ADVANCING EQUITY

Social Determinants in Migrant and Refugee Health Symposium

Friday, 21 November 2025
AUT North Campus, AZ and AF Foyers
8am – 5pm

AUT North Campus Map

90 Akoranga Drive, Northcote, Auckland, 0627

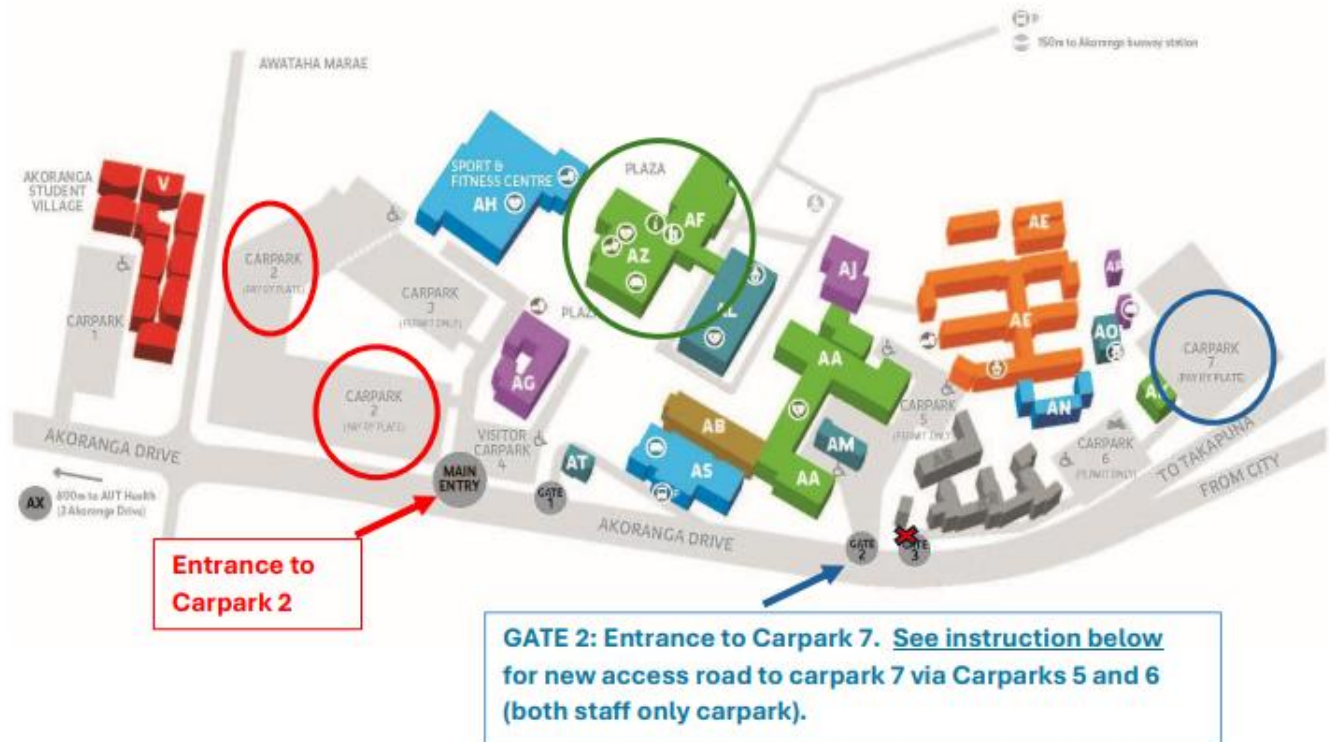The symposium will be in the AZ and AF buildings

Entrance to Carpark 2

GATE 2: Entrance to Carpark 7. <u>See instruction below</u> for new access road to carpark 7 via Carparks 5 and 6 (both staff only carpark).

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Welcome Message

Tēnā koutou and warm greetings,

We are delighted to welcome you to this exciting and vibrant symposium, ***Advancing Equity: Addressing the Social Determinants in Migrant and Refugee Health***.

This symposium is a joint undertaking between AUT's Migrant and Refugee Health Research Centre (MRHRC) and the New Zealand Policy Research Institute (NZPRI), reflecting our shared commitment to advancing social justice, policy innovation, and culturally accountable, community-engaged research in Aotearoa New Zealand.

AUT takes pride in its richly diverse academic, student, and community engagements, reflecting the multicultural fabric of Aotearoa New Zealand. This symposium builds on that strength - bringing together voices from across the academic, community, and service sectors to share knowledge, challenge assumptions, and inspire new pathways toward more equitable health futures.

Globally, we are living through a time of unprecedented displacement and migration. Conflicts, climate crises, and social inequalities have forced millions to move across borders in search of safety, belonging, and hope. These movements profoundly shape the health and wellbeing of individuals, families, and communities. In this context, advancing health equity for refugees, asylum seekers, and migrant populations is not only a moral and social imperative - it is central to the vision of inclusive and sustainable health systems worldwide.

Today's symposium offers an invaluable opportunity to bring together multi-sectoral stakeholders - from researchers, NGOs, community members and leaders to policymakers and policy advocates. We are especially pleased to see the participation of community members, emerging scholars, and students whose work continues to advance inquiry and transformative practice in migrant and refugee health.

We trust that this symposium will be an engaging, reflective, and inspiring experience for all - fostering new partnerships, sparking critical conversations, and reaffirming our shared commitment to creating systems that advance equity.

Once again, a very warm welcome to everyone and we wish everyone a wonderful day!

Ngā mihi nui,

Professor Eleanor Holroyd

Co-Director, Migrant and Refugee Health Research Centre

Associate Professor Nadia Charania

Co-Director, Migrant and Refugee Health Research Centre

Deputy Director, New Zealand Policy Research Institute

Dr Lisa Meehan

Director, New Zealand Policy Research Institute

Acknowledgements

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Eleanor Holroyd

Organising Committee

Ayan Said (Lead)

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Han Lee

Beth Ketema

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Eleanor Holroyd

Administrative and Design Support

Amor Hirao

Kelly Nicholson

Programme

(subject to change)

Time	Venue	Activity
8:00 – 8:30 am	AF Foyer	**Registration, Tea and Coffee**
8:30 – 8:50 am	AF 114	**Opening** Mihi Whakatau Opening Address – VC Damon Salesa Opening Remarks – Eleanor Holroyd, Nadia Charania, and Lisa Meehan
8:50 – 10:00 am	AF114	**Plenary Session** **Health and wellbeing of refugee youth in Aotearoa: Realities, resilience, and leadership** Daniel Gamboa, CEO, New Zealand National Refugee Youth Council **From strategy to impact: Advancing health outcomes for refugee communities** Andrew Lockhart, National Manager, Refugee and Migrant Support, MBIE Blessing Kanengoni-Nyatara, Advisor – Refugee Health, MBIE **Migration Health Initiative** William Stauffer, Professor, University of Minnesota
10:00 – 10:30 am	AF 114	**Panel Discussion with Keynote Speakers** **Understanding the migration landscape: Current trends and impacts** Lincoln Dam, Facilitator
10:30 – 11:00 am	AF Foyer, AZ100	**Morning Tea and Exhibition Stalls**
11:00 am – 12:30 pm	Rooms: AZ 203, AZ 204, AZ 314, AZ 315, AZ 316	**Parallel Session One**
12:30 – 1:30 pm	AF Foyer, AZ100	**Lunch and Exhibition Stalls**
1:30 – 3:00 pm	Rooms: AZ 203, AZ 204, AZ 314, AZ 315, AZ 316	**Parallel Session Two**
3:00 – 3:30 pm	AF 114	**Panel Discussion** **Transforming the landscape: What's next for migrant and refugee health and wellbeing?** Janet Chen, Principal Service Development Manager, Refugee and Migrant Health, Health New Zealand | Te Whatu Ora Nivedita Sharma Vij, Chairperson, Asian Caucus and Co-Chair, Policy Subcommittee, Public Health Association New Zealand Sara Ahmad, Panel Member, New Zealand Refugee Advisory Panel (NZRAP) Kelly Feng, CEO, Asian Family Services Reem Abbas, Facilitator
3:30 – 4:00 pm	AF 114	**Closing** Closing Remarks – Reem Abbas and Ayan Said
4:00 – 5:00 pm	AF Foyer, AZ100	**Afternoon Tea and Exhibition Stalls**

Parallel Session 1 11:00 am – 12:30 pm				
Healthcare Access and Equity AZ 203 Chair: Sarah Jane Lipura Time Coordinator: Lubna Zehra	Family and Gender-Based Issues AZ 204 Chair: Shabnam Jalili-Moghaddam Time Coordinator: Ebenezer Byimah Mensah	Bridging Gaps: Language, Culture and Technology AZ 314 Chair: Soheila Mohammadyari Time Coordinator: Su Myat Kyaw	Towards Inclusive Processes and Places AZ 315 Chair: Blessing Kanengoni-Nyatara Time Coordinator: Mulisa Debala	Healthy Ageing and Wellbeing AZ 316 Chair: Isaac Amankwaa Time Coordinator: Blessing Solomon
Healthcare Access and Utilisation for Chinese Late-Life Migrants Sherry (Xi) Zhu, Eleanor Holroyd, Priya Saravanakumar, and Irene Zeng	From Conflict to Confidence: Former Refugee Women Reflect on Their Outward Bound Journey Fahima Saeid, Farida Sakhawarz, Khalida Zareh, Shafiqa Jamal Yahyazada, and Azrah Ghulami	"Can't Sign Up, Dad's Name Can't Be Written in English": Examining (Mis)Integration of Digital Tools in Refugee Health and Well-Being Marlini Bakri, Janet Davey, and Joy Parkinson	Fostering Belonging Through Education: A Learning Community Hub for Former Refugee Whānau Mastura Abd Rahman and Zahra Hussaini	Culturally Responsive Social Housing for Asian Communities Brian Qiao
Barriers and enablers for Older FI Immigrants to Access Healthcare in NZ Vimlesh Shukla, Eleanor Holroyd and Jagamaya Shrestha-Ranjit	From Crisis to Empowerment: Grassroots Collaboration Among Ethnic Women's Organizations in Auckland Eva Chen, Jamila Slaimankhel, and Fadumo Ahmed	Bridging the Digital Divide: The Key to Engage in Effective Public Health Communication Paula Ray	Welcoming Schools for Students from Refugee Backgrounds in Aotearoa/New Zealand: A Trauma-Informed Approach - Did We Make a Difference? Annette Mortensen	Tana-Bana: The Tapestry of Indian Elder Lives in Aotearoa Aesha Farheen Siddiqui, Kim van Wissen, and Janet McDonald
Addressing Health Inequities in the Rohingya Refugee Community in Auckland and Blenheim: A Grassroots and Collaborative Approach Anayat Ullah and Samira Mohammed	Family Violence and Sexual Violence (FVSV) Rachel Mukwezwa Tapera, Makanaka Tuwe, and Silas Adjei-Gyamfi	Educational Co-Design Programme for Health Equity: Enhancing Practices Through Partnership Dulani Abeysinghe	Youth-Centred, Reflexive Research Approaches to Inform Culturally Responsive Health Policies and Interventions Paul Ripley	Intersecting Realities: Migration, Ageing, and Equity Among Older Indian Migrants in Aotearoa New Zealand Jayanthi (Jay) Nagalingam, Kay Shannon, and Eleanor Holroyd
Beyond Blood – A Call to Action for Thalassaemia and Sickle Cell in Aotearoa Vivek Vij and Nivedita Sharma Vij	Between Traditions and Systems: Chinese Migrant Women's Pregnancy Meanings in New Zealand Through a Culture-Centered Lens Fuwen Yang	Translation and Validation of Oral Health Tools for Ethiopian Refugees Betelehem (Beth) Zeleke Ketema, Julie Trafford, Karen Lansdown, Zeina Al Naasan	Navigating Visibility: The Lived Experiences of Introverted South Asian Migrant Women in New Zealand Workplaces Mariam Tayyab, Fatima Junaid, and Shirley Barnett	Promoting Holistic Wellbeing Among Indian Older Adults in Aotearoa New Zealand: The Work of Seva Charitable Trust Nilima Venkat
Culturally Safe Care for HSV-2 Shuari Naidoo	Understanding of the Experiences of Migrant Fathers During the Perinatal Period Huy N. Vo, Kirstie McKenzie-McHarg, Pauleen C. Bennett, and Dac L. Mai	Importance of Informal and Emotional Communication Among Linguistic Minorities During the Pandemic: Lessons for Multilingual Health Communication Shinya Uekusa, Sally Carlton, and Sylvia Nissen	Refugees at Work: Narratives of Identity Construction Vikashni Moore, Nadia A. Charania, and Roy Smollan	Uplifting Women and Elderly Wellbeing in Migrant Communities: A Community-Driven Approach to Health and Inclusion Sudesh Sharma

Parallel Session 2 1:30 – 3:00 pm				
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Barriers and Enablers to Accessing Health Services for Postpartum Depression Among Indian Migrant Women: A Scoping Review Lubna Zehra, Ei Mon Thinn Kyu, and Eleanor Holroyd	An Evaluation of the Afghan Evacuee Resettlement Programme in Aotearoa New Zealand Nadia A. Charania, Fahima Saeid, Shalini Pillai, Irene Zeng, Priyanka Kumar, Claudia Gaylor, and Eleanor Holroyd	Culturally Responsive Disaster Preparedness: Insights from Northern Pakistan and Implications for Migrant Healthcare Workers in New Zealand Nimra Choudhary, Eleanor Holroyd, and Ailsa Holloway	Community Wellbeing in Practice: A Refugee-Led Approach to Health and Inclusion Fadumo Ahmed and Jamila Slaimankhel	Decentering Narratives: Scholarly Positionality and Asian Community Resilience in the Context of COVID-19 in Aotearoa New Zealand Rebekah Jaung, Lynne Soon-Chean Park, and Joohyun Justine Park
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From Languishing to Flourishing: A Social Determinants Analysis of Immigrant Mental Health in Canada Sushant Sharma	The transformative potential of refugee-with-refugee value co-creation during resettlement Raja Subramanian, Jörg Finsterwalder, C. Michael Hall	Why are "Others" drowning at such a high rate in Aotearoa New Zealand? Kurt Cordice	Safari Wrap Around Programme – Belong Aotearoa Charlotte Gordon	Queer Migration, the Ethnic Closet, and the Im/Possibility of Home: Chinese Queer International Students Intersectional Experiences in New Zealand Taylor Le Cui
	Strategies for Making Compelling Cases for the Inclusion of Asian Peoples in Policy, Planning and Service Delivery Grace Wong		Community-Led Health Interventions for Migrant Workers Along the Thailand-Myanmar Border: Engagement, Impact, and Equity (2022–2024) Aung Than Oo	Migrant Asian MSM Spar Wong

Please note: in AF101, a video titled **Multilingual Community Communication during the COVID-19 Pandemic** will be screened during morning tea, lunch, and afternoon tea.

This short film shares insights from interviews with 85 multilingual community members in Christchurch about their experiences during the COVID-19 pandemic.

Research conducted by the University of Canterbury, Lincoln University, and University of Auckland

Exhibition Stalls

Please take the opportunity to explore the stalls during morning tea, lunch, and afternoon tea.

The Asian Network Incorporated

Public Health Association of New Zealand
Kāhui Hauora Tūmatanui o Aotearoa

Belong Aotearoa
Inclusion • Connection • Wellbeing

New Settlers Family & Community Trust
NFACT

Community RESEARCH

muskaan Care Trust

UNIVERSITY OF AUCKLAND
Waipapa Taumata Rau
NEW ZEALAND

Centre for Asia Pacific Refugee Studies

AUT
TE WĀNANGA ARONUI O TĀMAKI MAKAU RAU

Oral Health Team

Te Whatu Ora
Health New Zealand

MIGRANT AND REFUGEE HEALTH RESEARCH CENTRE
Nutrition, Migrants and Wellbeing (NuMiWell)

Keynote Speakers

Daniel Gamboa

CEO, New Zealand National Refugee Youth Council

Daniel Gamboa is the Chief Executive Officer of the New Zealand National Refugee Youth Council (NZNRYC), the only national refugee youth led organisation in Aotearoa. Originally from Colombia, Daniel arrived in New Zealand as a resettled refugee and has dedicated his career to empowering refugee youth and strengthening their participation in civic life. He has worked in senior advisory roles across government and international networks including the Asia Pacific Network of Refugees and the Asia Pacific Refugee Rights Network. Daniel has represented refugee youth at national and global forums including the UNHCR Regional Consultations with NGOs, and currently serves as a member of the UNHCR Refugee Advisory Group to the Consultations on Resettlement and Complementary Pathways. His work focuses on creating inclusive systems where refugee youth can thrive, lead, and shape the future of Aotearoa.

Andrew Lockhart

National Manager, Refugee and Migrant Support, Ministry of Business, Innovation and Employment

Andrew Lockhart leads New Zealand's Refugee and Migrant Support programme at the Ministry of Business, Innovation and Employment. He has almost 15 years of experience in migration and refugee resettlement and oversees the Government Refugee Resettlement Strategy and Migrant Settlement Strategy. He works closely with communities, service providers, and international partners to ensure successful settlement outcomes. Andrew brings expertise in public policy, strategic planning, and stakeholder engagement, and has represented New Zealand at a number of international humanitarian meetings. Andrew holds a Masters Degree in Public Policy and Management.

William Stauffer

Professor, University of Minnesota

Dr. William Stauffer is a Professor at the University of Minnesota. He is formally trained in public health, internal medicine, paediatrics, paediatric emergency medicine, tropical medicine and infectious diseases. He is an expert in refugee health, travel and tropical medicine working in clinical medicine, surveillance, and policy. His areas of expertise focus on how human mobility affects health. He served as the Lead Medical Advisor to the CDC (Immigrant, Refugee, Migrant Health Branch) leading the development and maintenance of the US/CDC refugee screening guidelines, contributes to the CDC Yellow Book and founded the UMN/CDC Global Health Course in 2005. He initiated the UMN Global Medicine Programme and serves as the Director for the United Nations Migration Agency-UMN Collaborative. He founded the National Resource Center for Refugees, Immigrants and Migrants (NRC-RIM) and the Migration Health Initiative, Task Force for Global Health (Atlanta).

Blessing Kanengoni-Nyatara,

Advisor – Refugee Health, Refugee and Migrant Support, Ministry of Business, Innovation and Employment

With over a decade of experience across government, academia, and international organisations, Blessing's work focuses on advancing health equity for migrants and refugees. Currently serving as an Advisor for Refugee Health at Immigration New Zealand, Ministry of Business, Innovation and Employment, she leads the national coordination efforts to improve health outcomes for former refugees through policy development, stakeholder engagement, and programme implementation and evaluation. Blessing holds a PhD in Public Health and continues to work in the research space addressing barriers to healthcare access, mental health integration, and youth wellbeing. Blessing is a published author and advocate for inclusive, evidence-based health systems that reflect the voices of vulnerable communities.

Abstracts

Healthcare Access and Equity

AZ 203
Chair: Sarah Jane Lipura
Time Coordinator: Lubna Zehra

Healthcare Access and Utilisation for Chinese Late-Life Migrants

Authors   Sherry (Xi) Zhu, Auckland University of Technology
Eleanor Holroyd, Auckland University of Technology
Priya Saravanakumar, Auckland University of Technology
Irene Zeng, Auckland University of Technology

Healthcare access and utilisation for Chinese late-life migrants is an important issue in Aotearoa New Zealand (ANZ) due to the unmet healthcare needs of this rapidly growing priority population. However, no published studies have specifically examined the experiences of recently arrived Chinese late-life migrants, particularly during the COVID-19 pandemic. This study conducted in 2021, addressed this gap among Chinese migrants who aged 65 and over and immigrated to ANZ within 10 years, under both normal and pandemic conditions. The study aimed to explore factors influencing recently arrived Chinese late-life migrants' healthcare utilisation to pilot a healthcare utilisation survey targeting this population, and propose actionable recommendations for enhancing healthcare access for this group. A mixed-methods design was employed. Phase one, the focus of this submission, used a qualitative descriptive approach to conduct semi-structured interviews with 12 Chinese late-life migrants (5 males, 7 females). All participants were born in China, aged between 65 and 78 years, immigrated to ANZ between 3 and 10 years, and hold eligible visa (10 Permanent Resident Visa, 2 ANZ citizenship) to use local healthcare services. Data analysis revealed four major themes: 1) "It is the Little Things that Matter the Most," 2) Fractured Patient-Practitioner Relationship, 3) Cultural Beliefs and Attitudes Towards Healthcare Access and Utilisation, and 4) Desire for Healthcare Information. The study revealed complex, interrelated factors in particular novel insights including the impact of ineffective communication and cultural misunderstandings on patient-provider relationships, and how barriers like inaccessible facilities, long wait times, limited culturally appropriate information, and lack of social support hinder healthcare access. These findings offer timely, culturally relevant guidance for improving access to healthcare for recently arrived Chinese late-life migrants in ANZ.

Barriers and Enablers for Older Fijian Indian Immigrants to Access Healthcare in NZ

Authors   Vimlesh Shukla, Auckland University of Technology
Eleanor Holroyd, Auckland University of Technology
Jagamaya Shrestha-Ranjit, Auckland University of Technology

It is estimated that over 95,000 to 100,000 Fijian Indians (FI) live in Aotearoa, New Zealand (NZ). While NZ's public health services are free, access to healthcare remains challenging for many, especially older FI migrants living in NZ. A qualitative interpretive descriptive methodology was utilised to derive practice-relevant insights regarding the healthcare experiences of older Fijian Indian immigrants. Purposively, 10 older FI immigrants, aged over 55, were sampled, with six male and four female participants. Participants' experiences were explored using semi-structured interviews to identify barriers and enablers for older FI immigrants to access healthcare in NZ. A six-step thematic analysis enabled the systematic identification of patterns and themes across participant interviews. The research was informed by the Social Determinants of Health framework, enhanced by an intersectional perspective, to analyse how structural, cultural, and socio-economic factors converge to influence healthcare access for older Fijian Indian immigrants.

The preliminary findings of this doctoral study highlighted that participants encountered numerous barriers and some enablers in accessing healthcare. These barriers relate to ethnic and cultural differences that arose during medical care encounters. They include a perceived lack of trust, insufficient cultural awareness and ethnic specific care considerations, poor access to services and long waiting times, inadequate patient-centred care, and high costs and unaffordability.

The recommendations to improve the accessibility of healthcare in NZ include creating awareness among the healthcare providers of FI cultural considerations, such as diet and religious beliefs and promoting cultural safety in medical education. Furthermore, employing cultural navigators (from the FI community) to enhance effective communication, trust and engagement between FI migrants and health service providers is recommended. Highlighted is the importance of culturally responsive, targeted interventions to improve health service access for older FI migrants.

Addressing Health Inequities in the Rohingya Refugee Community in Auckland and Blenheim: A Grassroots and Collaborative Approach

Authors   Anayat Ullah, Rohingya Association New Zealand
Samira Mohammed, Rohingya Association New Zealand

The first group of Rohingya former refugees arrived in Aotearoa New Zealand through the National Refugee Quota Programme approximately 20 years ago, with initial resettlement in Nelson, Auckland and Palmerston North. The Rohingya Association New Zealand was established in 2017 to support the successful resettlement and wellbeing of Rohingya families in Auckland, and, and, and now extends to Blenheim. A number of community development project was initiated and led by RANZ to address health, education and wellbeing of Rohingya community members, with support from the Ministry of Education, Ministry of Social Development, and Te Whatu Ora. The health awareness initiative was launched in response to the significant health disparities experienced by Rohingya community members, driven by intersecting factors such as language barriers, limited health literacy, trauma, and systemic exclusion and discrimination. The project aimed to address these inequities by working directly with the community, service providers, and advocates in health, social services, and human rights to co-design responsive, culturally grounded solutions. Engagement strategies included community consultations, culturally facilitated focus groups, and workshops with professionals across the health, education, and settlement sectors. These approaches created culturally safe spaces for dialogue, collective listening, and collaborative planning, leading to the co-design of prevention programmes in health, education, and family and sexual violence. Challenges included limited interpreting services, lack of sustainable funding, and gaps in cultural responsiveness within mainstream services. Nonetheless, the project revealed the community's resilience and strong desire to be actively involved in decisions affecting their well-being. This initiative underscores the vital importance of culturally tailored, community-led approaches in addressing health inequities faced by refugee populations. Continued investment in interpreting services is essential, particularly for the Rohingya community, whose language is both vulnerable and endangered, lacking a standardised written script. Language support is therefore critical to ensure equitable access to essential services, culturally appropriate education, and effective participation in society. Moreover, systemic policy reforms are needed to embed equity and inclusivity within institutions. Achieving true equity for refugee-background communities requires not only meaningful community engagement but also structural transformation

Beyond Blood – A Call to Action for Thalassaemia & Sickle Cell in Aotearoa

Authors   Vivek Vij, Muskaan Care Trust NZ
Nivedita Sharma Vij, ACHSM, Thalassaemia and Sickle Cell Aotearoa NZ (TASCA NZ), Muskaan Care Trust NZ, and Rare Disorders NZ

Purpose: Beyond Blood aims to improve awareness, early diagnosis, and access to care for people affected by thalassaemia in New Zealand, focusing Māori, migrant ethnic communities from Asia, the Middle East, Greece, Italy, the Mediterranean and Pacific, populations with higher prevalence, disproportionately affected and underserved.

Methods: The project using a community-led approach, delivering multilingual education, Awareness workshops, social media outreach, clinician training, and community hui across key regions. It is partnering with ethnic organisations, health professionals, DHBs, Rare Disorders NZ and global organisations.

Outcomes:

- Over 30,000 people reached
- 40% increase in GP referrals in one region
- New diagnoses and improved patient access

Challenges included lack of national screening, fragmented care, and limited provider awareness.

Implications: There is urgent need for carrier screening, Genetic Blood disorders strategy, Healthcare provider education, and Te Tiriti-based models to address rare disorders equity.

Beyond Blood offers a practical, culturally grounded model for improving outcomes in invisible under-recognised conditions.

Culturally Safe Care for HSV-2

Author   Shuari Naidoo, University of Auckland

Research purpose: Refugee women in Aotearoa New Zealand face significant barriers to accessing ethical and culturally safe care for HSV-2 (genital herpes), a chronic, highly stigmatised sexually transmitted infection. Despite the global prevalence of HSV-2, refugee populations remain largely invisible in sexual health research and underserved in policy frameworks. This proposed scoping review seeks to fill a critical knowledge gap by mapping existing international and New Zealand literature on HSV-2 care for refugee women, with a specific focus on ethical considerations, systemic barriers, and culturally responsive models of care. Refugee women are uniquely impacted by intersecting forms of marginalisation including stigma, limited access to culturally appropriate services, language challenges, and economic constraints. These intersecting factors often result in delayed or avoided care, reinforcing health inequities. To date, no research in Aotearoa has examined HSV-2 care through the lens of refugee women's lived experiences or

analysed the ethical frameworks guiding such care. This review aims to explore how socio-cultural norms, healthcare system design, and clinical practices shape access to HSV-2 information, testing, and treatment for refugee women. Methods: This project will follow a scoping review methodology to examine international and New Zealand-based studies on HSV-2 care and refugee health. Databases such as PubMed, Scopus, CINAHL and grey literature sources will be searched using terms related to HSV-2, stigma, cultural safety, ethics, and refugee health. Articles will be screened using Covidence and analysed thematically to identify ethical barriers, stigma-related issues, and culturally responsive practices. Expected Outcomes: The review is expected to identify gaps in culturally safe and ethical HSV-2 care for refugee women and highlight the intersectional challenges this population faces. It will synthesise current knowledge and inform future stages of primary research involving co-design with refugee women and clinicians.

Family and Gender-Based Issues
AZ 204
Chair: Shabnam Jalili-Moghaddam
Time Coordinator: Ebenezer Byimah Mensah

From Conflict to Confidence: Former Refugee Women Reflect on Their Outward Bound Journey in Anakiwa

Authors Fahima Saeid, New Settlers Family and Community Trust
Farida Sakhawarz, New Settlers Family and Community Trust
Khalida Zareh, New Settlers Family and Community Trust
Shafiqa Jamal Yahyazada, New Settlers Family and Community Trust
Azrah Ghulami, New Settlers Family and Community Trust

Earlier this year, the New Settlers Family and Community Trust (NFACT), in partnership with Outward Bound New Zealand, delivered a ground-breaking eight-day outdoor education programme designed specifically for former refugee Muslim wāhine. Fourteen participants, aged from their late 30s to early 60s and originally from Afghanistan, Iran, and Malaysia, engaged in a purposeful mix of physical challenge, reflection, and cultural connection. The course was carefully adapted to honour the religious and cultural requirements of the group, including prayer times, modesty considerations and language needs. Activities such as sailing, high ropes, bush tramping and team exercises were complemented by journalling and facilitated reflection sessions. Despite limited shared language, facilitators and participants co-created a communication approach that fostered safety, trust and mutual understanding. The experience resulted in significantly increased self-confidence, wellbeing and a renewed sense of self-determination among the participants. The women reported feeling empowered to take new steps in their personal lives, including pursuing activities independently. This initiative demonstrates the importance of culturally responsive outdoor education and highlights how perceived barriers can be successfully navigated when programmes are designed in collaboration with communities. The outcomes of this course underline the potential of outdoor experiences to support empowerment, leadership, and wellbeing for refugee-background women in Aotearoa New Zealand.

From Crisis to Empowerment: Grassroots Collaboration Among Ethnic Women's Organizations in Auckland

Authors Eva Chen, Wellbeing Trust
Jamila Slaimankhel, Te Whatu Ora
Fadumo Ahmed, NZ Ethnic Women Trust

In response to the compounded challenges faced by former refugees, migrants, and Asian and Muslim communities during the Covid-19 lockdowns, a women-led collaborative initiative was established in Auckland in 2021. This initiative comprises four grassroots organisations: NZ Ethnic Women's Trust, Wellbeing Charitable Trust, Aryana Women Support, and Project Tamkin. Drawing on decades of community-based practice, the collaboration was designed to provide culturally responsive support services, enhance resource-sharing, and mobilize multilingual volunteers and social capital. The collective has effectively coordinated responses to a series of public crises, including the Covid-19 pandemic and major flooding events in Auckland. Ongoing efforts focus on youth empowerment through employment and training pathways, such as internships with local businesses, and on addressing broader issues of mental health, homelessness, and social inclusion. This case study demonstrates the value of intersectional, community-led models in advancing equity and resilience in ethnically diverse urban settings.

Family Violence and Sexual Violence (FVSV)

Authors Rachel Mukwezwa Tapera, University of Auckland
Makanaka Tuwe, Auckland University of Technology
Silas Adjei-Gyamfi, Auckland University of Technology

Family violence and sexual violence (FVSV) remain critical issues across Aotearoa New Zealand, with one in three women experiencing physical or sexual violence in their lifetime. Migrant and ethnic minority communities, particularly African communities, face distinct and compounded barriers to support, yet remain underrepresented in national data, service planning, and policy frameworks. This invisibility results in exclusion from mainstream prevention efforts and perpetuates inequities in resource allocation. This research is the first comprehensive, community-led study on FVSV in African migrant communities in Aotearoa. Underpinned by Ubuntu, a philosophy centred on collective well-being and reciprocity, this project explores how intersecting factors such as gendered violence, faith, cultural norms, and migrant precarity shape experiences of violence and support. Using a tiered design, the study combined a scoping review, policy and service mapping, and community hui (dialogue gatherings) to generate rich insights. The scoping review confirmed the gap in research, with not many studies conducted on FVSV among African communities. The policy mapping highlighted a misalignment between national strategies and the lived realities of African communities. The service mapping revealed a lack of clarity on what constitutes "culturally appropriate" service delivery and a call from agencies for enhanced cultural competency to address institutional and unconscious bias. Key themes from community discussions include the nature and drivers of violence, barriers to accessing help, and protective factors rooted in faith, community, and cultural practices. Participants also proposed culturally safe, community-driven responses. This study contributes urgently needed evidence to inform inclusive,

responsive, and equitable policy and service design. It underscores the value of community-led research in uncovering culturally grounded protective factors and calls for further investigation into population-specific experiences, including those of children, LGBTQIA+ individuals, and diverse faith groups.

Between Traditions and Systems: Chinese Migrant Women's Pregnancy Meanings in New Zealand through a Culture-Centered Lens

Author   Fuwen Yang, University of Auckland

Pregnancy is a transformative life stage often marked by uncertainty and vulnerability. For recently arrived Chinese migrant women in New Zealand, this journey unfolds within a complex interplay of factors: adapting to a new maternity care system, carrying cultural traditions and expectations from China, and engaging with digital platforms that mediate health information and social support. These multiple layers shape how women make sense of, and act upon, what it means to have a "healthy pregnancy." This PhD project will examine how Chinese migrant women construct and negotiate meanings of healthy pregnancy in this transnational and digitally mediated context. Informed by the Culture-Centered Approach (CCA), the project will place women's voices at the centre, recognising their agency while attending to the cultural and structural conditions that shape their maternal health journeys. It asks: How do women's perinatal experiences influence their understandings of maternal health? How do online and offline networks intersect in shaping practices and decision-making? And how might these insights guide culturally responsive health communication strategies? To address these questions, the study will employ qualitative methods, combining co-designed focus groups with semi-structured interviews to center women's voices and capture the complexity of their pregnancy journeys. The analysis will explore how personal experiences, cultural traditions, and everyday engagements with maternity services and digital platforms come together in shaping health beliefs and practices. The anticipated contribution lies in generating empirically grounded insights that inform inclusive maternal health communication and policy. By centring the lived experiences of migrant women, this study seeks to advance equity in New Zealand's maternity care system and promote practices that support the well-being of migrant families.

Understanding of the Experiences of Migrant Fathers During the Perinatal Period

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Project purpose: The worldwide population of migrant families is on the rise, and there is growing acknowledgement of the significance of supporting parental mental health within these families. However, understanding of the experiences of migrant fathers during the perinatal period remains incomplete. The objective of this review is to provide an overview of existing research on perinatal migrant fathers' experiences in different cultures

Methods: Multiple searches were conducted in April 2023 for quantitative, qualitative, and mixed-methods studies across six electronic databases: Medline, CINAHL, Embase, PsycINFO, Web of Science, and Scopus. Fourteen eligible articles were identified, including nine qualitative studies, five quantitative studies, and no mixed-methods studies. The Mixed-methods Appraisal Tool was used to assess the quality of these studies. The quantitative findings were transformed into narrative summaries to be analysed thematically along with the qualitative data.

Results or outcomes: Three themes were identified: (1) Cultural competence (dealing with cultural differences, needs related to original country); (2) Parenthood in a new country (challenges and adaptation to fatherhood, challenging traditional gender norms, lack of extended family and building new support networks, being the main supporter for the family); (3) Needs of the fathers and their personal difficulties.

Implications for equity, policy or future practice: The findings of this review suggest a direction for future research in perinatal psychology. The review also provides insights into the need for social and community support for migrant fathers and how healthcare services can support this group during the perinatal period.

"Can't sign up, dad's name can't be written in English": Examining (Mis)Integration of Digital Tools in Refugee Health and Well-Being

Authors   Marlini Bakri, Victoria University of Wellington
Janet Davey, Victoria University of Wellington
Joy Parkinson, Australian Catholic University

This study seeks to understand the (mis)integration of digital tools from a service delivery perspective in the resettlement journey of refugee communities, with the aim of facilitating equitable health outcomes. Digital tools are defined as resources that involve the use of telecommunication or virtual technology that facilitate the delivery or management of the health and well-being of participants, such as telehealth, apps, websites, wearable technology or social media platforms. The study, currently in the early stages of building relationships, adopts a multi-stage collaborative community-based approach. As part of the study, the research involves two initial key phases: 1) a scoping review across six databases (1995-April 2024) and 2) five focus groups with representation from collaborating organisations that include settlement support agencies, community groups and health providers. Findings from the scoping review demonstrate the lack of research within the context of New Zealand. Based on these findings, we propose a typology of how digital tools can be integrated to tailor the health and well-being service use of refugees. The typology of service experience tailoring by refugees is based on the stage of resettlement journey, digital tool usage, level of effort, who is involved, and outcome of agency. From this, we hope to gain a better understanding of how digital tools have been - and can be - leveraged as resources to shape the health and well-being experiences of refugees through the resettlement journey. Focus group discussions provide insights into the use of digital tools among resettled refugee communities in New Zealand. Preliminary findings shed light on the challenges arising from the increased digital emphasis in the delivery of health and well-being services. Collectively, these findings can inform the service design, delivery and management of culturally responsive digital tools that better meet the needs of resettled refugee communities in New Zealand.

Bridging the Digital Divide: The Key to Engage in Effective Public Health Communication

Author   Paula Ray, ICL Graduate Business School

Bridging the digital divide: The key to effective public health communication Social networking sites (henceforth referred to as SNS) are often used by health practitioners to disseminate information. But they are seldom used for engaging the public, using interactive content. This proposal argues that SNS is an extremely effective communication tool that continues to remain under-utilised when it comes to generating public health awareness. In New Zealand, this gap in public health communication is aggravated by the fact that there are 1.5 million immigrants who are foreign-born, accounting for 29% of the total population (Migration Policy Institute, 2023). Let us consider the incidence of colorectal cancer screening. About 3,000 cases of bowel cancer are diagnosed every year in New Zealand, leading to about 1,200 deaths annually (Bowel Cancer NZ, 2024). There are regular actions taken by Te Whatu Ora to raise awareness and encourage participation for early screening of this disease. In spite of it, New Zealand continues to have the highest rates of bowel cancer in the world, a considerable share which come from the migrant population. Asian communities are often left out due to lack of "attention to cultural determinants of screening", resulting in inequitable services (Bong & McCool, 2011). To a large extent, this could be attributed to the lack of engagement strategies in public health communication. Research shows that SNS-based communication has the potential to not only spread information but also obtain public discourse on issues that affect them. Facebook, which engages in relationship-based communication (Ray, 2014), can encourage the lay public to engage in a conversation with the public health organisation as well as others facing similar ailments, and find their niche support system. Instagram, which engages primarily in visual communication, can make the SNS posts gimmicky and popular among the young audience, thereby drawing their attention and engaging them in an interactive conversation. A case in question is the bowel cancer awareness campaign, as promoted in New Zealand, compared to similar promotions in the researcher's home country, India. A comparative content analysis of the visual communication used between these two cultures, proposes to help us identify patterns, interpret themes, and predict trends that would impact future practice in public health communication

Educational Co-Design Programme for Health Equity: Enhancing Practices Through Partnership

Author   Dulani Abeysinghe, Te Whatu Ora

eCALD has been in operation for 20 years and offers a range of training modules for health professionals working with populations of migrant and refugee backgrounds. Evidence suggests that refugee communities face significant challenges in accessing health care because of several reasons, including a lack of cultural capability among health professionals. 'Module 3: Working with Refugees' aims to increase awareness and knowledge of the refugee journey, and the complexities and challenges people of refugee background may experience. The module's goal is to enhance sensitivity, preparedness and skills of the workforce to work with

people of refugee background. In 2024, a decision was made to review the module utilising a co-design approach. Narrative analysis was used to understand the experiences of healthcare seekers with refugee background and professionals working in the refugee sector. With the assistance of community network leaders, face to face workshops were held in four different locations across New Zealand with varied refugee background communities. Professionals were consulted either in person or online. Good working relationships, networking and engaging with honesty and flexibility led to open and honest discussions resulting in the collection of rich data. Themes and topics that emerged from this data assisted in reviewing and modifying the module to enhance the effectiveness of an already outstanding training module. The project has a number of limitations around demographic representation, engagement process and data collection that can be taken as important learnings for future projects.

Translation and Validation of Oral Health Tools for Ethiopian Refugees

Authors   Betelehem Zeleke Ketema, Auckland University of Technology
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Project Purpose: This community-led study aims to translate, culturally adapt, and preliminarily validate the Oral Health Impact Profile (OHIP-14) and selected WHO oral health assessment questions into Amharic for use with Ethiopian refugees in Aotearoa. The project addresses a key gap in linguistically and culturally appropriate tools for assessing oral health-related quality of life (OHRQoL) among Amharic-speaking adults with refugee backgrounds. Methods: Using a five-stage cross-cultural adaptation framework (Beaton et al., 2000), the study engages bilingual Amharic-English speakers in forward and backward translation, followed by expert review from Ethiopian oral health professionals, community leaders, and language experts. The revised Amharic version is then pilot-tested with Amharic-speaking adults from refugee backgrounds in Auckland. Participants complete the adapted tool and engage in semi-structured interviews to assess clarity, cultural relevance, and linguistic accessibility. Translation equivalence and test-retest reliability are assessed using paired t-tests or Wilcoxon signed-rank tests, depending on data distribution. Results/Outcomes: Preliminary results from expert and participant feedback underscore the importance of context-specific terminology and collaborative review. Challenges include balancing clinical accuracy with community resonance and navigating linguistic ambiguities. The final output will be the first validated Amharic-language version of the OHIP-14 and WHO oral health assessment questions for use in Aotearoa. Implications for Equity and Policy: This research enhances the inclusion of Amharic-speaking communities in oral health data collection, planning, and evaluation. By centring refugee voices in the adaptation process, the study supports culturally responsive service delivery and contributes to more equitable oral health policy. The methodology offers a replicable model for adapting health tools for other underserved populations.

Importance of Informal and Emotional Communication Among Linguistic Minorities During the Pandemic: Lessons for Multilingual Health Communication

Authors   Shinya Uekusa, University of Canterbury
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Disasters including the COVID-19 global pandemic disproportionately affect linguistic minority communities, where language barriers or "disaster linguicism" can be a matter of life or death. While formal multilingual crisis communication—produced by government, health providers, and community organisations—remains essential, it is often top-down, reductive, and insufficiently responsive to the lived realities of linguistic minorities. This paper draws on a study of migrants and former refugees, who are linguistic minorities, in Canterbury, Aotearoa New Zealand, during the COVID-19 pandemic, to explore the importance of informal, interactive, and emotionally resonant communication for community wellbeing. The study adopted a culturally and linguistically sensitive, interpretative approach, and the team of 14 researchers conducted 85 in-depth interviews in 14 languages. Our research highlights that, among participants, informal health communication—such as peer-to-peer translation, social media exchanges, ethnic media, and grassroots community networks—played a critical role in meeting emotional needs, fostering a sense of belonging, and enabling agency. Such channels allow people to "talk things through" in their own languages, contextualise official information, and share culturally relevant coping strategies. These processes were vital not only for immediate crisis navigation but also for long-term mental health and resilience among them. Therefore, this research underscores the need for crisis communication frameworks that value interactive, bi-directional engagement, integrate emotional and relational dimensions, and recognise the communication rights of linguistic minorities. The paper concludes with recommendations for policymakers, health providers, and community organisations to strengthen both formal and informal multilingual communication strategies, thereby enhancing wellbeing, justice, trust, and collective resilience in future crises.

Towards Inclusive Processes and Places

AZ 315

Chair: Blessing Kanengoni-Nyatara

Time Coordinator: Mulisa Debala

Fostering Belonging Through Education: A Learning Community Hub for Former Refugee Whānau

Authors   Mastura Abd Rahman, Ministry of Education
Zahra Hussaini, Ministry of Education

This presentation highlights a community-led Learning Community Hub (LCH), supported and funded by the Ministry of Education, designed to support the educational journey of former refugee whānau—particularly wāhine—by addressing key social determinants that affect health and wellbeing. Grounded in lived experience and co-designed with community members, the LCH programme empowers families with the tools, knowledge, and confidence to navigate Aotearoa New Zealand's education system, which is often unfamiliar and vastly different from what they knew in their countries of origin or host nations. Delivered as a 10-session programme, the LCH helps wāhine gain critical understanding of the New Zealand education system so they can better support their tamariki's learning and wellbeing. The programme includes interpreter support across all sessions to ensure accessibility for participants from diverse backgrounds, including Eritrean, Ethiopian, Syrian, Somali, Afghan Hazara, and Afghan Pashtun communities. The first LCH for former refugee whānau was delivered in 2024 in Ōtautahi. It revealed significant gaps in awareness around schooling, youth wellbeing, and intergenerational dynamics—even among families who had been in Aotearoa for several years. Mothers, in particular, voiced a clear need for culturally responsive, accessible spaces where they could ask questions, seek guidance, and feel genuinely heard. The learning community hub fosters a sense of belonging and inclusion by integrating health and nutrition education, promoting mental wellbeing, and encouraging stronger school engagement among tamariki. It also addresses the complex challenges of identity development and intergenerational tensions, while celebrating the strengths and contributions of former refugee women to the wider community. This initiative not only enhances educational outcomes but also offers a grassroots model for equity-focused, community-empowered change.

Welcoming Schools for Students from Refugee Backgrounds in Aotearoa/New Zealand: A Trauma-Informed Approach - Did we make a difference?

Author   Annette Mortensen, Refugees as Survivors NZ

Purpose: Refugee communities are expanding across resettlement centres in Aotearoa/New Zealand, with students from refugee backgrounds representing populations potentially at risk for suboptimal psycho-social and educational outcomes. These tamariki present intensive support needs during early resettlement phases, having experienced years of traumatic flight, severe hardship, and educational disruption. Many have received no formal education or lost significant schooling years during displacement. The current education system lacks a comprehensive refugee support framework to assist students and their whānau to adapt to new educational environments.

Implementation: The Welcoming Schools for Students from Refugee Backgrounds programme addresses this critical gap through trauma-informed professional development workshops for educators and support staff. Developed in partnership with AUT Refugee Education Early Childhood Education Centre at Mangere Refugee Resettlement Centre, the initiative expanded in 2023 to include specialised Early Childhood Education workshops tailored for pre-schoolers presenting complex developmental and psychological needs. The programme adopts a strengths-based interagency model, promoting wrap-around care integrating education, health, and social services. Training focuses on practical strategies to address developmental delays and psychological difficulties stemming from early traumatic experiences. Workshops emphasise building educator preparedness for working with traumatised children, addressing reported workforce gaps in trauma-informed practice.

Impact: Key outcomes include enhanced interagency collaboration, improved access to individualised learning support and strengthened early intervention capabilities. The programme successfully connects schools with local resettlement, health, social and youth services, fostering comprehensive support networks. Participant feedback indicates significant value in developing confidence and capacity to meet complex student needs.

Implications for equity Long-term educational attainment represents the primary pathway for refugee background whānau to overcome hardship and poverty, with qualifications enabling higher income levels and intergenerational educational advancement. This programme provides a crucial foundation for supporting former refugee students' psychosocial transition and educational success in New Zealand's resettlement context.

Youth-Centred, Reflexive Research Approaches to Inform Culturally Responsive Health Policies and Interventions

Author   Paul Ripley, Auckland University of Technology

Young people from refugee backgrounds resettled in Aotearoa New Zealand face complex health challenges shaped by adolescence, trauma, displacement, and resettlement. Despite these intersecting factors, their voices remain underrepresented in health research and policy. This study employed participatory video as a qualitative method to engage eight refugee-background youth in Auckland in articulating their understandings of health and well-being. Through five collaborative workshops in April 2021, participants co-created video narratives that illuminated their lived experiences. Analysis of the video artefacts and focus group discussions identified two central themes: communication and safety. Communication encompassed language access, intergenerational dialogue, digital connectivity, and sport, while safety included physical security, road safety, and navigating gender and cultural norms. The findings highlight participatory video's dual role as a data collection tool and an empowering process for youth engagement. The study advocates for youth-centred, reflexive research approaches to inform culturally responsive health policies and interventions that address the unique needs of refugee-background youth.

Navigating Visibility: The Lived Experiences of Introverted South Asian Migrant Women in New Zealand Workplaces

Authors   Mariam Tayyab, Massey University
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Project Purpose: This study explores the workplace experiences of introverted South Asian migrant women in New Zealand, a group often overlooked in discussions of diversity and inclusion. It highlights how cultural values such as modesty, deference, and hierarchy intersect with personality and gender to shape their professional lives. The study focuses on their mental health and well-being within extrovert-normed work cultures. Methods: Using a qualitative phenomenological approach, in-depth interviews were conducted with eight South Asian migrant women who self-identified as introverts. Participants were recruited through purposive sampling, and data were analysed thematically using Braun and Clarke's framework. Cultural sensitivities and ethical protocols were maintained throughout. Results/Outcomes: Findings reveal that participants face unique challenges, including misinterpretation of introversion as incompetence, difficulty with informal networking, and pressure to perform extroversion, which often leads to emotional exhaustion and inauthenticity. Despite these challenges, women employ coping strategies such as selective networking, seeking solitude to recharge, and leveraging one-on-one interactions to navigate workplace expectations. Implications: This research highlights the need for inclusive workplace practices that value quiet strengths, respect cultural norms, and create psychologically safe spaces for diverse identities. It calls for culturally responsive mentorship, leadership development programs, and mental health support tailored for migrant women who navigate intersecting challenges of introversion, gender, and cultural expectations.

Refugees at Work: Narratives of Identity Construction

Authors   Vikashni Moore, Auckland University of Technology
Nadia A. Charania, Auckland University of Technology
Roy Smollan, Auckland University of Technology

Existing literature has revealed the importance of refugees' work integration in resettlement societies. However, how refugees actively negotiate their identities through diverse forms of work remains under-explored. In the contexts of identity and work, scholarship usually focuses on either displacement or resettlement. This research explores the complex processes of identity construction among former refugees through the research question – How are refugees' identities constructed throughout their migration journey in the context of work?

Participants in this Aotearoa New Zealand study consisted of three cohorts - twenty two former refugees, originating from Afghanistan, Burundi, Colombia, Ethiopia, Iraq, Myanmar, Pakistan, Somalia and Sudan; eleven managers and mentors (M&Ms); and eight pathways-to-work providers (PWPs). Data for all participants was collected through narrative interviews, ranging between an hour to two hours, with photo elicitation as an added tool for former refugees. A constructivist grounded theory methodology guided data collection and analysis processes with the translocational positionality framework as an analytical lens to explore identity construction.

The migration journey was the contextual framework within which former refugees' identity constructions materialised. Three constructs of anchors, refugeehood, and place integrated with each other through the insider-outsider continuum as the identity navigation site. Being oneself and being more; working for survival, family, and communities; and a metaphorical stepping stone comprised the meaning of work themes. M&Ms and PWPs assisted refugees at work motivated by, inter alia, empathy and personal fulfilment. Five dimensions of work integration were also identified.

This research presents a new theory on the bidirectional relationship between former refugees' identity and meaning of work constructions. Former refugees' resourcefulness throughout their migration journey, alongside strategies utilised by M&Ms and PWPs, influence identity formation and work meanings, leading to the development of a new relational work integration framework.

Healthy Ageing and Wellbeing
AZ 316
Chair: Isaac Amankwaa
Time Coordinator: Blessing Solomon

Culturally Responsive Social Housing for Asian Seniors: The CNSST Kotuku House Initiative

Author   Brian Qiao, CNSST Foundation

CNSST Foundation, a registered charitable trust since 1998, delivers culturally responsive wrap-around services to migrant and ethnic communities in Auckland, focusing on quality of life and social determinants of health.

In 2018, in partnership with the New Zealand Government, CNSST established Kotuku House (CNSSTKH)—a 36-unit social housing complex in Panmure, offering secure, affordable homes for 52 Asian seniors facing housing insecurity, isolation, and cultural barriers.

Beyond housing, CNSSTKH integrates on-site support services addressing housing stability, social connection, cultural safety, and access to care. It fosters improved physical, mental, and social wellbeing, enabling seniors to age with dignity and belonging.

Project Purpose and Population: The initiative addresses the housing needs of Auckland's growing Asian senior population (60+), projected to reach 97,905 nationwide (Stats NZ, 2023). It delivers affordable, culturally safe housing with wrap-around support to overcome social isolation, language barriers, and financial stress, supporting seniors to age in place with connection and care.

Methods: CNSSTKH applies the 5E Model

1. Empowerment: Language and health literacy programmes
2. Eco: Solar energy, rooftop gardens, WasteWise education
3. Engagement: Cultural events and civic participation
4. Equity: Culturally appropriate, linguistically accessible services
5. Enrichment: Group dance, library visits, social activities

Underpinned by CNSST's Community Health and Wellness Model, services include counselling, health navigation, and social work.

Impact and Challenges: CNSSTKH achieved a 100% tenant satisfaction rate, reduced isolation, improved health outcomes. Challenges include limited ethnic-specific housing resources, funding constraints, and lack of policy recognition for culturally responsive models.

Implications:

1. Integrated Design – Combines housing with tailored support
2. Policy Advocacy – Urges national strategies and dedicated funding for culturally responsive housing solutions.

Tana-Bana: The Tapestry of Indian Elder Lives in Aotearoa

Author   Aesha Farheen Siddiqui, Victoria University of Wellington
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Janet McDonald, Victoria University of Wellington

Purpose: Elder people of Indian heritage – the fastest growing ethnic group in New Zealand – face the dual challenge of navigating later-life transitions (such as retirement and loss of social roles) while adjusting to a new cultural environment. Despite their growing population, elder Indian migrants' stories are missing from research on ageing in Aotearoa. To address this gap, this study asks, "How do elder Indian migrants construct meaning in later life within a cross-cultural landscape?" Method: We used narrative research methods to engage in semi-structured interviews with 17 Indian men and women from the Hindu, Muslim and Sikh subcultures living in the wider Wellington community. The participants shared their stories of migration and ageing which were analysed using reflexive analytic approaches to co-construct narratives of meaning-making in a unique socio-cultural context. Results: The emerging narratives place intergenerational caregiving relationships and deeply rooted cultural values centrally within the elder Indian migrants' meaning-making processes. Participants prioritised family life and valued family care roles. They sustain and pass down cultural values through activities like 'langar seva' and 'iftars' while embracing cultural differences. They adapt to life in New Zealand with support from social and institutional systems in New Zealand, specifically language-learning programmes and health care. Implications: This study offers a socio-cultural lens on how Indian elders in Aotearoa navigate older age. By foregrounding participant voices, it contributes new insights into ageing in diasporic families. While intergenerational caregiving is an embedded practice in Indian communities, its role in meaning-making is not culturally limited. Indian elders, through their cultural ethos of nurturing intergenerational relationships, can inform development of culturally responsive ageing care frameworks for the wider ageing community in New Zealand.

Intersecting Realities: Migration, Ageing, and Equity among Older Indian Migrants in Aotearoa New Zealand

Authors   Jayanthi (Jay) Nagalingam, Auckland University of Technology
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The intersection of migration and ageing presents unique challenges and opportunities for advancing equity among older Indian migrants in Aotearoa New Zealand. This doctoral research explores how older Indian adults aged 60 and above perceive and experience healthy ageing and wellbeing, with a focus on the sociocultural and structural determinants shaping their later-life experiences. Although older Indians comprise nearly one-third of the older Asian population in Auckland, they remain underrepresented in ageing-related research, policy, and practice. Too often, they are grouped within broader ethnic categories, obscuring their unique experiences and needs. Guided by a qualitative interpretive descriptive methodology, the study involves semi-structured interviews with approximately 10-15 older Indian migrants. Fieldwork is iterative, with emerging insights informing culturally responsive engagement. Preliminary insights reveal that older Indian migrants often experience compounded marginalisation as older adults, migrants, and ethnic minorities. Migration-related stressors such as limited family support, language barriers, digital exclusion, and shifting intergenerational roles impact their access to healthcare, social connection, and mental wellbeing. These experiences contribute to social exclusion and limited visibility in policy discussions. Despite these barriers, older Indian migrants demonstrate resilience and adaptability. Community-led efforts by ethnic and faith-based organisations offer vital spaces for social inclusion, cultural continuity, and collective wellbeing. However, such grassroots initiatives often function with limited support from mainstream systems that are not adequately responsive to cultural diversity. This presentation highlights emerging themes from the research and calls for an intersectional, equity-oriented approach to ageing policy and practice. Culturally grounded strategies, inclusive service design, and support for community-led initiatives are critical to addressing the structural inequities faced by older migrants. Recognising older Indian migrants as active agents in shaping their ageing journeys is essential to advancing health equity in Aotearoa New Zealand's increasingly diverse landscape.

Promoting Holistic Wellbeing Among Indian Older Adults in Aotearoa New Zealand: The Work of Seva Charitable Trust

Author   Nilima Venkat, SEVA Charitable Trust

NZ Seva Trust NZ, established in 2023, is a non-profit organisation dedicated to supporting the health and wellbeing of older Indians across Aotearoa New Zealand. The Trust aims to address the specific needs of this population by fostering culturally safe, inclusive, and community-driven support systems that promote social cohesion, physical wellness, and emotional wellbeing. Through weekly programmes and targeted engagement strategies, Seva Trust implements a range of culturally resonant activities, including health and welfare workshops, physical fitness sessions (such as yoga, meditation, and light exercise), and celebrations of Indian festivals like Diwali, Onam, and Holi. All services are delivered in Indian languages where possible to ensure accessibility and cultural alignment. Partnerships with health professionals, community leaders, and volunteers play a key role in facilitating outreach, programme delivery, and community trust. The outcomes of these initiatives have been significant. Older Indian adults report reduced feelings of social isolation, improved access to culturally appropriate health information, and increased participation in group activities. Some of the challenges faced include securing sustainable funding, overcoming digital literacy barriers, and providing accessible transport options for senior members. Despite these challenges, key lessons highlight the importance of culturally tailored services and the benefits of fostering community ownership and participation. Seva Trust's initiatives illustrate how community-led and culturally grounded approaches can effectively promote health equity among older adults from ethnic minority backgrounds. This model offers valuable guidance for policymakers and practitioners seeking to develop inclusive ageing policies and culturally responsive community engagement strategies. Supporting such grassroots initiatives is critical for addressing health disparities and ensuring that older adults from migrant backgrounds can age with dignity, connection, and purpose in Aotearoa New Zealand.

Uplifting Women and Elderly Wellbeing in Migrant Communities: A Community-Driven Approach to Health and Inclusion

Author   Sudesh Sharma, Nepal New Zealand Friendship Society of Canterbury

The Nepal New Zealand Friendship Society of Canterbury Inc. (NNZFSC) is a migrant-led organisation supporting the wellbeing of Nepalese and wider migrant communities in Ōtautahi Christchurch. Since 2024, the new Executive Committee has made health and inclusion for women and the elderly a central focus of its work. In 2025, NNZFSC launched a new campaign: Swastha Jivan, Samridha Samaj – Healthy Body, Peaceful Mind, to promote physical and mental wellbeing in culturally safe, community-friendly ways. We recognise that migrant women and older adults often face barriers like social isolation, limited access to exercise or support, and cultural stigma. In response, NNZFSC introduced: Women-only Zumba classes; Swimming programmes in partnership with local councils and businesses, Subsidised badminton memberships and female-friendly outreach ; Free membership for women during Teej, our cultural festival (welcoming 125 new women). These activities are shaped by community member pased sub-committees. For elders, we've included them in social badminton, winter picnics, soundhealing and breathing session and Health and wellbeing seminar inviting a renowned Nepali guru.and are planning new initiatives—such as Marae visits, intergenerational events, and a run/walk club. We're also changing how leadership works. NNZFSC now ensures women's voices are present in panels and

subcommittees, promoting equity not just in activities but in decisions. This presentation shares our grassroots model for supporting migrant women and elders through movement, culture, connection, and leadership. We reflect on what's working, what we're learning, and how community-led organizations like ours can promote health equity in ways that are inclusive, practical, and deeply local.

Mental Health and Wellbeing

AZ 203
Chair: Paul Ripley
Time Coordinator: Han Lee

Wāhine of the Future: Migrant and Refugee Women Redefining Mental Health and Success

Author Eman Ghandour, Khawat

Purpose: Khawat is a grassroots network created by and for migrant and refugee women in Aotearoa New Zealand. Its purpose is to bring women together to build sisterhood, community, and a strong sense of belonging—while centering career development, leadership journeys, and economic empowerment. Khawat's vision is bold: to see more women like us at the table, in leadership roles, and receiving equal pay and recognition for their contributions. Method of Engagement: Our method is grounded in kaupapa Māori values such as manaakitanga, kotahitanga, and whakawhanaungatanga. We foster safe, culturally inclusive spaces where women can share their stories, grow their confidence, and connect across different stages of their career. Through storytelling, career panels, identity workshops, and mentorship, we uplift one another. We also draw from diverse cultural wisdom—including Arabic and African traditions—creating a truly intercultural approach to healing, growth, and leadership. Results: In under one year, Khawat has engaged over 100 women through in-person events in Auckland and built an online community of over 1,000 followers. Our participants have reported increased self-confidence, greater clarity in their career goals, and a stronger sense of identity and belonging. Many have taken steps into leadership, higher education, or new employment pathways through the support of the sisterhood. Outcome Implications for Equity: Khawat addresses systemic inequities by creating a space that recognizes and values the lived experiences of migrant and refugee women. It challenges eurocentric models of career success and redefines leadership on our own terms. By building an 'army' of women who uplift one another, we are shifting structures, influencing institutions, and laying the groundwork for more inclusive, equitable futures—where all women, regardless of background, can thrive.

Barriers and Enablers to Accessing Health Services for Postpartum Depression Among Indian Migrant Women: A Scoping Review

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Postpartum depression (PPD) is a significant but often under-recognised public health concern among Indian migrant women Globally. Migration-related stressors, cultural beliefs, and systemic inequities intersect to create unique barriers to care, contributing to delays in help-seeking and poorer maternal and infant health outcomes. This scoping review examined the barriers and enablers influencing access to mental health services for Indian migrant women experiencing PPD, aiming to inform culturally responsive and equity-focused service delivery. A systematic search of six electronic databases identified four eligible peer-reviewed studies, which were analysed thematically using Braun and Clarke's (2022) reflexive thematic analysis within the Joanna Briggs Institute scoping review framework. Findings revealed intersecting structural and systemic barriers, including language difficulties, lack of culturally competent care, and fragmented service pathways. Cultural incongruence was a recurring theme, with dominant Western maternal mental health models failing to integrate traditional Indian postpartum practices and beliefs. Stigma surrounding mental illness, limited awareness of PPD, and the absence of extended family support in the host country further reduced opportunities for both formal and informal help-seeking. Enabling factors included the provision of culturally responsive, woman-centred care that emphasises relational continuity, mutual cultural comprehension, and linguistic congruence between healthcare practitioners and service consumers. These strategies fostered trust, improved mental health literacy, and enhanced engagement with services. The review highlights the urgent need for policy reforms that embed cultural safety into maternal mental health care, invest in workforce diversity, and promote collaborative models that integrate mainstream health systems with community-led approaches. By centring migrant women's voices and cultural contexts, such interventions have the potential to advance maternal mental health equity, not only for Indian mothers but for other culturally and linguistically diverse populations in high-income countries.

Ethnic Minority Youth and Mental Health: Using Creative Methods to Engage

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There is little published information on how ethnic minority youth (EMY) of Asian, Middle Eastern, Latin American and African ethnicities are meaningfully engaged in research relating to emotional wellbeing. We address this gap using a Tīriti-informed creative workshop process that explores understandings, aspirations, complexities and relationships involved. Objectives: Thriving at Crossroads (T@C) is a multi-method study seeking to understand the lived experiences of EMY also identifying with other marginalised identities (EMYi) and the impact of these experiences on mental wellbeing. Methods: 29 EMYi of diverse backgrounds explored their lived experience using techniques from general and Māori indigenous arts practice. They worked in groups on multigenre projects of their choice, mentored by senior creatives skilled in those genres. Resources and space in an indigenous theatre steeped in tīkanga was provided. Embedded researchers collected observations, recordings, creative ephemera and physical or recorded creative outputs. Focus groups provided further insight. Results: Key learnings: a) A 'flat' structure - researchers sharing power with EMYi fostered collaboration; b) Engagement/visibility of research team and creative mentors enhanced trust; c) Equity/access as driving principles meant participants felt heard and supported; d) Flexible options of in-person and online engagement facilitated participation; e) A defined support structure with ground rules, safety plan and specified supporters for EMYi and mentors helped identify and solve conflicts early; f) An 'open ended' process with no goals for creative outputs enhanced exploration quality and research 'data'. Conclusion: Creative qualitative methods can capture complex and shifting multi-narrative data but must be carefully approached in design and kept flexible to adapt to changing needs. A co-designed collaborative creative model gains trust and connection between researchers and EMYi by being more inclusive, non-hierarchical and innovative. Insights and experiences shared provide authentic, layered information relevant to research, clinical, community and policy approaches and processes.

Impact of COVID-19 Restrictions on the Mental Health of International Students in Higher Education

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Muhammad Jawed, Medical College (FRPMC), Air University
Syed Shahid, Eastern Institute of Technology
Fazaia Ruth Pfau, Medical College (FRPMC), Air University

Background and Objective: The mental health of international students has long been a focal point, heightened by the recent coronavirus disease 2019 (COVID-19) pandemic. The pandemic's restrictions disproportionately affected students in countries with significant enrollments, leading to detrimental impacts on their academic performance, social bonds, and prospects. This narrative review aims to address the current knowledge gap concerning COVID-19's impact on the mental health of international students and associated factors. Additionally, it endeavors to evaluate mental health issues, identify risk factors, and explore coping mechanisms employed by these students amidst the challenges posed by COVID-19 restrictions. Methods: This study employed a narrative review method to examine the impact of COVID-19 restrictions on the mental health of international students during the pandemic. PubMed, CINAHL, SCOPUS, ProQuest Central, and Science Direct databases were searched for articles published from January 2020 to April 2023. The PRISMA guidelines were utilized to guide the search strategy. Following the inclusion/exclusion criteria, 12 articles were selected for final evaluation and review. The credibility, significance, and outcomes of these articles were assessed using the CASP tool. Findings: A thematic analysis strategy was employed to extract data from the chosen articles. The review revealed three primary themes: sociodemographic traits of international students, stressors linked to lockdown measures, and coping strategies amid COVID-19 restrictions, with eleven subthemes identified. Authors noted that international students encountered diverse pandemic-induced stresses, heightening depression, stress, and anxiety during restrictions. Moreover, the adoption of coping mechanisms during lockdown correlated with decreased prevalence of mental health disorders among international students, as observed in the reviewed literature. Conclusions: The mental health of international students suffered during the COVID-19 pandemic due to various factors arising from enforced restrictions, such as financial strain, academic hurdles, and inadequate support systems. Thematic analyses underscored the urgency to tackle deficient social support and declining mental wellbeing, particularly among higher education students in countries with substantial enrollments. Educational institutions must devise effective strategies to bolster students' mental health and address psychological issues, especially considering the challenge of seeking social support during a global crisis like the recent COVID-19 pandemic.

From Languishing to Flourishing: A Social Determinants Analysis of Immigrant Mental Health in Canada

Author   Sushant Sharma, University of Auckland

Project Purpose This study explores how social determinants of health shape mental health outcomes among immigrants in Canada, aiming to identify key upstream drivers of psychological distress and well-being. The target population includes adult immigrants and refugees, with a specific focus on vulnerable subgroups such as low-income, racialized, and recently arrived individuals. Methods This secondary data analysis draws on national-level data from the Canadian Community Health Survey (CCHS). Variables were selected to reflect core social determinants including income, employment, housing stability, food security, social connectedness, and access to healthcare. Mental health outcomes were measured using validated indicators of self-reported mental well-being and perceived stress. Descriptive and bivariate analyses were conducted, with stratifications based on immigration class, gender, and duration of stay. Though not a community-partnered project, the variable selection and interpretation were guided by consultations with faculty experts and built upon equity-oriented frameworks. Results The findings highlight income insecurity, food insecurity, and poor housing conditions as the most consistent predictors of poor mental health across immigrant groups. Social isolation and limited access to culturally safe care further exacerbated distress, especially for recent immigrants. The study underscores that mental health inequities are not simply biomedical or individual in nature but stem from structural disadvantage. Implications These results

emphasize the need to integrate social care into mental health services for immigrant and refugee populations. Addressing unmet social needs could reduce mental distress more effectively than conventional individual-focused models. Policy implications include expanding access to housing, employment support, and culturally responsive care. Future research should include participatory approaches that center immigrant voices and track outcomes longitudinally to inform sustainable system-level change.

Equity and Inclusion
AZ 204
Chair: Vikashni Moore
Time Coordinator: Avwerosuoghene Onobrakpeya

Jotirgamaya Systems Thinking Lab (JSL)

Author   Sudesh Sharma, Sustainable Systems

Jotirgamaya Systems Thinking Lab (JSL) is an equity-focused initiative that places systems thinking at its core, grounded in Hindu and Buddhist worldviews. These timeless philosophies emphasise interdependence, impermanence, and ethical action, offering a rich foundation for understanding complex social and health challenges—particularly within South Asian migrant and refugee communities in Aotearoa. JSL aims to weave these knowledge systems into contemporary systems thinking tools and methods to make them more robust, culturally resonant, and empowering by aligning with the worldviews and lived realities of South Asian communities. The Lab focuses on supporting migrant and refugee populations from Nepal, India, Bhutan, and the broader Global South through information sharing, capability building, dialogue and action. Its initial focus is on developing a theoretical foundation and framework that integrates these philosophies into systems thinking approaches. This framework will guide early health promotion initiatives such as an Ethnic Health Equity Newsletter and a vaping prevention programme targeting ethnic youth. The newsletter will summarise recent evidence and adapt it into systems-based stories, blogs, and multimedia content to raise awareness of health issues affecting ethnic communities in Aotearoa. The goal is to inform effectively on complex problem and contribute to building systems thinking ability among key stakeholders including academia, government, non-profits, and ethnic community organisations. The vaping prevention initiative will engage ethnic youth in co-designing strategies to counteract social and commercial determinants of health, such as targeted marketing. It will also foster critical thinking and leadership skills to support youth-led advocacy. JSL invites collaboration with individuals and organisations committed to weaving ancestral wisdom with modern systems approaches. By centring lived experiences and cultural perspectives, the Lab seeks to co-create pathways toward health equity locally and globally. JSL is hosted by Sustainable Systems, a registered non-profit in Aotearoa.

An Evaluation of the Afghan Evacuee Resettlement Programme in Aotearoa New Zealand

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Eleanor Holroyd, Auckland University of Technology

Abstract In response to the crisis in Afghanistan, Aotearoa New Zealand welcomed more than 1700 Afghan nationals on emergency or temporary visas. Building upon a strong community-academic partnership, we evaluated New Settlers Family and Community Trust (NFACT)'s resettlement programme for Afghan nationals. A participatory mixed-methods design was used that involved a cross-sectional survey with Afghan evacuees (n=101), semi-structured interviews with Afghan evacuees (n=12), and focus group discussions with NFACT staff (n=11) between August and December 2023. The study instruments were designed based on the 10 domains of refugee integration as conceptualised by Ager & Strang (2008) and reviewed by an Advisory Group. Quantitative data were descriptively analysed. Social connectedness and their associations with demographic factors were tested using Cochran-Armitage Trend Test and generalised logistic regression. Qualitative data were analysed using a conventional content analytic approach. NFACT supported access to local services, facilitated social connections, and delivered numerous programmes. Most Afghan evacuees (93%) expressed satisfaction with NFACT's support. Regarding the helpfulness of support and services, the analysis presented high average ratings across all integration domains. Afghan evacuees spoke of experiences related to loss and separation, being on hold, lengthy resettlement processes, and reclaiming a meaningful life. Focus groups with NFACT staff identified categories about the support needed to address multifaceted resettlement challenges, the positive impact of NFACT's programme, and their successes and future directions. Key implications for practice and policy include the importance of implementing tailored, culturally-sensitive programmes and the need to extend service delivery across all resettlement domains.

The Asian Health Hub: A PHO-Embedded Model for Culturally Integrated Care & Health Equity in Aotearoa

Author   Derek Chang, Asian Health Services, Comprehensive Care

Background: Asian communities in Auckland face persistent barriers to equitable healthcare; language gaps, cultural stigma, fragmented service pathways, and limited culturally safe care. With Asians projected to make up 44% of Auckland's population by 2043 (Stats NZ), the need for a culturally responsive, community-led approach is urgent.

Comprehensive Care PHO is a primary health organisation (PHO) working with registered practices in Auckland and Northland to fund, support, and elevate healthcare services in communities.

The Initiatives: Developed by Comprehensive Care PHO, the Asian Health Hub is an embedded model that integrates culturally tailored care within primary health services. It supports general practices, empowers Asian communities, and addresses access barriers through proactive, equity-driven solutions.

Key Components:

- Practice Support: Cultural consultation, multilingual resources, tailored initiatives, and access to in-house Asian mental health, smoking cessation, dietetics, and health promotion services.
- Equity-Focused Services: Free multilingual counselling, health system navigation workshops, parenting programs, and wellbeing initiatives for seniors, students, and migrants.
- Community Partnerships: Integrated referral pathways with our partner providers such as CNSST Foundation to deliver wraparound support, settlement, family violence, and employment services.
- Workforce Development: Cultural responsiveness training and a multilingual staffing pool to reflect community diversity.
- Asian focused General Practice Support: Collegial network support for Asian focussed practices providing a space and network to support one another and exchange ideas, innovation, and mentorship.

Outcomes & Impact

- Reduced access barriers (language, transport, stigma)
- Increased trust and engagement in Asian communities
- Co-designed youth and senior wellbeing initiatives
- Aligned delivery with Health NZ across Auckland
- Holistic, whānau-centred care linking clinical and social supports
- Provides collegial support for general practices

Conclusion: By embedding culturally responsive care within the core of PHO systems, the Asian Health Hub demonstrates a scalable, sustainable approach to achieving health equity and meaningful transformation for migrant and refugee communities.

Why This Matters

- Leadership: Strengthens PHO capacity to serve diverse populations
- Community Impact: Builds access, trust, and culturally safe care
- Scalability: Provides a practical model for PHOs, iwi providers, and health systems across Aotearoa

Our Values

- Waka Hourua   Together in Unity
- Maunga   We Stand
- Ngahere   Sustainably, We Grow

The Transformative Potential for Refugee-with-Refugee Value Co-creation During Resettlement

Author   Raja Subramanian, Jörg Finsterwalder, C. Michael Hall, University of Canterbury

Project Purpose: The project explores the service-related challenges faced by newly arrived refugees in Aotearoa New Zealand and investigate the role of established refugees in supporting their resettlement. It focuses on understanding how refugee-with-refugee (RwR) interactions facilitate value co-creation and contribute to the wellbeing of both groups.

Methods: A qualitative research design using semi-structured interviews was employed. Participants including 11 newly arrived refugees, 12 established refugees, and 11 resettlement agency staff were recruited through purposive sampling, ensuring diverse cultural representation. The data collection approach included collaborating with resettlement agencies, using culturally appropriate translators, and conducting interviews in comfortable, private settings. Data triangulation and thematic analysis were applied to uncover key themes, which informed the development of the RwR value co-creation framework grounded in Transformative Service Research (TSR) and the Motivation-Opportunity-Ability (MOA) model.

Results or Outcomes: Three major themes are identified: (1) service provider-related challenges (e.g., interpreter shortages, cultural mismatches, inadequate housing), (2) challenges specific to newly arrived refugees (e.g., language barriers, lack of self-sufficiency skills), and (3) the vital role of established refugees as empathetic helpers, knowledge-sharers, and support providers. The study finds that RwR interactions contribute to improved psychological, social, cognitive, and physical wellbeing for both groups. Key challenges include inconsistent service access and the potential risks of relying on informal translation.

Implications for Equity, Policy or Future Practice: The findings underscore the need to formally integrate established refugees into resettlement processes through structured mentorship programmes. Policymakers and service providers are encouraged to recognise and support peer-to-peer refugee assistance to enhance equity in service access and wellbeing. Future practice should prioritise culturally responsive service systems and explore the scalability of the RwR framework in other refugee-hosting contexts.

Strategies For Making Compelling Cases for the Inclusion of Asian Peoples in Policy, Planning and Service Delivery

Author   Grace Wong, Auckland University of Technology

Making a case for Asian peoples in Aotearoa My presentation discusses strategies for making compelling cases for the inclusion of Asian peoples in policy, planning and service delivery, to widely diverse audiences in Aotearoa. I draw on 25 years in public health education and advocacy, and experiences at different levels, in different spheres - including research, nursing, select committees, governmental bodies, and migrant, public health and health promotion NGOs, in Aotearoa. Join me to celebrate your successes and share your issues.

Environmental Risks and Disasters Response

AZ 314
Chair: Jagamaya Shrestha-Ranjit
Time Coordinator: Meiliana Meiliana

Cultural Dimension of Migrants Responses to Urban Floods

Authors   Su Myat Kyaw, Auckland University of Technology
Loic Le De, Auckland University of Technology
Ailsa Holloway, Auckland University of Technology
Eleanor Holroyd, Auckland University of Technology

International migration contributes to urban expansion, which in turn increases flood risks. Yet, migrants face disproportionate impacts from urban flooding. Despite growing urban diversity and escalating flood threats, cultural influences on migrant responses remain understudied, with research often prioritising local populations. The rapid review synthesises evidence on how culture shapes migrant flood preparedness in urban contexts. Findings underscore the importance of culturally rooted factors and linguistic barriers, preparedness disparities, and risk perceptions, highlighting the necessity of culturally tailored interventions. Issues such as rental housing insecurity, systemic racism, and language barriers in service access exacerbate health and safety risks for migrant populations during flooding events. Through its proposed culturally inclusive framework, this study aims to promote more equitable urban resilience, while providing actionable insights to safeguard vulnerable migrants against growing flood threats.

Culturally Responsive Disaster Preparedness: Insights from Northern Pakistan and Implications for Migrant Healthcare Workers in New Zealand

Authors   Nimra Choudhary, Auckland University of Technology
Eleanor Holroyd, Auckland University of Technology
Ailsa Holloway, Auckland University of Technology

Disaster preparedness among healthcare workers (HCWs) is critical for effective emergency response, particularly in disaster-prone, low-resource settings. Northern Pakistan, a seismically active region, has faced devastating events such as the 2005 Balakot-Kashmir earthquake and 2010 floods. Despite these risks, HCW's preparedness perceptions remain underexplored. This qualitative study examined hospital-based HCWs' (HHCWs) perceptions of disaster preparedness in two tertiary hospitals in Tehsil Balakot, Mansehra district, Khyber Pakhtunkhwa (KPK). Seventeen semi-structured interviews (M=12, F=5) were conducted in September 2023. Thematic analysis using NVivo 14 identified five key themes: (1) Disaster understanding and perceptions, (2) Learning from past experience, (3) Professional dedication, (4) Cultural perspectives, and (5) Disaster preparedness.

Findings highlighted the impact of socio-cultural dynamics such as gender roles, religious beliefs, economic barriers, and community support on disaster readiness. While participants demonstrated strong professional commitment, they reported limited institutional support, training, and resources. These insights have relevance beyond Pakistan.

For New Zealand, where the healthcare system relies significantly on a culturally diverse and migrant workforce, this study offers transferable lessons. Migrant HCWs may similarly bring distinct cultural beliefs, disaster interpretations, and role expectations shaped by their backgrounds. Language barriers, gender norms, and professional resilience observed in the Pakistani context may also influence migrant HCWs responses in crises. These findings underscore the need for culturally responsive disaster training and support systems in New Zealand to ensure equitable, effective preparedness for all health workers. By drawing connections between under-researched global regions and local contexts, this study contributes to the development of inclusive, resilient healthcare systems, reinforcing the importance of culture in shaping disaster response capacity.

Factors That Influence Water Safety and Drowning Risk Among Adult Migrants in Australia

Authors   Stacey Willcox-Pidgeon, Royal Life Saving Society – Australia, James Cook University
Sue Devine, James Cook University
Richard Franklin, Royal Life Saving Society – Australia, James Cook University

Background Drowning is a global public health issue with over 3000,000 people fatally drowning annually. Inequities exist, with 90% of drowning concentrated in low-and-middle-income countries. Inequities are also reflected in high income countries (HIC) with vulnerable populations including young children, males, migrants and First Nations peoples. Increasing trends of migrant drowning is a contemporary issue for HIC. Little is known about the influence of social, cultural and economic determinants on drowning risk for migrants. Migrant communities are a priority population for drowning prevention in the Australian Water Safety Strategy 2030. This study aimed to explore factors that influence water safety and drowning risk among adult migrants in Australia. Methods A qualitative study guided by the Theory of Planned Behaviour. Focus groups and interviews were held with adult migrants in metropolitan Australia. Data were coded and thematically analysed using a deductive approach, guided by Braun and Clarke's framework. Results Fifty-seven adults from 19 countries participated in interviews (n=15) or focus groups (n=42), 54% female. Residential time in Australia ranged from 18 months to 25+ years. Three key themes were identified: 1) Barriers to accessing safe places to swim and swimming

programs (affordability, culturally appropriate, gender-specific); 3) Cultural, family and community norms towards water participation pre-post migration and 3) Social inclusion in the Australian community. Discussion and Conclusion To address drowning inequities, there is a need to understand the social, cultural and economic determinants that influence drowning risk among migrants in Australia. This study identified determinants influencing migrant adult's level of water safety and drowning risk include: cultural and social norms, life experiences pre-post migration, accessibility to swimming pools and high-quality education programs. Implications Drowning prevention strategies should be co-designed with communities, and consider migrants determinants of health to provide equitable access to education and safe environments to reduce drowning inequities for all vulnerable populations.

Why are "Others" Drowning at Such a High Rate in Aotearoa New Zealand?

Author   Kurt Cordice, Enigmatic Global, University of Waikato

The drowning rate for 'Other' populations in Aotearoa New Zealand, including MELAA (Middle Eastern, Latin American, and African), was reported at 6.46 per 100,000 in the 2024 Drowning Prevention Report, published by Water Safety New Zealand. Others made up 12% of total deaths in Aotearoa that year, with a total number of 9 deaths. This indicates that Others are approximately 8 times more likely to drown in Aotearoa than Western European ethnicities.

This disparity is not new. Data reported over the past several years consistently show significant disparities in drowning rates between European and Ethnic, Pacific Peoples and Māori, with those of non-European immigrant, migrant and refugee backgrounds remaining high on a per capita basis.

This talk will critically explore this problem as a case study of othering, with particular focus on those of non-European immigrant, migrant and refugee backgrounds. Frameworks including "Othering and Belonging" by John A. Powell, and Stuart Hall's "Race: The Floating Signifier" will be used to explore reporting and publications related to drowning in Aotearoa over the past seven years. This exploration will be supported by my own experiences and perspectives as an active 'Other' practitioner-researcher in Aotearoa using autoethnographic methods.

In discussing the above exploration, a potential framework based on Hall's concept of the floating signifier will be introduced. Research from the field of Health related to racial and ethnic disparities will be included to illustrate a potential symbiotic relationship that could support reductions in othering within both health and drowning prevention.

Community Leadership and Collective Action

AZ 315

Chair: Nimisha Waller

Time Coordinator: Jacintha Joseph Amalanathan

Ethnic Health Collective: Collective Impact for Advancing Health Equity for Ethnic Communities

Authors Vishal Rishi, The Asian Network Incorporated (TANI)
Kelly Feng, Asian Family Services
Eleanor Holroyd, Auckland University of Technology

Ethnic Health Leaders feel excluded from health policymaking, despite representing one of Aotearoa's fastest-growing populations with diverse health needs. Growing research highlights health inequities faced by these communities, yet their needs often remain invisible in current health policy.

In response to this, a coordinated effort among ethnic health leaders, the Ethnic Health Collective, was launched on December 6, 2022. The Asian Network Incorporated (TANI) is the founding organisation of the Ethnic Health Collective. TANI is a public health provider that enhances the quality of life for Asian communities through various health programs and welfare services. TANI has established a Strategy Group, comprising leaders from prominent public health organisations that work with ethnic communities, researchers from established universities, policymakers, and medical practitioners.

We have positioned the Ethnic Health Collective as an independent "Think Tank" with a focus on influencing government policy and broader public debate about ethnic health experiences and equity. We employ research, data, and evidence to inform decision-makers. We are building a hub of data and spaces for collaboration that support organisations and individuals in delivering better health outcomes for ethnic communities. We facilitate dialogue, learning, and system integrations and transformation rather than providing services. Our deliverables include:

- Online directory for organisations & practitioners working for ethnic communities.
- Online Clearinghouse provides research, data, insights, stories, and blogs.
- Mind Labs-System design groups to develop insights, facilitate system change and build capability.
- Knowledge products- Blogs, discussion documents, and insight briefing.

The presentation will share our experience in establishing the EHC, our achievements so far, and our priorities for the future. We will discuss the significance of alliances and the challenges of making collaboration happen. We will also explore the current challenges faced by the strategy group and other ethnic health leaders in contributing to healthcare reforms and advocating for improved policies and investments that benefit ethnic communities.

Our Strategy Group includes: Vishal Rishi-Chair, Director, The Asian Network Incorporated (TANI), Kelly Feng, CEO Asian Family Services, Dr. Rachel Simon Kumar, Dr. Roshini Peiris-John, Co-Directors Centre for Asian and Ethnic Minority Health Research and Evaluation (CAHRE) Auckland University, Dr. Eleanor Holroyd, Co-Director Centre for Migrant and Refugee Health Research, School of Community and Public Health, Auckland University of Technology, Dr. Suneela Mehta, Public Health Physicians, Dr. Grace Wong Health Promotion Forum of N.Z, Dr. Carlos Lam, Former President of Auckland Chinese Medical Association (ACMA) and G.P, Yasser El Shall, Service Manager *Kahui Tū Kaha*, Nandita Mathur, Design Lead for Ethnic Health Collective.

Community Wellbeing in Practice: A Refugee-Led Approach to Health and Inclusion

Authors Fadumo Ahmed, NZ Ethnic Women Trust
Jamila Slaimankhel, Te Whatu Ora

The New Zealand Ethnic Women's Trust is a non-governmental organization established in the early 2000s to address the unique needs of refugee and ethnic women in Aotearoa New Zealand. Operating across diverse communities, the Trust delivers a range of culturally responsive services, including driver's license theory classes, sewing and cooking classes, youth programs, and weekly playgroups. These initiatives have enabled women to gain independence and mobility through successful driver's license attainment, develop practical and income-generating skills through sewing and cooking classes, and foster stronger family and peer relationships through youth programs and playgroups. Collectively, these activities have enhanced participants' confidence, social connections, and pathways to employment and education.

A key focus of the organization is the promotion of health and wellbeing through community-led sessions facilitated by refugee health promoters in partnership with Te Whatu Ora. These sessions address a variety of health-related topics, which are continually shaped by the evolving needs and priorities of the communities served. The Trust's holistic and community-driven approach highlights the importance of culturally grounded support systems in enhancing the wellbeing and social inclusion of ethnic women.

Meaningful Refugee Participation in Health: Advancing Equity Through Collective Leadership

Authors   Jane Smith, New Zealand Refugee Advisory Panel (NZRAP)
Abrarullah Saleh, New Zealand Refugee Advisory Panel (NZRAP)
Betelehem (Beth) Ketema, New Zealand Refugee Advisory Panel (NZRAP)
Ayan Said, New Zealand Refugee Advisory Panel (NZRAP)

There are gaps in health policy development, processes, implementation, and evaluation that target the refugee population in Aotearoa, New Zealand, due to the lack of Meaningful Refugee Participation. This paper highlights the important roles of meaningful refugee participation in the Health Sector to address these policy gaps.

Meaningful Refugee Participation (MRP) is a fundamental right and a cornerstone of equity in health. When refugees are not only consulted but actively co-design research, services, and policy, outcomes become more inclusive, responsive, and sustainable.

This collective submission from the New Zealand Refugee Advisory Panel (NZRAP) highlights how MRP can be embedded across health domains. Drawing on diverse expertise, we demonstrate how refugee leadership strengthens both research and practice. Jane focuses on advancing Mental Health and Psychosocial Support (MHPSS) through school-based trauma-informed and social-emotional learning for children with refugee backgrounds. Abrar brings insight into the resilience and identity of refugee youth, showing how participatory research enables their voices to shape wellbeing responses. Beth contributes oral health research that adapts and validates assessment tools in Amharic, ensuring linguistic and cultural equity in oral health services for Ethiopians refugees. Ayan underscores how refugee participation must be recognised as a fundamental right in health governance, while her doctoral research co-designs reproductive health services with displaced Somali women.

Together, these perspectives illustrate how refugee voices reshape health responses in Aotearoa. They highlight the importance of recognition of youth and children's agency, equity in language and tools and the need to move refugee participation from symbolic involvement to systemic inclusion. By weaving multiple health perspectives into one collective model, this presentation shows how MRP enhances the relevance, accessibility, and effectiveness of health systems, ensuring that refugee communities are equal partners in shaping health futures.

Safari Wrap Around Programme – Belong Aotearoa

Author   Charlotte Gordon, Belong Aotearoa

Project Purpose: The Safari Wraparound Programme was an 8-month pilot programme by Belong Aotearoa. It was launched to address the systemic challenges to settlement faced by migrant and refugee women in West Auckland, including language barriers, isolation, limited access to transport and barriers to employment.

Methods: 35 participants were recruited from existing Safari Multicultural Playgroups, with a simple registration process followed by an intensive interview to understand both challenges and opportunities.

Lived experience mentors where possible, were assigned participants with common languages. They met one-to-one with participants providing intensive, individualised support that complimented group sessions. Group sessions focused on topics common across all women, delivered collaboratively and provided support of interpreters, childcare and transport for participants.

Outcomes
- 86 % of women enrolled in English classes
- 63% of eligible women completed their practical driving lessons with Puketapapa Community Driving School
- 9 women attended learners license course delivered in the Pashtu language.
- 34 referrals were made to other agencies for issues such as housing, mental health, family harm, parenting and food support.
- Most participants reported a significant increase in their self-confidence

Learnings
- Relationship, lived experience, language and trust between the mentor and participant, foundation of programme impact.
- Agile programme design allowing adaptive programme development.
- Collaboration with specialised agencies enabled big gains in a short time.
- Impact can be fast and for whole family

Implications for policy and future practice
- Needs of migrant and refugee women are diverse and too complex for a 'one size fits all' approach.
- Individualized pathways with a mentor relationship are far more effective.
- Translation services are woefully lacking in health care, schools and social services, leading to further inequity for non-English speaking communities.

Community-Led Health Interventions for Migrant Workers Along the Thailand-Myanmar Border: Engagement, Impact, and Equity (2022–2024)

Author   Aung Than Oo, Rotary Peace Center, Makerere University

Background Migrant workers and refugees along the Thailand-Myanmar border face persistent barriers to healthcare access due to legal status, economic instability, and social determinants of health. Community-led health interventions have emerged as crucial mechanisms for addressing these inequities, utilizing grassroots engagement, culturally responsive strategies, and participatory healthcare models. This study examines the impact of these interventions and their role in advancing equity in migrant health. Methods A mixed-methods approach was employed to analyze grassroots initiatives supporting healthcare access for migrant populations. Engagement strategies included peer-led health education, participatory workshops, and mobile health outreach programs. Key partnerships involved migrant-led organizations, humanitarian clinics (e.g., Mae Tao Clinic, Borderland Health Foundation), and cross-border health coalitions. Implementation efforts focused on training community health workers, delivering trauma-informed care, and advocating for migrant-inclusive health policies. Results Findings indicate increased healthcare utilization, enhanced health literacy, and strengthened advocacy networks among migrant populations engaged in community-led interventions. Despite progress, challenges such as legal documentation barriers, resource constraints, and sustainability concerns remain significant. Lessons learned highlight the effectiveness of grassroots leadership and culturally tailored health strategies in overcoming disparities. Conclusions and Policy Implications This study underscores the need for integrating migrant-led health models into formal healthcare systems to ensure long-term sustainability. Recommendations include strengthening legal protections for migrant healthcare access, expanding cross-border health financing models, and fostering community-driven advocacy for equitable policies. Findings contribute to ongoing discussions on migrant health equity, policy frameworks, and sustainable healthcare interventions at the Thailand-Myanmar border.

Identity, Intersectionality, and Decolonial Approaches

AZ 316

Chair: Sherry Zhu

Time Coordinator: Jayanthi Nagalinga

Collaborative Worldbuilding: A Decolonised and Creative Research Approach to Health with Refugees and Migrants

Author Lerato Islam, University of Auckland

This presentation showcases a community-based research project using collaborative worldbuilding as a decolonised, creative method for engaging with refugee and migrant youth. Working with teenage participants from refugee backgrounds, I facilitated a series of participatory workshops that used theatre and collaborative worldbuilding to explore how young people imagine and structure inclusive, supportive organisations. While the original focus was not explicitly on health, the process revealed the deep potential of these methods for engaging young people of refugee and migrant backgrounds in conversations around wellbeing, belonging, and systems of care—key social determinants of health. By shifting away from extractive, individualised models of research and instead inviting participants to co-create shared worlds, this approach de-personalises the research process. It allows participants to explore difficult or sensitive topics without being required to share personal trauma, and positions them as co-researchers and experts in their own right. The creative and playful nature of the method builds trust, fosters engagement, and opens up space for participants to imagine alternatives to existing systems—an especially valuable contribution when working with communities who have experienced displacement, marginalisation, or systemic exclusion. This presentation argues that collaborative worldbuilding can be a powerful, equity-focused tool for research in migrant and refugee health. It invites researchers, practitioners, and policymakers to consider the value of participatory, imaginative methods not only as ethical practice, but as rigorous approaches that can generate new insights into how communities define and pursue health and wellbeing.

Decentering Narratives: Scholarly Positionality and Asian Community Resilience in the Context of COVID-19 in Aotearoa New Zealand

Authors Rebekah Jaung, University of Auckland
Lynne Soon-Chean Park, University of Auckland
Joohyun Justine Park, Inha University

COVID-19 underscored the necessity of seeking and documenting Asian communities' experiences in New Zealand, as they faced increased racism and unique systemic inequities. Our multidisciplinary team, all of East Asian heritage, identified the need to record these experiences, particularly as some members participated in COVID-19 community organising, gaining insights into the limits of the government's efforts. This resulted in the completion of a cross-sectional survey study of over 1400 Asian participants' experiences of the first eighteen months of the pandemic. In this presentation, we aim to share our experiences through exploring our positionality as 'Asian' researchers in Aotearoa, particularly our roles within the framework of Te Tiriti o Waitangi. This began with understanding our research aims and researcher responsibilities through the lens of alignment with and honouring of te Tiriti. In particular, anti-racism and equity were elements where our project values aligned with Māori research principles. This reflective process guided our commitment to addressing systemic inequities and recognising Asian community rights and experiences from a strength-based perspective, rather than framing them as problematic and in competition with Māori. By considering how our research of Asian communities could be viewed through the lens of te Tiriti and the relationship between these migrant communities and Māori, we aimed to: create narratives that highlighted points of commonality in the COVID-19 experiences of Māori and Asian communities, while also placing the challenges faced by Asian communities into context, and locating where the power to enact change was located (in this case the government's pandemic response). We will conclude by sharing how these experiences have informed our identity as researchers and shaped the subsequent direction of our research.

Creative Inquiry for Understanding Emotional Complexity in Support Work with Young Asian Survivors

Author Ying (Ingrid) Wang, University of Auckland

This presentation shares findings from a Health Research Council-funded project aimed at strengthening integrative support for young Asian sexual violence survivors in Aotearoa New Zealand. The project focused on understanding the emotional complexity of support work and identifying culturally responsive strategies to improve service delivery. The target population included young Asian survivors and the help professionals who support them across education, health, legal, and community sectors. Using an arts-based research methodology, the project engaged 29 help professionals through creative focus groups and individual interviews. Creative methods were used both in focus groups and interviews as tools for inquiry and reflection, allowing participants to express the emotional depth of their work and surface metaphors of safety, warmth, and resilience. These arts-based methods fostered culturally sensitive engagement and created space for vulnerability, relational insight, and ethical storytelling. The findings revealed systemic fragmentation, cultural stigma, and emotional strain within current support systems. Participants described the emotional labour of their roles, the importance of relational presence, and the need for culturally grounded, trauma-informed care. Creative modalities

enabled a deeper understanding of these challenges, highlighting the limitations of conventional approaches and the value of non-verbal, metaphor-rich expression. This presentation demonstrates that arts-based health research offers not only a method of inquiry but also a transformative space for understanding the emotional labour of support work. By amplifying the voices of health professionals and embracing creative expression, the project contributes to a deeper, more humanised approach to health equity, one that honours the emotional realities of practitioners and the diverse cultural contexts of the communities they serve.

Queer Migration, the Ethnic Closet, and the Im/Possibility of Home: Chinese Queer International Students Intersectional Experiences in New Zealand

Author   Taylor Le Cui, Kāhui Tū Kaha

This study explores the lived experiences of Chinese queer international students in New Zealand's tertiary education system, examining their motivations for transnational education and the complex negotiations of identity in a new sociocultural context. Based on semi-structured interviews with 15 participants, the research reveals that while New Zealand is often perceived as progressive and queer-friendly, students frequently encounter racialized heteronormativity that complicates this narrative. Central to their experience is the concept of the "ethnic closet"; a power structure at the intersection of race/ethnicity and sexuality. This intersectional marginalization emerges through campus microaggressions and queerphobia within Chinese communities, where cultural norms often constrain queer identity development. Participants also reported racism and exclusion in New Zealand, intensified during the COVID-19 pandemic, which deepened their sense of precarity.

Simultaneously, political censorship from China continues to shape students' self-expression abroad, prompting strategies of self-censorship and self-protection. These dynamics suggest that the pursuit of a "queer home" is not a linear journey from repression to liberation, but an ongoing negotiation shaped by race, migration status, and citizenship.

The findings challenge binary framings of China as homophobic and the West as inclusive, calling for a more nuanced understanding of queer international students experiences. Rather than viewing these students solely through an educational lens, the study foregrounds their complex social identities and the structural inequalities they navigate. It urges higher education institutions to develop culturally responsive, intersectionally informed support systems that address the specific challenges faced by queer international students of color.

Migrant Asian MSM

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Introduction and Objectives: Sex is often taboo and stigmatised in many Asian countries. As a result, many Asian people tend to ignore their sexual health or lack a holistic understanding of sexual health. In Aotearoa New Zealand, Asian men who have sex with men (MSM) are disproportionally affected by the human immunodeficiency virus (HIV), one significant aspect of sexual health for MSM. Asian migrants may face additional challenges to their sexual health. As members of a profession that promotes social justice and human rights, social workers are well positioned to engage in sexual health, including HIV and other sexually transmitted infections, service access and uptake. However, little is known about Asian and migrants' sexual health, particularly the migrant Asian MSM cohort, from a social work perspective in Aotearoa New Zealand. Methods: Nine migrant Asian MSM were recruited and participated in semi-structured interviews. This study employed the interpretative phenomenological analysis approach and sexual citizenship as a theoretical framework for data analysis. Results: The findings are presented in the creative and powerful form of composite vignettes, which represent the shared sexual health experiences of participants. Four themes were identified: 1) Seeking sexual sanctuary, 2) Coming to terms with being different, 3) Navigating the journey towards sex positivity, and 4) Confronting challenges and shaping a better future. Conclusion: The social work profession can play a significant role in supporting marginalised individuals' sexual health, including migrant Asian MSM. Social workers in Aotearoa New Zealand have the potential to use anti-oppressive practices to uphold sexual and social justice and provide culturally appropriate support for migrant Asian MSM to become sexual citizens fully.

Ngā mihi nui
Thank you