Ethnicity Disguised as Migration Background?
Technologies of Difference in German Epidemiology

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Abstract *A new body of medical and epidemiological research on human diversity is emerging in Germany. Unlike in the United States, the terms "race" or "Rasse" are largely considered taboo as classifications in German research. Instead, alternative concepts such as "migration background" play a more prominent role. In this literature study, we present findings from a systematic review of 546 papers examining concepts of classification in German life sciences research, followed by a qualitative, grounded theory–based analysis of a subset of 77 publications from the discipline of epidemiology. Our primary focus is on how the concept of "migration background," as an administrative technology, is enacted in epidemiological publication practices. Epidemiologists aim to facilitate research on health disparities by introducing this new label. At the same time, however, the pursuit of greater heterogeneity gives rise to new (or, on closer inspection, not-so-new) forms of homogenization, particularly of the vulnerable, hard-to-reach Other. We find that "migration background" is frequently conflated with "ethnicity" in an essentializing way and identify different modes in which this occurs. We argue that examining these processes of othering in epidemiological research is a crucial prerequisite for developing meaningful and inclusive public health measures.*

Migration, Ethnicity, and German Epidemiological Research

In the United States, political efforts to address health inequalities have led to the inclusion of supposedly relevant ethnic, racial, gender, and age groups in medical research.

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This practice was formalized by the National Institutes of Health Revitalization Act of 1993, which mandated such representation in all NIH-sponsored clinical trials; the requirement was later extended to all drugs seeking approval from the Food and Drug Administration (FDA). Both the NIH and FDA recommend using the U.S. Census system of racial and ethnic classification, which defines ethnicity as either Hispanic/Latino or not Hispanic/Latino, and race according to the following categories: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White (Food and Drug Administration 2016, 9–10).[2] Steven Epstein has traced the history of what he terms the "inclusion-and-difference paradigm" in the United States:

> Characteristic of this way of thinking is the assumption that social identities correspond to relatively distinct kinds of bodies—female bodies, Asian bodies, elderly Hispanic male bodies, and so on—and that these various embodied states are medically incommensurable. (Epstein 2007, 2)

Multiple researchers from sociology and science studies have critically examined these classifications (Shim et al. 2014; Fujimura and Rajagopalan 2020; Fujimura and Rajagopalan 2011; Pollock 2012). In Germany, however, no comparable formalization of difference exists to date. Instead, a growing interest in human diversity is emerging in medical, epidemiological, and other life sciences research. This development appears to be a response to international debates on rectifying health disparities.

Of course, some fields of medicine are highly internationalized, and a great deal of research is conducted through international collaborations. However, national differences become particularly apparent in studies involving data collected and analyzed in Germany—especially in epidemiology, which is closely tied to country-specific policies and national biopolitics. Unlike in the United States—and in part due to Germany's Nazi history—the term "Rasse" (the German word for "race") is considered taboo (Chin 2016; zur Nieden 2014; Plümecke 2010; Lipphardt et al. 2018). Our systematic literature review of 546 life science articles confirmed that the concept of race is used very rarely in German-based research (Bartram et al. 2023). Still, what might be called an "absent presence" persists, a phenomenon observed in other European countries as well (M'charek, Schramm, and Skinner 2014). Countries that perceive themselves as postracial and avoid explicit references to race often maintain spaces where race is subtly embedded rather than overtly articulated—where it is inscribed and reproduced, for instance, within technical apparatuses. Moreover, alternative categories that appear politically less problematic are in use, such as "Migrationshintergrund" ("migration background" or "immigrant background") instead of race. Yet these categories may still carry racializing implications in the sense described by Wacquant:

2 The census system has since been updated to using a combined race/ethnicity question instead of the two-question format and adding a new "Middle Eastern or North African" (MENA) category (United States Census Bureau 2024), but the FDA has not yet revised its recommendations in this regard.

> To racialize means to naturalize, to turn history into biology, cultural differences into dissimilarities of essence; to eternalize, to stipulate that those differences are enduring if not unchanging across time, past, present and future; and to homogenize, to perceive and picture all members of the racialized category as fundamentally alike, as sharing a permanent essential quality that warrants differential treatment of its members in symbolic, social and physical space. (Wacquant 2022, 78)

In this article, we examine how the pursuit of inclusion and diversity for historically underrepresented groups in (bio)medical studies is integrated into epidemiological research based in Germany. We are especially interested in how the concept of migration background, as an administrative technology, is enacted in epidemiological (publication) practices and how it is frequently conflated with the concept of ethnicity. We draw on approaches by Weber, Wacquant, M'charek et al., and Mecheril as heuristics to analyze potential processes of othering in epidemiological research. We argue that such an examination is a crucial prerequisite for developing meaningful and inclusive public health measures. Our analysis is based on fieldwork conducted in Germany as part of the research group SoSciBio at the University of Freiburg.[3]

Materials and Methods

Our empirical material is derived from an original dataset generated by our research group (see Bartram et al. 2023). The full dataset comprises 546 articles published between 2018 and 2020 that categorize their research subjects using terms related to ethnicity, race, ancestry, or migration. These articles were identified through a systematic literature search of PubMed and Web of Science (WoS). Based on our preliminary research, we determined that "race," "ethnicity," "migration background," and "ancestry" (or related terms) are the most frequently applied concepts in the life sciences to represent human diversity. Consequently, we selected these terms—combined with (German*)—as our search criteria.[4] This dataset includes a subset of 135 publications from epidemiology, of which 77 articles contain at least one variant of the term "migra*" as a category describing study subjects. In addition to the research group's quantitative content analysis, we applied a grounded theory approach to generate initial hypotheses from these texts (Charmaz 2012; Berg and Milmeister 2011). Beginning with the 77 articles, we conducted open coding to develop a coding system and carried out detailed qualitative analyses (Kruse 2015), recording codes and memos using MAXQDA Standard 2020 20.1.0 (Verbi GmbH). In a second step, these codes were refined into more focused categories, which were then, in a third step, aligned with larger portions of data from the full dataset. Here, we focus primarily on one key finding: the gradual conflation of the category "migration background" with "ethnicity" and its analytical consequences.

3 In another part of the case study on epidemiology, we conducted ethnographic fieldwork on a large German health study.

4 Details on the selection of studies and the content analysis can be found in Bartram et al. 2023.

Results

In the epidemiology subsample examined below, the category "migration background/migrant" is the most frequently applied, appearing in 58.5 percent of papers in this discipline. As noted above, national differences are particularly evident in this discipline, since researchers collaborate internationally less often than in other fields. Specifically, in 51.9 percent of the epidemiology publications, all authors were affiliated with a German institution—slightly more than the 43.6 percent observed across the entire dataset of 546 publications. Additionally, 66 percent of the studies collected their data within Germany, a proportion notably higher than the 50.6 percent in the overall sample. Our quantitative content analysis revealed a significant impact of *authors' national affiliations* on the *categories* chosen: when all authors of a paper were affiliated with a German institution, terms such as "migration background," "migrant," and their derivatives were the most frequently applied to describe study subjects (78.8 percent). By contrast, other categories became more prevalent in studies involving international collaboration. "Ethnicity," for example, was the most commonly used term (56 percent) when either the first *or* last author was affiliated with a German institution. Moreover, the more authors were based at German institutions, the less frequently the term "race" appeared. It was not used in any publication where all authors were affiliated with German institutions but appeared in nearly 30 percent of publications where either the first *or* last author had a German institutional affiliation.

Migration Background as an Administrative Technology of Difference

Before presenting more of our results, we find it necessary to provide some background on the term "(people with a) migration background"—in German: "(Menschen mit) Migrationshintergrund." Over the past few decades, this term has become widely used in public and political discourse to refer to immigrants to Germany and their descendants. German epidemiological studies have also begun to adopt this category, often citing a model developed by Liane Schenk (Schenk et al. 2006; Schenk 2007). Schenk et al. (2007) advocate for the use of *migration background* instead of *race* or *ethnicity*: they argue, first, that the latter terms are both controversial and difficult to operationalize; and second, that Germany is "an immigration country without postcolonial migration and without numerically relevant autochthonous ethnic minorities, i.e., a country with a relatively young immigration history" (Schenk et al., 88, our translation).[5] As this quote suggests, unlike in the United States, Germany lacks a deeply rooted self-perception as a country of immigration and has no established ethnic or racial census categories.

The largest migrant group in the postwar period came from Turkey. The standard terms for these immigrants in German used to be "foreigners" and "guest workers" ("Ausländer" and "Gastarbeiter"), reflecting the perception that they were not part of German society but rather temporary guests. However, many chose to remain after years of labor

5 During the time of our research, this model was revised through new recommendations, which we cite in our discussion (Kajikhina et al. 2023).

in German industries. Since the late 1990s, Germany has reformed its previously restrictive citizenship laws, making it possible for immigrants and their descendants to acquire German citizenship. To statistically account for individuals who were previously categorized as *foreigners* (*Ausländer*) but have since obtained German citizenship, the term "people with migration background" was introduced. Since 2005, this category has been used in the German Microcensus, a representative annual household survey that collects sociodemographic data from about 1 percent of the population. After several revisions, the Federal Statistical Office (Statistisches Bundesamt) defined the term in 2016 as follows for the microcensus: "A person has a migration background if they or at least one of their parents did not possess German citizenship at birth" (Statistisches Bundesamt 2017, 4, our translation). It further explained that the purpose of this new definition was

> to keep those groups of persons identifiable that have always been associated with migration in public debate and official statistics, such as: foreigners, naturalized, displaced, resettlers, late resettlers or asylum seekers. … Justifiable questions should not have to be left unanswered because the affected population groups had been "defined out"; on the other hand, only those people should be included who at least in principle have a need for integration. (Ibid. 4)

The reference here to people "who at least in principle have a need for integration" highlights how the term "migration background" is deeply intertwined with ongoing political debates in Germany about the "integration" of immigrants and their descendants. Religion (and especially *Muslim* religion), national loyalty, and "culture" have often served as markers for drawing boundaries between groups and individuals considered well-integrated and those seen as lacking integration.

The second-largest group of immigrants or people with a migration background are the so-called "resettlers." Resettlers are understood as descendants of German settlers who had lived in Russian regions since the twelfth century and later "resettled"—that is, immigrated to Germany—after the collapse of the Soviet Union. They were granted German citizenship with relative ease because German law classifies them as "ethnic Germans." This practice offers important insights into Germany's concept of nationhood: historically, and before the shift in citizenship law that took effect in the late 1990s, the German national identity was primarily based on ancestry (*jus sanguinis*) rather than place of birth (*jus soli*). However, despite being legally recognized as German, resettlers were assumed to face typical challenges of integration. Ensuring that these individuals remained visible in statistical and policy frameworks became another key rationale for the creation and implementation of the category of migration background (Schenk et al. 2006, 854).

Like *race* and *ethnicity* in US medical discourse, *migration background* in Germany functions as an administrative biopolitical technology of difference. However, it arises from a distinct national political context. In the United States, *race* and *ethnicity* are census categories shaped by a long history of colonialism, slavery, and liberation movements of disadvantaged and minoritized groups, along with the accompanying political struggles (Epstein 2007; Thompson 2016). By contrast, in Germany, *migration background* is a more recent, top-down administrative technology designed to distinguish and quantify cer-

tain population groups that would otherwise become statistically invisible for purposes of government regulation. Moreover, Germany's classification system is more rigidly formalized than that of the United States. While US racial and ethnic categories—used in both the census and FDA guidelines—are based on self-identification and may change over a person's lifetime, Germany determines *migration background* through citizenship data, specifically whether an individual or their parents held German citizenship at birth.

Despite the relatively formalized nature of this approach, the definition of migration background has been criticized for its ambiguity. On the one hand, it appears to focus on the social experience of migration and its potential discriminatory consequences. On the other hand, it also carries associations with ethnicity (Will 2019, 2018). For instance, so-called ethnic German refugees and their descendants who fled to the territory of present-day Germany during or after the Second World War but before 1950 are not classified as having a migration background—unlike "ethnic German" resettlers. The same applies to children of German citizens born abroad.

Another criticism is that, beyond its official definition, the category is often used in a stigmatizing way to describe individuals who are perceived as problematic (see, for instance, Neue Medienmacher). For example, while citizens of other Western European Union countries and their descendants living in Germany are officially considered to have a migration background, the term is rarely applied to them in public discourse. Instead, it is more commonly used for people perceived as "visibly" different or as culturally or religiously "other."[6]

Despite its association with ethnicity, however, the formal category of migration background in Germany differs significantly from how ethnicity is conceptualized in other countries. In the United States, for example, a fourth-generation Hispanic individual could still be classified as Hispanic—or self-identify as such. In Germany, by contrast, the classification of migration background ends after the third generation: only individuals who were not born with German citizenship or whose parents were not born as German citizens are included. As a result, a fourth-generation person of Turkish origin would no longer be officially categorized as having a Turkish migration background, even if they continue to experience discrimination or racism in practice.

Ethnicity (Lurking) in the Background

One of the key empirical findings from our analysis of the publications was that the category of migration background frequently conveys elements of ethnicity, often blurring conceptual distinctions between the two. In roughly one-quarter (18) of the 77 epidemiology publications in our sample that use the terms "migration background" or "migrant" to describe their research subjects, the term ethnicity is also employed to characterize

6 Since 2022, the Federal Statistical Office has responded to these criticisms by introducing the new category "immigrants and their descendants," which more specifically includes immigrants and their children but no longer the grandchildren's generation. This category emphasizes migration experience: only those who have immigrated to Germany themselves or whose parents have immigrated are classified within this group. To date, both categories are being used in the microcensus on a trial basis (Statistisches Bundesamt 2024).

the analyzed groups. An additional 18 articles incorporate terms with the word stems "migra*" and "ethn*" in the main text—often to frame a particular issue or to reference comparable studies. In the following sections, we examine two examples in greater detail, highlighting recurring themes or "central motives" (Kruse 2015) that emerged from our qualitative analysis of the entire publication sample.

The Blurring of Classifying Concepts

In their study on the prevalence of dementia among people with a migration background in Germany, Monsees, Hoffmann, and Thyrian (2019) introduce their focus in a way that is typical of the publications we analyzed:

> In 2013, 16.5 million people with a migration background were living in Germany, 1.5 million of them older than the age of 65. For this population, there are no reliable figures on dementia prevalence, which constitutes a challenge for the healthcare system that is difficult to assess in its full scope. (Monsees, Hoffmann, and Thyrian, 654, our translation)

By quantifying the supposed "challenge for the healthcare system," the authors emphasize both the scale of the issue and the urgency of further research. The urgency is reinforced by another common argumentative move we observed in our material: *framing these populations as difficult to reach within the healthcare system*. The authors note:

> A significant proportion of people with a migrant background is difficult to reach through the healthcare system, and where this is successful, communication problems often arise. (Ibid., 654, our translation)

Many texts in our sample expressed similar concerns, citing a lack of knowledge about these populations, "underdiagnosis," or "diminished use of existing services" (ibid.). Such framings contribute to an *othering* discourse that constructs these groups as *closed, homogeneous communities* that need to be reached.

The authors estimate the dementia prevalence among people with migration background by referring to "prevalences in the countries of origin of the different ethnic groups" (Monsees, Hoffmann, and Thyrian 2019, 654, our translation). Here, ethnicity is defined and presented in a chart according to country of origin or nationality (e.g., "Poland"). This illustrates how migration background is not only conflated with ethnicity but also with nationality—despite the fact that the data stem from statistics on people with migration background, many of whom may hold German citizenship. Following this homogenization through processes of ethnicization and nationalization, the authors proceed to calculate dementia risks for these groups based on dementia prevalence data from their countries of origin. For instance, if Turkey has an overall dementia prevalence of 4.25 percent, this figure is used to estimate the risk for people with a Turkish migration background living in Germany.

Crucially and unfortunately, the authors leave open the question of how these supposed country-specific or "ethnic" differences could be further explained. They acknowl-

edge that significant variations—such as 4.25 percent for Turkey versus 8.24 percent for Austria—could result from differences in data collection methods. However, they also suggest the possibility of "ethnic differences," citing studies on higher dementia risks among Hispanics and African Americans in the United States. This evidence appears sufficient for them to assume that the overall dementia prevalence in Poland or Turkey can predict the dementia risk of an individual who immigrated from Poland or Turkey in early childhood. They even concede in the limitations that this practice might be inappropriate, and yet they still consider their results to be valid approximations. In our view, this approach reflects an essentializing notion—implying that people from the same country share a substantial, unchanging characteristic that influences their dementia risk. A more reasonable alternative would be to assume that people with migration background in Germany have the same dementia prevalence as those without migration background, unless specific factors are identified to justify claims of "ethnic differences."

The authors conclude their paper by introducing another recurring theme in our dataset, and additional contested categories: They emphasize the need for a "culture-sensitive approach" in dementia care and highlight the role of societal "integration" in shaping healthcare needs and access for people with a "migration background." On the other hand, this move reintroduces a degree of heterogeneity—such as generational differences or varying levels of integration—within the groups being studied.

Monsees, Hoffmann, and Thyrian (2019) serve as an example of what happens when distinct classifications of difference—migration background, ethnicity, nationality, country of origin (along with culture and integration)—become so entangled that they lose conceptual clarity. The internal inconsistencies in their text suggest an underlying reliance on both biological and essentialist cultural notions of ethnicity.

The conflation of concepts becomes even more confusing when, as in other publications, the second-largest group of immigrants—the so-called resettlers—is addressed. Hagenfeld et al. (2019), for instance, present "a comparison of Germans and two migrant groups" in their study on "periodontal health and use of oral health services." Once again, migration background is conflated with ethnicity: "migrant groups" and nonmigrant groups are redefined as "ethnic groups." This is particularly evident in Table 1, where "Turks," "resettlers," and "Germans" are listed as three distinct ethnic groups. Moreover, the term "German" is used in at least two different ways throughout the text. The group without migration background is simply called "Germans," implying that these individuals are somehow more German than people with a migration background who hold a German passport. So if "German" does not refer here to citizenship, does it instead indicate an ethnic identity? The answer is not straightforward, as resettlers are also described as "ethnic German immigrants from the former Soviet Union," while still being distinguished from the "German group." As a result, the three so-called ethnic groups being compared are "Germans," "ethnic German resettlers," and "Turks." The latter, who would more accurately be described as people with a Turkish migration background, are thus completely excluded from being considered "German."

Other examples in our dataset take a seemingly more sensitive approach to the topic while still representing another mode of conceptually mixing analytically distinct terms. Zhou et al. (2018), for example, focus on migration background and the prevalence of overweight and obesity. One of their findings is that "Turkish migrant children showed

a higher overweight prevalence compared to their peers" (Zhou et al., 761). The authors advocate for self-reporting in human classification, which raises an important point for discussion, but their inconsistent use of distinct concepts makes it difficult to assess their proposal. They note, for instance: "Migration background is more a matter of self-perception than an objective fact. However, epidemiological research on ethnic disparities in health is inconsistent in the use of terms" (ibid., 759). Here, the authors directly link "migration background" to "ethnic disparities." They go on to argue that using parents' birthplace as a classification criterion "might result in inaccuracies when considering cultural implications." They then propose: "In our study, … the classification referred to a self-identified migration background targeting personal aspects and cultural lifestyle … using a self-defined ethnicity may improve the ability to capture more meaningful groups that share language, religion, and traditions" (ibid.).

As in these examples, throughout the paper it is impossible for the reader to disentangle migration background and ethnicity, as the terms appear interchangeable. The authors categorize children "into six groups based on the main ethnic groups in the German population (non-migrant, Turkish migrant, Polish migrant, other Eastern European migrant, Russian migrant, and others)" (ibid., 755). This classification leads to references to children of immigrants—who may never have migrated themselves—as, for example, "Turkish migrants," reinforcing a distinction between them and "ethnic non-migrants."

Inclusion or Integration?

In the discussion section, Zhou et al. (2018) note that "[a]mong Turkish mothers in Germany, a shorter length of breastfeeding and higher smoking prevalence during pregnancy were reported, both of them known to be risk factors for childhood obesity," and suggest that "culturally tailored interventions starting in pregnancy and early childhood may be more effective, and further research should focus on its development and implementation" (759).

This exemplifies another recurring pattern we identified in our material: health differences are attributed to *cultural* differences and to immigrants' lack of behavioral integration in Germany, including adherence to a "healthy" lifestyle. This reinforces our impression that aspects of German public health discourse align with broader political debates on the proper "integration" of people with a migration background. As a result, they may be shaped more by an *integration paradigm* (zur Nieden 2014; Bartram et al. 2023) than by an *inclusion paradigm* or *biomulticulturalism*, as Epstein has described for the US context (Epstein 2007). The latter, closely linked to ethnic identity politics in the United States, seeks to incorporate presumed ethnic groups in their (biological) diversity to create a more inclusive health system. By contrast, the integration paradigm views health disparities as a consequence of a lack of awareness or nonconformance with preventive strategies. The implicit goal seems to be assimilation—for example, that Turkish mothers adopt German behavioral norms, such as avoiding smoking during pregnancy and breastfeeding.

While Monsees, Hoffmann, and Thyrian (2019) appeared to treat ethnicities as *biologically* distinct, in this case, the ethnicization of migration background reflects a *culturalist* form of essentialization. It attributes ethnic differences to "culture" rather than consid-

ering structural disadvantages that may result from migration status. The study does control for one factor—parental education level—but does not consider income or experiences of discrimination. Both forms of essentialization ultimately fail to sufficiently consider socioeconomic explanations for health inequalities.

Discussion

We have presented some of the results of our empirical analysis in more detail. What has become quite clear is that the use of migration background as a classifying principle adds an additional layer of complexity to epidemiological research. This complexity is addressed in very different ways across the publications we analyzed.

Since the introduction of the category into German epidemiology, the concept has been increasingly criticized for various reasons—not only by migrant self-organizations but also by epidemiologists, including those from the German government institution Robert Koch Institute (Kajikhina et al. 2023). Their critique culminated in the recommendation that the concept should no longer be used, accompanied by revised "Recommendations for Collecting and Analyzing Migration-Related Determinants in Public Health Research." One of the main reasons cited was the inconsistent operationalization of migration background in studies, where country of birth and current citizenship are often conflated, despite the Federal Statistical Office defining it based on one's own and/or parental citizenship at birth. Our findings also highlight the problems arising from this conflation.

A comparable qualitative analysis in the German-speaking context, focusing on research in education and psychology (Moffitt and Juang 2019), supports our findings by emphasizing the inconsistent and heterogeneous use of terminology in these fields. Among the key issues they identify is the conflation of "im/migrant" and/or "migration background" with "ethnic minority." Similarly, in our empirical material, migration background is frequently used as an indicator of—or even as a synonym for—ethnicity, and vice versa. This shows that migration background is not only associated with the social experience of migration and its potential consequences, such as legal and socioeconomic disadvantages, discrimination, and language barriers, but is also being reinterpreted—that is to say, retranslated—in terms of older concepts of ethnic difference. While migration background as a formal concept includes ethnic elements (Will 2018, 2019), it also differs significantly from ethnicity as it is used, for example, in the United States.

Despite originally being a formalized administrative category that lacks the subjective elements and ambiguity of race or ethnicity, the way migration background is enacted in practice leads to similar problems, with wide-ranging practical and analytical consequences:

1) In epidemiological research, the alignment of migration background with ethnicity in many studies may be an implicit or explicit attempt to make research involving mi-

gration background compatible with international research—and research databases.[7] Here, ethnicity appears to function as the preferred mediation category or boundary object (Ellebrecht et al. 2023), one that is (at least to some extent) understood across borders. However, classification systems such as race and ethnicity are anything but easily translatable: because of their social nature, they carry specific national meanings and differ in their operationalization. The blurring of terms further reduces reproducibility and translatability, which may have serious consequences—potentially rendering results ineffective for the implementation of meaningful public health measures.

2) Migration background, as a seemingly "more innocent" biopolitical technology of difference and classification, may in fact perpetuate the *absent presence of race* we cited in the introduction through its unquestioned (re)attachment to ethnicity. We agree with Max Weber's (1990) definition that ethnicities are groups that share a subjective belief in their common origin (237). Weber, like most sociologists after him[8], thus emphasizes the socially constructed nature of ethnicity while also pointing out that it attributes unchangeable qualities to a group, such as a shared origin. For Weber, race is simply a form of ethnicity that further emphasizes common *biological traits*. In our material, as exemplified by Monsees, Hoffmann, and Thyrian (2019), ethnic groups are sometimes attributed more essential characteristics—such as a shared risk for dementia—that resemble the innate essential group qualities found in racial constructions. Such racializing notions (Wacquant 2022, 78) of distinct kinds of bodies also inform the "inclusion-and-difference paradigm" described by Epstein (2007).

The administrative category of migration background, as defined in the microcensus, also refers to an unchangeable quality—being born with or without German citizenship. However, this classification differs in two key ways. First, it is inherited by only one generation and disappears in the next, meaning it does not create an enduring group. Second, it lacks the subjective element of belief that fosters a sense of community.

3) As we have discussed in the case of Zhou et al. (2018), the category of migration background can still have a boundary-drawing effect by keeping the children or grandchildren of immigrants—people who have never migrated themselves but may experience the social consequences of their ancestors' immigration—within a distinct "not-quite-German" group. These individuals are often simply labeled as "migrants" or "Turkish mothers," even though they may be German citizens. In this publication, the subjective element of belief is already embedded in the definition of migration background as a "matter of self-perception," making it more comparable to how ethnicity is used in the United States. However, unlike in the US and its inclusion-and-difference paradigm (Epstein), where ethnic groups are considered part of a larger national identity, the German case illustrated here—as well as in Monsees, Hoffmann, and Thyrian (2019)—that it constructs "German" as one ethnicity that is contrasted with the "migrant" Other. Migration background thus functions as a "natio-ethno-cultural" framework for defining belonging and non-belonging, or non-Germanness (Mecheril 2002, 2003).

7 Authors of papers that we interviewed in another part of our study confirmed that they used the category to make it comparable with the international literature.

8 For an overview of the state of research see the article by Bartram and Plümecke in this volume.

Part of this construction is the reference to cultural differences while simultaneously demanding adaptation to the dominant health behaviors of the majority—a pattern that may stem from an integration paradigm. For example, Turkish mothers are to be approached with "culturally tailored interventions," but the goal remains for them to conform to the idealized behaviors of German mothers, such as breastfeeding and not smoking.

Our research supports the observations of Kajikhina et al.:

> [E]thnicity, origin, culture, or tradition are often spoken of as individual or group-related characteristics, without taking into account the legal and structural disadvantages, belonging, and discrimination. In this way, relevant explanatory mechanisms of health inequality are obscured and the 'otherness' of the supposed holders of these characteristics is emphasised and essentialised, i.e., substantiated as inherent. (Kajikhina et al. 2023, 64)

In German epidemiology, as in other scientific fields and practices, it becomes evident that the pursuit of greater heterogeneity always carries the risk of generating new (or, on closer inspection, not so new) forms of homogenization—particularly of the vulnerable, hard-to-reach Other. Further research is needed to examine the processes of othering at work here in more detail (Akbulut and Razum 2021) and, in the long run, to ensure that public health measures based on epidemiological data truly count people in rather than merely adding another layer of counting them out. The new recommendations by Kajikhina et al. for "a mutual and differentiated consideration of migration-related and social determinants of health," which include variables that account for discrimination, may contribute to this goal. However, we join the authors in their assessment that diversity research always "entails the risk of external attributions, discrimination, and misinterpretations" (Kajikhina et al. 2023, 64).

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