Italian Sociological Review
ISSN 2239-8589
DOI: 10.13136/isr.v13i1.589 2023, 13(1), pp. 69 – 90

Diversity and Health: Two Sides of the Same Coin

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Abstract

The globalization of contemporary society forces institutions to interact, in an ever-increasing way, with the concept of diversity. To date there is not a single definition, but the common element of the various notions concerns the particularity of the human in all its facets. The purpose of this paper is to analyze the relation between the concept of diversity and its relation to health. Diversity, in conclusion, becomes a challenge for any form of activity, both with research or with health implications. Above all, diversity presents itself as a challenge for the concrete and practical application of the paradigm of complexity.

Keywords: diversity, social determinants of health, intersectionality.

1. Introduction

Today, more than ever, it is necessary to talk about the challenges that every type of institution is called to face in the matter of diversity. Especially with the affirmation of globalization, and the subsequent blurring of the "borders" (Bourdieu & Passeron, 2006), the concepts, ideas, and practices of diversity are as complex as they are essential because of, today more than ever, most of the conflicts originate from the clash between different forms of diversity (Honneth, 2019).

Even more important is the protection of the concept of diversity in health, and even more so in that of disease. It is important to start from the assumption that today it is possible to detect a wide variety of definitions of the concept of diversity, so much so that it can be considered as a normative meta-narrative (Isar, 2006).

Specifically, the emergence on the political stage of local communities, indigenous peoples, deprived or vulnerable groups, and those excluded on the grounds of ethnic origin, social affiliation, age, or gender, has led to the

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Received: 18 July 2022
Accepted: 9 December 2022
Published: 31 January 2023

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discovery, within society, of new forms of diversity. The political establishment has in this way found itself challenged (UNESCO, 2009, p. 4). There is no doubt that the constant use of the concept of diversity is influenced by the revolution of the rights of minorities (Skrentny, 2002) and, at the same time, by the birth of identity policies (Bernstein, 2005). More specifically, authors such as Kymlicka (2007), have supported the relevant relationship with the internationalization and global diffusion of multiculturalism, which are defined as the set of legal, political and social instruments for the protection of minorities and their cultural products such as: idioms, strategies and social practices (Della Porta et al., 2009).

In contemporary society, and above all, in global and cultural societies, diversity becomes a value to be defended (considered as *egalitarian reciprocity*) so that diversity is not a source of discrimination and unequal treatment (Benhabib, 2018).

Thus, the theme of diversity meets the issue of social justice, passing not only through cultural aspects, but also in economic and social terms, essential dimensions and with a significant impact on health (Fraser, 1999).

Due to all these aspects, in this work, the concept of diversity will be related to a large and diversified set of norms, institutions, policies, and practical actions that have to do with diversity. This way, it will be possible to grasp the mutability and the variability with which, or perhaps more correctly, the concepts of diversity are capable of sedimenting, developing, and transforming the social imaginary (Vertovec, 2012).

Thus, the ever-growing relevance of the concept of diversity has stimulated the emergence of new approaches such as, for example, the one based on intersectionality. In this regards, it is important to underline that "Intersectionality is a theoretical framework that was developed to address the ways in which people's experiences are shaped based on their intersecting social identities (e. g., race/ethnicity, gender, class, age, etc.). This approach focuses on the importance of considering power, privilege, and social structures in relation to people's access to resources, experiences of discrimination, and interpersonal interactions" (Sabik, 2021, p. 1).

Moreover, the aim of this review is to understand how the concept of diversity includes and is simultaneously included in that of intersectionality and more generally in the so-called social determinants of health (SDH).

This purpose was pursued with a literature review structured in such a way as to have a first section in which the definition of diversity with different approaches will be discussed; a second part in which diversity in relation to health will be analyzed through the analysis of some essential concepts such as intersectionality and SDH; finally, the conclusions reached will be discussed.

2. The different faces of diversity

Reconstructing the birth of the concept of diversity is very complex, and above all, it is not very clear when this concept became relevant for the world of policy and practice.

This is because: "over the last few decades, the factors influencing the development of "diversity" have been many, the goals of "diversity" have been multiple, and the notions of social difference which comprise the focus of "diversity" have been several. Still, despite a variety of institutional phenomena, trends, and orientations, it is sensible to talk of a "diversity" the corpus – not least because various modalities commonly refer to something deemed "diversity", but also because they do share common concerns with accommodating social differences" (Vertovec, 2012, pp. 288-289).

Ahmed (2012), argues that the roots of the concept of diversity, as understood in this work, found its ground in American legislation, starting from 1906, when civil rights were considered in terms of tools for the protection of minorities against different types of racist discrimination. Furthermore, in the literature there is a tendency to argue that there have been two main lines of affirmation of diversity in the context of public institutions: on the one hand, black minorities, and on the other white national minorities (Vertovec, 2012).

The first line refers to African, Latinos, American Indians, and Asian Americans (Skrentny, 2002).

The second line refers to "White ethnics (southern and eastern Europeans) and homosexuals. In these ways, a broad range of subjects – grounded in comparison with, but not necessarily defined by, race – were addressed by a single set of discourses, policies, and institutional practices" (Vertovec, 2012, p. 289).

All this, therefore, laid the foundation for the concept of equivalence of differences - man- woman, homosexual, and heterosexual- etc., from which the applicative universe of diversity is derived. To be sure, much of what has been said so far was influenced by the approach known as "statistical proportionality" (Prewitt, 2002). According to this methodological vision, in fact, by counting the members of the groups designated vis-a-vis work, income, universities, contracts, elective offices, housing, education achievement, health outcomes and the like, discrimination in these sectors would be evident if the number of a given group fell below what it could have been expected given the proportional size of the group as a whole population. This logic continues in various ways even within "diversity" (Kelly & Dobbin, 1998).

Erin Kelly and Frank Dobbin (1998) introduced the concept of "diversity management". From here on, it begins to be applied in the business environment, also always stimulating a growing interest in this sector; in this

regard, the concepts of "diversity machine" (Lynch, 1997),and "diversity training" (Wrench, 2007) are quite important.

Subsequently, various regulatory interventions, in the European context, attempted to improve the affirmation and the respective protection of the concept of diversity. For this purpose, it is important to remember the United Nations Charter and the Universal Declaration of Human Rights through the UNESCO Universal Declaration on Cultural Diversity, "in Europe until the 1997 Treaty of Amsterdam, combatting discrimination across a spectrum of categories including race/ethnicity, religion, handicap, age and sexual orientation. Thereafter, the 2000 EU Directive on Race Equality prohibits discrimination on the grounds of race and ethnicity in key areas such as housing, employment, and education, while the 2000 EU Employment Equality Directive prohibits all forms of discrimination in employment" (Vertovec, 2012, p. 292).

Likewise, authors such as Aspinall (2009) have argued that "There are, indeed, a plethora of diversity teams, diversity toolkits, workforce diversity initiatives, diversity awareness training programmes, and diversity delivering plans, summed up in a commitment to mainstream diversity and equality in all the Department's programmes" (Aspinall, 2009, p. 1420).

It should be noted, as Frederick Lynch (1997) recalls the fact that the concept of diversity has increasingly been used in a, so to speak, "fashionable" way, without a real application of the same in social and institutional contexts such as that of health.

Authors such as Litvin (1997), Lorbiecki and Jack (2000) identify two types of dimensions of diversity: the innate or fixed dimensions of difference, such as age, ethnicity, gender, race, physical ability, sexual orientation) and variables, that are mutable such as: education, religious orientation, work experience, etc.).

By searching on different scientific databases such as Scopus, Web of Science, Science Direct, etc., using "diversity" as the key word, a large and highly interesting set of results came out.

That is, a semantic field has emerged around the concept of diversity that encompasses: race, gender, ethnicity, culture, social class, religious beliefs, sexual orientation, mental abilities, physical ability, psychological abilities, veteran or military status, marital status, nationality, perspective, insights, background, experience, age, level of education, cultural and personal perspectives, points of view, opinions.

It is important to remember that in different countries diversity is considered in various ways: in the United States, diversity is understood as a set of attributes that connote the peculiarity of individuals and communities; in Europe, on the other hand, diversity is related to cultural differences and in particular ethnic and / or gender differences (Lentin & Titley, 2008).

However, many researches show a total lack of clarity on the part of the subjects studied on what the word diversity means (Ahmed, 2012).

In this regard, the author Davina Cooper (2004) defined diversity as a "wide and discursive space" to underline how complicated this term is, the use of which risks stimulating one to say either much or too little.

Thomas Faist (2009, p. 173), on the other hand, shows that "Diversity as a concept and a set of policies - not necessarily coherent programs and routines straddle many worlds"; in the same vein are also and Alana Lentin and Gavan Titley (2008, p. 14), who describe diversity as an "Ambiguous transnational signifier".

Thus "The multiple purposes of different "diversity" initiatives roughly lie between anti-discrimination and positive acceptance. Moreover, anti-discrimination measures assumed under "diversity" are mainly intended to benefit "the diverse" (assumed minorities, either self- or other ascribed); positive acceptance measures are often promoted to benefit organizations in which "the diverse" are found. This becomes apparent when considering numerous facets of "diversity" which straddle the poles of anti-discrimination and positive acceptance" (Vertovec, 2012, p. 297).

Lumadi (2008) has proposed an interesting model that summaries the different "facets" (Vertovec, 2012) of diversity. Thus, in this model, "the diversity consists of people with visible and nonvisible differences, which will include factors such as age, gender, religion, political background, race, language, disability, and marital status. This model is founded on the premise that harnessing these differences will create a productive environment in which everyone feels valued, where their talents are being fully utilised and in which institutional goals are met" (Lumadi, 2008, p. 1).

Pincus (2006), in the matter of diversity, captures a very interesting aspect, namely, its connection with counting, culture, good-for-business practices, or conflict. This author, in more detail, proposes four types of diversity, although that of conflict considers it the most suitable for studying as "dominant groups oppress subordinate groups seeking liberation, freedom, institutional change, and / or revolution" (Pincus, 2006, p. 4).

Robin J. Ely (1995), on the other hand, relates to the concept of diversity, that of sensitivity, so much so that "Training on sensitivity, increasingly the intervention of the popular organization ... makes the experiences of oppressed groups visible; it can or it may not expose the existence of oppressive structures within the organization" (1995, p. 162).

Moreover, Young (1997) considers diversity as a form of identity politics and made up of two dimensions: "politics of positional difference' versus 'politics of cultural difference" (Marvasti & McKinney, 2011, p. 633). The author claims that the difference of position deals with general and generic

inequalities, while the politics of cultural difference instead, is interested in the freedom to express his own culture of belonging; again, according to this author, excessive interest in the second type of diversity can diminish the power play that has led the culture to become politicized; Young writes about it "To the extent that political thinking takes a politics of cultural difference as paradigmatic ... Thinking about justice and group difference tends to focus on issues of liberty and tends to obscure issues of inequality in opportunities structured by division of labor, hierarchies of decision-making, and the norms and standards that institutions apply to reward achievement" (2007, p. 63).

Douglas Hartmann and Joseph Gerteis (2005), have introduced a very useful definition of diversity for the present work, because they consider it as visions of difference and therefore as a practical manifestation of the plurality of diversity paradigm, which is nothing more than the total acceptance of the multicultural nature of society. However, these two authors, also underlined the important relationship that exists between the diversity communities and the assimilation of diversity, coming to consider these elements as a whole to the point of creating visions of diversity, that is "different perspectives on how the difference can be incorporated"into a larger whole (Hartmann & Gerteis, 2005, p. 233).

Therefore, the "adequacy" of diversity discourse depends on how well it promotes the unity of the presumed community, as indicated in the following excerpt from a teacher / staff. Thus, "Diversity is the acknowledgement, acceptance, and celebration of differences in society; those differences including, but not limited to race, ethnicity, social status, economic status, sexuality, gender, age, etc. Any study or celebration of diversity that promotes inclusiveness and togetherness is appropriate." (Marvasti & McKinney, 2011, p. 638). Therefore Inclusiveness and being together are the central elements of diversity.

Prasad (2001) has been concerned with diversity for a long time, so much so that he has argued that "The current form of the discursive theme of diversity pushes earlier concerns with discrimination and oppression firmly into the background difference is not valued outside its potential to enhance an organization's economic and instrumental performance. The theme of diversity in its current form seems to hold little potential for the empowerment of different social identity groups" (2001, pp. 64-65).

From this brief examination of the literature, it is evident, as already mentioned, that although there is no univocity in the definition of diversity, and there is "The idea that diversity and social cohesion, of some sort, are interrelated" (Marvasti & McKinney, 2011, p. 646).

This "interrelation", according to Marvasti and McKinney (2011), would occur in three dimensions: diversity mediates social cohesion and revolt actions,

which, as argued by Reed and Foran (2002), lead to the birth of revolutionary movements aimed at favoring social change aimed at making a form of diversity accepted. In this regard, "Political cultures of opposition may draw upon diverse sources: formal ideologies, folk traditions, and popular idioms, ranging from ideas and feelings of nationalism (against control by outsiders), to socialism (or simply rough equality and social justice), democracy (in the form of demands for participation and an end to dictatorship), or emancipatory religious appeals (resistance to evil and suffering)" (Reed & Foran, 2002, p. 339); the second dimension regarding the relationship between diversity and social cohesion. At this regard it is important to note that corporate and academic stakeholders could embrace unity diversity precisely because it neutralizes the impulse for radical change and helps them manage the group: such an approach would echo a nationalist rhetoric of unity by encourage everyone and put aside individual differences because of the higher good (Marvasti & McKinney, 2011). In the third dimension, diversity is related to the corporatization of social and corporate institutions.

From what has been said so far, it is clear that the concept of diversity is a cultural product (Geertz, 1973). Powell and Hofstede (2006) dealt with this report identifying various cultural levels in which different types of diversity reside. More specifically, the two researchers support the existence of the following levels "A national level according to one's country (or countries for people who migrated during their lifetime); A regional and/or ethnic and/or religious and/or linguistic affiliation level; A gender level according to whether one was born as a girl or as a boy; A generation level, separating grandparents from parents from children; A social class level, associated with educational opportunities and with a person's occupation or profession; For those who are employed, organizational, departmental, and/or corporate levels according to the way employees have been socialized by their work organization" (Martincová &Lukešová 2015 :1268).

Thus, "culture of social organizations and various socio-cultural groups of people sharing with each communication system, values, behavior patterns, social roles, etc. This is a socio-cultural diversity" (Martincová &Lukešová, 2015, p. 1268).

To conclude, as recalled by Vališová and Kasíková (2007), diversity leading positive consequences "increase in power and productivity, creative problem solving, development in cognitive and moral reasoning, modeling the vision of problems from different perspectives, social improvement relationships and general culture in interaction and in working with peers of different ethnic groups and cultural environments" (Martincová &Lukešová, 2015, p. 1269). However, it also has negative effects such as "lower performance and productivity, refusal of new information, growing self-centeredness, negative

relationships characterized by hostility, rejection, separation, bullying, stereotypes, and prejudices"(Martincová &Lukešová, 2015, p. 1269). In essence, this could also be defined as social stratification (Mason, 2013).

Thus, the management and promotion of diversity have become a priority in various institutions: universities, companies, hospitals, etc. (Marvasti & McKinney 2011). A large sum of money and resources is being channeled into a thriving diversity industry and bureaucracy that helps social organizations "promote" and "manage" diversity (Carrell & Mann, 1995).

Beyond the different types of notions of diversity that can be adopted, the concept of diversity has a strong correlation with that of identity (Gallino, 1978).

It is possible to affirm this, since the concept of identity can be defined as the ability to distinguish oneself from the other, from the surrounding world, and therefore, it is precisely the diversity that stands as the line of separation from the other, but at the same time, it is also a source of enrichment, a sense of belonging and, even more importantly, a pillar of the sense of community (Bauman, 2003).

In this regard, it is important to remember that identity has therefore always been a dynamic category that includes the difference and otherness in itself; but in a global world with migration of masses, where men's rights are not global, where citizenship is frayed and where the very principle of national sovereignty is placed questioning, how it is possible to hold together the rights of others with that of democracies to close in on themselves (Benhabib, 2018).

In particular, the interaction between one individual and another, with a community vision that always presupposes them, becomes the founding aspect of the individual and of the community (Benhabib, 2018). Through a narrative dialogue between cultures and the reevaluation of the relationship between identity and difference, the author guides the readers along a path that aspires as a final goal to model halfway between multiculturalism and universalism (Honneth, 2019).

Moreover, "from a theoretical perspective, micro-sociological currents principally focus on social relations and the means by which individuals exchange meaning, while macrosociological theories primarily focus on the study of structural dynamics and the institutions that comprise social order" (Gardini, 2012, p. 27). Adopting this dual approach means evaluating the concept of diversity between an individual and a collective perspective, it means understanding how diversity is one of the founding elements of society (Berger & Luckmann, 1966).

Starting from the macrosocial perspective, the concept of diversity assumes a certain relevance from an institutional and institutional point of view. Moreover, the factors of the macro level play a central role in affirming the

concept of diversity. Norasakkunkit et al. (2012) argue that diversity when accessed by institutional means, it becomes an element of support of cultural objectives, so much so that the conformist part of the population decreases while the proportion of deviants in the population increases. "If diversity is important, then we should see changes in the population proportions of each class of agents. This argument stems from the work on cultural tightness and looseness by Gelfand et al. (2011). Cultural tightness and looseness refer to the degree to which a society has strong norms and a low tolerance of deviant behaviors. Relatively tight societies tend to have low tolerance for deviant behaviors and more severe sanctions for norm violations. Relatively loose societies tend to have a higher tolerance for deviance and are less likely to punish norm violations. Tightness inversely corresponds with the diversity" (Lassiter et al., 2018, p. 3).

In this regard, it is important to remember the role of diversity for authors such as Merton (1968), for whom, in his theory of anomie, the concept of diversity is strictly dictated by the relationship between the individual and the society in which he is inserted. Since the social act can be committed in an anomic situation, i.e., a fracture between the cultural models proposed by the reference society, and the means available to the social actor, the behavior will be considered "different", and therefore deviant or nonconformist. Thus, with the macrosociological approach, diversity can be understood both as positive as it generates institutional variety, but also in negative terms, in the sense that it arises as a source of conflict. Diversity, put in these terms, acts and retroacts on the social order and on the ability to adapt to change, that is, the emblem of society itself (Costa & Serra, 2022).

From a microsociological point of view, the definition of diversity concerns the subjective and individual perception of identity, in relation, however, to the social context in which one is inserted. It means that the diversity is related to the process of socialization (primary and secondary). Socialization, being connected to the psychic structure of the individual (Gallino, 1978), is susceptible to the mechanisms of interaction and adaptation; but above all, it is at the same time a source of production, but it is also influenced by the mechanism underlying diversity and social integration. Thus, diversity, according to this approach, is the product of an intense interpretative activity and definition of the situation in which one is they find the actors involved, so much so that the perceived diversity it appears interwoven with continuing negotiations. These, by influencing each other, are relentlessly constructing new maps of meaning within processes in which elements of contingency and uncertainty prevail (Mead, 1934).

"It is clear, then, that from a microsociological perspective, the attention given to diversity in sociology largely focuses on the meaning that derives from

social interaction, while, from the macro-sociological perspective, it is the entire social system that reacts in function with or in conflict with the "diverse" behavior" (Gardini, 2012, p. 47).

An interesting point of view in the sociological literature on diversity was provided by Nancy Fraser (1999). With her feminist approach, in fact, she focused on studying equality as an unsolved problem of an indispensable difference. As it clearly emerges when comparing the effects of possible postindustrial welfare policies, Fraser's problem is to escape both the trap of equality as an equal treatment, which makes the male model a norm, as well as that of recognition of difference, which risks assuming an essentialist notion of femininity, which has its neoliberal correlate in a specific but no less ferocious exploitation. If the terms of the problem are not new, the consequences Fraser (1999) draws from it deserve attention. It would be a question of articulating a "two-dimensional" approach to gender justice that considers its implications both from the point of view of class and that of status. In fact, the subordination of women is rooted in the economic structure of society, according to the criterion of sexual division of labor, but at the same time it is also the result of institutionalized androcentric value models, which invest law, public policies, and popular culture. In this two-dimensional perspective, the idea of emancipation advocated by Fraser (1999) is difficult to define and does not coincide with a principled alignment in favor of equality. Rather, the emancipatory potential of both equality and difference can only be measured historically, with respect to their actual ability to modify certain subordinate relationships.

3. Diversity and health: some considerations

Another face of diversity is a dimension of health. On the basis of what has been written, it is clear that diversity is a central and typical element of all living beings. By focusing on health conditions, diversity can take on forms of difference and of disparities. In fact, it is important not to talk about different conditions, but about a greater or lesser state of health (Cardano et al., 2020).

Although the concept of health has a broader and more general framework, as a form of physical, mental, and social balance (Ahmadvand et al., 2018), and the quality of care and technology in medical technology has also improved, diversity as a source of health inequality, continues to play a fundamental role (Harari & Lee, 2021).

In particular, the diversity that involves major forms of inequality is represented by: sex / gender, race / ethnicity, socioeconomic and sexual status

orientation, that are the social determinants of health (SDH) (CSDH, 2008; Solar & Irwin, 2010).

These are factors that affect more than any other chronic condition and poor mental and physical health nationwide and globally (World Health Organization, 2011).

From a theoretical point of view, to date there are, three different approaches to SDH: (1) psychosocial approaches; (2) social production of disease/political economy of health; and (3) eco-social theory and related multilevel frameworks. All the three theories try to explain what is behind the SDH. In this regard, Krieger (2001) has called the theory of the distribution of the disease with a complex approach, and therefore multicausal in biological, social, and economic systems (Morin, 2006).

The first theoretical approach focuses on the psychosocial dimension based on the concept that the perception and experience of unequal personal status societies lead to stress and poor health (Raphael, 2006). This approach was introduced by Cassel (1976) who argued that the social context acts on individuals with some neuroendocrine consequences and increases the vulnerability to disease. Wilkinson and Pickett (2006) have related the altered neuroendocrine pattern with the health capacity of people's perception and experience of their place in social hierarchies, thus, the experience to live in social contexts of forces of inequality people constantly to compare their status, possessions, and circumstances of life with those of others, generating feelings of shame and uselessness in the disadvantaged, along with the chronic stress it undermines health. At the level of society as a whole, meanwhile, steep income hierarchies and the welfare state weaken social cohesion, with this disintegration of social ties considered negative for health.

The second approach correlates the state of health with the social and economic dimension (Solar & Irwin, 2010). This approach follows the neo-materialist vision, without excluding negative psychosocial effects that generate income inequality (CSDH, 2008). In particular, the correlations between income inequality and health are analyzed, considering them as causal and structural elements of inequality, reducing instead the relevance of perceptions of inequality. Therefore, income inequality on health has very serious consequences (Lynch et al., 1998).

The third approach is the most recent and concerns the ecological vision of SDH (Krieger, 2001); it uses multilevel frameworks, through the integration between social, biological, economic, and historical variables, with a type of ecological orientation to propose a new visions on the determinants in terms of distribution of diseases and social inequalities healthy. "According to Krieger, multilevel theories seek to develop an analysis of current and changing population patterns of health, disease, and well-being in relation to each level

of biological, ecological, and social organization, all the way from the cell to human social groupings at all levels of complexity, through the ecosystem as a whole. In this context, Krieger's notion of embodiment describes how we literally incorporate biological influences from the material and social world" and that no aspect of our biology can be understood divorced from knowledge of history and individual and societal ways of living" (CSDH, 2008, p. 16).

Thus, SDH are characterized by the fact that great importance is given to the socioeconomic and political context, i.e., the following are considered essential: macroeconomic policies, the organization of the labor market, and social values; factors which in turn affect the main tools for the protection of collective health, namely: the welfare state and health policies (Cardano et al., 2020).

In these contexts, it is known the structural mechanisms are rooted, i.e., those phenomena that increase and/or create social stratification, and therefore sanction the social position of each individual. Indeed, precisely these mechanisms are able to determine the state of health of communities on the basis of their position within the hierarchies of power, prestige, and access to resources (Ottersen et al., 2014).

Therefore, according to the model proposed by the Commission on Social Determinants of Health (2008): socioeconomic context, structural mechanisms, and social position constitute the so-called structural determinants, which are the main source of health inequity.

In response to this, there is a growing demand for specialist care and short-term interventions on diversity issues (Adorjan et al., 2017). At the same time, there has been a growing demand for training in the field of diversity management in healthcare and on trauma-related issues for professionals, as well as for patients who exhibit a form of diversity (Mehran et al., 2020).

In particular, the relationship between health and diversity management is a real challenge for contemporary health systems.

In general, studies on the relationship between health and diversity frequently focus on cultural explanation, in particular on the relevance of the cultural construction of the concept of health and diversity, neglecting, instead, the commonly accepted dimensions for understanding health from the point of view of diversity, as a real social determinant of health (Acevedo-Garcia et al., 2012; Viruell-Fuentes et al., 2012).

However, environmental, sociocultural, and economic aspects in the sending and receiving country influence individuals' health over the life course. How these factors affect health depends on the age at migration, socioeconomic status, and time of exposure in different living contexts.

Thus, diversity in health arises as a source of discrimination and a barrier with respect to access to care, interaction with health personnel, family

members, etc. In this regard, there is a lot of literature analyzing the relationship between diversity and discrimination in healthcare (Johar et al., 2013).

In fact, Churchill et al., (2016) showed that "discrimination is bad for health. Existing literature supporting this result suggests that discrimination presents negative implications for both mental and physical health. However, discrimination is higher in more fractionalized communities, and thus the negative effect of fractionalization on health outcomes could be via its effect on discrimination" (2016, p. 1106).

Diversity, therefore, requires health services and personnel capable of possessing and acting on language skills, literacy, education, and social responsibilities, as these are strongly influenced by socioeconomic status and must be taken into account as important forms of diversity.

It should also be remembered that the issue of diversity, in the context of health services, has a strong link with the concept of global health. Briefly, it is important to remember that the concept of global health is being confused with that of international health and public health, but there are differences. In this regard "public health usually refers to a specific country, the focus of international health can be narrowed down to health issues of other countries, particularly those in the Global South" (Crepaz & Becker., 2020, p. 153).

It is important to underline that global health concerns diversity not only in terms of health itself but also in terms of poverty, human rights, climate change, and other issues. A greater focus on diversity in an increasingly globalized world is therefore essential, in the context of global health, also considering intersectional issues. It is no coincidence that, there is a growing increase in interest in studying the impact of diversity on health.

The social sciences, in particular, focus a lot on ethnic diversity, analyzed with ethnolinguistic fractionation indices (ELF), on economic development, public goods, quality of government, social participation, conflict and trust. In this regard, a recent research by Awaworyi Churchill and Laryea (2019) showed how: "diversity leads to lower life expectancy and immunization rates but higher mortality rates. Results also show that the prevalence of various diseases or health problems such as HIV, anaemia, tuberculosis, and malaria is higher in more fractionalized areas. Similarly, higher fractionalization is associated with lower provision of sanitation facilities and fewer community health workers. Moreover, fertility rates are higher and the prevalence of contraceptive use is lower in fractionalized areas" (Awaworyi Churchill and Laryea, 2019, p. 1105).

Given the complexity of managing diversity as a source of inequality, a new conceptual category has recently been introduced in the study of inequality in health, namely, *intersectionality,* with its focus on complex social systems of an oppressive type such as sexism, heterosexism, classism, etc. which are

considered co-produced (Collins, 1991), as being particularly well suited to the study of health disparities.

Thus, actually, intersectionality is "most important theoretical contribution that women's studies, in conjunction with related fields, have made so far" (McCall, 2005, p. 1771).

Intersectionality, as a concept, was introduced in the 1960s and 1980s, thanks to black feminist movements, to bring out the issues that plagued black women not considered in the feminist ideology carried on by white middle-class women. Intersectionality as a tool to fight oppression was the most valid reaction, with the inadequacy of previous social movements aimed at fighting the social inequalities of black women (Collins, 1991).

The concept of intersectionality, however, was adopted in the academic discourse thanks to the scholar Kimberlé Crenshaw (1991) for studying violence against black women. It has since been applied in various fields such as interlocking social identities; a paradigm shifts away from attempts at analyze social identities to understand the lived experience; and the notion that social identities are fluid changeable and mutually constructive, like as well as incorporated into their corresponding macro structures of power processes (Else-Quest & Hyde, 2016;Hankivsky, 2012). On this foundation, intersectionality has been recognized as a fruitful theory and analytical strategy for social inequality research (Choo & Ferree, 2010).

McCall (2005) argues that there are three dimensions of intersectionality: inter-categorical, intra-categorical, and anti-categorical. The first approach is the most used in health diversity studies (Green et al., 2017), and considers inequalities between specific and defined social groups. The second type of intersectionality "focuses on the richness of within-group differences. Thus, it is those particular social groups at neglected points of intersection that shape the center of the analysis" (McCall, 2005, p. 1774). The third dimension regards "the problematization and deconstruction of social categories altogether because a wide range of different experiences, identities, and social locations fail to fit neatly into a sole category" (McCall, 2005, p. 1777).

However, this concept of intersectionality and the analysis of diversity in health, has several limitations (Harari & Lee, 2021). In particular, this concept "misunderstandings regarding how to properly apply intersectionality's theoretical assertions to quantitative methodologies. One overarching concern lies in the problematic and narrow operationalizations of the intersectional groups under investigation, intersectionality, and the health outcomes of interest. (…) Yet, another major limitation concerns the elements of intersectionality that are needed to classify as a true intersectional inquiry in a quantitative research design. Specifically, there appears to be a preference for studying race/ethnicity and sex/gender, while other intersectional groups

defined by sexual orientation, age, nativity/immigrant status, and other social characteristics have received less attention.(…) Other limitations concern attending to the underlying explanatory mechanisms that contribute to the poor health of the intersectional groups across the life course, such as exposure to life adversities in childhood and adulthood"(Harari & Lee, 2021, p. 2).

Therefore, the question that could arise concern the type of relationship between intersectionality, SDH and diversity in health. About this "intersectionality holds as a lens for studying the social determinants of health, reducing health disparities, and promoting health equity and social justice. Research that engages intersectionality as a guiding conceptual, methodological, and praxis-oriented framework is focused on power dynamics, specifically the relationships between oppression and privilege that are intrinsic to societal practices. Intersectional knowledge projects aimed at studying this interplay within and across systems challenge the status quo. Whether reframing existing conceptualizations of power, implementing empirical research studies, or working with community organizations and global social movements, intersectional inquiry, and praxis are designed to excavate the ways a person's multiple identities and social positions are embedded within systems of inequality. Intersectionality also is attentive to the need to link individual, institutional, and structural levels of power in a given sociohistorical context for advancing health equity and social justice" (Bogard et al., 2017, p. 10)

Moreover, all the aforementioned issues lead to the concept of syndemic "was first conceived by Merrill Singer, an American medical anthropologist, in the 1990s. Writing in The Lancet in 2017, together with Emily Mendenhall and colleagues, Singer argued that a syndemic approach reveals biological and social interactions that are important for prognosis, treatment, and health policy. Limiting the harm caused by SARS-CoV-2 will demand far greater attention to NCDs (non-communicable diseases) and socioeconomic inequality than has hitherto been admitted. (…) A syndemic approach provides a very different orientation to clinical medicine and public health by showing how an integrated approach to understanding and treating diseases can be far more successful than simply controlling epidemic disease or treating individual patients" (Horton, 2020, p. 874).

In the context of COVID-19, considering this disease as a syndemic, it is possible to underline its relationship with the social dimension and therefore related to diversity and inequality.

Inequalities act on/with COVID-19 on at least three levels. At the economic level, people of low socioeconomic status suffer the social consequences of the virus in an amplified way because it is at high risk of impoverishment. Second, people with low social capital (Fraser et al., 2022) are more exposed to the virus: they have to accept risky jobs that they can provide

for numerous social contacts; they often live in overcrowded houses; are forced to move repeatedly by public transport (Favretto et al., 2021). Third, of more clinical concern is the negative effect of the virus on the bodies of people with low social capital (Costa, 2022, Fraser et al., 2022), which live in disadvantaged conditions, as a result of the effect of the determinants of health on their state of wellness (Favretto et al., 2021).

4. Conclusions

The paper shows that in a globalized world the concept of diversity is complex but necessary in all fields, in particular in health care system. The different definitions of diversity remember that is a necessary complex approach (Morin, 2006) for making this essential for an associated life, as an element of inclusion and tolerance from every point of view.

In particular, the original contribution of this review concerns: the importance of the polysemic nature of the concept of diversity in its various forms; the relevance of the sociological literature, which has dealt with the concept of diversity, with special reference to the main prominent authors, and a brief focus on Nancy Fraser and her Marxist view of diversity; the central role of health determinants as main variables of differentiation and inequality; the value of intersectionality to quantitative health disparity research is more than evident as an effective method to examine how intersecting (and previously neglected) social characteristics shape health disparities; the relationship between diversity, inequality, syndemic and COVID-19.

From all these points, it is clear that diversity requires a complex vision in its sociological interpretation and explanation. In this regard, one of the fundamental causes of diversity and inequality is an important social determinant of health such as the socio-economic status, that arises as a factor of access to resources (such as money, knowledge, power, prestige, social capital, etc.) that can be used for preventing or reducing the consequences of a disease once it has manifested itself (Cardano et al., 2020), moreover, this variables, has the same effect: as long as the distribution of resources is unequal, and to the advantage of the most advantaged social groups, which enjoy greater resources, the inequity of health will continue to persist (Solar & Irwin, 2010).

In this regard, "Socioeconomic health differences occur when the quality of these intermediary factors is unevenly distributed between the different socioeconomic classes. In fact, SES determines a person's behavior, life conditions, etc., and these determinants induce a higher or lower prevalence of health problems. The main groups of factors that have been identified as

playing an important part in the explanation of health inequalities are material, psychosocial, and behavioral and/or biological factors" (CSDH, 2008, p. 17).

Another important element that is important to understand is the role of diversity in health regards the various forms of stress. The conditions studied in this paper, in fact, remind that the perception and experience of diversity impact on the state of health, leading to its deterioration. In fact, in the literature analyzed, it is possible to note how scholars found three main forms of stress: the dramaturgical one (Freund, 1990), that is, the stress caused by the limited possibility of being able to control their own life (locus of control); the effort-reward imbalance (Siegrist, 1996) that is the condition for which there are not sufficient gratifications and acknowledgments on the working level (effort-reward imbalance); finally, chronic stress (Brunner et al., 1999) i.e. being placed in environments that threaten well-being and adaptive responses to both escape and struggle are not punishable, and the negative consequences on health are considerable.

Another variable allows to understand the complex relationship between diversity, health, and inequality, namely, time (Cardano et al., 2020). It is known, in fact, that the state of health is influenced by what happens during a person's entire life path, from embryonic life to his death. Thus, time arises as a variable of differentiation and disparity, if, for example, the duration of exposure to one or more determinants of health is studied (Webster, 2019).

Above all, diversity presents as a challenge for the concrete and practical application of the paradigm of complexity (Morin, 2006), and therefore of a vision capable of connecting, with different approaches, different knowledge, with the aim of condensing more plausible answers to human needs such as, diversity. In fact, diversity and health involve multiple factors with contributors on both the community and the individuals that need to be managed together as sides of the same coin, the well-being.

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