



Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma  
MEM-TP

**MODULE 1.**  
**Unit 2. INTERCULTURAL COMPETENCE AND**  
**SENSITIVITY TO DIVERSITY**  
***Additional Information***

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Migrants & Ethnic Minorities  
Training Packages



Escuela Andaluza de Salud Pública  
CONSEJERÍA DE IGUALDAD, SALUD Y POLÍTICAS SOCIALES



SERVIZIO SANITARIO REGIONALE  
EMILIA-ROMAGNA  
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## Module 1, Unit 2: Additional Information

### 1. Multiculturalism, Interculturalism, Intercultural Dialogue, Cultural Competence, Intercultural Competence, Difference Sensitivity and Diversity Sensitivity: Concepts

A broad theoretical discussion<sup>1,2,3,4,5</sup> related to “**multiculturalism**” and “**interculturalism**” is ongoing. Some authors<sup>6,7</sup> conceive both concepts as differentiated. They understand “multiculturalism” as the co-existence of different cultures in a concrete geographic and sociopolitical context, based on mutual recognition and respect of specific cultural needs. A focus on the interaction, dialogue and mutual influence of different cultures is observed in relation to the “intercultural concept”. At the same time, some shared aspects are identified, such as the respect for cultural diversity and concerns with social inequalities. It is suggested that prior models of assimilation or multiculturalism should be replaced by intercultural approaches.

Other authors<sup>8,9,10</sup> highlight the overlapping meanings and a lack of clear differentiation between both concepts. Furthermore, context-specific differences in the use of both concepts are observed.

**Slide 5:** In a White Paper published in 2008<sup>11</sup>, the Council of Europe proposes the concept of “**Intercultural Dialogue**”. It is defined as follows:

Intercultural dialogue is understood as a process that comprises an open and respectful exchange of views between individuals and groups with different ethnic, cultural, religious and linguistic backgrounds and heritage, on the basis of mutual understanding and respect. It requires the freedom and ability to express oneself, as well as the willingness and capacity to listen to the views of others. Intercultural dialogue contributes to political, social, cultural and economic integration and the cohesion of culturally diverse societies.

<sup>1</sup> Barrett M. Introduction – Interculturalism and multiculturalism: concepts and controversies. In: Barrett M. (ed). Interculturalism and multiculturalism: similarities and differences, p. 15-42. Strasbourg: Council of Europe Publishing, 2013.

<sup>2</sup> Council of Europe. White Paper on Intercultural Dialogue. “Living Together As Equals in Dignity”. Strasbourg: Council of Europe, 2008. [http://www.coe.int/t/dg4/intercultural/source/white%20paper\\_final\\_revised\\_en.pdf](http://www.coe.int/t/dg4/intercultural/source/white%20paper_final_revised_en.pdf) (retrieved: January 12, 2015).

<sup>3</sup> Levey GB. Interculturalism vs. Multiculturalism: A Distinction without a Difference?, Journal of Intercultural Studies 2012;33:2:217-224.

<sup>4</sup> Meer N, Modood T. How does Interculturalism Contrast with Multiculturalism? Journal of Intercultural Studies 2011:1-22. <http://www.bristol.ac.uk/media-library/sites/ethnicity/migrated/documents/interculturalism.pdf> (retrieved: January 12, 2015).

<sup>5</sup> Sarmiento C. Interculturalism, multiculturalism, and intercultural studies: Questioning definitions and repositioning strategies. Intercultural Pragmatics 2014;11(4):603-618.

<sup>6</sup> Barrett 2013, op. cit.

<sup>7</sup> Council of Europe 2008, op. cit.

<sup>8</sup> Levey 2012, op. cit.

<sup>9</sup> Meer, et al. 2011, op. cit.

<sup>10</sup> Sarmiento 2014, op. cit.

<sup>11</sup> Council of Europe 2008, op. cit, p. 17.

A conceptual shift from cultural competence to diversity sensitivity can be observed, with a differentiated theoretical and thematic focus in each concept.

Papadopoulos<sup>12</sup> defines **“cultural competence”** as *“the capacity to provide effective healthcare taking into consideration people's cultural beliefs, behaviours and needs. Cultural competence is both a process and an output, and results from the synthesis of knowledge and skills which we acquire during our personal and professional lives and to which we are constantly adding”*.

The UNESCO<sup>13</sup> describes **“intercultural competences”** as *“having adequate relevant knowledge about particular cultures, as well as general knowledge about the sorts of issues arising when members of different cultures interact, holding receptive attitudes that encourage establishing and maintaining contact with diverse others, as well as having the skills required to draw upon both knowledge and attitudes when interacting with others from different cultures”*.

Over the last years, the concept of **“cultural diversity”** is increasingly being used. A model of health care oriented towards cultural diversity is based on the recognition of diversity as a positive social contribution. The development of health policies therefore focuses on addressing health care needs from a diversity perspective. Furthermore, the concepts of **“cultural sensitivity”**, **“difference sensitivity”** and **“diversity sensitivity”** have been introduced. These are based on the relevance of health professionals and health organizations being aware of different forms of diversity, as well as the intersectional character of social inequalities. Health policies are thus aimed to reducing transversal and interconnected social inequalities. A slight conceptual difference between the concept of “difference sensitivity” and “diversity sensitivity” can be observed. There is a differentiated focus on “difference” versus “diversity”, at the same time as both concepts are used as synonyms.

The UNESCO Universal Declaration on Cultural Diversity, defines **“cultural diversity”** as *“the common heritage of humanity”*, and argues that *“Culture takes diverse forms across time and space. This diversity is embodied in the uniqueness and plurality of the identities of the groups and societies making up humankind. As a source of exchange, innovation and creativity, cultural diversity is as necessary for humankind as biodiversity is for nature. In this sense, it is the common heritage of humanity and should be recognized and affirmed for the benefit of present and future generations”*<sup>14</sup>. In Article 4, the UNESCO Declaration refers to the relationship between the concept and an ethical and Human Rights perspective: *“Human rights as guarantees of cultural diversity. The defence of cultural diversity is an ethical imperative, inseparable from respect for human dignity. It implies a commitment to human rights and fundamental freedoms, in particular the rights of persons belonging to minorities and those of indigenous peoples”*<sup>15</sup>.

<sup>12</sup> Papadopoulos I (ed). *Transcultural Health and Social Care: Development of Culturally Competent Practitioners*. Churchill Livingstone Elsevier: Edinburgh, 2006, quoted in: IENE, *Intercultural Education of Nurses in Europe*, 2014, n.p. <http://www.ieneproject.eu/glossary-term.php?termID=11> (retrieved: January 12, 2015).

<sup>13</sup> UNESCO, United Nations Educational, Scientific and Cultural Organization. *Intercultural Competences. Conceptual and Operational Framework*. Paris: UNESCO, 2013, p. 16 <http://unesdoc.unesco.org/images/0021/002197/219768e.pdf> (retrieved: January 12, 2015).

<sup>14</sup> UNESCO, United Nations Educational, Scientific and Cultural Organization. *UNESCO Universal Declaration on Cultural Diversity*. Paris: UNESCO, 2001, p. 4. <http://unesdoc.unesco.org/images/0012/001271/127162e.pdf> (retrieved: January 12, 2015).

<sup>15</sup> UNESCO 2001, op. cit., p. 4.

WHO, World Health Organization<sup>16</sup>, introduces the concept of **“cultural sensitivity”** related to ethnic minorities. It states: *“The provision of modern health services thus need to carefully account for different cultural beliefs in order to be sufficiently culturally sensitive so as not to limit access of ethnic minorities for this reason”*.

The Council of Europe includes an article focused on **“sensitivity to health and socio-cultural needs of multicultural populations”** and **“cultural diversity”** in the *Recommendation Rec2006(18) of the Committee of Ministers to Member States on health services in a multicultural society*<sup>17</sup>.

#### **4. Sensitivity to health and socio-cultural needs of multicultural populations**

4.1. Adequate assessment and analysis of the health problems of ethnic minorities is needed.

4.2. Member states should find appropriate answers to the objectively demonstrated added value of health care services that are specifically adapted to particular health (care) needs of a multicultural population. Ideally, all health care institutions should be equipped to treat health problems of all citizens; however, for very specific health problems it may be necessary to temporarily or even permanently create specialised services that respond to particular health care needs.

4.3. Measures should be taken that make it possible for the health care system to respond to the cultural diversity of the population.<sup>18</sup>

Renschler and Cattacin<sup>19</sup> use the term **“difference sensitivity”**, describing its relevance in different health care levels. These include the policy level, quality assurance, patient-level, as well as health monitoring and research. They conclude that *“a higher sensibility to difference in the health sector could be an efficient anti-discrimination measure at all levels of the health system. It is therefore necessary not only to overcome institutional difficulties and increase efficiency, but also to encourage and help institutions to adapt to changing realities and needs”*.

Chiarenza<sup>20</sup> analyses the development of the concept of **“cultural competence”** towards **“diversity within diversity”**, **“difference diversity”** or **“super-diversity”**. He proposes a shift from the attention to cultural differences towards a focus on social inequalities, power imbalances and intersectionalities:

As a starting-point, we need to modify the way the concept of culture is used in health care, going beyond mere ethnicity and race to include intersections of ethnicity, race,

<sup>16</sup> WHO, World Health Organization. WHO's Contribution to the World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance. Health and freedom from discrimination. Health & Human Rights Publication Series Issue No. 2, Geneva: WHO, 2001, p. 8. [http://www.who.int/hhr/activities/g\\_and\\_a/en/Health\\_and\\_Freedom\\_from\\_Discrimination\\_English\\_699KB.pdf](http://www.who.int/hhr/activities/g_and_a/en/Health_and_Freedom_from_Discrimination_English_699KB.pdf) (retrieved: January 12, 2015).

<sup>17</sup> Council of Europe. Recommendation Rec2006(18) of the Committee of Ministers to Member States on health services in a multicultural society, 2006, n.p. <https://wcd.coe.int/ViewDoc.jsp?id=1062769&BackC> (retrieved: January 12, 2015).

<sup>18</sup> Council of Europe 2006, op. cit., n.p.

<sup>19</sup> Renschler I, Cattacin S. Comprehensive 'difference sensitivity' in health systems. In: Bjorngren-Cuadra C, Cattacin S (eds). Migration and Health: difference sensitivity from an organizational perspective, p. 37-41. Malmö: IMER, 2007.

<sup>20</sup> Chiarenza A. Developments in the concept of 'cultural competence'. In: Ingleby D, Chiarenza A, Devillé W, Kotsioni I (eds). Inequalities in health care for migrants and ethnic minorities, Vol. 2, p. 66-81. COST Series on Health and Diversity. Antwerp: Garant Publishers, 2012.

gender, age, class, education, religion, sexual orientation and physical ability. We should move the focus of our analysis from minority cultures to the dominant cultures in society, in order to understand how the unequal distribution of power allows certain groups and not others to acquire and maintain the majority of resources. We need to clarify that the notion of 'difference' relates more to power relations than to an 'ethno-cultural' trait about which it is possible to acquire specific knowledge. This calls for the development of improved sensitivity to difference, civic involvement and critical knowledge in the context of 'super-diversity', social inequalities and power imbalances.

The concept "*difference sensitivity*" is based on the intersectoral character of social inequalities, the recognition of diversity and the aim of improving equity in health care<sup>21</sup>. This is in contrast to focusing only on specific individual experiences related to migration and ethnicity, and a static and essentialist conceptualization of culture.

Mock-Muñoz de Luna et al. introduce the concept "*diversity sensitivity*" In the MEM-TP Synthesis Report<sup>22</sup>.

## 5. Readings

### Recommended Readings

Cattacin S, Chiarenza A, Domenig D. Equity standards for healthcare organisations: a theoretical framework. *Diversity and Equality in Health and Care* 2013;10:249-258.

Mock-Muñoz de Luna C, Ingleby D, Graval E, Krasnik A. Synthesis Report. MEM-TP, Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma. Granada, Copenhagen: Andalusian School of Public Health, University of Copenhagen, 2015a.

Mock-Muñoz de Luna C, Bodewes A, Graval E, Ingleby D. Appendices I-VI, Synthesis Report. MEM-TP, Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma. Granada, Copenhagen: Andalusian School of Public Health, University of Copenhagen, 2015b.

### Complementary Readings

Barrett M. Introduction – Interculturalism and multiculturalism: concepts and controversies. In: Barrett M. (ed). *Interculturalism and multiculturalism: similarities and differences*, p. 15-42. Strasbourg: Council of Europe Publishing, 2013.

Chiarenza A. Developments in the concept of 'cultural competence'. In: Ingleby D, Chiarenza A, Devillé W, Kotsioni I (eds). *Inequalities in health care for migrants and ethnic minorities*, Vol. 2, p. 66-81. COST Series on Health and Diversity. Antwerp: Garant Publishers, 2012.

Council of Europe. Recommendation Rec2006(18) of the Committee of Ministers to Member States on health services in a multicultural society, 2006. <https://wcd.coe.int/ViewDoc.jsp?id=1062769&BackC> (retrieved: January 12, 2015).

<sup>21</sup> Cattacin S, Chiarenza A, Domenig D. Equity standards for healthcare organisations: a theoretical framework. *Diversity and Equality in Health and Care* 2013;10:249-258.

<sup>22</sup> Mock-Muñoz de Luna C, Ingleby D, Graval E, Krasnik A. Synthesis Report. MEM-TP, Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma. Granada, Copenhagen: Andalusian School of Public Health, University of Copenhagen, 2015a, p. 13.

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- Suess A, Ruiz Pérez I, Ruiz Azarola A, March Cerdà JC. The right of access to health care for undocumented migrants: a revision of comparative analysis in the European context. *European Journal of Public Health* 2014;24(5):712-720. doi: 10.1093/eurpub/cku036.
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