Lancet letter

**Migrant health data: strengthening interdisciplinary collaboration to maximise utility of survey data**

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We congratulate Bozorgmehr and colleagues1 for their landmark publication on achieving high quality migrant health data. The authors rightly point to the value of survey data in such efforts, which benefits from the ability to 1) gather information at population level independently of health system contact and 2) capture a broad range of migration-related and social indicators.2 Survey data becomes particularly valuable in fragmented health systems and where data linkage is not feasible or ethical. If it additionally includes a longitudinal perspective, dynamics and causalities can be mapped.

However, collecting longitudinal survey data is expensive. This is especially true for diversity-sensitive surveys using e.g. oversampling, interpreters, in-person data collection and targeted tracking strategies.3 While funding for dedicated health surveys would be welcome, significant public resources are already being channelled into high-quality economic panel studies. These economic studies usually also cover migration and health indicators.

One such study is the German Socio-economic Panel (SOEP).4 Initiated in 1984, it has made sustained efforts to include migrants and refugees.5 Its diversity of indicators, sample size and specific health questions allow for disaggregated analyses, including differential distribution by age, sex, and socio-economic status over time (Figure 1). Such studies allow for monitoring of health inequalities over time in a manner that reduces “othering” and enables an intersectional perspective, but currently remain underutilised. We therefore urge researchers to strengthen *interdisciplinary* collaboration to maximise the utility of existing data sources, which are easily overlooked when focusing solely on *health* information systems.

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