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Economic, Political and Social Factors Influencing the Well-Being of Migrants Living with Type 2 Diabetes in Canada: A Scoping Review Protocol

Facteurs économiques, politiques et sociaux influençant le bien-être des personnes migrantes vivant avec le diabète de type 2 au Canada : protocole de revue de portée

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Keywords

chronic disease;
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diabetes;
well-being

Abstract

Introduction: Type 2 diabetes (T2D) has been rising globally for decades, with projections estimating 700 million cases by 2045. In Canada, approximately 3.8 million people aged 12 months and older live with diagnosed diabetes, representing 9.6% of the population. T2D reflects significant social inequalities in health, disproportionately affecting certain groups. Migrants often face unique challenges in managing T2D due to lower socioeconomic status, language barriers, and limited access to healthcare. Research shows they are more likely to develop complications linked to social and economic determinants, including food insecurity, unstable employment, and systemic barriers to culturally appropriate care. **Objective:** To map and synthesize economic, political, and social factors that influence the well-being of migrants. **Method:** A scoping review using the framework of Arksey and O'Malley will be conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses – Scoping Reviews (PRISMA-ScR) guideline. An electronic search of studies, published in English, Italian, French, and Portuguese, will be conducted in 6 databases (CINAHL, Embase, PsycInfo, PubMed, Scopus, and Web of Sciences). **Discussion and Research Spin-offs:** The review described in this protocol will highlight factors such as economic disparities, inequalities in access to health services related to migration status, as well as the role of community support and social networks in diabetes management. By exploring current knowledge, this review will identify gaps in the literature and provide a foundation to inform future clinical and policy reflection, particularly in ongoing efforts to address health inequalities experienced by migrant populations.

Résumé

Introduction : Le diabète de type 2 (DT2) progresse depuis plusieurs décennies et pourrait toucher 700 millions de personnes d'ici 2045. Au Canada, environ 3,8 millions de personnes âgées de 12 mois et plus vivent avec un diabète diagnostiqué, soit 9,6 % de la population. Cette maladie reflète des inégalités sociales de santé, affectant certains groupes de manière disproportionnée. Les personnes migrantes font face à des défis spécifiques liés à un statut socioéconomique faible, des barrières linguistiques et un accès limité aux soins. Elles sont aussi plus exposées aux complications en raison de déterminants sociaux, tels que l'insécurité alimentaire, l'emploi précaire et les obstacles à des soins adaptés. **Objectif :** Cartographier les facteurs économiques, politiques et sociaux qui influencent le bien-être des personnes migrantes vivant avec le DT2 au Canada. **Méthode :** Une revue de la portée sera réalisée en utilisant le cadre d'Arksey et O'Malley, conformément aux lignes directrices PRISMA-ScR (*Preferred Reporting Items for Systematic Reviews and Meta-Analyses – Scoping Reviews*). Une recherche électronique d'études publiées en anglais, italien, français et portugais sera effectuée dans 6 bases de données (CINAHL, Embase, PsycInfo, PubMed, Scopus et Web of Science). **Discussion et retombées anticipées :** La revue proposée dans ce protocole mettra en évidence des facteurs tels que les disparités économiques, les inégalités d'accès aux services de santé liées au statut migratoire, ainsi que le rôle du soutien communautaire et des réseaux sociaux dans la gestion du diabète. En explorant les connaissances actuelles, cette revue permettra d'identifier les lacunes de la littérature et d'offrir une base pour contribuer à éclairer les réflexions cliniques et politiques futures, en particulier dans les efforts visant à réduire les inégalités de santé vécues par les populations migrantes.

Mots-clés

maladie
chronique;
migrant;
déterminants
sociaux de la
santé; diabète de
type 2;
bien-être

INTRODUCTION

Type 2 diabetes (T2D) accounts for 90% of diabetes mellitus cases worldwide (Saeedi et al., 2019). It is a chronic disease affecting millions of people globally (Agence de la santé publique du Canada [ASPC], 2025; Diabète Canada, 2021; Fédération internationale du diabète, 2017). For decades, T2D has been on the rise in all regions of the world (Artasensi et al., 2020; Tinajero & Malik, 2021). According to one estimate, the number of people affected by this disease is set to reach 700 million by 2045 (Majety et al., 2023; Saeedi et al.; Zhou et al., 2022). In addition, approximately 12% of healthcare expenditure is attributable to the management of the disease, representing some \$850 billion worldwide (Cho et al., 2018; Majety et al.). T2D is a common public health concern incurring a burden; associated with immense healthcare and social costs, morbidity and premature death (Khan et al., 2020; Tinajero & Malik). In Canada, at least 3.8 million people over the age of 12 months have been diagnosed with diabetes, representing 9.6% of the population (ASPC). Moreover, the prevalence of diabetes in Canada has increased by almost 50% over the past 10 years.

Diabetes is indicative of social inequalities in health, disproportionately affecting certain populations (Hosseini et al., 2019; Ling et al., 2022; Montesi et al., 2016, ASPC, 2022). In Canada, migrants of African and Asian origin, as well as First Nations and Métis people, have higher rates of T2D than the general population (ASPC; Burnside et al., 2023; Rosella et al., 2023). Migrants, due to their often-lower socio-economic status, language barriers, and poor access to healthcare, face unique challenges in T2D management. Studies on the health of migrants reveal that they are more likely to develop T2D-related complications due to a variety of social and economic determinants (D'Silva et al., 2022; Ntanda, Sia, Beogo, et al., 2024). Indeed, several studies have demonstrated that migrants, particularly those from low-income countries, are at increased risk of developing chronic diseases, including T2D, after settling in developed countries such as Canada (Banerjee &

Shah, 2021; Creatore et al., 2020; Mendenhall et al., 2017; Montesi et al.; Rosella et al.). This phenomenon, often described as a deterioration in migrants' health status overtime, contrasts with the "healthy immigrant effect", whereby newcomers initially tend to have better health status than the host population (Vang et al., 2017). According to Vang et al., this effect reflects a relative health advantage among foreign-born individuals, particularly regarding mortality outcomes, although this advantage is less pronounced so in terms of morbidity. The healthy immigrant effect is also stronger among more recent immigrants and remains relevant in the Canadian context, where the foreign-born population largely consists of working-age adults.

While many studies have examined specific aspects of migrant health in Canada, there is a notable lack of comprehensive synthesis that explores the complex interplay of economic, political, and social factors that influence the well-being of migrants living with T2D (Hyman et al., 2017; Tanyi & Salma, 2019). These social determinants of health are crucial for understanding health inequalities in migrant populations (D'Silva et al., 2022). Migrants are a diverse population, and experiences with T2D may vary based on socioeconomic, cultural, and immigration status factors (International Organization for Migration, 2019). Understanding the needs of this specific population is essential, as health inequalities may be exacerbated by migration-related living conditions (Ntanda, Sia, Tchouaket, et al., 2024). Existing research often focuses on individual determinants, but few studies have examined systematically and comprehensively the economic, political, and social determinants of health in this context (Tanyi & Salma; Vanstone et al., 2017).

OBJECTIVE

This scoping review aims to map and synthesize economic, political, and social factors that influence the well-being of migrants living with T2D in Canada. A better understanding of these determinants will help inform the development of public health policies and interventions for this vulnerable population.

METHOD

METHODOLOGICAL FRAMEWORK

This scoping review is based on the framework for scoping studies of Arksey and O'Malley (2005) and the recommendations of the Joanna Briggs Institute (Peters et al., 2015; Stern et al., 2018). The Arksey and O'Malley's approach is designed to systematically map key concepts, types of evidence, and research gaps within a given domain, providing a comprehensive overview of available literature and informing future research directions (Arksey & O'Malley; Levac et al., 2010; Ntanda, Sia, Beogo, et al., 2024). This methodological approach was selected for its suitability in addressing broad and heterogeneous bodies of literature. It allows for the identification and synthesis of evidence across diverse disciplines and study designs, capturing the complexity of economic, political, and social determinants relevant to the well-being of migrants living with T2D, in alignment with the aim of this study.

This scoping review will be conducted by following these steps: (1) Definition of the research questions, (2) Identification of the relevant articles, (3) selection of studies, (4) data extraction, and (5) analysis and aggregation of results.

This review will also draw on the Preferred Reporting Items for Systematic Reviews and Meta-analysis extension for scoping reviews (PRISMA-ScR) guideline (Liberati et al., 2009; Moher et al., 2009) to ensure transparency and rigour in the review process (Tricco et al., 2018). In addition, the analysis will assess the scale, nature and scope of research activities in this area, while identifying gaps and providing recommendations for possible systematic reviews. This scoping review protocol has been registered in Research Registry: 11075 (<https://www.researchregistry.com/browse-the-registry#home/>).

RESEARCH QUESTIONS

The following questions will guide this scoping review:

- 1) "What is known from the existing literature about the economic, political, and social factors influencing the well-

being of migrants living with T2D in Canada?"

- 2) "How do economic, political, and social factors influence the well-being of migrants living with T2D in Canada?"

ELIGIBILITY CRITERIA

In accordance with the methodological recommendations of the Joanna Briggs Institute (Peters et al., 2015; Stern et al., 2018), the eligibility criteria will be based on the Population, Concept and Context (PCC) summarized in Table 1.

Table 1

PCC and Definition

PCC	Definition
Population (P)	All migrants or refugees living in Canada with T2D, 18 years and older.
Concept (C)	Economic, political and social factors influencing the well-being of this population, including access to care, social support, immigration policies and social determinants of health.
Context (C)	Canadian context

Population. The target participants in this scoping review are migrants living with T2D in Canada. The International Organization for Migration (2019) defines a "migrant" as any person who moves voluntarily or under compulsion, either within a country or across an international border, temporarily or permanently, for various reasons, with the goal of improving their material and social conditions, prospects, or those of their family.

Concept. This review focuses on the economic, political, and social factors that influence the well-being of migrants with T2D. Economic factors include access to financial resources for medications, low incomes, barriers to employment, and difficulties obtaining health insurance (Mikkonen & Raphael, 2010; Ntanda, Sia, Tchouaket, et al., 2024). Political factors refer to the influence of immigration policies and public health policies on access to care for migrants.

Social factors include social and community support, access to services, discrimination, and social integration, which have significant effects on diabetes management and quality of life for migrants. In line with a multidimensional approach to well-being in the context of migration, well-being is viewed as a subjective experience shaped by social conditions, a sense of belonging, and the ability to cope with structural and health-related challenges, going beyond mere biomedical indicators (Salami et al., 2017).

Context. The context of the study is the Canadian healthcare system and its provincial and territorial specificities. This framework explores how access to care, the organization of health services, and diabetes management policies influence the health of migrants. The Canadian health system, which provides universal coverage for citizens and permanent residents, presents challenges for migrants, particularly those with temporary or indeterminate status (Antonipillai et al., 2021).

INCLUSION CRITERIA

This scoping review will include studies on adult migrants living with T2D in Canada that will examine well-being as a multidimensional concept and will explore the influence of economic, political, and/or social factors. Studies using qualitative, quantitative, or mixed-methods designs and published in English, Italian, French or Portuguese between 2015 and 2025 will be eligible. This 2015-2025 period was chosen because it reflects major policy, economic, and structural changes that influence health care access and social protection for immigrants in Canada (Wiedmeyer et al., 2025). These languages were selected based on the research team's language competencies, ensuring feasibility and methodological rigor.

EXCLUSION CRITERIA

Studies will be excluded if they are conducted outside Canada, focus on non-migrant populations, involve participants under 18 years of age, or address diabetes other than type 2. Studies focused solely on clinical or biomedical outcomes,

as well as editorials, commentaries, and conference abstracts without full texts, will also be excluded.

IDENTIFICATION OF RELEVANT SOURCES

The process of identifying relevant articles and documents will follow three main steps. First, a comprehensive electronic search will be carried out across multiple databases, including CINAHL, Embase, PsycINFO, PubMed, Scopus, and Web of Science. This search will be conducted and validated by a librarian from *Université du Québec en Outaouais* (UQO) specializing in health sciences, including nursing sciences. These databases were chosen for their broad coverage of scientific literature related to the topic. Second, grey literature will be explored through the Open Grey database and by consulting websites of non-governmental organizations working with migrant populations. Additionally, a Google search will be performed using adapted keywords aligned with those used in database searches. Articles will initially be screened by title and abstract, and reference lists of selected papers will be reviewed to identify additional sources.

SEARCH STRATEGY AND STUDY SELECTION

With the support of a librarian of UQO, an initial search strategy was developed using a combination of free-text and controlled vocabulary terms, linked by Boolean operators ("AND" "OR"), starting in PubMed to assess the scope of available literature and refine search terms for the main queries. This strategy, presented in Table 2, will be pilot tested in one or two databases to assess the relevance and sensitivity of the search terms, then refined prior to final implementation and adapted for each database. All retrieved records will be exported to EndNote for duplicate removal and then imported into Rayyan (Ouzzani et al., 2016), a platform designed to facilitate article screening. Two reviewers will independently and blindly assess titles and abstracts based on predefined PCC inclusion and exclusion criteria, using a selection algorithm developed by the research team (Figure 1).

Table 2

Research Strategies

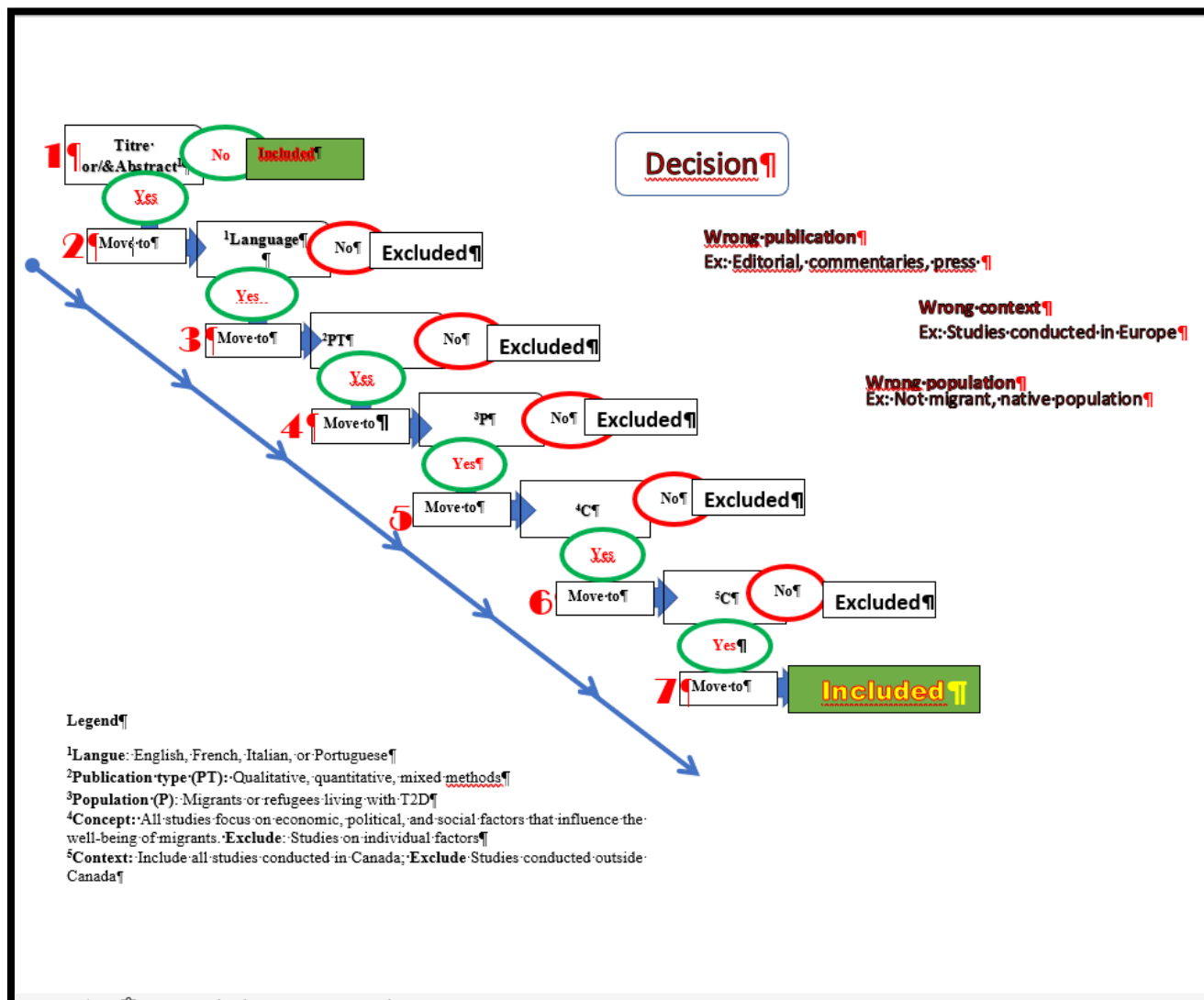
Number	Search Terms	PubMed/Medline	CINAHL
1	TI/AB ("Diabetes Mellitus, Type 2" or "type 2 diabetes" or "T2D" or "type II diabetes" or "diabetes mellitus type 2")	MH "Diabetes Mellitus, Type 2+"	MH "Diabetes Mellitus, Type 2"
2	TI/AB (immigrant or "migrant" or "immigrant" or "refugee*" or "visible minorit*" or "Ethnic minorit*" or ethnicity) or exp Refugees/ or exp Minority Groups/ or exp Black People/ or exp "Ethnic and Racial Minorities"/	MH "Emigrants and Immigrants+" OR MH "Transients and Migrants" OR MH "Undocumented Immigrants"	MH "Immigrants+" OR MH "Emigration and Immigration+" OR MH "Undocumented Immigrants"
3	TI/AB ("Economic inequality*" or socioeconomic or "socio-economic" or "socioeconomic factor*" or "socio-economic factor*" or "Economic and Social Factor*" or "Socioeconomic Characteristic*" or "Socio-economic Characteristic*" or income* or employment or unemployment or salary or "risk factors" or wages or "social determinant* OR Social support OR Social Factor* OR gender OR family support OR friendship network* OR power relation* OR social norm* OR cultural norm* OR dietary norm* OR physical activity norm* OR diet quality OR ethnicity OR culture* OR gender OR power relationships OR physical activity norm* " or "political factors" or "laws" or "public health programs" or	MH Economics: The science of utilization, distribution, and consumption of services and materials. Consumer Price Index, Capital, Conditions, Economic, Consumption, Cost of Living, Easterlin Hypothesis, Economic Conditions, Economic Policies, Economic Policy, Economics, Home, Home Economics, Household Consumption, Macroeconomic Factors, Microeconomic Factors, Policies, Economic, Policy, Economic, Production, Remittances, Utility Theory, Condition, Economic, Consumer Price Indices, Consumption, Household, Economic Condition, Factor, Macroeconomic, Factor, Microeconomic, Factors, Macroeconomic, Factors, Microeconomic, Household Consumptions, Hypothesis, Easterlin, Index, Consumer Price, Indices, Consumer Price, Living Cost, Living Costs, Remittance, Theories, Utility, Theory, Utility, Utility Theories	MH "Socioeconomic Factors" Factors that consider social and economic variables to characterize an individual or social group within the societal structure. SOCIODEMOGRAPHIC FACTORS are also available. Including <ul style="list-style-type: none"> • Economic Status • Housing Instability • Illiteracy • Literacy • Low Socioeconomic Status • Poverty • Poverty Areas • Social Class • Low Socioeconomic Status • Social Mobility • Social Factors

Number	Search Terms	PubMed/Medline	CINAHL
	"immigration status laws" or "health systems" or "interventions").	<p>MH "Economic Factors": Measures of available financial and material resources. Used for: Factors, Economic, Economic Factor</p> <p>MH "Socioeconomic Factors". Déf.: Social and economic factors that characterize the individual or group within the social structure. Used for: Economic and Social Factors, Social and Economic Factors, Social Inequalities, Social Inequality, Socioeconomic Characteristics, Factors, Socioeconomic, High-Income Population, Land Tenure, Standard of Living, Characteristic, Socioeconomic, Factor, Socioeconomic, High-Income Population, High-Income Populations, Inequality, Social, Living Standards, Population, High-Income, Socioeconomic Characteristic, Socioeconomic Factor, Tenure, Land</p>	
	Patient Self-Determination Act/	<p>MH "Patient Self-Determination Act": The information must include patients' rights, advance directives, living wills, ethics committees' consultation and education functions, limited medical treatment (support/comfort care only), mental health treatment, resuscitation, restraints, surrogate decision making and transfer of care. (from JCAHO, Lexicon, 1994)</p> <p>Used for: PL 101-508, PL101-508, PSDA, Public Law 101-508, United States Patient Self-Determination Act, Law 101-508, Public, Patient Self-Determination Act, PL 101 508, PL101 508,</p>	<p>MH "Patient Self Determination Act" OR MH "Patient Protection and Affordable Care Act+"</p>

Number	Search Terms	PubMed/Medline	CINAHL
		Public Law 101 508, Self-Determination Act, Patient, United States Patient Self Determination Act	
	Legislation as Topic	MH "Legislation as Topic": Works about the enactment of laws and ordinances and their regulation by official organs of a nation, state, or other legislative organization. It refers also to health-related laws and regulations in general or for which there is no specific descriptor.	MH Legislation The formal act of preparing and enacting laws by a governing authority and the laws, statutes, and regulations themselves. General only; prefer specifics or specific heading /legislation and jurisprudence.
4	TI/AB (Well-being OR well-being ADJ/2 (physical OR mental OR emotional) OR quality of life OR health OR Immigrant health OR health disparities OR community health OR health beliefs OR health practices OR self care. ab,ti. or exp "Quality of Life"/ or exp Health/	MH "Psychological Well-Being" Used for: Psychological Well- Being, psychological Wellness, MH "Quality of Life"	MH "Psychological Well-Being": The extent to which an individual is optimistic, happy, and functionally able to appreciate and enjoy life. MH "Quality of Life" The general well-being of an individual. <ul style="list-style-type: none"> • Comfort • Occupation (Human) • Quality of Working Life • Cost of Living
5	1 and 2 and 3 and 4		
6	TI/AB ("Alberta" OR "Colombie-Britannique" OR "Île-du-Prince- Édouard" OR "Manitoba" OR "Nouveau-Brunswick" OR "Nouvelle-Écosse" OR "Nunavut" OR "Ontario" OR "Québec" OR "Saskatchewan" OR "Terre-Neuve-et- Labrador" OR "Territoires du Nord-Ouest" OR "Yukon" OR ("Canada"))	MH Canada: The largest country in North America, comprising 10 provinces and three territories. Its capital is Ottawa.	MH Canada: The largest country in North America, consisting of ten provinces and three territories.
7	5 and 6		

Figure 1

First Round Screening Algorithm of Peer-Reviewed Paper (inspired by Sia et al.,2022)



Discrepancies will be resolved through discussion, with a third reviewer acting as an arbiter if needed. Full-text screening will follow, with reasons for exclusion documented. A calibration phase will precede each step to minimize inconsistencies. The entire selection process will be summarized in a PRISMA flow diagram.

DATA EXTRACTION

The data extraction grid will be adapted from a grid used in a previously published scoping

review (Ntanda et al., 2025) and refined to align with the objectives of the present study. Data extraction will be carried out by all team members based on the following study characteristics: (1) Bibliographic information (title, authors, year of publication, journal, language of publication, provinces); (2) Study characteristics (design, study population, data collection method, type of analysis, geographic region, year); (3) Main findings in relation to economic, political and social factors influencing the well-being of migrants with T2D; and (4) Recommendations or implications

proposed in each study. This process will be iterative, allowing adjustments to the data extraction grid as needed. Two researchers will independently extract data from the first five articles. Any discrepancies will be discussed and resolved through consensus among the team members.

DATA ANALYSIS

The analysis will be conducted in two stages.

Stage 1: First, we identified, based on the selected articles, all economic, political, and social factors influencing the well-being of migrants living with T2D in Canada. These factors will be categorized according to the main domains (economic, political, and social) as well as their intersections.

Stage 2: Using a concept mapping approach informed by systems thinking (Osei-Kwasi et al., 2020; Trochim, 1989), the factors will be grouped into clusters. These clusters will reflect conceptual or functional linkages among factors, forming the basis for the systems-oriented framework. For example, factors such as “income level,” “employment status,” and “housing conditions” may form an economic cluster, while “language barriers” and “cultural adaptation challenges” could belong to a social cluster. This process will involve generating a comprehensive list of factors, then sorting and structuring them by consensus according to their relationships.

This theoretically informed clustering of related factors will support the development of a systems-based framework that conceptualizes the dynamic and reciprocal interactions among economic, political, and social determinants shaping the well-being of migrants living with T2D in Canada.

Consistent with Arksey and O’Malley (2005) framework and PRISMA-ScR guidance, a critical appraisal of included studies will not be performed.

PRESENTATION OF THE RESULTS

The results will be organized according to the intended objectives and summarized in a synthesis table that maps the studies by categories and subcategories. A narrative summary will complement this table by explaining how the findings relate to the research question. The

identified economic, political, and social factors influencing the well-being of migrants living with T2D diabetes in Canada will then undergo expert review, as outlined in the next section. Finally, the analysis will highlight key trends and gaps in the literature, providing insights for future research.

DISCUSSION AND RESEARCH SPIN-OFFS

This scoping review aims to map and synthesize the economic, political, and social factors that influence the well-being of migrants living with T2D in Canada. Existing literature suggests that these determinants remain insufficiently examined in an integrated manner for this population (Hyman et al., 2017; Tanyi & Salma, 2019). Given the disproportionate burden of T2D among immigrant populations (Adhikari & Sanou, 2012; Creatore et al., 2016; Veenstra & Patterson, 2016), a comprehensive understanding of these contextual factors is essential to inform equitable public health responses.

T2D is a complex and multi-determinant condition, and migrants may experience additional systemic and contextual barriers, including constrained access to healthcare, limited social support and adverse living conditions. This scoping review therefore sets out to examine this issue from several angles to fill gaps in the literature.

Overall, the findings of this review may inform future research and policy development aimed at reducing health inequities among migrant populations. In particular, they support the design of more context-sensitive and targeted public health interventions.

To our knowledge, this is the first scoping review to systematically map economic, political, and social determinants of well-being among migrants living with T2D in Canada. Consistent with the objectives of a scoping review, this approach allows for the inclusion and synthesis of heterogeneous evidence to capture the complexity of the topic, while also identifying areas requiring further empirical investigation. A limitation inherent to this methodology is that it does not assess the quality of individual studies; however, it provides a comprehensive overview of the field and a foundation for future research development.

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REFERENCES

- Adhikari, R., & Sanou, D. (2012). Risk Factors of Diabetes in Canadian Immigrants: A synthesis of Recent Literature. *Canadian Journal of Diabetes*, 36(3), 142–150. <https://doi.org/10.1016/j.jcjd.2012.06.001>
- Agence de la santé publique du Canada. (2022, October). *Cadre sur le diabète au Canada* (publication no 220354). Gouvernement du Canada. <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/framework-diabetes-canada/cadre-diabete-canada.pdf>
- Agence de la santé publique du Canada. (2025, 21 novembre). *Diabète : Aperçu*. Gouvernement du Canada. <https://www.canada.ca/fr/sante-publique/services/maladies-chroniques/diabete.html#a2>
- Antonipillai, V., Guindon, G. E., Sweetman, A., Baumann, A., Wahoush, O., & Schwartz, L. (2021). Associations of health services utilization by prescription drug coverage and immigration category in Ontario, Canada. *Health policy (Amsterdam, Netherlands)*, 125(10), 1311–1321. <https://doi.org/10.1016/j.healthpol.2021.06.007>
- Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32. <https://doi.org/10.1080/1364557032000119616>
- Artasensi, A., Pedretti, A., Vistoli, G., & Fumagalli, L. (2020). Type 2 Diabetes Mellitus: A Review of Multi-Target Drugs. *Molecules (Basel, Switzerland)*, 25(8), 1987. <https://doi.org/10.3390/molecules25081987>
- Banerjee, A. T., & Shah, B. (2021). One Size Does Not Fit All: Diabetes Prevalence Among Immigrants of the South Asian Diaspora. *Journal of immigrant and minority health*, 23(4), 653–658. <https://doi.org/10.1007/s10903-020-01093-4>
- Burnside, H., Firestone, M., Downey, B., Ayaz, B., & Parry, M. (2023). Exploring the Lived Experience of Self-management Practices of Indigenous Men, Women and Two-spirited Individuals Living With Type 2 Diabetes in Canada, the United States, Australia, and New Zealand: A Scoping Review. *Canadian journal of diabetes*, 47(5), 455–472.e15. <https://doi.org/10.1016/j.jcjd.2023.03.007>
- Cho, N. H., Shaw, J. E., Karuranga, S., Huang, Y., da Rocha Fernandes, J. D., Ohlrogge, A. W., & Malanda, B. (2018). IDF Diabetes Atlas: Global estimates of diabetes prevalence for 2017 and projections for 2045. *Diabetes research and clinical practice*, 138, 271–281. <https://doi.org/10.1016/j.diabres.2018.02.023>
- Creatore, M. I., Booth, G. L., Manuel, D. G., Moineddin, R., & Glazier, R. H. (2020). A Population-Based Study of Diabetes Incidence by Ethnicity and Age: Support for the Development of Ethnic-Specific Prevention Strategies. *Canadian journal of diabetes*, 44(5), 394–400. <https://doi.org/10.1016/j.jcjd.2019.12.001>
- Creatore, M. I., Glazier, R. H., Moineddin, R., Fazli, G. S., Johns, A., Gozdyra, P., Matheson, F. I., Kaufman-Shriqui, V., Rosella, L. C., Manuel, D. G., & Booth, G. L. (2016). Association of Neighborhood Walkability With Change in Overweight, Obesity, and Diabetes. *JAMA*, 315(20), 2211–2220. <https://doi.org/10.1001/jama.2016.5898>
- Diabètes Canada. (2021). *Le diabète au Canada : document d'information*. Ottawa. https://www.diabetes.ca/DiabetesCanadaWebsite/media/Advocacy-and-Policy/Backgrounder/2021_Backgrounder_Canada_French_FINAL.pdf
- D'Silva, C., Hafleen, N., Mansfield, E., Martel, S., Fierheller, D., Banerjee, A., Malhotra, G., Mutta, B., Dhillon, P., Hasan, Z., Parikh, A., Nooraie, R. Y., Chaze, F., & Zenlea, I. (2022). Service Provider Perspectives on Exploring Social Determinants of Health Impacting Type 2 Diabetes Management for South Asian Adults in Peel Region, Canada. *Canadian journal of diabetes*, 46(6), 611–619.e1. <https://doi.org/10.1016/j.jcjd.2022.05.011>
- Fédération Internationale du Diabète (FID). (2017). *Atlas du diabète de la FID huitième édition*. <https://www.federationdesdiabetiques.org/public/content/1/doc/idf-atlas-8e-fr.pdf>
- Hosseini, Z., Whiting, S. J., & Vatanparast, H. (2019). Type 2 diabetes prevalence among Canadian adults - dietary habits and sociodemographic risk factors. *Applied physiology, nutrition, and metabolism = Physiologie appliquée, nutrition et métabolisme*, 44(10), 1099–1104. <https://doi.org/10.1139/apnm-2018-0567>
- Hyman, I., Shakya, Y., Jembere, N., Gucciardi, E., & Vissandjée, B. (2017). Provider- and patient-related determinants of diabetes self-management among recent immigrants: Implications for systemic change. *Canadian family physician Medecin de famille canadien*, 63(2), e137–e144.
- International Organization for Migration. (2019). *Glossary on Migration* (publication no 34). https://publications.iom.int/system/files/pdf/iml_34_glossary.pdf
- Khan, M. A. B., Hashim, M. J., King, J. K., Govender, R. D., Mustafa, H., & Al Kaabi, J. (2020). Epidemiology of Type 2 Diabetes - Global Burden of Disease and Forecasted Trends. *Journal of epidemiology and global health*, 10(1), 107–111. <https://doi.org/10.2991/jegh.k.191028.001>
- Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: advancing the methodology. *Implementation science : IS*, 5, 69. <https://doi.org/10.1186/1748-5908-5-69>
- Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gøtzsche, P. C., Ioannidis, J. P. A., Clarke, M., Devereaux, P. J., Kleijnen, J., & Moher, D. (2009). The PRISMA Statement for Reporting Systematic Reviews and Meta-Analyses of

- Studies That Evaluate Health Care Interventions: Explanation and Elaboration. *PLoS Medicine*, 6(7), e1000100. <https://doi.org/10.1371/journal.pmed.1000100>
- Ling, C., Bacos, K., & Rönn, T. (2022). Epigenetics of type 2 diabetes mellitus and weight change - a tool for precision medicine?. *Nature reviews. Endocrinology*, 18(7), 433–448. <https://doi.org/10.1038/s41574-022-00671-w>
- Majety, P., Lozada Orquera, F. A., Edem, D., & Hamdy, O. (2023). Pharmacological approaches to the prevention of type 2 diabetes mellitus. *Frontiers in endocrinology*, 14, 1118848. <https://doi.org/10.3389/fendo.2023.1118848>
- Mendenhall, E., Kohrt, B. A., Norris, S. A., Ndetei, D., & Prabhakaran, D. (2017). Non-communicable disease syndemics: poverty, depression, and diabetes among low-income populations. *Lancet (London, England)*, 389(10072), 951–963. [https://doi.org/10.1016/S0140-6736\(17\)30402-6](https://doi.org/10.1016/S0140-6736(17)30402-6)
- Mikkonen, J., & Raphael, D. (2011). *Déterminants sociaux de la santé : les réalités canadiennes*. Toronto : École de gestion et de politique de la santé de l'Université de York. https://thecanadianfacts.org/Les_realites_canadiennes.pdf
- Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *BMJ*, 339, b2535. <https://doi.org/10.1136/bmj.b2535>
- Montesi, L., Caletti, M. T., & Marchesini, G. (2016). Diabetes in migrants and ethnic minorities in a changing World. *World journal of diabetes*, 7(3), 34–44. <https://doi.org/10.4239/wjd.v7.i3.34>
- Ntanda, G. M., Sia, D., Beogo, I., Baillot, A., Nguemeleu, E. T., Merry, L., Ramdé, J., Jean-Charles, K. P., & Philibert, L. (2025). Factors Influencing the Acceptance or Rejection of Dietary and Body Norm Systems Favorable to the Prevention and Control of Type 2 Diabetes Among Sub-Saharan Africa migrants: A Scoping Review. *Journal of racial and ethnic health disparities*, 12(4), 2582–2593. <https://doi.org/10.1007/s40615-024-02072-3>
- Ntanda, G. M., Sia, D., Tchouaket, E. N., & Philibert, L. (2024). Social Determinants Influencing the Non-Adoption of Norms Favorable to the Prevention and Control of Type 2 Diabetes: Qualitative Research. *Inquiry : a journal of medical care organization, provision and financing*, 61, 469580241282051. <https://doi.org/10.1177/00469580241282051>
- Peters, M. D. J., Godfrey, C., Mclnerney, P., Khalil, H., Parker, D., & Soares, C. B. (2015). *The Joanna Briggs Institute Reviewers' Manual 2015: Methodology for JBI Scoping Reviews*. The Joanna Briggs Institute. <https://espace.library.uq.edu.au/view/UQ:371443>
- Rosella, L. C., Negatu, E., Kornas, K., Chu, C., Zhou, L., & Buajitti, E. (2023). Multimorbidity at time of death among persons with type 2 diabetes: a population-based study in Ontario, Canada. *BMC endocrine disorders*, 23(1), 127. <https://doi.org/10.1186/s12902-023-01362-x>
- Saeedi, P., Petersohn, I., Salpea, P., Malanda, B., Karuranga, S., Unwin, N., Colagiuri, S., Guariguata, L., Motala, A. A., Ogurtsova, K., Shaw, J. E., Bright, D., Williams, R., & IDF Diabetes Atlas Committee (2019). Global and regional diabetes prevalence estimates for 2019 and projections for 2030 and 2045: Results from the International Diabetes Federation Diabetes Atlas, 9th edition. *Diabetes research and clinical practice*, 157, 107843. <https://doi.org/10.1016/j.diabres.2019.107843>
- Salami, B., Yaskina, M., Hegadoren, K., Diaz, E., Meherali, S., Rammohan, A., & Ben-Shlomo, Y. (2017). Migration and social determinants of mental health: Results from the Canadian Health Measures Survey. *Canadian journal of public health = Revue canadienne de sante publique*, 108(4), e362–e367. <https://doi.org/10.17269/cjph.108.6105>
- Sia, D., Tchouaket Nguemeleu, E., Beogo, I., Séguin, C., Roch, G., Cleveland, J., & Greenaway, C. (2022). Interventions facilitating access to perinatal care for migrant women without medical insurance: A scoping review protocol. *PLoS one*, 17(3), e0265232. <https://doi.org/10.1371/journal.pone.0265232>
- Stern, C., Munn, Z., Porritt, K., Lockwood, C., Peters, M. D. J., Bellman, S., Stephenson, M., & Jordan, Z. (2018). An International Educational Training Course for Conducting Systematic Reviews in Health Care: The Joanna Briggs Institute's Comprehensive Systematic Review Training Program. *Worldviews on evidence-based nursing*, 15(5), 401–408. <https://doi.org/10.1111/wvn.12314>
- Tanyi, N. T. N., & Salma, J. (2019). Type 2 Diabetes Mellitus among Immigrants in Canada: A Scoping Review on Self-Management. *International Journal of Nursing Student Scholarship*, 6, 38.
- Tinajero, M. G., & Malik, V. S. (2021). An Update on the Epidemiology of Type 2 Diabetes: A Global Perspective. *Endocrinology and metabolism clinics of North America*, 50(3), 337–355. <https://doi.org/10.1016/j.ecl.2021.05.013>
- Tricco A. C., Lillie E., Zarin W., O'Brien K. K., Colquhoun H., Levac D., Moher D., Peters M. D. J., Horsley T., Weeks L., Hempel S., Akl E. A., Chang C., McGowan J., Stewart L., Hartling L., Aldcroft A., Wilson M. G.... Garritty C. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Annals of Internal Medicine*, 169(7), 467–473. <https://doi.org/10.7326/M18-0850>
- Vang, Z. M., Sigouin, J., Flenon, A., & Gagnon, A. (2017). Are immigrants healthier than native-born Canadians? A systematic review of the healthy immigrant effect in Canada. *Ethnicity & health*, 22(3), 209–241. <https://doi.org/10.1080/13557858.2016.1246518>

- Vanstone, M., Rewegan, A., Brundisini, F., Giacomini, M., Kandasamy, S., & DeJean, D. (2017). Diet modification challenges faced by marginalized and nonmarginalized adults with type 2 diabetes: A systematic review and qualitative meta-synthesis. *Chronic illness, 13*(3), 217–235. <https://doi.org/10.1177/1742395316675024>
- Veenstra, G., & Patterson, A. C. (2016). Black-White Health Inequalities in Canada. *Journal of immigrant and minority health, 18*(1), 51–57. <https://doi.org/10.1007/s10903-014-0140-6>
- Wiedmeyer, M. L., Machado, S., Tayyar, E., Sierra-Heredia, C., Bozorgi, Y., Hagos, S., Goldenberg, S., & Lavergne, R. (2025). How immigration shapes health disadvantages and what healthcare organizations can do to deliver more equitable care. *Healthcare management forum, 38*(1), 16–22. <https://doi.org/10.1177/08404704241265675>
- Zhou, Z., Sun, B., Yu, D., & Zhu, C. (2022). Gut Microbiota: An Important Player in Type 2 Diabetes Mellitus. *Frontiers in cellular and infection microbiology, 12*, 834485. <https://doi.org/10.3389/fcimb.2022.834485>

Appendix I: Data Extraction Tool

N	Name of authors	Year of publication	Title	Country
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Study 1...

Study 2...

N	Abstract	Objective	Study design	Method (qualitative, quantitative, mixed method)	Population (country of origin, age)	Main findings in relation to economic factors influencing the well-being of migrants living with T2D	How economic factors influence the well-being of migrants living with T2D?
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Study 1...

Study 2...

N	Main findings in relation to political factors influencing the well-being of migrants living with T2D	How political factors influence the well-being of migrants living with T2D?	Main findings in relation to social factors influencing the well-being of migrants living with T2D	How social factors influence the well-being of migrants living with T2D?
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Study 1...

Study 2...

N	Recommendations	Limits	Comments
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Study 1...

Study 2...