. Structural Racism and Scientific Journals-A Teachable Moment. *JAMA*. 2021 Aug 17;326(7):607-8. doi: 10.1001/jama.2021.12105.
7. Niriella MA, Silva AP, de Silva HJ, Jayasinghe S. 'Is there racism in academic medical publishing?'. *BMJ Evid Based Med*. 2021 Dec 1;26(6):e3. doi: 10.1136/bmjebm-2020-111487.
8. Munn Z, Peters MDJ, Stern C, et al. Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Med Res Methodol*. 2018 Nov 19;18(1):143. doi: 10.1186/s12874-018-0611-x.
9. Ministry for Ethnic Communities – Te Tari Mātāwaka. Community Directory [Internet]. 2023 [cited 2024 Jan 3]. Available from: <https://www.ethniccommunities.govt.nz/community-directory/>
10. Walker R. Auckland Region DHBs Asian & MELAA: 2013 Census Demographic and Health Profile [Internet]. Auckland, New Zealand: Northern Regional Alliance; 2014 [cited 2021 Oct 21].
11. Zhou L, Bennett S. International Benchmarking of Asian Health Outcomes for Waitemata and Auckland DHBs. Auckland, New Zealand: Waitematā District Health Board; 2017 [cited 2021 Oct 21]. Available from: <https://adhb.health.nz/assets/Documents/About-Us/Planning-documents/International-Benchmarking-of-Asian-Health-Outcomes.pdf>
12. Scragg R. Asian Health in Aotearoa in 2011 - 2013: trends since 2002-2003 and 2006-2007 [Internet]. Auckland, New Zealand: Northern Regional Alliance; 2016 [cited 2021 Oct 21].
13. Lim S, Mortensen A. Cervical Cancer Screening Best Practice Supplementary Resource 1: Asian population [Internet]. 2013 [cited 2021 Oct 29].
14. Bartholomew N. Culturally and Linguistically Diverse Populations and Health in Canterbury. Canterbury, New Zealand: Canterbury District Health Board on behalf of Pegasus Health (Charitable) Ltd.; 2013. p. 37.
15. Mehta S. Health needs assessment of Asian people living in the Auckland region [Internet]. Auckland, New Zealand: Northern DHB Support Agency; 2012 [cited 2021 Oct 29]. Available from: <https://www.countiesmanukau.health.nz/assets/About-CMH/Performance-and-planning/health-status/79875e5978/2012-health-needs-of-asian-people.pdf>
16. Perumal L. Health needs assessment of Middle Eastern, Latin American and African people living in the Auckland region [Internet]. Auckland,

- New Zealand: Auckland District Health Board; 2011 [cited 2021 Oct 21]. Available from: https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE42021779
17. Problem Gambling Foundation Group. Impact of Gambling Harm on Asian Health [Internet]. Auckland, New Zealand; 2020 [cited 2021 Nov 29].
 18. Zhou L, Bennett S. Asian health benchmarking technical report for Waitemata and Auckland DHBs: supplement to the international benchmarking of Asian health outcomes for Waitemata DHB and Auckland DHB report [Internet]. Auckland, New Zealand): Waitematā District Health Board; 2017 [cited 2021 Sep 30]. Available from: <https://www.adhb.health.nz/assets/Documents/About-Us/Planning-documents/International-Benchmarking-of-Asian-Health-Outcomes.pdf>
 19. Levine M, Benkert N. Case Studies of Community Initiatives Addressing Family Violence in Refugee and Migrant Communities [Internet]. Wellington, New Zealand: Centre for Social Research and Evaluation, Ministry of Women's Affairs; 2011 [cited 2021 Oct 6]. Available from: <https://www.women.govt.nz/library/case-studies-community-initiatives-addressing-family-violence-refugee-and-migrant>
 20. Lee B, Reid K. Understanding palliative and hospice needs of East Asian peoples in Christchurch: With communities, for communities [Internet]. Christchurch, New Zealand: Partnership Health Canterbury; 2012 [cited 2021 Oct 29].
 21. Yusuf I, Khan Janif J. Waitemata DHB- Working with Muslim Families and Disability [Internet]. Child Women and Family Service; 2013 [cited 2021 Oct 29].
 22. Community Insight Group. Our stories: The impact of alcohol on individuals and families from some of New Zealand's less often heard community voices [Internet]. Wellington, New Zealand: Health Promotion Agency; 2014 [cited 2021 Oct 29].
 23. Feng K, Lim S. Asian Mental Health Cultural Support Coordination Service: Consumer Satisfaction Survey Report [Internet]. Auckland, New Zealand: WDHB Asian Mental Health Cultural Support Coordination Service; 2014 [cited 2021 Oct 21].
 24. Ho E, Au P, Amerasinghe D. Suicide in Asian Communities: An Exploratory Study [Internet]. Auckland, New Zealand): Auckland District Health Board; 2015 [cited 2021 Oct 29].
 25. Health Promotion Agency. Women and alcohol: Navigating two worlds: Refugee and migrant women's experience of alcohol in New Zealand [Internet]. AlcoholNZ; 2015 [cited 2021 Oct 29]. Available from: <https://resources.alcohol.org.nz/assets/Uploads/AlcoholNZ-June2015-Web.PDF>
 26. Lim S, Mortensen A, Feng K, Yeo I. Late Presentations by Asian People to WDHB Mental Health Inpatient Services Project Report [Internet]. Auckland, New Zealand): Waitematā District Health Board; 2015 [cited 2021 Oct 29].
 27. Suicide Mortality Review Committee. Understanding deaths by suicide in the Asian population of Aotearoa New Zealand – Te whakamārama i ngā mate whakamomori i te taupori Āhia i Aotearoa [Internet]. Wellington, New Zealand: Health Quality & Safety Commission; 2019 [cited 2021 Oct 19]. Available from: <https://www.hqsc.govt.nz/assets/Our-work/Mortality-review-committee/SuMRC/Publications-resources/Understanding-deaths-by-suicide-Asian-population.pdf>
 28. Family Violence Death Review Committee. Sixth report | Te Pūrongo tuaono: Men who use violence | Ngā tāne ka whakamahi i te whakarekerekere [Internet]. Wellington, New Zealand: Health Quality & Safety Commission; 2020 [cited 2021 Oct 19]. Available from: <https://www.hqsc.govt.nz/resources/resource-library/family-violence-death-review-committee-sixth-report-men-who-use-violence-te-purongo-tuaononga-tane-ka-whakamahi-i-te-whakarekerekere/>
 29. Black S, Butler R, Dunbar L, Wheeler A. Evaluation of Waitemata District Health Board Child Disability Service Project for Culturally and Linguistically Diverse Families. Auckland (NZ): Waitemata DHB Mental Health and Addictions CRRC; 2011 [cited 2021 Oct 19].
 30. Woodley A, Williams L. Refugee Health Collaborative. Auckland, New Zealand: Point Research Limited; 2012 p. 45.
 31. Chhichhia P, Cranney F, Dube P, et al. Auckland Regional Public Health Service- New Migrants and Refugee Swimming Programme Evaluation Report [Internet]. Auckland, New Zealand; 2013.
 32. Mortensen A, Lim S, Puddle S. Pre and Post CALD Training Evaluation Study [Internet]. Auckland, New Zealand: Waitematā District Health Board, eCALD® Services; 2018 [cited 2021 Oct 29].
 33. Shah K. Muslim Mental Health Awareness. Auckland, New Zealand: Auckland District Health Board; 2011. p. 52.
 34. Searle W, Prouse E, L'Ami E, et al. New Land, New Life: Long-Term Settlement of Refugees in New Zealand - Main Report [Internet]. Wellington, New Zealand: Ministry of Business, Innovation and Employment; 2012 [cited 2021 Oct 29]. Available from: <https://www.mbie.govt.nz/dmsdocument/2688-new-land-new-life-longterm-settlement-refugees-main-report-pdf>

35. Wong A. Challenges for Asian health and Asian health promotion in New Zealand. Health Promotion Forum of New Zealand; 2015. p. 12.
36. Immigration New Zealand. Recent Migrant Victims of Family Violence Project 2019: Final Report [Internet]. Wellington, New Zealand: Ministry of Business, Innovation and Employment; 2020 [cited 2021 Oct 29]. Available from: <https://www.mbie.govt.nz/dmsdocument/12138-recent-migrant-victims-of-family-violence-project-2019-final-report>
37. Anderson D, Dominick C, Langley E, et al. Rapid Evidence Review: The immediate and medium-term social and psycho-social impacts of COVID-19 in New Zealand [Internet]. Wellington, New Zealand: Ministry of Social Development; 2020 [cited 2021 Oct 29]. Available from: <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/statistics/covid-19/social-impacts-of-covid-19.pdf>
38. Counties Manukau District Health Board. Asian Health Plan 2016/17 [Internet]. Auckland, New Zealand: Counties Manukau District Health Board; 2016 [cited 2021 Oct 19]. Available from: <https://www.countiesmanukau.health.nz/assets/About-CMH/Reports-and-planning/Annual-reports-and-plans/8ca22907c7/2016-17-CM-Health-Asian-Health-Plan.pdf>
39. Counties Manukau District Health Board. Asian Health Plan 2017/18 [Internet]. Auckland, New Zealand: Counties Manukau District Health Board; 2017 [cited 2021 Oct 19]. Available from: <https://www.countiesmanukau.health.nz/assets/About-CMH/Reports-and-planning/Annual-reports-and-plans/cf6c99e1f2/2017-0706-2017-18-CMHealth-Asian-Health-Plan-FINAL.pdf>
40. Waitemata District Health Board, Auckland District Health Board. Asian, Migrant & Refugee Health Plan 2017-2019 [Internet]. Auckland, New Zealand: Waitemata District Health Board; 2017 [cited 2021 Oct 18]. Available from: <https://www.adhb.health.nz/assets/Documents/About-Us/Planning-documents/2017-19-Asian-Migrant-Refugee-Health-Plan-ADHB-WDHB-CPHAC-Final.pdf>
41. Waitemata District Health Board, Auckland District Health Board. Asian, New Migrant, Former Refugee & Current Asylum Seeker Health Plan 2020-2023 [Internet]. Auckland, New Zealand: Waitemata District Health Board; 2020 [cited 2021 Oct 18]. Available from: https://www.adhb.health.nz/assets/Documents/About-Us/Planning-documents/2020-2023-Asian_New-Migrant_FR-AS-Plan_WDHB_ADHB_FINAL.PDF
42. Lim S, Mortensen A, Lee H. Advanced Care Planning: Guide for working with Asian Patients and their families [Internet]. Auckland, New Zealand: WDHB Asian Health Support Services; 2012 [cited 2021 Oct 21].
43. Mortensen A, Rainger W, Hughes S, New Zealand. Refugee Health Care: A handbook for health professionals [Internet]. Wellington, New Zealand: Ministry of Health – Manatū Hauora; 2012 [cited 2021 Dec 6]. Available from: <https://www.hhri.org/wp-content/uploads/2023/11/refugee-health-care-a-handbook-for-health-professionalsv2.pdf>
44. Lim S, Mortensen A. Cervical Cancer Screening Best Practice Supplementary Resource 2: Asian Migrant Models of Health [Internet]. 2013 [cited 2021 Oct 29].
45. Lim S, Mortensen A. Cervical Cancer Screening Best Practice Supplementary Resource 3: CALD Cultural Competencies for Working with Service Users [Internet]. 2013 [cited 2021 Oct 29].
46. Changemakers Refugee Forum. Barriers to achieving good health outcomes in refugee-background communities [Internet]. 2011 [cited 2021 Oct 6]. Available from: <https://communityresearch.org.nz/wp-content/uploads/formidable/8/Barriers-to-achieving-good-health-in-Refugee-background-communities.pdf>
47. New Zealand Red Cross. The Refugee Health and Wellbeing Project: Changes in knowledge, attitude and practice of participants in the health and wellbeing programme [Internet]. 2013 [cited 2021 Oct 29]. Available from: <https://reliefweb.int/report/new-zealand/refugee-health-and-wellbeing-project-changes-knowledge-attitude-and-practice>
48. O'Connor R. Refugee Youth Resettlement Report - "Then came reality": lived experiences of refugee youth in their first 12 months in New Zealand [Internet]. Waikato, New Zealand: New Zealand Red Cross; 2014 [cited 2021 Oct 14]. Available from: https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE23466084
49. Simon-Kumar R. Ethnic perspectives on family violence in Aotearoa New Zealand [Internet]. Auckland, New Zealand: New Zealand Family Violence Clearinghouse, The University of Auckland; 2019 [cited 2021 Oct 14]. Available from: <https://www.vine.org.nz/issues-papers/ethnic-perspectives-on-family-violence-in-aotearoa-new-zealand>
50. Shama Hamilton Ethnic Women's Centre Trust. Addressing sexual violence for ethnic communities: Prevention – General [Internet]. Shama Hamilton Ethnic Women's Centre Trust; 2019 [cited 2021 Oct 14]. Available from: <https://shama.org.nz/wp-content/uploads/2019/11/1.-Addressing-sexual-violence-for-ethnic-communities-Prevention-1.pdf>

51. Shama Hamilton Ethnic Women's Centre Trust. Addressing sexual violence for ethnic communities: Prevention – Responses from specific communities [Internet]. Shama Hamilton Ethnic Women's Centre Trust; 2019 [cited 2021 Oct 14]. Available from: <https://shama.org.nz/wp-content/uploads/2019/11/2.-Addressing-sexual-violence-for-ethnic-communities-Prevention-2.pdf>
52. Shama Hamilton Ethnic Women's Centre Trust. Addressing sexual violence for ethnic communities: Responding when harm has occurred [Internet]. Shama Hamilton Ethnic Women's Centre Trust; 2019 [cited 2021 Oct 14]. Available from: <https://shama.org.nz/wp-content/uploads/2019/11/3.-Addressing-sexual-violence-for-ethnic-communities-Responses.pdf>
53. Shama Hamilton Ethnic Women's Centre Trust. Addressing sexual violence for ethnic communities: Principles and practices for a new service [Internet]. Shama Hamilton Ethnic Women's Centre Trust; 2019 [cited 2021 Oct 14]. Available from: <https://shama.org.nz/wp-content/uploads/2019/12/4.-Addressing-sexual-violence-for-ethnic-communities-Principles.pdf>
54. Punchihewa C, Lou M. Dementia Support for Asian Communities: Understanding barriers and developing culturally appropriate services [Internet]. Auckland, New Zealand: AlzheimersNZ; 2013 [cited 2021 Oct 14].
55. Ning B. Wellington Chinese Psychological Health Survey 2018: An analytical report. Asian Family Services; 2018 [cited 2021 Oct 14]. Available from: <https://www.asianfamilyservices.nz/media/eyJnfpq5/wellington-chinese-psychological-health-survey-2018.pdf>
56. Asian Family Services, Asian Suicide Prevention Advisory Group. Report on the Development of a Suicide Prevention Resource for Korean People. Auckland, New Zealand: Asian Family Services, Asian Suicide Prevention Advisory Group; 2019 [cited 2021 Oct 14]. Available from: https://www.asianfamilyservices.nz/media/m5ejvsls/korean_suicide_prevention_resources_development_oct2019_pdf.pdf
57. Zhu A. NZ Asian Mental Health & Wellbeing Report 2020 [Internet]. Asian Family Services; 2020 [cited 2021 Oct 14]. Available from: <https://www.asianfamilyservices.nz/resources/resource-items/nz-asian-mental-health-wellbeing-report-2020/>
58. Fakhruddin B, Rahman J, Islam M. Community-based response to the COVID-19 Pandemic: The case of South Asian community in Auckland, New Zealand. Bangladesh New Zealand Friendship Society Inc.; 2020 [cited 2021 Oct 14]. Available from: <https://www.preventionweb.net/publication/community-based-response-covid-19-pandemic-case-south-asian-community-auckland-new>
59. Belong Aotearoa. Migrant Experiences in the time of COVID: Survey Report 2020 [Internet]. Belong Aotearoa; 2020 [cited 2021 Oct 4]. Available from: https://static1.squarespace.com/static/5cca54599e483d0001fff53b/t/6036e88e787d37136315aa1e/1614211227802/Migrant+Experiences+in+the+time+of+COVID_Belong+Aotearoa+Survey+Report+2020.pdf
60. DeSouza R. Doing it for ourselves and our children: Refugee women on their own in New Zealand [Internet]. Refugee Services Aotearoa New Zealand; 2011 [cited 2021 Dec 6]. Available from: <http://www.ruthdesouza.com/wp-content/uploads/2011/06/DeSouza-Doing-It-for-Ourselves-full.pdf>
61. McIntosh A, Cockburn-Wooten C. Community Hospitality: Improving Advocacy and Support for Refugees. Poole, England: Council for Hospital Management Education (CHME) 2018 Annual Research Conference, Bournemouth University; 2018. p. 22.
62. Ward C, Lescelius J, Jack A, et al. Meeting the Needs and Challenges of Migrants and Former Refugees in the Nelson and Tasman Regions. Wellington, New Zealand: The Centre for Applied Cross-cultural Research Victoria University of Wellington; 2018 [cited 2021 Oct 14]. Available from: https://www.victoria.ac.nz/_data/assets/pdf_file/0004/1741432/Meeting_the_needs_and_challenges_of_migrants_and_former_refugees_in_the_Nelson_and_Tasman_regions_May2018.pdf
63. Fouche C, Henrickson M, Cannon Poindexter C, et al. "Standing in the Fire": Experiences of HIV-Positive, Black African Migrants and Refugees Living in New Zealand [Internet]. Auckland, New Zealand: The University of Auckland; 2011 [cited 2021 Oct 14]. Available from: https://www.massey.ac.nz/massey/fms/Massey%20News/2011/8/docs/HIV-BAM_Research%20Report_web.pdf
64. Dickson N, Henrickson M, Mhlanga F. AfricaNZ Count: An estimate of currently resident and HIV positive Africans in New Zealand [Internet]. Massey University; 2012 [cited 2021 Oct 14]. Available from: <https://www.massey.ac.nz/massey/fms/AfricaNZ%20HIV%20Research%20Project/AfricaNZ%20Count%20Full.pdf>
65. Henrickson M, Dickson N, Mhlanga F, Ludlam A. AfricaNZ care: a report on knowledge, attitudes, behaviours and beliefs about HIV among black Africans living in New Zealand [Internet]. 2013 [cited 2021 Oct 14].
66. Adams J, Neville S. Asian MSM TALK: Views on life

- in Auckland. SHORE & Whariki Research Centre College of Health, Massey University; 2014. p. 37.
67. Parackal S, Ameratunga S, Tin Tin S, et al. Youth'07: The health and wellbeing of secondary school students in New Zealand: Results for Chinese, Indian and other Asian students. Auckland, New Zealand: The University of Auckland; 2011 [cited 2021 Oct 14]. Available from: <https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/2007-asian-report.pdf>
 68. Clark TC, Fleming T, Bullen P, et al. Youth'12 overview: The health and wellbeing of New Zealand secondary school students in 2012 [Internet]. The University of Auckland; 2013 [cited 2021 Oct 14]. Available from: <https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/2012-overview.pdf>
 69. Anderson N. The impact of body mass index and ethnicity on adverse pregnancy outcomes [PhD thesis on the Internet]. Auckland, New Zealand: The University of Auckland; 2012 [cited 2021 Aug 27]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/20634>
 70. Mearns GJ. Preventing Vitamin B12 Deficiency in South Asian Women of Childbearing age - The VitB12 Study [PhD thesis on the Internet]. Auckland, New Zealand: Auckland University of Technology; 2012 [cited 2021 Sep 7]. Available from: <https://openrepository.aut.ac.nz/handle/10292/5327>
 71. Ma J. Eating habits and nutrition attitudes among pregnant Chinese women in New Zealand: a thesis presented in partial fulfilment of the requirements for the degree of Master of Science in Nutritional Science at Massey University, Palmerston North, New Zealand [Master's thesis on the Internet]. Palmerston North, New Zealand: Massey University; 2014 [cited 2021 Sep 11]. Available from: <https://mro.massey.ac.nz/handle/10179/6061>
 72. Mazahery H. Middle Eastern Women's Health Study-Phase II: the effect of monthly 50,000 IU or 100,000 IU vitamin D supplements on Vitamin D status in pre-menopausal Middle Eastern women living in Auckland: a research report presented in partial fulfilment of the requirements for the degree of Master of Sciences in Human Nutrition at Massey University, Albany, New Zealand [Master's thesis on the Internet]. Albany, New Zealand: Massey University; 2014 [cited 2021 Sep 21]. Available from: <https://mro.massey.ac.nz/handle/10179/6059>
 73. Nath N. Constructions of health, weight and bodily appearance among Indo-Fijian women across three generations: a thesis presented in partial fulfilment of the requirements for the degree of Master of Science in Psychology at Massey University [Master's thesis on the Internet]. Massey University; 2014 [cited 2021 Sep 18]. Available from: <https://mro.massey.ac.nz/handle/10179/12144>
 74. Chung S. In Pursuit of Beauty Within the Ageing Body: Voices from Older Korean Women in New Zealand [PhD thesis on the Internet]. University of Otago; 2018 [cited 2021 Sep 10]. Available from: <https://ourarchive.otago.ac.nz/handle/10523/7853>
 75. DeSouza R. Migrant maternity [PhD thesis on the Internet]. Auckland, New Zealand: Auckland University of Technology; 2011 [cited 2021 Sep 4]. Available from: <https://openrepository.aut.ac.nz/handle/10292/4249>
 76. Jeon H. Hybridising identities by Korean mothers and daughters in New Zealand: a doctoral thesis submitted in partial fulfilment of the requirements for the degree of Doctor of Clinical Psychology at Massey University, Albany campus, New Zealand [DClinPsy thesis on the Internet]. Albany, New Zealand: Massey University; 2011 [cited 2021 Sep 11]. Available from: <https://mro.massey.ac.nz/handle/10179/2673>
 77. Ni Bhroin R. Half the world away: a qualitative study exploring migration and motherhood in New Zealand: a thesis presented in partial fulfilment of the requirements for the degree of Master of Arts in Psychology at Massey University [Master's thesis on the Internet]. Palmerston North, New Zealand: Massey University; 2012 [cited 2021 Sep 11]. Available from: <https://mro.massey.ac.nz/handle/10179/6354>
 78. Parry G. Ethnic and maternal determinants of fetal growth in normal pregnancies [thesis on the Internet]. The University of Auckland; 2012 [cited 2021 Sep 2]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/19290>
 79. Guo S. '媿'与'通': Migrant Ethnic Chinese Mothers' Intercultural Communication Experiences with Their Maternity-Care and Health Providers in New Zealand [thesis on the Internet]. University of Waikato; 2013 [cited 2021 Sep 11]. Available from: <https://researchcommons.waikato.ac.nz/server/api/core/bitstreams/e0eefecb-081b-437b-b888-7a29c5db5774/content>
 80. Fu M. "Moving On": Structural Violence and Age(ncy) in Young South Asian Women's Lifeworlds Post-Family Violence in Aotearoa/New Zealand [thesis on the Internet]. The University of Auckland; 2014 [cited 2021 Sep 2]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/24637>
 81. Gee L. Breaking the web of silence: An exploration of Chinese women's experience of domestic violence in New Zealand [Internet] [Thesis]. University of Waikato; 2016 [cited 2021 Sep 11]. Available from: <https://>

- researchcommons.waikato.ac.nz/server/api/core/bitstreams/7314738f-57eb-478a-b3ff-0c2fede85c26/content
82. Nair S. Elephant in the Therapy Room: Counselling experiences of ethnic immigrant women survivors of family violence in Aotearoa, New Zealand [Internet]. The University of Auckland; 2017 [cited 2021 Dec 6]. Available from: <https://nzfvc.org.nz/sites/nzfvc.org.nz/files/Shila-Nair-MCOUN-Research-Paper-Dec-2017.pdf>
 83. Hussen MA. Services for women with female genital mutilation in Christchurch: perspectives of women and their health providers [Master's thesis on the Internet]. University of Canterbury; 2014 [cited 2021 Oct 4]; Available from: <https://ir.canterbury.ac.nz/handle/10092/10437>
 84. Said A. Stories and Strategies of Women Living with Female Genital Mutilation in Auckland Communities [Master's thesis on the Internet]. Auckland University of Technology; 2015 [cited 2021 Sep 7]. Available from: <https://openrepository.aut.ac.nz/handle/10292/9198>
 85. Ma R. Musically-driven Mental Health Promotion: To increase mental well-being of the Burmese community [Master's thesis on the Internet]. Auckland, New Zealand: The University of Auckland; 2011 [cited 2021 Sep 1]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/9901>
 86. Mohamed A. Religion, Culture and Mental Health in Somali Refugees in Christchurch, New Zealand [Master's thesis]. Dunedin, New Zealand: University of Otago; 2011 [cited 2021 Sep 11].
 87. Osam E. Factors that Deter and Enhance Recovery from Demoralisation among Refugees and Migrants in Christchurch [PhD thesis on the Internet]. Dunedin, New Zealand: University of Otago; 2012 [cited 2021 Sep 11]. Available from: <https://ourarchive.otago.ac.nz/handle/10523/2422>
 88. Choumanivong C. Refugee Youths: Adaptation and Mental Health Service Provision [thesis on the Internet]. The University of Auckland; 2013 [cited 2021 Sep 2]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/21480>
 89. Petronilla M. How Migrants and Refugees Experience Play Therapy: The Influences of Cultural Background and Interactions with Social Services [Master's thesis on the Internet]. University of Otago; 2019 [cited 2021 Sep 11]. Available from: <https://ourarchive.otago.ac.nz/handle/10523/9035>
 90. Wong CCH. Growing Up in a Western Country: How Applicable Is the Theory of Second Individuation to Second Generation Chinese Youths? Implications for Psychotherapeutic Practice [Master's dissertation on the Internet]. Auckland, New Zealand: Auckland University of Technology; 2011 [cited 2021 Sep 3]. Available from: <https://openrepository.aut.ac.nz/handle/10292/4475>
 91. Chiang SY. Double Minority Youth Mental Health: An investigation of challenges and opportunities to support Chinese sexual/gender minority young people in New Zealand [thesis on the Internet]. The University of Auckland; 2019 [cited 2021 Aug 23]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/48820>
 92. Qiu L. Self-Identified 1.5/2nd Generation Chinese New Zealander's Perspectives and Attitudes Towards Mental Health [thesis on the Internet]. The University of Auckland; 2020 [cited 2021 Aug 23]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/54077>
 93. Oh LM. Korean migrants' experiences and attitudes towards mental illness and mental health services in New Zealand [Master's thesis on the Internet]. The University of Waikato; 2014 [cited 2021 Sep 10]. Available from: <https://researchcommons.waikato.ac.nz/handle/10289/8784>
 94. Kwon MJ. Korean migrant women's experiences of depression in New Zealand: cultural understanding and change through a narrative therapy lens [Master's dissertation on the Internet]. Unitec Institute of Technology; 2015 [cited 2021 Sep 11]. Available from: <https://www.researchbank.ac.nz/handle/10652/2585>
 95. Maskell L. The Relationship Between Perceptions of Parenting and Depressive Symptoms for Korean Immigrant Adolescents [thesis on the Internet]. The University of Auckland; 2016 [cited 2021 Aug 27]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/28833>
 96. Xu J. The perspectives of mental health practitioners working with Chinese migrants in relation to mental health service delivery and accessibility [thesis on the Internet]. The University of Auckland; 2013 [cited 2021 Aug 23]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/21455>
 97. Mortensen A, Latimer S. Mental Health and Disability Destigmatization Programs. New Zealand: Northern DHB Support Agency; 2012. p. 33.
 98. Peligman-Toclo J. A study investigating common experiences amongst Chinese, Indian and Filipino migrant health workers in Aotearoa/New Zealand [Master's thesis on the Internet]. Auckland, New Zealand: Unitec Institute of Technology; 2011 [cited 2021 Sep 11]. Available from: <https://www.researchbank.ac.nz/handle/10652/1683>
 99. Devi A. Prevalence of metabolic syndrome in Fijian Indian nurses living in New Zealand and Fiji: A

- feasibility study [Master's thesis on the Internet]. Auckland, New Zealand: The University of Auckland; 2012 [cited 2021 Sep 1]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/19492>
100. Walker DL, Clendon DJ. A multi-cultural nursing workforce: views of overseas and New Zealand trained nurses [Internet]. New Zealand Nurses Organisation; 2012 [cited 2021 Sep 1]. Available from: https://www.researchgate.net/publication/235793068_A_multi-cultural_nursing_workforce_views_of_New_Zealand_and_internationally_qualified_nurses
101. Ngocha-Chaderopa NE. Aged Care Institutions Management: A study of management's engagement strategies to support migrant careworkers' delivery of quality elderly care. [Master's thesis on the Internet]. University of Otago; 2014 [cited 2021 Sep 11]. Available from: <https://ourarchive.otago.ac.nz/handle/10523/4968>
102. Pande MMN. The Cross-Cultural Adaptation of International Medical Graduates to General Practice in New Zealand [PhD thesis on the Internet]. University of Otago; 2016 [cited 2021 Sep 11]. Available from: <https://ourarchive.otago.ac.nz/handle/10523/6269>
103. Liu J. An exploration of Asian mental health professionals' accounts of their working lives and psychological work in Aotearoa/New Zealand [thesis on the Internet]. The University of Auckland; 2019 [cited 2021 Aug 24]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/47605>
104. Tian H. Work experiences of Chinese migrants: impact on family wellbeing: a thesis presented in partial fulfilment of the requirements for the degree of Master of Business Studies in Human Resource Management at Massey University, Albany, New Zealand [Master's thesis on the Internet]. Albany, New Zealand; Massey University; 2019 [cited 2021 Sep 18]. Available from: <https://mro.massey.ac.nz/handle/10179/15722>
105. Lee S, Collins F, Simon-Kumar R. Healthy Diversity? Report on Research into Workplace Diversity in a NZ District Health Board. Auckland/Hamilton, New Zealand: The University of Auckland and University of Waikato; 2020 [cited 2021 Oct 4]. Available from: <https://wero.ac.nz/wp-content/uploads/2025/03/Healthy-Diversity-Report-2021.pdf>
106. Chan D. Acculturation: a social identity approach [Master's thesis on the Internet]. Lincoln University; 2014 [cited 2021 Oct 4]. Available from: <https://hdl.handle.net/10182/6370>
107. Tamanam J. Utilisation of Primary Health Care services: the perceptions and experiences of South Asian immigrants in Auckland, New Zealand [thesis on the Internet]. The University of Auckland; 2016 [cited 2021 Sep 1]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/29143>
108. Adelowo A. The adjustment of African women living in New Zealand: a narrative study [DHSc thesis on the Internet]. Auckland, New Zealand: Auckland University of Technology; 2012 [cited 2021 Sep 7]. Available from: <https://openrepository.aut.ac.nz/handle/10292/4601>
109. Benson SJ. Intercultural Relationships: Assessing East and South East Asian International Students' Adaptation Levels at Universities in Aotearoa/New Zealand [PhD thesis on the Internet]. Auckland University of Technology; 2013 [cited 2021 Sep 4]. Available from: <https://openrepository.aut.ac.nz/handle/10292/7391>
110. Cottingham JM. From the Self to the Self: An Exploration of the Process of Self-Realisation in the Context of Indian Psychology [Master's thesis on the Internet]. Auckland University of Technology; 2015 [cited 2021 Sep 6]. Available from: <https://openrepository.aut.ac.nz/handle/10292/9222>
111. Tondo JSF. Transnational Migration, Diaspora and Religion: Inscribing Identity through the Sacred (the Filipino Diaspora in New Zealand and Singapore) [PhD thesis on the Internet]. University of Canterbury; 2013 [cited 2021 Oct 2]. Available from: <https://ir.canterbury.ac.nz/handle/10092/9241>
112. Ali N. Being Muslim and Doing Islam: Narratives That Shape the Physical Activity of Muslim Women in New Zealand [DHSc thesis on the Internet]. Auckland, New Zealand: Auckland University of Technology; 2012 [cited 2021 Sep 6]. Available from: <https://openrepository.aut.ac.nz/handle/10292/5932>
113. Kolawole OO. Negotiating intimate relationships: A study of black African women in New Zealand [PhD thesis on the Internet]. Dunedin, New Zealand: University of Otago; 2020 [cited 2021 Sep 11]. Available from: <https://ourarchive.otago.ac.nz/handle/10523/10180>
114. Bartholomew N. An exploratory study of Muslim women's attitudes towards and experiences of cervical screening [Master's dissertation on the Internet]. Dunedin, New Zealand: University of Otago; 2011 [cited 2021 Sep 11]. Available from: <https://ourarchive.otago.ac.nz/handle/10523/8242>
115. Teng W. It Makes Sense, but I Just Don't Get It. Translators' and End-users' Perspectives on the English to Chinese Community Translation of Health Texts [PhD thesis on the Internet]. Auckland University of Technology; 2020 [cited 2021 Sep 7]. Available from: <https://openrepository.aut.ac.nz/handle/10292/13270>

116. Sobrun-Maharaj A, Rossen F, Wong ASK. The Impact of Gambling and Problem Gambling on Asian Families and Communities in New Zealand [Internet]. Auckland, New Zealand: Centre for Asian & Ethnic Minority Health Research, University of Auckland; 2012 [cited 2021 Dec 6]. Available from: <https://www.fmhs.auckland.ac.nz/assets/fmhs/soph/sch/cahre/docs/Final%20IGAF%20report%202012.pdf>
117. Yeung P, Allen J. Health, quality of life and service needs among older Chinese immigrants in New Zealand [Internet]. Health and Ageing Research Team, Massey University; 2020 [cited 2021 Oct 15]. Available from: https://mro.massey.ac.nz/bitstream/handle/10179/15887/Final%20Report_QOL%20for%20Older%20Chinese%20Immigrants.pdf?sequence=1&isAllowed=y
118. Perez AR. Health and New Zealand health services: A Latin American perspective [Master's thesis on the Internet]. Auckland University of Technology; 2012 [cited 2021 Sep 3]. Available from: <https://openrepository.aut.ac.nz/handle/10292/4733>
119. Mhlanga F. Holes in the family: exploring a black African parents' HIV education to young people in the absence of extended family in New Zealand: a thesis presented in partial fulfilment of the requirements for the degree of Master of Philosophy, Massey University, Auckland, New Zealand [thesis on the Internet]. Auckland, New Zealand: Massey University; 2015 [cited 2021 Oct 1]. Available from: <https://mro.massey.ac.nz/handle/10179/7001>
120. Mohamad Shahir HA. Exploring culturally-determined food preferences of Indian and South Asian patients in New Zealand [Master's thesis on the Internet]. Dunedin, New Zealand: University of Otago; 2019 [cited 2021 Sep 10]. Available from: <https://ourarchive.otago.ac.nz/handle/10523/9164>
121. Nde BS. Coping Strategies of Asylum Seekers from Sub-Saharan Africa in New Zealand [Master's thesis on the Internet]. Auckland University of Technology; 2017 [cited 2021 Sep 7]. Available from: <https://openrepository.aut.ac.nz/handle/10292/10640>
122. Habte MT. "Once you move, it's a different story": the meaning of home for 1.5 generation Afghan women of refuge background living in Christchurch, New Zealand [Master's thesis on the Internet]. University of Canterbury; 2017 [cited 2021 Oct 4]; Available from: <https://ir.canterbury.ac.nz/handle/10092/13799>
123. Flores-Herrera NLI. Narratives of the self: the impact of migration on the health of Latinos living in Wellington, New Zealand: a thesis presented in partial fulfillment of the requirements for the degree of Masters in Science in Psychology at Massey University campus Wellington, New Zealand [thesis on the Internet]. Wellington, New Zealand: Massey University; 2015 [cited 2021 Sep 1]. Available from: <https://mro.massey.ac.nz/items/cf3f1eb4-6335-422c-b540-6382d66f6056>
124. Smythe Contreras KC. "Maybe because we are too Chilean": stories of migration from Hispanic women living in New Zealand: a thesis presented in partial fulfillment of the requirements for the degree of Master of Science (M.Sc.) in Psychology at Massey University, Manawatū, New Zealand [thesis on the Internet]. Massey University; 2015 [cited 2021 Sep 29]. Available from: <https://mro.massey.ac.nz/handle/10179/7579>
125. Mapuranga KI. The Relationship Between Acculturation and Mental Health Among Black Zimbabweans Living in New Zealand. University of Canterbury; 2017 [cited 2021 Oct 2]. Available from: <https://ir.canterbury.ac.nz/handle/10092/13218>
126. Chang JC, Yen AM, Lee CS, et al. Metabolic syndrome and the risk of suicide: a community-based integrated screening samples cohort study. *Psychosom Med*. 2013;75(9):807-14. doi: 10.1097/PSY.0000000000000014.
127. Jayawardena KPPU. Where to Belong and Why? Sri Lankan immigrants' perceptions of Australian, New Zealand and Sri Lankan citizenship [PhD thesis on the Internet]. Victoria University of Wellington | Te Herenga Waka; 2021 [cited 2021 Sep 17]. Available from: https://openaccess.wgtn.ac.nz/articles/thesis/Where_to_Belong_and_Why_Sri_Lankan_immigrants_perceptions_of_Australian_New_Zealand_and_Sri_Lankan_citizenship/13728400/1
128. Khine T. Dietary Practices of Burmese Refugee Children aged 2-12 years living in the Auckland Region, New Zealand [thesis on the Internet]. The University of Auckland; 2013 [cited 2021 Sep 1]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/22162>
129. Lee TYJ. Evaluating metabolic risk markers and dietary patterns in European Caucasian and Asian Chinese individuals: TOFI_Asia study [thesis on the Internet]. The University of Auckland; 2019 [cited 2021 Sep 1]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/47404>
130. Lum GWX. My Food My Medicine: The Culturally Determined Food Preference Study of Chinese and South-East Asian Adult Patients in New Zealand [Master's thesis on the Internet]. Dunedin, New Zealand: University of Otago; 2019 [cited 2021 Sep 7]. Available from: <https://ourarchive.otago.ac.nz/handle/10523/9158>
131. Wang Y. What are the barriers for cervical cancer

- screening for Chinese in New Zealand? [thesis on the Internet]. The University of Auckland; 2020 [cited 2021 Aug 27]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/51712>
132. Duxfield KL. Acculturation trajectories and quality of life in South African immigrants living in New Zealand: a thesis presented in partial fulfilment of the requirements for the degree of Doctor of Clinical Psychology at Massey University, Palmerston North, New Zealand [PhD thesis on the Internet]. Palmerston North, New Zealand: Massey University; 2013 [cited 2021 Sep 10]. Available from: <https://mro.massey.ac.nz/handle/10179/5360>
133. Nguyen KTA. A case of how adaptation affects the work-life balance of East Asian students in New Zealand [Master's thesis on the Internet]. Auckland University of Technology; 2013 [cited 2021 Sep 4]. Available from: <https://openrepository.aut.ac.nz/handle/10292/5406>
134. Bailly H. An Exploration of Health Perceptions and Practices among South Asian Descendants Living in Dunedin, New Zealand [Master's thesis on the Internet]. Dunedin, New Zealand: University of Otago; 2016 [cited 2021 Sep 10]. Available from: <https://ourarchive.otago.ac.nz/handle/10523/7005>
135. Cheung M. Second-Generation Chinese New Zealanders' Experience of Negotiating Between Two Cultures: A Qualitative Study [Master's thesis on the Internet]. Auckland University of Technology; 2019 [cited 2021 Sep 7]. Available from: <https://openrepository.aut.ac.nz/handle/10292/12285>
136. Jawalkar P. International students' experiences of a cross-cultural transition. [Master's thesis on the Internet]. Auckland, New Zealand: The University of Auckland; 2011 [cited 2021 Sep 1]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/6852>
137. Xu J. Chinese Youth and Gambling in New Zealand: Their Views, Experiences, and Social and Cultural Influences [Master's thesis on the Internet]. The University of Auckland; 2015 [cited 2021 Aug 27]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/26889>
138. Zhang H. A transitional study of migration, alcohol use and concept of alcohol drinking behaviours amongst Chinese migrants in New Zealand: a thesis presented in partial fulfilment of the requirements of the Master of Philosophy, Massey University, Auckland, New Zealand [Master's thesis on the Internet]. Auckland, New Zealand: Massey University; 2015 [cited 2021 Sep 18]. Available from: <https://mro.massey.ac.nz/handle/10179/7424>
139. Ong MWHH. "Happy in my own skin": Filipina migrants' embodiment of ageing in New Zealand [PhD thesis on the Internet]. The University of Auckland; 2015 [cited 2021 Sep 1]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/26986>
140. Arif A. An exploration of the experience and sense-making of refugee parents and children of the Positive Parenting Program (Triple P): a thesis presented in partial fulfilment of the requirements for the degree of Master of Arts in Psychology at Massey University, Albany, New Zealand [Master's thesis on the Internet]. Albany, New Zealand: Massey University; 2018 [cited 2021 Oct 1]. Available from: <https://mro.massey.ac.nz/handle/10179/14029>
141. Zhang Q. Chinese people and mental health services in Christchurch: provider perspectives [Master's thesis on the Internet]. University of Canterbury; 2011 [cited 2021 Oct 2]. Available from: <https://ir.canterbury.ac.nz/handle/10092/5761>
142. Ward SJ. "I trust them when they listen": The Utilisation of Health Care by Three Asian Ethnicities [Master's thesis on the Internet]. University of Canterbury; 2013 [cited 2021 Oct 2]. Available from: <https://ir.canterbury.ac.nz/handle/10092/8918>
143. Choi J. Korean children with disabilities: Experiences and perceptions of a group of parents and professionals [Master's thesis on the Internet]. The University of Auckland; 2014 [cited 2021 Aug 27]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/22059>
144. Sherif B. Examining stakeholder's views on refugee healthcare needs, current barriers in accessing healthcare services and future healthcare direction in Aotearoa, New Zealand [Master's thesis on the Internet]. The University of Auckland; 2020 [cited 2021 Sep 2]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/52474>
145. Esau K. My culture, my plate: an exploration of the cultural food and meal preferences of Māori, Pacific, and Chinese groups during hospital admission in New Zealand: a thesis submitted in partial fulfilment of the requirements for the degree of Master of Science majoring in Nutrition and Dietetics, Massey University, Auckland, New Zealand [Master's thesis on the Internet]. Auckland, New Zealand: Massey University; 2020 [cited 2021 Sep 18]. Available from: <https://mro.massey.ac.nz/handle/10179/15874>
146. Badu E. African Migrants and TB in Aotearoa New Zealand: The Role of Individual, Social, Economic and Structural Factors [PhD thesis on the Internet]. Auckland University of Technology; 2018 [cited 2021 Sep 7]. Available from: <https://openrepository.aut.ac.nz/handle/10292/11631>

147. Withanarachchie V. Period poverty in New Zealand: the failed recognition of menstrual products as basic health necessities [Master's thesis on the Internet]. The University of Auckland; 2020 [cited 2021 Sep 1]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/52742>
148. Zhang J. Enhancing Quality of Life: The Social Support of Elderly Chinese Migrants in New Zealand [PhD thesis on the Internet]. The University of Auckland; 2014 [cited 2021 Sep 1]. Available from: <https://researchspace.auckland.ac.nz/items/e0884236-062a-424e-bd19-74be0e84e642>
149. Birukila GJ. Culture, Risk and HIV: The Case of Black African Migrants and Refugees in Christchurch, New Zealand [PhD thesis on the Internet]. Dunedin, New Zealand: University of Otago; 2013 [cited 2021 Oct 4]. Available from: <https://ourarchive.otago.ac.nz/handle/10523/3908>
150. Bhagwat-Chitale S. Asian Men Who Have Sex With Men (MSM)'s Perceptions of Risk Behaviour and Attitudes Towards HIV Testing in New Zealand [Master's thesis on the Internet]. Auckland University of Technology; 2017 [cited 2021 Sep 7]. Available from: <https://openrepository.aut.ac.nz/handle/10292/11039>
151. Silva W. Challenges and Facilitators Influencing Physical Activity and Sedentary Behaviour Among South Asian Migrant Women in New Zealand [Master's thesis on the Internet]. Auckland University of Technology; 2016 [cited 2021 Sep 4]. Available from: <https://openrepository.aut.ac.nz/handle/10292/10442>
152. Shah K. Asian-eCHAT: A primary Care-based Programme to Improve Identification and Stepped Care Support of Asians with Mental Health and Lifestyle Issues [Master's thesis on the Internet]. The University of Auckland; 2017 [cited 2021 Aug 23]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/37007>
153. David Roldan M. Investigating factors associated with raised blood pressure in New Zealand school children: a thesis presented in partial fulfilment of the requirements for the degree of Master of Science in Nutrition and Dietetics, Massey University, Albany, New Zealand [thesis on the Internet]. Albany, New Zealand: Massey University; 2019 [cited 2021 Sep 18]. Available from: <https://mro.massey.ac.nz/handle/10179/15413>
154. Lyulicheva M. Influence of Leisure Participation and Motivation on Psychological Well-being and Consumption Behaviour After a Critical Life Event [Master's thesis on the Internet]. Auckland University of Technology; 2015 [cited 2021 Sep 4]. Available from: <https://openrepository.aut.ac.nz/handle/10292/9076>
155. Wong-Cornall C. Labour of Love and Duty: Experiencing family caregiving for older adults in socioculturally diverse communities in New Zealand [PhD thesis on the Internet]. The University of Auckland; 2020 [cited 2021 Aug 27]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/54058>
156. Yi W. New Perspectives on Chinese immigrants' Experiences Under the New Zealand Healthcare System: A Qualitative Descriptive Study [Master's thesis on the Internet]. Auckland, New Zealand: Auckland University of Technology; 2011 [cited 2021 Sep 4]. Available from: <https://openrepository.aut.ac.nz/handle/10292/2618>
157. Kataoka M. Glycaemic response and glycaemic index to five varieties of rice in people of European and Chinese ethnicity [Master's thesis on the Internet]. Dunedin, New Zealand: University of Otago; 2012 [cited 2021 Oct 4]. Available from: <https://ourarchive.otago.ac.nz/handle/10523/2453>
158. Tuwe K. The Challenges of Health Promotion Within African Communities in New Zealand [Master's thesis on the Internet]. Auckland University of Technology; 2012 [cited 2021 Sep 3]. Available from: <https://openrepository.aut.ac.nz/handle/10292/5152>
159. Dixon R, Widdowson D. Final Report: Evaluation of the WDHB CALD Cross-Cultural Training Course [Internet]. Auckland, New Zealand: Centre for Child and Family Research, The University of Auckland; 2012 [cited 2021 Oct 29].
160. Collier G. "This science is still here": Ayurveda on New Zealand's medical periphery [Master's thesis on the Internet]. The University of Auckland; 2013 [cited 2021 Sep 2]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/21684>
161. Moor CF. Iron status of preterm infants after hospital discharge: a thesis presented in partial fulfilment of the requirements for the degree of Masters in Science in Nutrition and Dietetics at Massey University, Albany, New Zealand [Master's thesis on the Internet]. Albany, New Zealand; Massey University; 2013 [cited 2021 Sep 18]. Available from: <https://mro.massey.ac.nz/handle/10179/5205>
162. Wong G. Family Influences on Asian Youth Smoking in the Context of Culture and Migration to New Zealand [PhD thesis on the Internet]. Auckland University of Technology; 2013 [cited 2021 Sep 4]. Available from: <https://openrepository.aut.ac.nz/handle/10292/7222>
163. Wong-Cornall C. "Natural" Care: The lived experience of European and Chinese family carers for their stroke impaired relatives in Auckland, New

- Zealand—A qualitative study [Master's thesis on the Internet]. The University of Auckland; 2013 [cited 2021 Aug 24]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/19957>
164. Kamutingondo S. Medications, migration and the cultural texturing of familial healthcare [Master's thesis on the Internet]. Hamilton, New Zealand: University of Waikato; 2014 [cited 2021 Sep 11]. Available from: <https://researchcommons.waikato.ac.nz/handle/10289/8986>
 165. Lee KC. The effectiveness and cultural compatibility of a guided self-help cognitive-behaviour programme for Asian students in New Zealand: a thesis presented in partial fulfilment of the requirements for the degree of Master of Arts in Psychology at Massey University, Albany, New Zealand [thesis on the Internet]. Albany, New Zealand: Massey University; 2014 [cited 2021 Sep 7]. Available from: <https://mro.massey.ac.nz/handle/10179/5951>
 166. Mharakurwa Hwata E. The attitudes that New Zealand Chinese and Korean people have toward sharing their health information in Electronic Health Records in Christchurch [Master's thesis on the Internet]. University of Canterbury; 2014 [cited 2021 Oct 2]. Available from: <https://ir.canterbury.ac.nz/handle/10092/9350>
 167. Tse SCC. Harmonisation of the self: narratives of older Chinese about ageing, health and wellbeing: a thesis presented in partial fulfilment of the requirements for the degree of Doctor of Philosophy in Health Psychology at Massey University, Albany, New Zealand [PhD thesis on the Internet]. Albany, New Zealand: Massey University; 2014 [cited 2021 Sep 11]. Available from: <https://mro.massey.ac.nz/handle/10179/5553>
 168. Said A, Simunovich P. Female Genital Mutilation Challenges in practice and policy within New Zealand [Internet]. Auckland (NZ): Auckland University of Technology; 2014 [cited 2021 Oct 29].
 169. Yu D. The Perceptions and Practices of Older Chinese Migrants with Type 2 Diabetes Living in New Zealand: A Qualitative Narrative Inquiry [Master's thesis on the Internet]. The University of Auckland; 2015 [cited 2021 Aug 24]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/25654>
 170. Ichhpuniani B. Body-composition assessment using air displacement plethysmography in healthy term infants: an observational study: a thesis presented in partial fulfilment of the requirements for the degree of Masters of Science in Nutrition and Dietetics at Massey University, Albany, New Zealand [Master's thesis on the Internet]. Albany, New Zealand: Massey University; 2016 [cited 2021 Sep 18]. Available from: <https://mro.massey.ac.nz/handle/10179/12819>
 171. Buksh M. Size and Body Composition in Two-Year-Old New Zealand Children [Master's thesis on the Internet]. The University of Auckland; 2017 [cited 2021 Sep 1]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/33154>
 172. Lawgun D. An investigation of risk factors for the later development of Type 2 Diabetes Mellitus, using HbA1c as a measure of glycaemia in a group of Auckland school children: a thesis presented in partial fulfilment of the requirements for the degree of Master of Science in Nutrition and Dietetics, Massey University, Albany, Auckland, New Zealand [Master's thesis on the Internet]. Albany, New Zealand: Massey University; 2017 [cited 2021 Sep 18]. Available from: <https://mro.massey.ac.nz/handle/10179/13362>
 173. Fernandes SF. When Culture Speaks: Indian Immigrant Families' Participation in Sport and Physical Activity [Master's thesis on the Internet]. Auckland University of Technology; 2017 [cited 2021 Sep 6]. Available from: <https://openrepository.aut.ac.nz/handle/10292/11033>
 174. Li Y. The Sexual Subjectivities of Chinese Young Diaspora in Aotearoa New Zealand [PhD thesis on the Internet]. The University of Auckland; 2017 [cited 2021 Aug 24]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/35464>
 175. Norrish L. Filipino women's health study: a thesis presented in partial fulfilment of the requirements for the degree of Master of Science in Nutrition and Dietetics at Massey University, Albany, New Zealand [Master's thesis on the Internet]. Albany, New Zealand: Massey University; 2017 [cited 2021 Sep 20]. Available from: <https://mro.massey.ac.nz/handle/10179/13399>
 176. Robinson J. Benefit or Burden? Exploring Experiences of the Acute Hospital as a Place of Care Amongst People with Palliative Care Needs [PhD thesis on the Internet]. The University of Auckland; 2017 [cited 2021 Aug 27]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/37040>
 177. Rodrigues N. Lived Experiences of Bhutanese former Refugee Youth: coping, resilience and mindfulness infused counselling [PhD thesis on the Internet]. University of Canterbury; 2017 [cited 2021 Sep 1]. Available from: <https://ir.canterbury.ac.nz/items/fe7dec7d-18b6-4305-a7e7-fa7193761d5b>
 178. Tang A. What Are the Experiences of Older Mandarin-speaking Migrants in Auckland When Accessing Health and Support Services in New Zealand? [Master's thesis on the Internet]. Auckland

- University of Technology; 2017 [cited 2021 Sep 3]. Available from: <https://openrepository.aut.ac.nz/handle/10292/10940>
179. Baker W. Injured Migrant Study (IMS): A prospective study of post-injury outcomes in New Zealand [Master's thesis on the Internet]. Dunedin, New Zealand: University of Otago; 2018 [cited 2021 Sep 11]. Available from: <https://ourarchive.otago.ac.nz/handle/10523/8455>
180. Zhang Z. Development and testing of a population-based electronic diabetes nutritional education tool [PhD on the Internet]. University of Otago; 2018 [cited 2021 Sep 9]. Available from: <https://ourarchive.otago.ac.nz/handle/10523/7928>
181. Stats NZ. Living in a crowded house: Exploring the ethnicity and well-being of people in crowded households [Internet]. 2018 [cited 2021 Sep 1]. Available from: <https://www.stats.govt.nz/assets/Uploads/Reports/Living-in-a-crowded-house-exploring-the-ethnicity-and-well-being-of-people-in-crowded-households/living-in-a-crowded-house-exploring-the-ethnicity-and-well-being-of-people-in-crowded-households.pdf>
182. Lim K. Iron deficiency and risk factors in premenopausal females living in Auckland, New Zealand: a thesis presented in partial fulfilment of the requirements for the degree of Master of Science in Nutrition and Dietetics, Massey University, Albany, New Zealand [thesis on the Internet]. Albany, New Zealand: Massey University; 2019 [cited 2021 Sep 18]. Available from: <https://mro.massey.ac.nz/handle/10179/15676>
183. Chen J. A Mobile Social Network-based Smoking Cessation Intervention for Chinese Male Smokers: Pilot Randomised Controlled Trial [PhD thesis on the Internet]. The University of Auckland; 2020 [cited 2021 Aug 27]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/54305>
184. Kainth P. Hearing Loss and Access to Hearing Care Services: A New Zealand-Sikh Community Perspective [Master's thesis on the Internet]. The University of Auckland; 2020 [cited 2021 Sep 1]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/52650>
185. Palatchie BL. The interaction and tensions between traditional Chinese medicine and Western medicine: biomedical ontologies and epistemic authority in New Zealand: a thesis presented in partial fulfilment of the requirements for the degree of Master of Arts in Sociology at Massey University, Albany, New Zealand [Master's thesis on the Internet]. Albany, New Zealand: Massey University; 2020 [cited 2021 Sep 18]. Available from: <https://mro.massey.ac.nz/handle/10179/16137>
186. Yip W. Investigating susceptibility and resilience to type 2 diabetes: focus on ectopic fat and nutrition interventions [PhD thesis on the Internet]. The University of Auckland; 2020 [cited 2021 Sep 1]. Available from: <https://researchspace.auckland.ac.nz/handle/2292/54530>
187. Morgan M, Jennens E, Coombes L, et al. Gandhi Nivas 2014-2019: A statistical description of client demographics and involvement in Police recorded Family Violence occurrences. Palmerston North, New Zealand: Massey University; 2020 [cited 2021 Sep 1]. Available from: <https://gandhinivas.nz/assets/Final-Study-5-Statistical-Analysis-2014-2019.pdf>

Appendix

Appendix Table 1: Search terms for theses/dissertations and research reports.

| | |
|----|---|
| 1 | (East Asian or Chinese or Japanese or Korean or Hong Kong or Taiwan) |
| 2 | (Southeast Asian or Filipino or Cambodia or Vietnamese or Burmese or Indonesian or Malay or Lao or Thai) |
| 3 | (South Asian or Indian or Bengali or Fijian Indian or Tamil or Punjabi or Sikh or Sri Lankan or Sinhalese or Bangladeshi or Pakistani or Nepalese) |
| 4 | (Middle Eastern or Arab or Afghani or Assyrian or Egyptian or Iranian or Persian or Iraqi or Israeli or Jewish or Jordanian or Kurd or Lebanese or Moroccan or Palestinian or Syrian or Turkish) |
| 5 | (Latin American or Argentinian or Brazilian or Chilean or Colombian or Mexican or Peruvian or Uruguayan or Paraguayan or Ecuadorian or Venezuelan or Dominican or Haitian or Guianese or Hispanic or Latino or Chicano or Guatemalan or Salvadoran or Honduran) |
| 6 | (African or Jamaican or Kenyan or Nigerian or West Indian or Somali or Eritrean or Ethiopian or Ghanaian) |
| 7 | health |
| 8 | New Zealand |
| 9 | (Immigrant or Migrant or Refugee or Asylum Seeker) |
| 10 | (1 or 2 or 3 or 4 or 5 or 6) and 7 |
| 11 | 9 and 11 |

Appendix Table 2: Participant groups covered in review corpus and their intersections.

| | Theses/dissertations | Government reports | NGO reports | Research reports |
|-----------------------------|---|---|--|--|
| Participant identity | | | | |
| African | Women, ¹¹³ immigrant women, ¹⁰⁸ migrants, ¹⁴⁶ East African women, ⁸³ Black migrants and refugees, ¹⁴⁹ Zimbabwean immigrants, ¹¹³ Zimbabwean households, ¹⁶⁴ Somali refugees, ⁸⁶ Eritrean refugees, ⁸⁴ parents, ¹¹⁸ leaders and members ¹⁵⁸ | Living in Auckland, ¹⁶ crowded household ¹⁸¹ | | HIV-positive, ^{63,64} Black ^{63,65} |
| Middle Eastern | Women, ⁷² Muslim women ^{112,114} | Living in Auckland, ¹⁶ crowded household ¹⁸¹ | | |
| Latin American | Spanish-speaking, ¹¹⁸ Hispanic, ¹²⁴ Latino ¹²³ | Living in Auckland, ¹⁶ crowded household ¹⁸¹ | | |
| Asian | Women: Chinese, ^{69,71,79,81,131} Korean, ^{74,76,94} Indian, ⁶⁹ South Asian, ^{70,80,147,175} Indo-Fijian, ⁷³ older, ⁷⁴ migrant, ^{76,79,94} recently immigrated, ¹⁷⁵ diasporic ⁸⁰ Men: men who have sex with men, ¹⁵⁰ smokers ¹⁸³ Gender diverse: sexual and gender minority ⁹¹ Children and youth: South Asian, ^{153,170} Chinese, ^{137,174} Asian, ¹⁶² Korean, ⁹⁵ Indian, ¹⁷¹ immigrant students, ⁹⁵ refugees, ^{84,128,177} healthy term infants, ¹⁷⁰ adolescents, 1.5/2nd generation, diasporic ¹⁷⁴ | Living in Auckland, ¹⁶ crowded household, ¹⁸¹ suicide decedent ^{24,27} | Chinese, ⁵⁵ South Asian, ⁵⁸ Wellington, ⁵⁵ Auckland ⁵⁸ | Chinese, ¹¹⁷ men who have sex with men, ⁶⁶ older migrants ¹¹⁷ |

Appendix Table 2 (continued): Participant groups covered in review corpus and their intersections.

| | Theses/dissertations | Government reports | NGO reports | Research reports |
|----------------------------------|--|---|--|--|
| | Ageing: Chinese, ^{115,148,167,178} Filipina, ¹³⁹ type 2 diabetes ¹⁶⁹ Migrant and refugee: Korean, ^{93,143} Indian, ¹⁷³ South Asian, ^{107,151} Chinese, ^{104,138} raising children with disabilities ¹⁴³ Other: Chinese, ^{155,163} East Asian and Indian adults, ¹⁸⁰ adults with pre-diabetes and type 2 diabetes ¹⁸⁰ | | | |
| Migrant and refugee | Asian, ⁸² African, ⁸² Middle Eastern, ⁸² Somali, ⁸⁴ Eritrean, ⁸⁴ Indonesian, ⁸⁴ Kurdish, ⁸⁴ youths, ^{88,122} mothers, ^{60,77} inter- national students, ¹³⁶ living with FGM, ⁸⁴ survivors of family violence ⁸² | Living in Auckland, ²² women, ²⁵ men who use violence, ²⁸ former refugees who arrived in New Zealand between 1993 and 1999, ³⁴ recent migrants, ²² victims of family violence ³⁶ | Living in Auckland, ⁵⁹ living in Wellington, ⁴⁷ living in Manawatū, ⁴⁷ Colombian, ⁴⁷ Myan- mar, ⁴⁷ Bhutanese, ⁴⁷ women, ⁴⁹ recent migrants, ⁵⁹ former ref- ugees, ⁴⁷ refugee-background communities, ⁴⁶ refugee youth in the first 12 months after arrival in New Zealand, ⁴⁸ victims of family violence ⁴⁹ | African, ¹⁶⁸ Middle Eastern, ¹⁶⁸ Asian, ¹⁶⁸ refugee women, ^{75,168} subjected to FGM ¹⁶⁸ |
| Other | | Living in Auckland, ³³ Muslim ³³ | | |
| Professional participants | | | | |
| | Health service providers, ¹⁵⁸ Chi- nese, ⁹⁸ Indian, ⁹⁸ Fijian-Indian, ⁹⁹ mental health professionals, ^{96,103} TCM practitioners, ¹⁸⁵ professional translators (Chinese–English/ | Service providers of community initiatives targeting family violence in refugee and migrant commu- nities, ¹⁹ healthcare practitioners working with refugees, ⁴³ | Overseas-trained nurses, ¹⁰⁰ community members and ther- apists working to prevent and respond to sexual violence ^{50–53} | Healthcare practitioners enrolled in CALD Cross Cultural Training Course, ¹⁵⁹ A/EM healthcare practi- tioners working within an Auckland district health board ¹⁰⁵ |

Appendix Table 2 (continued): Participant groups covered in review corpus and their intersections.

| | Theses/dissertations | Government reports | NGO reports | Research reports |
|----------------------|--|---|--|------------------|
| | English–Chinese), ¹¹⁵ female nurses, ⁹⁹ elder care delivery, ¹⁰¹ key stakeholders in refugee healthcare, ¹⁴⁴ international medical graduates, ¹⁰² maternity care and health providers ⁷⁹ | healthcare practitioners working in emergency quota refugee areas who have completed CALD training ³² | | |
| Service users | | | | |
| Asian | Chinese, ^{130,145,152,156,166,176} Korean, ^{152,166} Filipino, ¹³⁰ Indian, ¹²⁰ South Asian, ¹²⁰ East Asian, ¹⁶⁵ Southeast Asian, ¹⁶⁵ migrant healthcare users, ¹⁴² palliative care patients, ¹⁷⁶ health consumers in Christchurch, ¹⁶⁶ adult hospital patients, ^{120,130,145} primary care patients with mental health issues, ¹⁵² participants of a low-intensity CBT programme called Living Life to the Full ¹⁶⁵ | Living in Auckland district health boards, ^{10,11,18} living within Counties Manukau District Health Board, ^{38,39} living within Waitematā District Health Board, ^{11,18,26,42} living in Christchurch, ²⁰ AMHCSC service users, ²³ East Asian, ²⁰ utilising palliative care and hospice services, ²⁰ Asian Advance Care Planning patients, ⁴² first time users of inpatient mental health services, ²⁶ undergoing cervical screening ^{13,44,45} | Patients with dementia who utilise AACT services ⁵⁴ | |
| Migrant and refugee | Access play therapy at Parentline Services in Hamilton ⁸⁹ | Living in Auckland district health boards, ^{30,31,40,41} living within Waitematā District Health Board, ^{40,41} new migrants, ^{31,40,41} former refugee, ^{40,41} refugee Muslim women, ³¹ current asylum seekers, ^{40,41} participants in The Muslim Women's Swimming Project, ³¹ participants of Auckland District Health Board | | |

Appendix Table 2 (continued): Participant groups covered in review corpus and their intersections.

| | Theses/dissertations | Government reports | NGO reports | Research reports |
|-------|----------------------|---|-------------|---|
| | | RHC, ³⁰ participants of community initiatives addressing family violence in refugee and migrant communities ¹⁹ | | |
| Other | | Living in Canterbury, ¹⁴ MELAA patients within Auckland district health boards, ¹⁰ disabled Muslim individuals and their families accessing Waitematā District Health Board services, ²¹ Child Disability Service Project, ²⁹ culturally and linguistically diverse patients ^{14,29} | | Ghandi Nivas clients, ¹⁸⁷ secondary school students ^{67,68} |

NGO = non-governmental organisation; FGM = female genital mutilation; TCM = traditional Chinese medicine; CALD = cultural and linguist diversity; A/EM = Asian and other ethnic minority; CBT = cognitive behavioural therapy ; AMHCSC = Asian Mental Health Cultural Support Coordination Service; AACT = Alzheimer's Auckland Charitable Trust; RHC = Refugee Health Collaborative; MELAA = Middle Eastern, Latin American, and African.

Appendix Table 3: Social determinants of health and barriers to health.

| | Theses/dissertations | Government reports | NGO reports | Research reports |
|--|---|---|----------------------|----------------------------|
| Barriers to service utilisation | | | | |
| Access | 141 | 11,14,29 | - | 61,63,64,67,68,75 |
| Cost | - | 11,14-18,26,40,41,181 | 46,51,52,54 | 61,67,75,168,187 |
| Transportation | 167 | 11,14,15,17,26,40,41 | - | 67,68 |
| Language barrier | 79,83,88,92,104,115,124,141,143,156,167 | 10,11,11,14-17,19,20,22,23,26-28,30,34,36,37,39,41-45 | 46-48,52,54-56,59 | 61,66,75,187 |
| Different cultural understanding of health | 79,83,88,118,134,148,155,156,163 | 14-16,21,32,35,43,44 | 49,50,52 | 63,66,75,116,159 |
| Lack of culturally competent healthcare | 79,91,123,145,156,163,165,167,183 | 11,14-18,21,23,24,27-30,32-35,37-45 | 46,47,49-52,54,56,58 | 61,63,65,66,75,116,159,168 |
| Lack of trust/previous negative experience | 107,118,143,169,178 | 14-16,21,24,26,29,33,38,42,44,45 | 46,50-52,59 | 63,65,66,68,75,116 |
| Racism and discrimination | 60,123,158 | 12,26-28,33,34,37,38 | 46,50,59 | 61,63,65 |
| Lack of empowering interactions with health providers | 107,183 | - | 46 | 63,75 |
| Lack of knowledge about New Zealand health system and services | 143 | 11,14,15,17-20,22,23,26,28,29,35-37,39-41 | 47-49,51,52,54,59 | 67,75 |
| Service providers and users have differing perceptions of standards of care and expectations for treatment | 60,88,143,156,163 | 14,15,43 | 46 | 75 |

Appendix Table 3 (continued): Social determinants of health and barriers to health.

| | Theses/dissertations | Government reports | NGO reports | Research reports |
|---|---|--------------------------------|-------------------|---------------------|
| Practitioner lacks understanding of patients' specific cultural context/issue | 83,156,158 | 14,32,34,43 | - | 61,63,65,66,168 |
| Lack of culturally appropriate and/or preferred hospital foods | 120,130,145 | - | - | - |
| Barriers to seeking help | | | | |
| Spiritual, cultural and/or traditional beliefs | 81,88,93,96,113,114,119,131,144,152,158,165 | 19-21,26,33,37,43,44 | 54,57 | 63,65,66,75,116,117 |
| Stigma | 88,91,137,146,158,165 | 14,15,17,19,21,22,25-28,33,110 | 49-51,54,56,57,59 | 63,65,66,75,116 |
| Believed problem was not severe enough to seek help | - | 26 | - | 68 |
| Different understanding of health issue | - | - | 32,54 | 75 |

Appendix Table 4: Key themes on recommendations for future research.

| Specific area | Theses/dissertations | Government reports | NGO reports | Research reports |
|--|----------------------|--------------------|-------------|------------------|
| Child and youth health | | | | |
| Ethnic differences in fat mass | 170 | - | - | - |
| Risk factors for raised blood pressure | 153 | - | - | - |
| Westernisation of dietary habits | 128 | - | - | - |
| User-friendly mental health services | - | - | - | - |
| Prevalence and factors associated with depressive symptoms | 95 | - | - | - |
| Oppression experienced by sexual and gender minority youth and their therapy needs | 91 | - | - | - |
| Sexual health services, gender equality and racial discrimination | 174 | - | - | - |
| Skills and confidence of parents around sex education for children | 119 | - | - | 67 |
| Identify and address risks, adverse outcomes and unmet youth health needs | - | 33 | - | 67 |
| Experience of racism by migrant generation, the role of social media, potential of education system to improve inclusion | - | 27 | - | - |
| Reasons for high rates of hospitalisations for respiratory diseases among MELAA | - | 16 | - | - |
| Women's health | | | | |
| Theory and practice of cultural safety to support diverse groups of mothers | 60 | - | - | - |

Appendix Table 4 (continued): Key themes on recommendations for future research.

| Specific area | Theses/dissertations | Government reports | NGO reports | Research reports |
|---|----------------------|--------------------|-------------|------------------|
| Beauty practices among older women | 74 | - | - | - |
| Relationships and inequality and family violence | 80 | - | - | - |
| Interaction of ethnicity and obesity and pregnancy complications | 69 | - | - | - |
| Muslim women, of varying ethnicity and generational status and cervical screening uptake | 114 | - | - | - |
| Sexual violence | - | - | 50-53 | - |
| Family violence across life cycle, type, risks, ethnic specific, public discourse, intergenerational impacts | - | - | 49 | - |
| Alcohol use and harm | - | 25 | - | - |
| Reasons for higher rates of assisted deliveries and caesarean sections | - | 16 | - | - |
| Reasons for higher hospitalisations due to kidney and urine infections among MELAA groups | - | 16 | - | - |
| Reasons for discontinuation or non-participation in physical activity | - | 31 | - | - |
| Elderly care | | | | |
| Impact of migrants on elder care delivery | 101 | - | - | - |
| Bridging understandings of caregiving in families caring for older adults and carer support services in New Zealand | 155 | - | - | - |

Appendix Table 4 (continued): Key themes on recommendations for future research.

| Specific area | Theses/dissertations | Government reports | NGO reports | Research reports |
|--|----------------------|--------------------|-------------|------------------|
| Long-term health conditions and risks | | | | |
| Ethnic-specific tools for identification and management of chronic/long-term conditions | 99 | - | - | - |
| Diabetes and cardiovascular risks | 175 | 16 | - | - |
| Migrants' perceptions on current diabetes education and health information | 169 | - | - | - |
| HIV among men who have sex with men, women and younger people | - | 65 | - | 65 |
| Use of Asian-eCHAT to detect mental health issues and support clinicians in providing stepped-care support | 152 | - | - | - |
| Evaluation of effectiveness and performance of smoking cessation interventions | 183 | - | - | - |
| Drinking culture among migrants | 138 | - | - | - |
| Osteoporosis and sun exposure | - | 15 | - | - |
| Injury and safety | | | | |
| Higher risk of adverse outcomes among injured migrants compared with non-migrants | 179 | - | - | - |
| Perceptions on feeling safe across multiple care settings | 176 | - | - | - |
| Family violence among those with disabilities and rainbow ethnic groups | - | - | 49 | - |
| Role of family and extended networks on suicide risks | - | 27 | - | - |

Appendix Table 4 (continued): Key themes on recommendations for future research.

| Specific area | Theses/dissertations | Government reports | NGO reports | Research reports |
|---|----------------------|--------------------|-------------|------------------|
| Best practice of suicide prevention and postvention based on examples from overseas | - | 24 | - | - |
| Falls and pressure sores in residential care | - | 15 | - | - |
| Theoretical or culturally appropriate models and resources | | | | |
| Testing of theoretical or culturally appropriate models and resources to increase uptake of physical activity among women | 112 | - | - | - |
| New approaches to guide people towards happiness | 110 | - | - | - |
| Psychological services for migrant mothers | 77 | - | - | - |
| Support of leisure consumers to cope with critical life events | 154 | - | - | - |
| Diabetes care among older migrants | 169 | - | - | - |
| Development of palliative and hospice care models for Asians in collaboration with community | - | 20 | - | - |
| Refugee health | | | | |
| Experiences of refugee men and youth | - | 34 | - | 75 |
| Alcohol use and harm | - | 25 | - | - |
| Problem gambling | | | | |
| Online gambling and potential for dissemination of online interventions | - | - | - | 116 |
| COVID-19 | | | | |
| Ethnic specific information on health and social impacts | - | - | 58 | - |

Appendix Table 4 (continued): Key themes on recommendations for future research.

| Specific area | Theses/dissertations | Government reports | NGO reports | Research reports |
|---|----------------------|--------------------|-------------|------------------|
| Palliative, hospice and advanced care | | | | |
| Investigate care needs, including end-of-life care, counselling and bereavement support | - | 20 | - | - |
| Health needs | | | | |
| Assessment, community health needs, barriers to care, intergenerational health issues, trend analyses | - | 15,16 | - | - |
| Ethnicity coding | | | | |
| Ways to improve for MELAA groups | - | 16 | - | - |

NGO = non-governmental organisation; MELAA = Middle Eastern, Latin American, and African.

Appendix Figure 1: PRISMA flow diagram by type of grey literature.

