



Appendix

	Study 1	Study 2	Study 3	Study 4	Study 5	Study 6	Study 7	Study 8
Peer reviewed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Authors, year, location, title	Eikemo et al., 2018, Greece, Non-communicable diseases in Greece: inequality, gender and migration	Aung et al., 2020, Thailand, Acculturation and Its Effects on Health Risk Behaviors among Myanmar Migrant Workers: A Cross-Sectional Survey in Chiang Mai, Northern Thailand	Naicker et al., 2016, South Africa, Prevalence of Selected Intermediate Risk Factors for Non-communicable Diseases in an Apparently Healthy Indian Community in KwaZulu-Natal, South Africa	Bilal, Chan & Somerset, 2019, Australia, Acculturation and Perceived Ethnic Discrimination Predict Elevated Blood Glucose Level in Sub-Saharan African Immigrants in Australia	Campostrini et al., 2019, Italy, Migrant health in Italy: a better health status difficult to maintain—country of origin and assimilation effects studied from the Italian risk factor surveillance data	Shah et al., 2015, UAE, Hypertension prevalence, awareness, treatment, and control, in male South Asian immigrants in the United Arab Emirates: a cross-sectional study	Akhter et al., 2020, England, Risk factors for non-communicable diseases related to obesity among first- and second-generation Bangladeshi migrants living in north-east or south-east England	Joy et al., 2017, India, Dietary patterns and non-communicable disease risk in Indian adults: secondary analysis of Indian Migration Study data
Type	Survey multi-group comparison (cross-sectional)	Survey correlation analysis (cross-sectional)	Classic cross-sectional study	Classic cross-sectional study	Survey correlation analysis (cross-sectional)	Classic cross-sectional study	Classic cross-sectional study	Classic cross-sectional study
Aim	Analyse health inequalities in Greece	How cultural adaptation affects health risk behaviours among Myanmar migrants in Thailand	Determine prevalence of risk factors for NCDs among KZNatal Indian migrants	Investigate associations between acculturation, perceived ethnic discrimination (PED) and elevated blood glucose (EBGL) levels in a migrant population in Australia	Investigate the relationship between country of origin and assimilation process	To determine prevalence of hypertension among South Asian immigrants in the UAE, as well as associated factors, awareness, treatment and control	To assess how sex, generation and region affect the predisposition to obesity-related NCDs among UK Bangladeshis	To understand the relationship between undernutrition and NCD with dietary patterns

Methodology	Compare the rates and risks of NCDs amongst Greek nationals, Albanian migrants and non-Albanian migrants	Odds ratios to identify associated factors. Logistic regression to identify effects of factors on each risk behaviour	Pearson correlations used to detect associations between risk markers and anthropometric markers	Covariate analysis	Odds ratio analysis	Measured blood pressure, height, body mass, waist and hip circumference, as well as collected sociodemographic, lifestyle and hypertension information	BMI and waist circumference used to define populations at risk of obesity-related NCDs	Data from the Indian Migration Study cross-sectional study used to identify dietary patterns and associations with NCD risk factors were assessed using logistic regression
Sample	1332	414	250	250	228,201	1375	517	7067
Main findings	Gender gap in reporting some NCDs in particular groups. Women are overall more likely to report one. Albanian migrant women bear greater risk than men	Majority of migrant workers display risky health factors, exacerbated by socioeconomic factors and poor education. Age was a major factor. Participants over 40 years old were associated with central obesity. Gender-related differences	Large majority of participants were obese, hypertriglyceridaemic, hypercholesterolaemic and hyperglycaemic (metabolyc syndrome). Chronic disease outcomes are correlated with family history. Gender-related differences.	Traditional acculturation was inversely related to both EBGL and type 2 diabetes, while integration acculturation was positively correlated. Strong association between EBGL and PED. PED is mediating factor between integration mode of acculturation and EBGL/diabetes. Those in the integration mode of acculturation were 4.2 times more likely to have EBGL/diabetes, while those in traditional acculturation were 80% less likely.	Lower migrant socioeconomic status. No major differences in health attitudes and behaviours between groups, but differences observed amongst migrant groups. Gender-related differences. Increased assimilation as length of stay increases, and country of origin variance. Convergence of migrant health levels toward local population (worsening)	High prevalence of hypertension	Females, married people, London residents, second generation individuals, those of lower self-assessed financial status, with low acculturation status, and those who did not walk daily for over 20 minutes were more likely to develop obesity-related NCDs. Gender-related differences.	Five regionally distributed dietary patterns identified. Regional dietary differences had an impact on NCD risk factors, for example consumers of pulses had lower odds of obesity; consumers of the rice and meat pattern had higher odds of increased waist-to-hip ratio

Strengths	Large sample, including 40% migrant population within total	Detailed study into legal Myanmar migrants in regional Thailand	Use of Asian parameter cut-offs for analysing Indian subpopulation	Novel analysis of associations between acculturation, discrimination and NCDs	Large sample size	Large sample size, including 3 nationalities	127-item questionnaire	Comprehensive dietary data collection
Weaknesses	NCDs self-reported, not diagnosed	Cross-sectional, so cannot describe dynamic nature of some processes	Capillary fasting finger prick samples	Sub-Saharan African population limitation	Exclusion of migrants from high-income countries (EU and North America), or those that cannot speak Italian	Only studied males	No data on white Europeans or other ethnic minorities used	Only Indian interstate migrants analysed

Table 1: Study characteristics table including the 8 reviewed articles.

