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# Superdiversity – a new concept for migrant health?

Superdiversität – ein neues Konzept für den Bereich Migration und Gesundheit?

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**Abstract:** European populations are changing fast (Rechel B, Mladovsky P, Ingleby D, Mackenbach JP, McKee M. Migration and health in an increasingly diverse Europe. *Lancet* 2013;381:1235–45). Social categories such as ethnicity, migration background, country of origin, socioeconomic status and gender exist alongside each other but need to be considered jointly in order to better capture the ever increasing complexity of communities and their inhabitants. In the last decade, the concept of “superdiversity” (Vertovec S. Super-diversity and its implications. *Ethnic and Racial Studies* 2007;30:1024–54) has emerged: it aims to capture the further diversification of diversity and refers specifically to urban communities where established immigrant groups mix with newly arriving immigrants, adding to the already existing social, ethnic and cultural diversity.

**Keywords:** ethnicity; health research; migrant health; superdiversity.

**Zusammenfassung:** Bevölkerungen in Europa verändern sich schnell (Rechel B, Mladovsky P, Ingleby D, Mackenbach JP, McKee M. Migration and health in an increasingly diverse Europe. *Lancet* 2013;381:1235–45). Soziale Kategorien wie Ethnizität, Migrationshintergrund, Herkunftsland, sozioökonomischer Status und Geschlecht existieren nebeneinander, sollten aber einer gemeinsamen Betrachtung unterzogen werden, damit die wachsende Komplexität in Communities und bei ihren Bewohnern besser

erfasst und verstanden werden kann. Im vergangenen Jahrzehnt ist das Konzept der Superdiversität (Vertovec S. Super-diversity and its implications. *Ethnic and Racial Studies* 2007;30:1024–54) aufgekommen: es zielt darauf ab, die weitere Diversifizierung vorhandener Diversität zu fassen und bezieht sich spezifisch auf urbane Communities, in denen es zu einer Vermischung schon etablierter mit neuen Migrantengruppen kommt und so die vorhandene soziale, ethnische und kulturelle Diversität weiter ansteigt.

**Schlüsselwörter:** Superdiversität; Gesundheit von Migranten; Ethnizität; Gesundheitsforschung.

Notions about changes to the more or less established concept of diversity were first developed in Great Britain, where social and cultural scientists realized that the traditional understanding of immigration and multiculturalism was increasingly challenged by newly emerging social and demographic patterns. These were mainly characterized by a growing number of small, heterogenic, transnationally often well-connected new migrant groups of diverse origin as well as by growing social inequality. This contrasted with the established and comparatively large, mainly post-colonial immigration populations in the UK, such as those originating from South Asia or Afro-Caribbean regions. For Germany, Turkish migrants, other initial “guest worker” populations from Southern Europe as well as migrants from the former USSR could be regarded as the more established immigrant populations, whereas new, smaller and more scattered immigrant groups originate from the Near and Middle East, from Northern Africa and from parts of Eastern Europe [1].

However, superdiversity does not only add an additional quantitative dimension to diversity, namely in terms of ethnicity and culture. As Vertovec [2] states, the transformation of diversity is effected and modulated by a range of variables that affect where, how and with whom people live. Different immigrant statuses, entitlements, types of participation in the labour market, but also gender and age profiles, local as well as translocal

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or transnational support structures and responses by health, social or other services as well as by residents need to be considered for a better understanding of the complexities of the life of people living in the respective communities. The interplay of these factors and multidimensional shifts in migration patterns [3] are summarized in the concept of superdiversity. Commonalities in terms of moving beyond one-dimensional stratification categories of social and cultural inequality can be found with the concept of intersectionality [4], which has its root in feminist studies, while superdiversity is linked to postcolonial and postmigration studies. Analytically, however, the concept of superdiversity points more decisively towards fluidity and hybridisation of categories. Empirically, it helps to describe how categories of difference and diversity are actually produced, strategically utilized, modified or abandoned in a wide range of concrete situations.

Is superdiversity relevant for public health, and more specifically migrant health research and interventions? While there is little doubt that a simplified “migrant versus non-migrant lens” (or similar simplifications using other diversity variables) is much too limited for epidemiological assessments and public health interventions, the practicalities of the concept in terms of empirical research and its usefulness for theories of health and disease require further and dedicated investigation [5, 6].

Recent studies aiming to understand how superdiversity affects access to health have mainly adopted qualitative approaches [7, 8]. It is not yet clear how to adequately integrate superdiversity into epidemiological, quantitative research. What the concept seems to imply is that epidemiological research approaches to migration and health need to be rethought with regard to superdiversity, as epidemiologists at times use categories without considering in depth both preconditions and implications of their use. At the same time, capturing the concept of fluidity as mentioned above is not easy for quantitative research.

Looking at an example, how could superdiversity conceptions change epidemiological migrant morbidity and mortality research? To explore disparities in mortality outcomes and distribution of diseases, intense attempts to integrate other categories of diversity would be needed, and the analysis of morbidity and mortality dynamics rather than static group comparisons will be required. This calls for new approaches, and new data sources that provide appropriate quantitative data, for example much more flexible denominator data allowing the detailed assessment of diversity within migrant groups. One way

forward may lie in exploring new ways of linking and merging already existing data which may be supplemented further, e.g., with finer layers of demographic information. Availability of such quantitative data needs to be explored for the specific research situations. Multimethod and mixed-method approaches for primary data acquisition need to be considered, and the active involvement of communities is likely to further increase both research relevance and insight into factors that matter for health [9]. Challenges in terms of data analysis and reflection on information obtained with different methodological approaches are obvious. In a new international project called UPWEB, researchers from the UK, Sweden, Portugal and Germany expect to gather some experience with these issues, exploring how superdiverse neighbourhoods in each country put together the many different facets of their health and welfare support.

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