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REPORT

ON INTEGRATION OF CULTURAL COMPETENCE IN VET HEALTHCARE EDUCATION

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Research & Education Hub

SDG3-VET
Integrating Cultural Competence Into Social and Healthcare Vet education

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Introduction

Part A of this report presents the findings of a questionnaire aimed at assessing current awareness, training needs, and challenges related to the integration of cultural competence into Vocational Education and Training (VET) healthcare curricula. The survey was conducted within the framework of the Erasmus+ project *Integrating Cultural Competence into Social and Healthcare VET Education Aligned with SDG-3*. Part B, represents the findings of a desk research conducted by the 3 partners at a local (Denmark, Cyprus and Spain) and European level.

Cultural competence in healthcare refers to the ability of providers and institutions to understand, appreciate, and effectively respond to the cultural and linguistic needs of patients. It encompasses the recognition and respect of diversity in values, beliefs, and behaviours, and requires the adaptation of healthcare delivery to align with patients' social, cultural, and linguistic contexts (Betancourt et al., 2002).

A total of 70 participants from Cyprus (20), Denmark (33), and Spain (17) contributed to this survey. Their insights will inform the development of targeted training materials and resources that promote culturally competent practices in VET healthcare education and support the achievement of Sustainable Development Goal 3: Good Health and Well-being.

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Part A: Survey Questionnaires

Background Information

Respondents' Roles in Vocational Education and Training

A total of **70 respondents** participated in the survey, representing a diverse range of roles within the vocational education and healthcare sectors. The distribution of roles is as follows:

Key Observations:

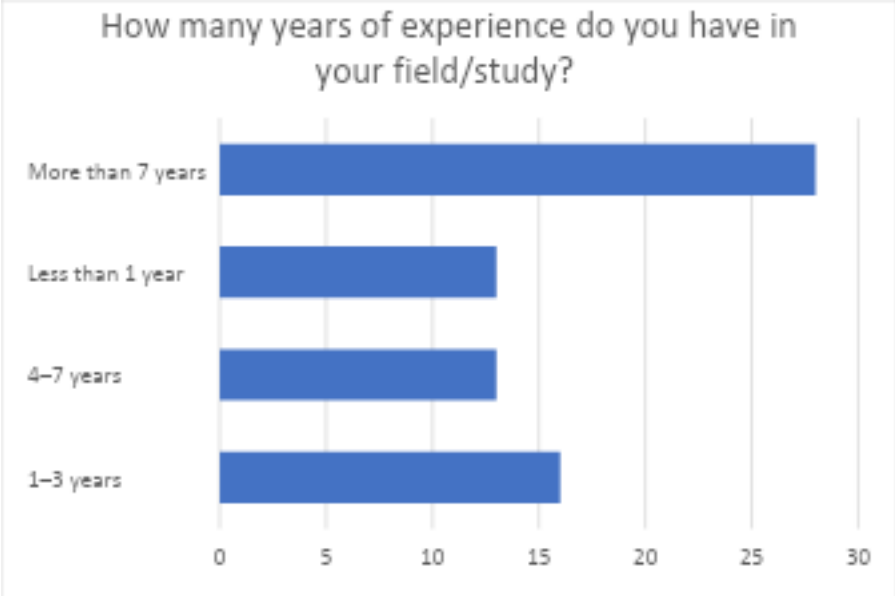
- Students formed the largest respondent group, accounting for more than half (54%) of all participants. This indicates strong engagement and interest among learners, who are the primary beneficiaries of cultural competence training.
- Healthcare professionals comprised the second-largest group (21%), reflecting the relevance of cultural competence in clinical practice.
- A combined 13% of respondents identified as teachers, VET educators, or trainers, highlighting a key group that will influence how cultural competence is taught and implemented.
- The remaining roles (management, policymakers, researchers, etc.) were represented by individual respondents, suggesting limited but valuable input from decision-makers and strategic stakeholders.

Implications:

The dominance of student voices offers valuable insight into learners' perspectives and expectations but also suggests the need to further engage institutional leaders, policymakers, and teaching staff—as they play critical roles in curriculum development and policy implementation. A more balanced participation in future surveys would support broader institutional change and sustainable integration of cultural competence in VET.

Respondents' Years of Experience in Their Field/Study

Participants were asked to indicate their level of experience within their respective fields or studies. The distribution across the four experience categories is as follows:



Key Observations:

- The largest group (28 respondents, or 40%) reported having more than 7 years of experience, indicating a strong representation of experienced professionals such as healthcare practitioners, educators, or trainers.
- A combined total of 29 respondents (just over 41%) reported 1–3 years or less than 1 year of experience, suggesting a significant presence of students and early-career professionals.
- 13 respondents (19%) fall within the mid-career range (4–7 years)

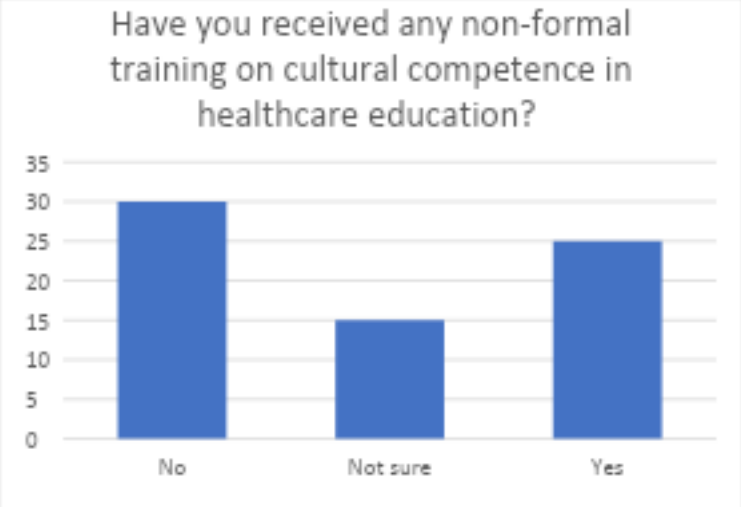
Implications:

- The experience distribution shows a balanced mix of emerging and seasoned professionals, which is valuable for designing training that is both introductory and advanced.

- The strong presence of highly experienced individuals suggests a solid foundation for peer-led mentoring or the co-creation of best practices in cultural competence.
- Training programmes should offer flexibility to address the different learning needs of:
    - Newcomers, who may need foundational knowledge and applied skills,
    - Mid-career professionals, who may benefit from case-based or context-specific learning, and
    - Veterans, who can contribute insights and take on roles as facilitators or champions of cultural competence in their institutions.

Participation in Non-Formal Training on Cultural Competence

Respondents were asked whether they had received any non-formal training (e.g. workshops, online courses, seminars) related to cultural competence in healthcare education. The responses are as follows:



Key Observations:

- **30 respondents (43%)** indicated they had **not received any** non-formal training, highlighting a clear gap in accessible, informal learning opportunities in this area.
- **25 respondents (36%)** reported having received such training, suggesting a reasonable level of exposure—but not yet widespread integration—of cultural competence content outside formal curricula.
- **15 respondents (21%)** were **uncertain**, which may indicate a lack of clarity about what qualifies as “non-formal training” or reflect the implicit or informal nature of some learning experiences.

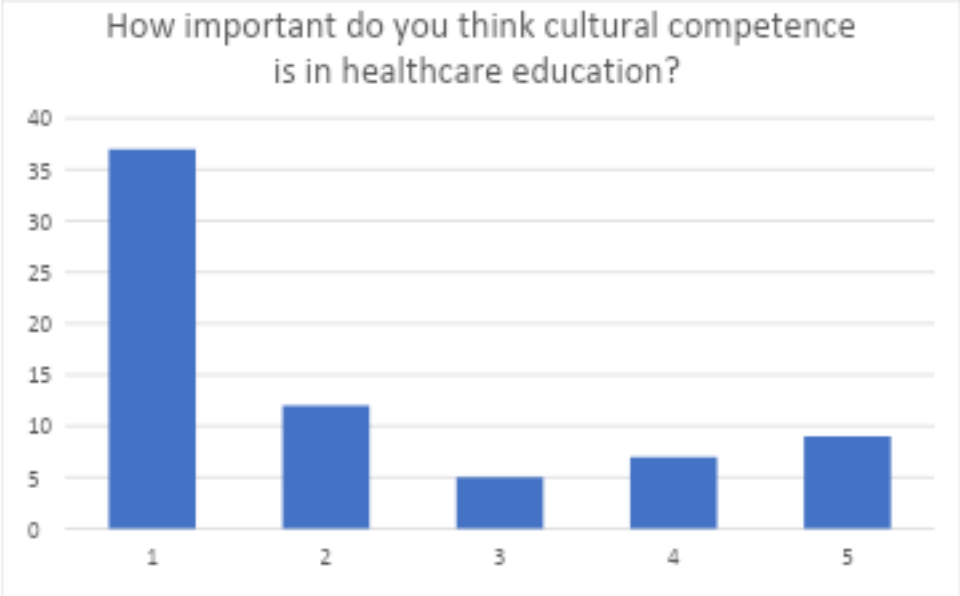
Implications:

- There is significant room to **expand non-formal educational offerings** on cultural competence, particularly targeting students and entry-level professionals who may not yet encounter this content in formal study.
- The uncertainty among some participants suggests a need to **better define and promote** what constitutes quality non-formal training in cultural competence (e.g., certified webinars, accredited workshops, community-based education).
- Future initiatives should aim to both **increase availability** and **improve visibility** of relevant training programmes, while ensuring they are clearly branded and easily recognizable by learners.

Cultural Competence

Perceived Importance of Cultural Competence in Healthcare Education

Participants were asked to assess the importance of cultural competence within the context of healthcare education. The distribution of responses is shown below:



Key Observations:

- A clear majority—37 respondents (53%)—rated cultural competence as of utmost importance in healthcare education.
- An additional 12 respondents (17%) selected "Some", meaning that 70% overall view cultural competence as important to some degree.
- A small number expressed neutral (7%) or low levels of importance (10%), while 9 respondents (13%) believed it is not important at all.

Implications:

- The high level of recognition for the critical role of cultural competence is encouraging, particularly as it aligns with efforts to integrate diversity-sensitive practices into VET curricula.
- However, the fact that over 25% of participants either rated its importance as low or were neutral points to a continuing need for awareness-raising and evidence-based advocacy.
- Educational stakeholders should ensure that cultural competence is not treated as optional or supplemental, but rather embedded across learning modules and practice-based experiences in healthcare training.

Integration of Cultural Competence by Educators

This question was directed specifically at respondents who identified as teachers or trainers to understand to what extent they currently incorporate cultural competence topics in their educational practice. The responses are as follows:

Key Observations:

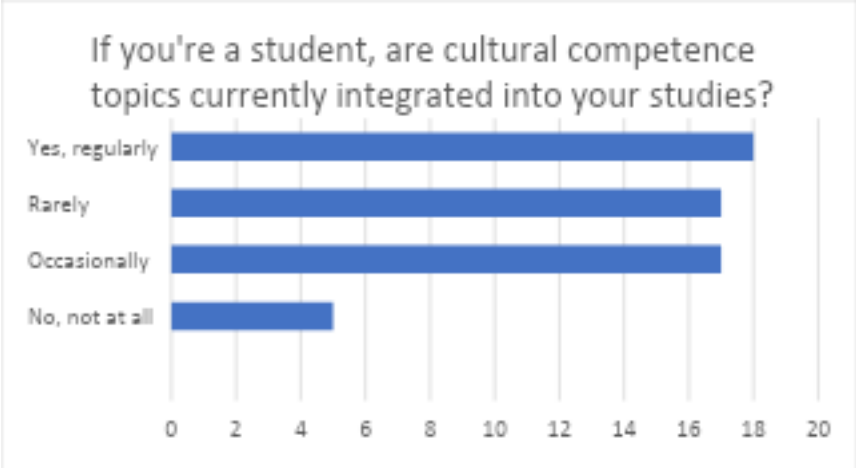
- 15 teachers (39%) reported occasional integration of cultural competence, suggesting some awareness and interest but likely without systematic inclusion in lesson planning.
- Only 10 respondents (26%) indicated that they regularly incorporate cultural competence into their teaching, highlighting a relatively low rate of full integration.
- A combined 11 respondents (29%) answered “rarely” or “not at all,” pointing to existing gaps in training, resources, or institutional support.

Implications:

- These findings show that while there is a growing awareness among educators, the systematic and consistent inclusion of cultural competence content remains limited.
- Barriers such as curriculum constraints, lack of training, and absence of structured materials may be preventing more regular integration.
- This underscores the need for the project to develop and disseminate accessible, ready-to-use teaching tools—such as case studies, lesson plans, and modular resources—that support educators in embedding cultural competence across subjects and activities.

Integration of Cultural Competence for students

The data reflects responses from 57 students who answered the question: “If you're a student, are cultural competence topics currently integrated into your studies?” The response distribution is as follows:



Key Observations:

- Approximately one-third of students (31.6%) reported that cultural competence topics are integrated regularly into their studies, indicating that for some programs this content is an established part of the curriculum.
- Nearly 60% of respondents (59.6%) reported only occasional or rare integration of cultural competence topics, suggesting inconsistent or limited exposure across programs.
- A small but notable minority (8.8%) indicated no integration of cultural competence topics at all in their studies, highlighting gaps in curriculum coverage.

Implications:

- The fact that less than one-third of students experience regular inclusion of cultural competence points to a significant opportunity for educational institutions to strengthen and standardize curriculum content in this area.
- The high proportion of students with occasional or rare exposure suggests variability in how cultural competence is addressed, which may lead to uneven preparedness among future healthcare and social professionals.
- Addressing these inconsistencies is critical for fostering culturally aware and sensitive graduates capable of meeting the diverse needs of the populations they will serve.
- The data underscores the importance of developing targeted training materials, integrating cultural competence systematically across courses, and promoting educator awareness and capability to teach these topics effectively.

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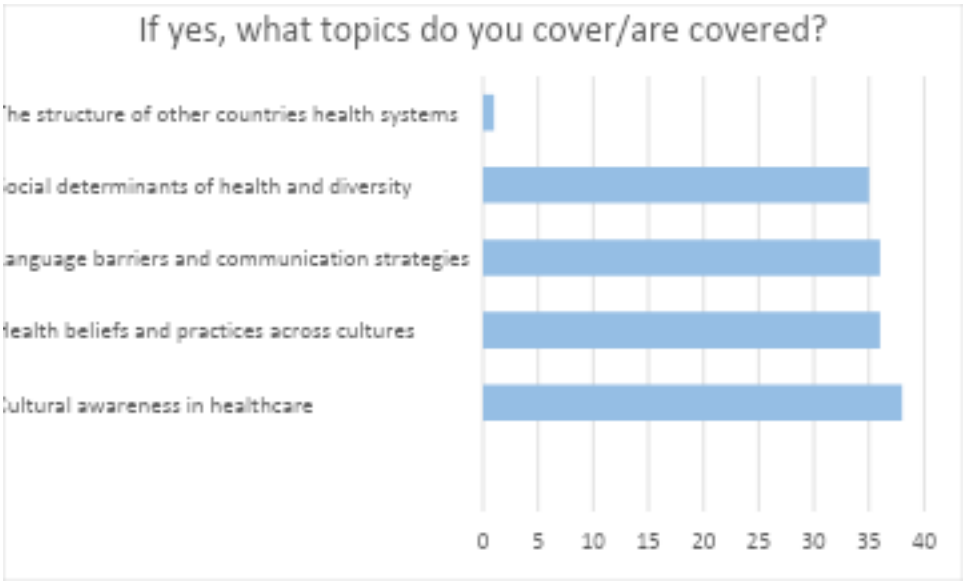
Cultural Competence Topics

Participants were asked to identify which cultural competence-related topics they believe should be integrated into Vocational Education and Training (VET) healthcare curricula. The responses reveal strong consensus on several critical themes that are essential for preparing healthcare professionals to work effectively in diverse environments.



Key Findings:

- **Cultural awareness in healthcare** was the most frequently selected topic, with 38 mentions. This underscores the importance of understanding cultural differences and their impact on healthcare delivery.
- **Health beliefs and practices across cultures** and **language barriers and communication strategies** were each identified by 36 participants, highlighting the need for knowledge about diverse health perceptions and effective cross-cultural communication skills.
- **Social determinants of health and diversity** was chosen by 35 respondents, reflecting recognition of how social and environmental factors influence health outcomes and access to care.
- **The structure of other countries' health systems** was rarely selected (1 mention), indicating that while global health system knowledge may be of interest, it is less prioritized compared to interpersonal and cultural knowledge.

Implications:

The results emphasize that VET healthcare education should prioritize topics that promote cultural sensitivity, effective communication, and a holistic understanding of patients' social contexts. These topics are foundational to culturally competent care, enabling future healthcare workers to address patients' unique cultural needs and reduce disparities in health outcomes.

Integrating these topics systematically within VET curricula will help ensure that healthcare professionals are equipped to provide respectful, personalized care to increasingly diverse populations.

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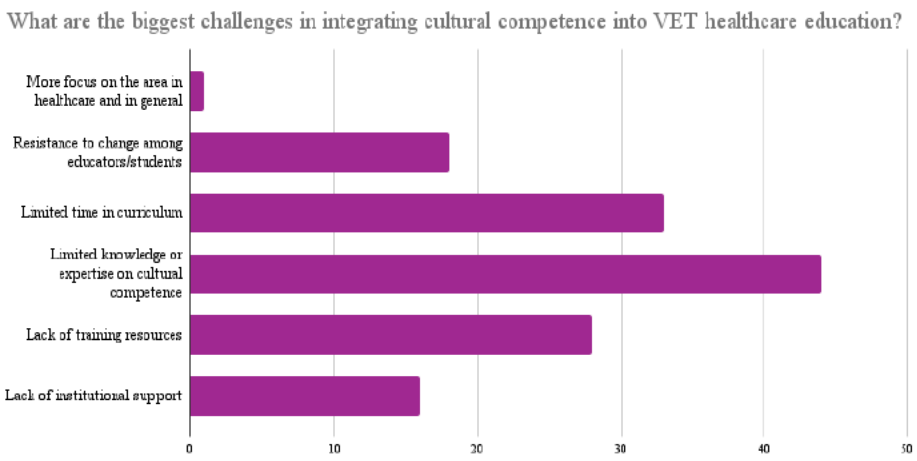
Challenges in Integrating Cultural Competence into VET Healthcare Education



Participants were asked to identify the biggest challenges faced when integrating cultural competence into VET healthcare curricula. Respondents could select multiple options, revealing a range of barriers perceived within educational institutions.

Key Findings:

- **Limited knowledge or expertise on cultural competence** emerged as the most significant challenge, with 44 mentions. This suggests a widespread need for capacity building among educators and trainers to effectively deliver cultural competence content.
- **Limited time in the curriculum** was highlighted by 33 respondents, reflecting the common issue of overcrowded programs where new content struggles to find space.
- **Lack of training resources** was noted by 28 participants, indicating that educational materials and tools tailored to cultural competence are insufficient or unavailable.
- **Resistance to change among educators or students** was mentioned by 18 respondents, pointing to attitudinal barriers and potential reluctance to adopt new teaching approaches.
- **Lack of institutional support** was identified by 16 participants, underscoring the importance of leadership commitment and policy backing for successful integration.
- In addition to these pre-established options, one respondent contributed the following challenge: **“More focus on the area of healthcare and in general”** indicating that while some see the need for broader emphasis, it is less frequently seen as a direct challenge.

Implications:

The findings highlight critical areas to address for effective cultural competence integration:

- Investing in **professional development** to build educators’ knowledge and confidence.
- Allocating dedicated **curriculum time** to ensure comprehensive coverage.
- Developing and sharing high-quality **training resources**.

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- Fostering an open and adaptable mindset among educators and students to overcome **resistance**.
- Securing **institutional support** to embed cultural competence sustainably into VET programs.

Addressing these challenges is essential for delivering culturally responsive education that prepares healthcare professionals to meet diverse patient needs.

Preferred Training Resources to Support Integration of Cultural Competence in VET Education

Participants were asked to rank different types of training resources by their importance in helping educators integrate cultural competence into VET healthcare education. The ranking scale ranged from 1 (Most Important) to 5 (Less Important). The following summarizes the perceived value of each resource type:

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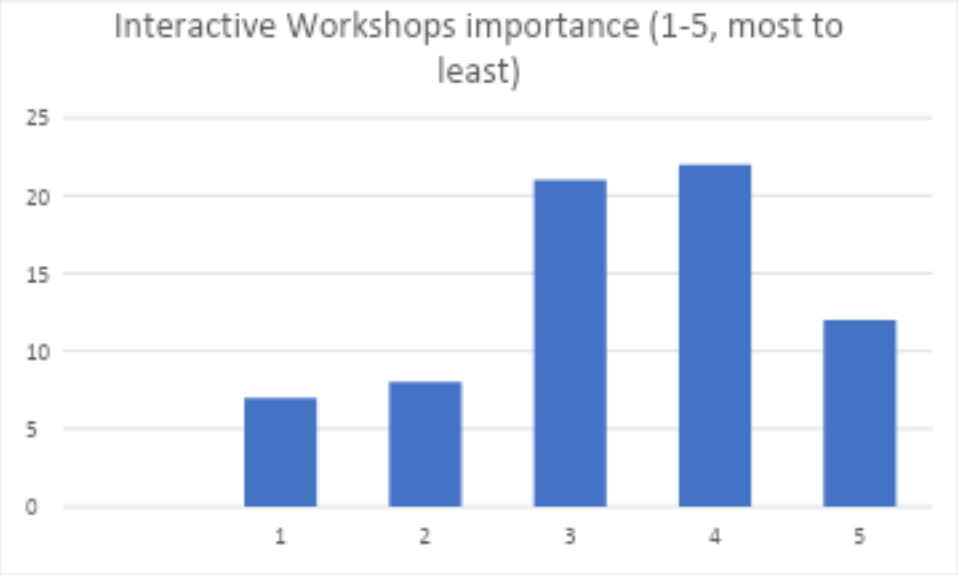

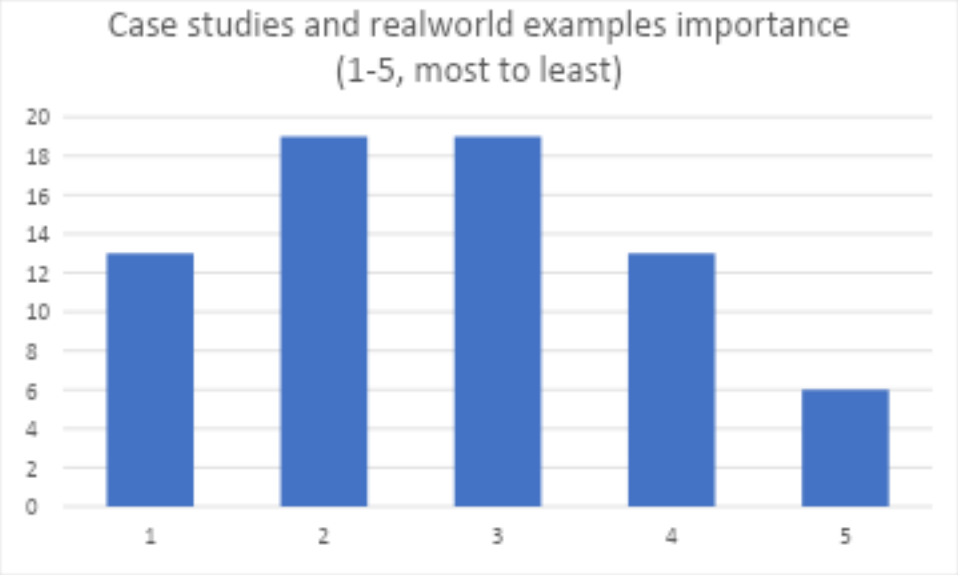

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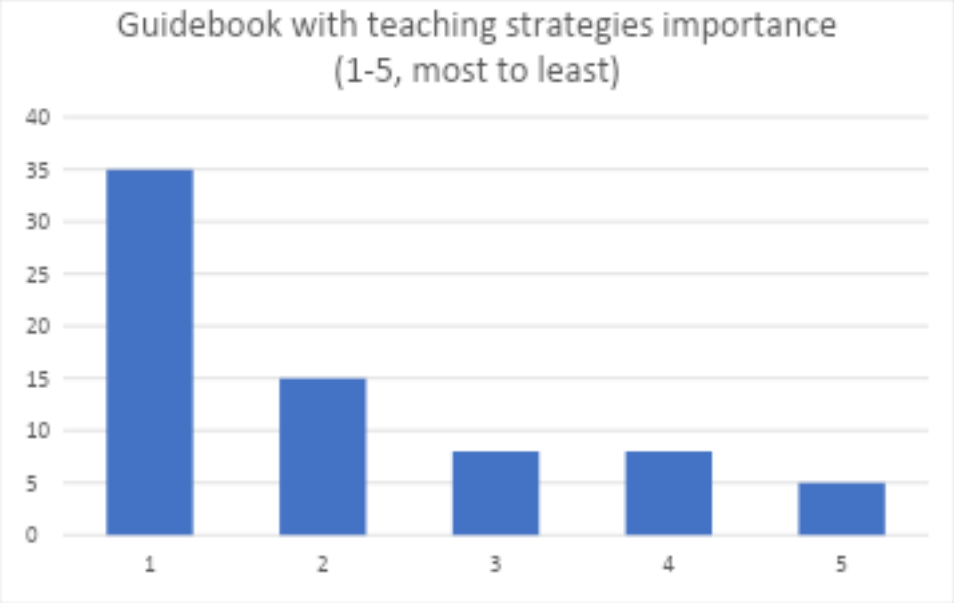


Resource Type Number Ranking 1 (Most Important) Overall Trends and Insights

Resource Type	Number Ranking 1	Overall Trends and Insights
Guidebook with Teaching Strategies	35	This resource received the highest number of “Most Important” rankings, highlighting a strong preference for practical, structured guidance to support educators in

		lesson planning and delivery. Its consistent high rankings across the scale reflect its perceived utility and accessibility.
Case Studies and Real-world Examples	13	Ranked as highly important by many respondents, case studies are valued for providing concrete examples that link theory to practice, helping learners understand cultural competence in realistic scenarios.
Online Courses and Webinars	7	Though some participants rated this resource as most important, responses showed a wider spread in rankings. This suggests that while useful for flexible, self-paced learning, online formats may not suit all educators equally.
Interactive Workshops	7	Interactive workshops were moderately valued, with many ranking them mid-scale. While recognized for engaging learning, practical constraints such as scheduling and resources may limit their appeal.
Policy Guidelines for Institutions	8	This resource was less frequently rated as most important, and many ranked it lower. While institutional policies are necessary for systemic change, educators may prioritize direct teaching tools over policy documents.

Implications:

- A **guidebook with teaching strategies** stands out as the preferred and most practical resource, suggesting that educators seek clear, actionable materials tailored to cultural competence teaching.
- **Case studies and real-world examples** are important complements, aiding the application of concepts in meaningful ways.
- While **online courses and workshops** offer flexible and interactive learning opportunities, variability in preference indicates the need for diverse formats to cater to different learning and teaching styles.
- **Policy guidelines** are essential at the institutional level but may be perceived as less immediately useful by frontline educators without accompanying practical tools.

Additional Training Resources Suggested by Participants

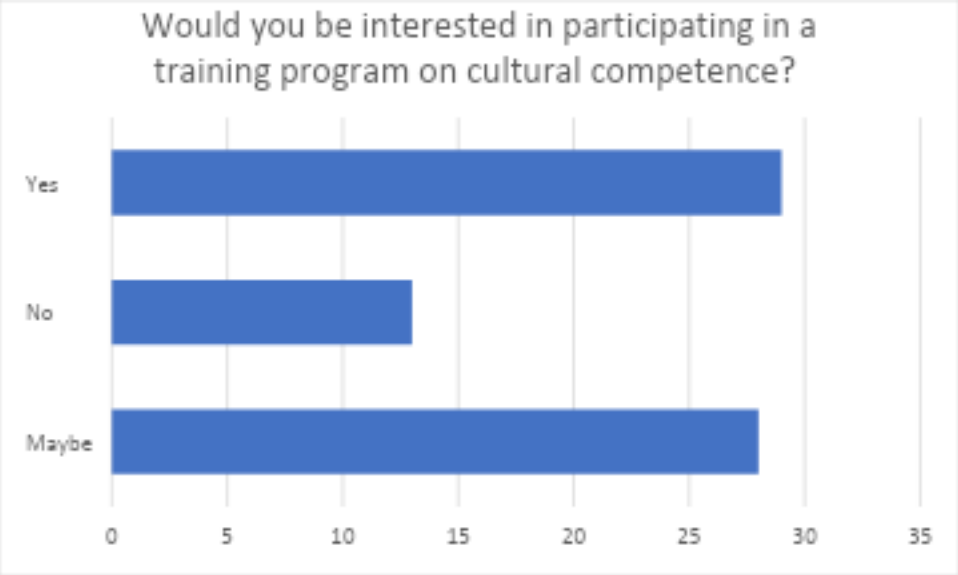
Participants provided several qualitative suggestions for resources they consider important but were not explicitly listed in the previous options. These responses emphasize the need for varied, practical, and experiential learning tools:

- **Online training seminars** and **seminars given by experts:** Participants value live or recorded expert-led sessions that provide deep insights and opportunities for questions, reflecting a desire for authoritative and interactive learning experiences.
- **Informing older professionals about cultural competence:** Highlighting the need to reach not only new educators but also those with established teaching practices, ensuring ongoing professional development across career stages.
- **Access to an interpreter:** Recognizes the practical challenges of language barriers in education and clinical settings, underscoring the importance of linguistic support for effective communication.
- **Better and more knowledge about different cultures:** Points to the necessity of comprehensive, up-to-date cultural knowledge as foundational to competence.
- **Cultural exchanges, debates, and group reflection:** Suggests experiential and dialogic approaches that encourage critical thinking, empathy, and peer learning in culturally diverse contexts.
- **Concerns about low prioritization:** Some participants feel that sharing knowledge on cultural competence is undervalued, indicating a need for institutional emphasis and cultural change.

Implications:
These suggestions reinforce the importance of offering a **diverse range of learning modalities**, including expert-led seminars, interactive group activities, and resources targeting educators at all career stages. Additionally, practical supports such as interpreters and institutional recognition of cultural competence as a priority are crucial for meaningful integration.

Interest in Participating in a Training Program on Cultural Competence

Participants were asked whether they would be interested in participating in a training program focused on cultural competence. The responses indicate a generally positive attitude towards further training:



Key Observations:

- Nearly **44% of respondents** expressed clear interest in participating in cultural competence training, demonstrating strong engagement and recognition of its importance.
- An additional **42% were uncertain ("Maybe")**, indicating openness but possibly requiring more information or convenient formats before committing.
- Only about **20% declined participation**, suggesting limited outright resistance to training.

Implications:

- The high combined proportion (86%) of "Yes" and "Maybe" responses highlights a substantial potential audience for cultural competence training programs.
- Training providers should consider flexible, accessible formats to encourage participation from those uncertain about commitment.
- This positive interest signals readiness among educators and students to enhance their cultural competence, supporting efforts to integrate such training into VET curricula effectively.

Examples of Integrating Cultural Competence in Healthcare Education and Practice

Participants shared numerous practical and insightful examples from their experience or education, demonstrating various ways cultural competence is embedded in healthcare settings:

Clinical and Communication Skills Training

- **Simulated Patients and Role Plays:**
  Medical and healthcare students practice with simulated patients (SPs) portraying culturally diverse backgrounds, such as a Muslim woman observing Ramadan or a Native American elder using traditional medicine. These scenarios train students to demonstrate empathy, respectfully inquire about cultural beliefs, and negotiate treatment plans that honor patients' values.
- **Communication Skills Focus:**
  Training emphasizes understanding cultural differences in pain expression, health beliefs, and the acceptance or refusal of certain treatments (e.g., blood transfusions due to religious beliefs). Role plays and case-based learning help students navigate these complexities effectively.

Curriculum Integration

- **Dedicated Cultural Competence Sessions:**
  Some medical schools (e.g., UNIC Medical School) offer specific sessions focused on cultural competence within clinical communication courses, allowing students to practice culturally sensitive interactions and reflect on the impact of culture on healthcare decisions.
- **Inclusion of Social and Cultural Contexts:**
  Educators integrate teachings about how social determinants and cultural norms affect patient behaviors and treatment adherence, promoting a holistic approach to care.

Practical and Experiential Learning

- **Workshops and Group Reflection:**
  Workshops encourage sharing experiences and reflection on cultural differences in health and healthcare. Group discussions and debates deepen understanding and foster solidarity, democracy, and equality values among healthcare professionals.
- **Service-Learning and Community Engagement:**
  Collaborations with community organizations, shelters, and minority groups provide real-world exposure to diverse populations and healthcare needs, enhancing cultural competence through active service.

Clinical Practice and Patient Care

- **Culturally Adapted Care Practices:**
  Nurses and healthcare professionals adapt communication and counselling to the cultural background of patients, including respecting family roles and cultural norms during health visits.

- **End-of-Life and Palliative Care:**
  Training covers cultural rituals surrounding death and dying, helping healthcare workers flex their usual practices to respect patients' cultural and religious needs.
- **Language and Non-Verbal Communication:**
  Addressing language barriers with interpreters and focusing on non-verbal cues improve understanding and patient safety, especially in sensitive contexts like terminal care.

Reflecting on Diversity Within Healthcare Teams

- **Leveraging Student Diversity:**
  Diverse student groups contribute cultural knowledge, enriching discussions and learning experiences.
- **Cultural Exchanges:**
  Activities such as cooking or storytelling allow participants to share their cultural heritage, fostering empathy and interpersonal understanding.

Challenges and Learning Points

- **Avoiding Cultural Assumptions:**
  Awareness that some behaviors considered delusional in psychiatry may be culturally normative, underscoring the need for cultural humility.
- **Balancing Biomedical and Cultural Understandings:**
  Healthcare providers are encouraged to integrate patients' cultural or religious beliefs with evidence-based treatments to improve adherence and outcomes.

These examples highlight the importance of **interactive, experiential, and reflective methods** in teaching cultural competence. They demonstrate how education and practice can prepare healthcare professionals to deliver respectful, personalized care that acknowledges the cultural diversity of patients — a critical component of quality healthcare aligned with SDG 3.

Suggestions for Improving the Integration of Cultural Competence in VET Healthcare Education

Survey respondents offered a wealth of ideas to strengthen cultural competence education in Vocational Education and Training healthcare programs. The suggestions fall into several key categories, each addressing different aspects of educational policy, pedagogy, and practice.

Institutional and Policy-Level Recommendations

- **Formal Accreditation Requirements:** Cultural competence should be a **mandatory component** in curricula, recognized by accreditation and licensing bodies. Continuous Professional Development (CPD) in this area should be required for healthcare professionals renewing their licenses.
- **National and Institutional Guidelines:** Clear **policies and strategic plans** developed by ministries, health authorities, and educational institutions are essential for consistent and system-wide integration.
- **Curriculum-Wide Implementation:** Cultural competence should be **embedded across all years** and not treated as a one-off or elective subject. It must be integrated into core clinical, communication, and ethics modules.
- **Resource Development:** Develop **concrete training materials**, case study banks, and teaching guides for educators to support consistent, high-quality implementation.

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2. Educator Training and Support

- **Teacher Education:** Provide **training for VET educators and clinical instructors** to ensure they are equipped to teach cultural competence meaningfully, not superficially.
- **Diverse Educator Involvement:** Recruit or involve professionals from **minority or underrepresented backgrounds** to provide authentic perspectives and lived experiences.
- **Ongoing Professional Development:** Offer seminars, workshops, and online courses to ensure continuous upskilling of teaching staff in this evolving field.

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3. Pedagogical Approaches

- **Interactive Methods:**
    - **Role-plays, simulations, and debriefing** help students experience and reflect on real-life cultural challenges.

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- Include scenarios involving **interpreters, dietary practices, gender norms**, and religious observances.

- **Case-Based Learning:** Use **realistic and culturally diverse case studies** (e.g., refugee health access, traditional medicine, cultural avoidance of mainstream care) to develop critical thinking and empathy.
- **Service-Learning Projects:** Promote **real-world interaction** with diverse communities through service-learning, hospital visits, and partnerships with NGOs or community organisations.
- **Cultural Exchange and Reflection:** Include activities like **cooking, storytelling, and discussion groups** to deepen intercultural understanding in informal settings.

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4. Curriculum Content Recommendations

- **Incorporate Key Topics:** Ensure students learn about:
  - Patient culture and health beliefs
  - Communication across languages and norms
  - Ethnicity-related health disparities
  - Structural and social determinants of health
- **Beyond the Surface:** Go **beyond basic awareness** to engage with complex, identity-based aspects of culture, values, and intersectionality.
- **Integrate Across Subjects:** Include cultural competence in all subjects, including anatomy, ethics, communication, and public health, to normalize it as part of overall patient care.

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5. Student Engagement Strategies

- **Learning from Peers:** Leverage **diverse student cohorts** to encourage mutual learning and peer sharing of cultural insights.
- **Inviting Guest Speakers:** Bring in **individuals from minority communities** to speak about personal experiences with healthcare systems.
- **Videos and Real-life Testimonials:** Use multimedia to bring stories of cultural misunderstanding and competence into the classroom.

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6. General Cultural Awareness Promotion

- **Normalize Cultural Learning:** Make cultural competence a **standard, expected part of healthcare education**, not an optional or elective topic.

- **Awareness Campaigns:** Foster a culture of **openness, curiosity, and mutual respect**, encouraging students and staff to recognize both differences and common humanity in patient care.

Improving the integration of cultural competence in VET healthcare education requires a **multifaceted approach** that combines top-down policy change with bottom-up pedagogical innovation. The suggestions gathered underline the importance of making cultural competence an **embedded, experiential, and reflective** part of the healthcare learning journey—supporting not only academic outcomes but also improved health equity and service delivery in practice.

Part B: Desk Research

1. Introduction

The purpose of this desk research was to explore and map current practices and strategies for integrating Sustainable Development Goal 3 (Good Health and Well-being) into Vocational Education and Training (VET) programs, with a special emphasis on multicultural and culturally competent healthcare education. This research forms the foundation for developing a targeted training guide and curriculum recommendations as part of the Erasmus+ project Integrating Cultural Competence into Social and Healthcare VET Education Aligned with SDG-3.

SDG 3 emphasizes the importance of ensuring healthy lives and promoting well-being for all at all ages. Within the context of VET education, this goal highlights the critical role of training future healthcare professionals to not only understand physical and mental health principles but also apply them in culturally sensitive and inclusive ways.

The research focuses on identifying how multicultural health perspectives—including language barriers, beliefs about illness and healing, health equity, and access to care—are currently embedded in VET programs. As today's healthcare environments are increasingly diverse, equipping students with cultural competence is essential to ensure quality care and reduce health disparities.

This desk research also supports broader global efforts to align healthcare training with the United Nations 2030 Agenda, preparing students to work effectively in diverse communities and respond to the social determinants of health that affect vulnerable and minority populations.

2. Methodology

To conduct this desk research, a multi-source data collection strategy was employed, aiming to gather insights from a variety of reputable and relevant materials.

Sources Identified:

- Peer-reviewed academic journal articles focusing on health education, multicultural training, and SDG implementation.
- Official websites of VET institutions known for innovative or socially conscious curricula.
- National and EU-level education and training policy documents.
- Reports and publications by international organizations such as UNESCO, WHO, and CEDEFOP.
- Curricula and training materials shared via open educational resources (OERs).

Criteria for Selection:

- Relevance to health and social care VET education.
- Evidence of SDG 3 integration or alignment.
- Inclusion of multicultural or intercultural health education components.

- Recognition or accreditation by national/international bodies.
- Availability of curriculum descriptions, learning outcomes, or pedagogical strategies.

Geographic Scope:

The research adopts a pan-European perspective, focusing primarily on EU member states, while also incorporating global case studies from countries and regions that demonstrate leading practices in integrating SDG 3 and cultural competence into VET. This broader scope ensures a diverse and inclusive understanding of current practices and facilitates the identification of adaptable strategies across different educational systems.

Results

Curriculum and Teaching Practices

Table 1: **Summary of Identified Institutions/Programmes**

Institution Name	Country	Program Name	Type (VET School/College)	Focus Area	SDG 3 Integration	Multicultural Component	Link
Den danske Sundheds-styrelse	Denmark	Sundheds-styrelsen	Danish Health Authority	Public health in Denmark	ETHNIC MINORITIES IN THE DANISH HEALTH CARE SYSTEM	Intercultural patient care	https://www.sst.dk/~/media/9ffe65223c8a47328a51cd7dbafa7466.ashx
Short summary, important points							
This anthology examines the complex interaction between ethnic minorities and the Danish healthcare system. Although these groups make up a small proportion of the total patient population, they are often perceived as challenging by healthcare professionals. The difficulties stem from differences in cultural understandings of illness, communication barriers, and unequal access to healthcare services. Through a collection of articles based on regional seminars and expert contributions, the anthology explores the healthcare experiences of ethnic minorities from both patient and provider perspectives. It highlights how minorities often suffer from poorer health outcomes, including higher rates of chronic illnesses such as diabetes and heart disease, and are more likely to encounter obstacles when navigating the healthcare system. The text stresses that these challenges are not solely rooted in cultural differences, but also in broader socio-economic disparities. Many ethnic minorities face limited access to resources, language barriers, and insufficient knowledge about the healthcare system. These issues can result in delayed or ineffective treatment, miscommunication, and frustration on both sides. The anthology presents several initiatives aimed at improving health equity, including the use of professional interpreters, cultural mediators, immigrant health clinics, and tele-interpretation services. These efforts illustrate the importance of building cultural competence within the healthcare system and adapting services to meet diverse needs. **In conclusion**, the anthology argues that ensuring equal access to healthcare for ethnic minorities requires a more nuanced, differentiated approach that addresses both social and structural barriers. It calls for continued research, cross-sector collaboration, and policy efforts focused on inclusion, early intervention, and culturally sensitive communication. By doing so, the healthcare system can better fulfill its responsibility to serve all residents—regardless of ethnic background—with fairness and respect.							

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Institution Name	Country	Program Name	Type (VET School/College)	Focus Area	SDG 3 Integration	Multicultural Component	Link
Danmarks videnscen-ter for integation	Denmark	Danmarks videnscen-ter for integation in collaboration with ¤ Social- og Sundheds-skolen Frederi-cia-Vejle-Horsens ¤ Social- og Sundheds- skolen Skive-Thisted-Viborg ¤ Social- og Sundheds-skolen Midt- og Vestjylland ¤ SOSU Østjylland ¤ Randers Social- & Sundheds-skole	Denmark's national centre for integration in collaboration with different VET schools in Denmark	Ethnic minorities at the VET schools in Denmark	Ethnic minorities at the VET schools in Denmark	Ethnic minorities at the VET schools in Denmark	https://www.sosufvh.dk/Etniske%20minoriteter%20p%C3%A5%20SOSU-skolerne_Danmarks%20Videnscenter%20for%20Integration%202022.pdf?utm

Short summary, important points

In recent years, Denmark's SOSU schools — which educate future social and healthcare workers — have undergone a profound demographic shift. Today, roughly one in three students comes from a non-Danish background, representing over 100 different nationalities. This growing diversity holds great promise: these students can help address looming labor shortages in the care sector, while also supporting broader integration efforts in Danish society.

However, the transition to a multicultural learning environment is not without its challenges. This report, part of a project on social inclusion and interculturality, explores how cultural diversity affects student life, learning, and cohesion at SOSU schools in the Central Denmark Region.

Through a mix of data analysis, student surveys, and in-depth focus group interviews, the study reveals a nuanced picture. Most students — regardless of background — report positive experiences and a strong sense of belonging. Yet, language remains a key barrier. Many students with foreign backgrounds struggle with the Danish language, not only in their academic work but also in forming friendships. This often results in ethnic groupings within classrooms, limiting the potential for intercultural exchange.

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Teachers are generally seen as competent and caring, but many lack the tools and vocabulary to navigate cultural differences effectively. Meanwhile, students with immigrant backgrounds are more likely to experience discrimination, feel underestimated by teachers, or report bullying. Paradoxically, they are also less likely than their Danish peers to consider dropping out — a testament to their motivation and resilience.

The report concludes that while SOSU schools have made significant progress, more targeted efforts are needed to ensure true inclusion.

Recommendations

To support both learning and integration, the report recommends:

- Strengthening Danish language support before and during education.
- Facilitating more school-organized social activities to bridge cultural divides.
- Equipping teachers with intercultural skills and tools for addressing sensitive issues.
- Creating peer networks and mentorship programs for students with immigrant backgrounds.
- Encouraging mixed-language group work to foster mutual understanding.
- Addressing discrimination openly and systematically.

Institution Name	Country	Program Name	Type (VET School/College)	Focus Area	SDG 3 Integration	Multicultural Component	Link
Region Midtjylland	Denmark	Central region of Jutland	Entral region of Jutland, Denmark; health promotion, preventive care, and rehabilitation	Ethnic minority groups and health	Ethnic minority groups and health	Intercultural patient care	https://www.rm.dk/siteassets/om-os/aktuelt/grafik/pdf/midt-liv/midt-liv-nov-08-til-www-ny.pdf?utm
Short summary, important points							

Co-funded by the European Union

In recent decades, Denmark has become home to an increasingly diverse population, and with this shift, attention has turned to how ethnic minorities experience health and healthcare. This publication explores the health status of Denmark's seven largest ethnic minority groups and highlights the complex ways social background, migration history, and cultural expectations shape their health outcomes.

The data reveal that individuals from ethnic minority backgrounds are more likely to report poor self-rated health, suffer from chronic illnesses such as diabetes, cardiovascular disease, and musculoskeletal disorders, and engage more frequently in health-risk behaviors like daily smoking. Cultural differences in how illness is understood and expressed often lead to miscommunication between patients and healthcare providers. For example, many patients report feeling misunderstood, dismissed, or not taken seriously by Danish doctors — especially minority women, who describe a deep desire for empathy and recognition in healthcare encounters.

The report also emphasizes that the healthcare system, while structurally universal, is not always equally accessible or effective for all. Mismatches in expectations — about the roles of doctor and patient, or the significance of symptoms — can undermine trust and treatment outcomes.

Conclusion

Ethnic minorities in Denmark face significant health inequalities compared to the ethnic Danish population. These disparities stem from a mix of pre-migration experiences, life conditions in Denmark, and cultural gaps in the healthcare encounter. The health system, though well-intentioned, often falls short in meeting the specific needs of these populations. To ensure equitable healthcare, there is a clear need to better understand and respond to the lived experiences of ethnic minorities, particularly by addressing language barriers, cultural assumptions, and social vulnerability.

Recommendations

1. **Improve communication** between healthcare professionals and minority patients through:
    - Professional medical interpretation services.
    - Cultural competence training for healthcare staff.
    - Early and clear expectation-setting in patient encounters.
2. **Acknowledge and validate patients' experiences**, especially among minority women, by:
    - Creating space for their personal health narratives.
    - Recognizing the emotional and social dimensions of illness.
2. **Target health-risk behaviors** like smoking through culturally tailored public health interventions — taking advantage of the high motivation to quit reported by many minority smokers.
3. **Address trauma and mental health** through more inclusive and trauma-informed care approaches, especially for refugees and asylum seekers.
4. **Monitor and adapt** health initiatives regularly based on ongoing dialogue with minority communities, ensuring a sense of ownership and responsiveness.
5. **Strengthen data collection** on ethnic minorities' health to inform more accurate, equitable policy-making and resource distribution.

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Institution Name	Country	Program Name	Type (VET School/College)	Focus Area	SDG 3 Integration	Multicultural Component	Link
University of Nicosia Medical School	Cyprus	The pyramid model (based on Miller's Prism)	Higher Education	Medicine	yes	Case-based learning, role-play, clinical exposure	Research Article
Short summary, important points							
The model proposes acquiring, applying and activating knowledge through lectures/seminars, cases, and role-play and work-based experience in order for medical students to enhance their knowledge, skills and attitudes.							

Institution Name	Country	Program Name	Type (VET School/College)	Focus Area	SDG 3 Integration	Multicultural Component	Link
Several Institutions	Several countries	Miller's Prims	-	Medicine	yes	Applied to clinical education models, including cultural competence	
Short summary, important points							
A four-level model to assess competence: **"Knows"** → **"Knows How"** → **"Shows How"** → **"Does"**. Provides a basis for curriculum development and assessment inhealth professions, especially useful for evaluating knowledge, skills, and performance progression.							

Institution Name	Country	Program Name	Type (VET School/College)	Focus Area	SDG 3 Integration	Multicultural Component	Link
University of Nicosia Medical School	Cyprus	MD6 Medical Program	Medical School	Medicine	Yes – Integrated Spiral Curriculum	Cultural OSCEs, real-life cultural cases, CCTT team	unic.ac.cy
Short summary, important points							
Cultural competence is taught through a spiral stepladder model across 6 years. It uses medical sociology, OSCEs, case-based learning, and simulation with cultural patients.							

Institution Name	Country	Program Name	Type (VET School/College)	Focus Area	SDG 3 Integration	Multicultural Component	Link
University of Nicosia Medical School	Cyprus	The cultural competence project	Medical School	Medicine	Yes – Integrated Spiral Curriculum	Cultural OSCEs, real-life cultural cases, Cultural Competence Training Team (CCTT).	Research Article
Short summary, important points							
This cultural competence project was informed heavily by Miller's prism to design a spiral stepladder framework starting from the basic step of transferring knowledge and moving upwards to the application of knowledge and building skills. Forming a Cultural Competence Training Team and relying on Betancourt's definition, Kleinman and Benson's ethnographic and explanatory model and Miller's prism of clinical competence, the University of Nicosia Medical School MD6 medical programme has successfully integrated cultural competence and assessed it in written exams and OSCEs.							

Institution Name	Country	Program Name	Type (VET School/College)	Focus Area	SDG 3 Integration	Multicultural Component	Link
Several Institutions	Several countries	General and Specific Cultural Competence Model (Παπαδόπουλος et al., 2011)	-	Medicine, Nursing	yes	Multicultural perspective, global applicability	
Short summary, important points							
Focuses on developing general and specific cultural competence using a systematic, evidence-based approach relevant for healthcare education globally.							

Institution Name	Country	Program Name	Type (VET School/College)	Focus Area	SDG 3 Integration	Multicultural Component	Link
Several Institutions	Several countries	Campinha-Bacote Model of Cultural Competence (2002)	-	Medicine, Nursing	yes	Emphasizes cultural awareness, knowledge, skill, encounters, and desire	
Short summary, important points							
A widely used model in health education promoting ongoing development of five constructs to achieve cultural competence. Encourages continuous self-assessment and learning.							

Institution Name	Country	Program Name	Type (VET School/College)	Focus Area	SDG 3 Integration	Multicultural Component	Link
Several Institutions	Several countries	Intercultural Model/Papadopoulos, Tilki, and Taylor Model (1998)	Nurses and other healthcare professionals	Medicine, Nursing	yes	Integrates multicultural and anti-racist perspectives	

Short summary, important points

The model consists of four stages for developing cultural competence in healthcare:

Cultural Awareness – Involves self-reflection on personal values and beliefs, and understanding how cultural identity shapes health beliefs and practices.

Cultural Knowledge – Gained through meaningful interactions with diverse groups and sociological study. It includes learning about power dynamics, professional influence, and structural inequalities.

Cultural Sensitivity – Emphasizes viewing clients as equal partners in care, requiring trust, respect, and collaborative decision-making to avoid oppressive practices.

Cultural Competence – Integrates previous stages into practical skills such as needs assessment and diagnosis. It includes the ability to challenge racism and discrimination, combining multicultural and anti-racist approaches to promote equity, rights, and change at the individual care level.

Institution Name	Country	Program Name	Type (VET School/College)	Focus Area	SDG 3 Integration	Multicultural Component	Link
General Directorate for the Coordination of Migration Policies. Government of Andalusia and University of Almería.	Spain	FORINTER2: Interculturality and Migration Training	Active healthcare professionals of the Andalusian Public Health System, including clinical, emergency, and administrative staff from the Andalusian Health Service	Medicine, Nursing	No, because this manual was created before SDGs (2009)	The guide presents conceptual frameworks, case studies, and practical tools to promote equitable healthcare and cultural understanding in multicultural contexts	https://www.juntadeandalucia.es/sites/default/files/2020-11/1_2054_salud_materiales_didacticos_forinter.pdf

Short summary, important points

This educational manual is part of the FORINTER program by the Andalusian Regional Government, aimed at training public sector professionals in intercultural competence, especially regarding health services for immigrant populations. The guide presents conceptual frameworks, case studies, and practical tools to promote equitable healthcare and cultural understanding in multicultural contexts. It emphasizes the need for culturally adapted healthcare services and continuous training for professionals to effectively serve a diverse population.

Institution Name	Country	Program Name	Type (VET School/College)	Focus Area	SDG 3 Integration	Multicultural Component	Link
Andalusian School of Public Health (EASP). Government of Andalusia	Spain	"Intercultural mediation in the healthcare context" training programme	Active healthcare professionals of the Andalusian Public Health System, including clinical, emergency, and administrative staff from the Andalusian Health Service		Yes, because the course is part of the Andalusian Strategy for Immigration 2021-2025, which integrates the SDGs.	The course three units and the experiential methodology underscore the course's multicultural focus—prioritizing awareness, tools, and practical skills essential to serving culturally diverse patient populations.	https://intranet.easp.es/siga/info/Curso.aspx?idCurso=114706NA24

Short summary, important points

A 15-hour in-person training programme targeting active healthcare professionals of the Andalusian Public Health System. This course aims to introduce intercultural mediation as a practical tool to improve healthcare delivery in culturally diverse settings. It seeks to enhance professionals' ability to reflect critically on their interactions with migrant patients, strengthen their communication skills for delivering clear and respectful health information, and equip them to manage complex intercultural situations involving patients and their families. Ultimately, the course promotes more equitable and culturally competent healthcare practices.

Institution Name	Country	Program Name	Type (VET School/College)	Focus Area	SDG 3 Integration	Multicultural Component	Link
Escuela Solc Nou Barcelonès (VET School)	Spain	Caring for Our Elders – Service-Learning Project	VET school	Students from "Nursing Care Assistant" (Intermediate VET program)	No	Target Group: Newly Arrived Migrants. Intercultural Preparation and Awareness. Language and Cultural Adaptation. Student Research on Migrant Cultures. Real-life Intercultural Interaction	https://aprenentatgeservei.cat/wp-content/uploads/experiencies/Experiencia-APS_Cuidem-els-nostres-avis_Promoci%C3%B3-salut_CCFF.pdf

Short summary, important points

The project, led by the vocational school Solc Nou Barcelonès in Barcelona, involves students from the Nursing Care Assistant intermediate-VET program providing weekly training workshops on elderly care to newly arrived migrants. These 4-hour sessions aim to enhance the employability of participants in the domestic care sector while giving students real-life teaching and service experience.

Implemented in partnership with Cáritas, the initiative integrates academic learning with social commitment through four phases: project introduction, student preparation, workshop delivery, and joint evaluation. Students act as volunteer trainers and apply theoretical, practical, and attitudinal skills from their curriculum.

The project fosters intercultural engagement, promotes health education, and develops key competencies such as empathy, responsibility, communication, and initiative. It also raises students' awareness of social inequalities and their role as future healthcare educators.

Pyramid and Spiral Learning Models in Medical Curricula (Cyprus Case Study)

The **Pyramid Model** (Constantinou et al., 2017) is a three-level educational approach to integrating cultural competence in healthcare curricula:

- **Acquire**: foundational knowledge on health disparities, cultural beliefs, and sociological determinants.
- **Apply**: real-world application via communication skills training and clinical simulations.
- **Activate**: practical mastery through role-play, OSCEs, and clinical placements.

Teaching methods include interactive lectures, case-based learning, small-group tutorials, and simulated patient encounters. Topics range from traditional health beliefs (e.g., the evil eye) to intersectional factors such as gender, age, and mental health.

The **Cultural Competence Training Team (CCTT)** at the University of Nicosia integrates these concepts into a **spiral stepladder model** across six years:

- **Year 1**: medical sociology via lectures, tutorials, and reflective essays.
- **Years 1–2**: basic communication skills in integrated clinical practice.
- **Years 3–6**: advanced communication and cultural competence in simulated and real clinical settings.

This spiral model aligns with **Miller's prism**, where knowledge moves from theory to performance, emphasizing cultural realism and empathy in patient care.

General and Specific Competence Models

- **Papadopoulos, Tilki, and Taylor Model (1998)**:
    - Emphasizes a four-stage process: awareness, knowledge, sensitivity, and competence.
    - Widely adopted in European nursing education and used in simulations and reflective assessments.
- **Campinha-Bacote Model (2002)**:
    - A five-construct approach: awareness, knowledge, skill, encounters, and desire.
    - Promotes cultural desire as a unique motivational component.
    - Includes tools like the LEARN and ETHNIC models, and reflective journals.
- **General vs. Specific Competence (Papadopoulos et al., 2011)**:
    - Encourages a shift from broad cultural literacy to targeted knowledge (e.g., for Roma or Turkish-Cypriot populations).

- Educational strategies include regional guest speakers and comparative analysis of interventions.

Danish SOSU Schools: VET Approaches to SDG 3

Danish **SOSU (Social and Health Care)** schools integrate **SDG 3** through:

- Emphasis on **preventive health**, elderly care, and equity in access.
- Use of **simulation training**, **project-based learning**, and **real-life placements**.
- Core modules such as:
  - *Grundforløb 2*: Health, Ethics, Communication
  - *Hovedforløb*: Chronic disease and interdisciplinary care

Learning outcomes include:

- Cultural sensitivity in patient communication
- Understanding social determinants of health
- Applying ergonomic, hygiene, and safety principles

Multiculturalism is integrated through:

- Modules and case studies with diverse patient profiles
- Induction programs for multicultural students
- Co-teaching and Danish-as-a-second-language support
- Mentorship tailored to refugee/immigrant learners

FORINTER2 (Spain):

- Although developed pre-SDGs, FORINTER2 is foundational in training healthcare professionals on interculturality.
- Themes: intercultural mediation, gender and health, communication breakdowns in care.
- Pedagogy: case studies, reflective exercises, practical tools like negotiation/conflict resolution.
- Theoretical underpinnings: Gudykunst's Anxiety/Uncertainty Management Theory.

EASP Intercultural Mediation Course (Spain):

- Three units covering diversity-sensitive care, tools for adapted services, and practical intercultural mediation.
- Methods: simulations, case-based learning, trainer-led discussions.
- Aligns with Andalusian immigration strategy and supports SDG 3.

Solc Nou Barcelonès Project (Spain):

- VET students train newly arrived migrants in eldercare skills.
- Four learning phases: orientation, preparation, delivery, and evaluation.
- Includes intercultural awareness workshops, language adaptations, and community partnership with Cáritas.
- Encourages empathy, initiative, and social commitment.

Innovative and Effective Practices

Case Studies from Cyprus

- Cultural competence workshops for community nurses using the **CCATool** showed significant improvement in practical skills and awareness.
- The University of Nicosia's program uses:
    - Patient-specific simulations (e.g., diabetic patient attributing illness to the "evil eye")
    - Integration of cultural modules across all clinical years
    - Positive student feedback (e.g., >4.5/5 ratings)

Danish SOSU Innovations

- **Multicultural placements**: Practical exposure to care settings with diverse populations, fostering empathy and real-world competence.
- **Cross-cultural communication training**: Role-plays, workshops, and collaboration with multicultural experts.
- **Curriculum-wide multicultural integration**: Embedding diversity themes across all subjects, not just isolated modules.
- **Example initiatives**:
    - VIA University College's "Cultural Competence in Care" project
    - SOSU C's inclusion of culturally diverse case studies

Spain

- FORINTER2 uses real-world cases on intercultural conflict, focusing on empathy, mediation, and reflective practice.
- EASP's training course uses role-play and simulations to build cultural mediation skills, emphasizing practical tools and institutional support.
- Solc Nou Barcelonès demonstrates innovation by combining VET student training with community-based service learning for migrants.

Gaps and Challenges

Cross-Contextual Challenges

- **Inconsistent implementation** across Europe and within national systems
- **Faculty limitations**: Lack of trained staff, minimal interdisciplinary cooperation
- **Student barriers**: Resistance, discomfort, lack of recognition of cultural competence as a core skill
- **Assessment gaps**: Over-reliance on theoretical or reflective evaluations; limited use of OSCEs or practical tools
- **Underrepresentation** of mental health in multicultural education

SOSU-Specific Challenges

- Communication and language barriers remain under-addressed.
- Biases and stereotypes affect care quality.
- Regional disparities in implementation (e.g., smaller areas view cultural health as peripheral).

Spain-Specific Gaps

- FORINTER2 lacks explicit SDG 3 linkage and needs updating
- EASP course is limited in scope (15 hours, regional reach)
- Solc Nou project is informal and not embedded in broader curriculum strategy

Opportunities and Recommendations

Curriculum Integration

- Develop and mandate **dedicated modules** on health equity, cultural humility, and global health.
- Embed cultural competence across subjects (e.g., sociology, communication, clinical training).
- Use structured models like:
    - Pyramid Model
    - Spiral Stepladder Framework
    - Campinha-Bacote and PTT models

Teaching and Assessment

- Implement **OSCEs** and case-based assessments for applied competence.
- Encourage **reflective practices** and peer feedback mechanisms.
- Use **interdisciplinary teaching** (e.g., anthropology, public health).
- Promote service-learning across VET programs
- Integrate intercultural competence as a transversal skill in healthcare education

Faculty and Institutional Development

- Offer **faculty development** on inclusive pedagogy and assessment.
- Build institutional capacity through resource investment and CPD requirements.

Policy and Structural Support

- Enforce national/EU **policy mandates** for cultural competence in health education.
- Incentivize integration via funding, accreditation standards, and monitoring.
- Support cross-border knowledge exchange and best practice sharing

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Recommendations: Enhancing Cultural Competence in VET Healthcare Education

Based on the survey findings, qualitative feedback, and literature review, the following recommendations are proposed to strengthen the integration of cultural competence in VET healthcare education, in alignment with SDG 3:

1. **Institutional Integration and Policy Alignment**
    - Make cultural competence a **mandatory component** in healthcare curricula, supported by **accreditation and licensing bodies**.
    - Develop clear **institutional and national guidelines** to support systematic implementation.
    - Integrate cultural competence **throughout all years and modules** of study.
2. **Educator Development and Support**
    - Provide **training for educators** to ensure they are well-prepared to teach cultural competence effectively.
    - Involve **educators and speakers from diverse backgrounds** to offer authentic perspectives.
    - Embed cultural competence in **teacher CPD and qualification renewal pathways**.
3. **Effective Pedagogical Strategies**
    - Implement **role-plays and simulations** that reflect real-world cultural scenarios.
    - Use **realistic case studies** to promote empathy and problem-solving.
    - Incorporate **service-learning projects** that connect students with culturally diverse communities.
    - Expand partnerships with community organizations for practical, intercultural exposure
4. **Curriculum Content Priorities**
    - Cover key themes: patient culture, beliefs, language, health inequalities, and ethnicity-related health risks.
    - Go **beyond surface-level awareness** by fostering deep understanding of values and identities.
    - Include **culture-related content across all relevant healthcare subjects**, not just electives.
    - Explicitly link curricula to SDG 3 outcomes and assessments
5. **Student Engagement and Experience**

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- Facilitate **cultural exchanges, guest speaker events**, and peer-to-peer learning.
- Promote **active reflection** through discussions and debriefs.
- Provide **access to interpreters** and materials addressing language barriers.
- Involve migrant voices in content creation and evaluation

6. **Cultural Normalization and Public Messaging**
    - Position cultural competence as a **core expectation in modern healthcare**.
    - Encourage **openness, empathy, and solidarity** across the healthcare sector.
    - Recognize and celebrate **diversity as a strength** in both care delivery and education.

Guidebook Recommendations

1. Understanding SDG-3 and Cultural Competence

Objective: Provide educators with a foundational understanding of why cultural competence is essential to achieving SDG 3.

2. Sector-Specific SDG-3 Integration in VET Fields

Objective: Demonstrate how SDG 3 can be embedded in different healthcare-related VET programs.

3. Pedagogical Approaches

Objective: Equip educators with ready-to-implement teaching strategies.

4. Case Studies and Examples

Objective: Showcase success stories and diverse educational environments.

5. Toolkits and Resources

Objective: Provide ready-to-use classroom resources.

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Supporting Materials and References

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