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# Editorial

## User Involvement and Empowerment in Health Care Practices with Ethnic Minority and Migrant Groups: A Community Approach

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Ethnic minority and immigrant groups in Western societies face serious challenges in accessing health and social care services. When addressing these challenges, disciplines related to public health have to overcome many issues related to cultural differences between providers and recipients of care, as well as lack of cultural sensitivity of professional practices and services (Ingleby *et al*, 2005). Such issues are frequently associated with the necessity to bridge the gap between theory and practice, and with the impossibility of disseminating and implementing 'best practice' models with underlying assumptions of socio-economic and cultural capital homogeneity which have proved inadequate to address the needs of socially and culturally disadvantaged people (Wandersman, 2003).

One of the recommendations most frequently suggested for overcoming barriers in provision of appropriate health care is to promote the involvement of users in promotion activities. Users' active involvement requires their participation in the decision-making process, including matters such as how target groups wish to be defined, how they want to define their needs, the ways and timeframe in which to address them, the kinds of service they need to receive and from whom, and how they define a successful or unsuccessful outcome. Service user involvement is viewed as an empowering process, leading to significant user influence in service development and delivery. However, it is equally important to acknowledge that the service users most reluctant to engage in health care promotion participation are usually the most powerless (Snowden *et al*, 2000). Two issues are linked to ineffective user involvement in promotion programmes: the focus of mainstream health care provision on practices from a bio-medical approach, and the passive role that service users are assigned in these programmes.

As Green (2001) points out, global and multi-cultural societies need to overcome the assumption that the objective of health promotion is to find and disseminate a 'magic bullet' intervention that is applicable to all communities. Alternatively, he suggests that the focus of research should shift from advocating best practices that have been proven to work in the lab to **best community-based processes** of matching needs, resources and circumstances: namely, appropriate interventions working in real and natural contexts. In this direction, several researchers have called for increasing attention to health and social care promotion activities focused on community-based practices. Community-based practices:

*are based on critical insights regarding the relationship between intervention scientists, professionals who implement interventions, and the communities with which they work, and the structural and symbolic dynamics of power and privilege that operate within and upon these communities* (Sandler, 2007 p279).

Research on this type of practice can contribute to coping with the challenges that policy makers, service providers and practitioners have to overcome in order to offer appropriate and effective health care services in fair multi-cultural societies.

Concerning the role of service users in health promotion activities, the experiences of community-based practices explain not only the formal participatory process, but also how this process enriches and empowers the service users, becoming a **socio-political development** process. Indeed, community-based practices permit learning about how participants acquire critical awareness about health needs, and what

capacities and skills are required to participate actively in the whole process, how researchers and practitioners engage with communities, how professionals acquire cultural competence and cultural sensitivity, and how community members can be involved as leaders of initiatives. We can learn useful lessons, therefore, if we know the liberation process that the service users/participants of community-based programmes are going through when involved.

The papers in this special issue discuss how **socio-political development processes** can contribute to dealing with challenges in health and social care promotion among oppressed and disadvantaged users, and how **best community-based processes** can be a very important methodological tool to complement best evidence-based practices with migrant and ethnic minority groups. Contributions present examples of health care promotion practices in Europe - North and South - and the United States of America, providing the opportunity to reflect on the commonalities and the different challenges faced by users and carers in these varied geographic locations, which also reflect varied social policy approaches. Two of the articles, by Hatzidimitriadou and Paloma and colleagues, deal with particular concepts of community involvement in advancing empowering practices, namely self-help/mutual aid and psychosocial validation. Both concepts are highly relevant in dealing with the challenges identified above that relate to professional assumptions of cultural competence and needs.

In a European context, Chiu's paper deals with the question of cultural competence in resolving cultural conflicts arising in the context of health care in the United Kingdom. Drawing on a participatory action research project with four ethnic/language groups for the production of a breast screening video, Chiu illustrates the process of culture as meaning-interpretation, exchange and meaning-making, and reflects on the process of transferring medical knowledge of cancer screening to communities through different stages of development of the video: script-writing, filming and post-production. She also considers how empowerment is promoted by the de-construction and re-construction of cultural identities in the safe environment of video-making. Finally, Chiu argues that a new social visibility, a

new way of seeing our world, is necessary to challenge unequal social power relations.

From South Europe, Moleiro and colleagues' paper addresses diversity, multi-culturalism and mental health by presenting qualitative data from a larger project on multi-cultural counselling competencies in Portugal, aiming to bridge the needs identified by specific minority groups with the development of integrative, responsive and culturally sensitive treatments. The authors' qualitative study explores representations of mental health and illness held by ethnic minority groups, as well as their specific needs and obstacles encountered in their interactions with health professionals. The study findings point out that help-seeking behaviours are associated with providing and receiving family and social support, mainly among participants of African descent. The majority of participants expected psychologists to be multi-culturally sensitive, as well as knowledgeable about diversity and multi-culturalism.

From a theoretical perspective, the study by Paloma and colleagues demonstrates the need for social research in this area to have psychopolitical validity in order to guarantee the efficiency of scientific practices, reaching symmetrical relationships between populations and researchers. Based on the authors' work with Moroccans in the South of Spain, their paper presents a framework within which to develop a range of concepts ready to be used in health practices with minorities, according to their culture and expectations. The elaboration of a theory of well-being, based on the narratives of a sample of Moroccans, is drawn up.

Considering another significant concept in health promotion in her paper, Hatzidimitriadou discusses findings from a study on community self-help among Turkish-speaking women who live in London. Her analysis of focus group discussions with self-help/mutual aid groups suggests that participation in these groups is empowering for dealing with psychosocial difficulties in the receiving country, and for being able to communicate migrant women's health and social care needs to professionals and other members of the host society. Group members acknowledged personal or social benefits from group participation, and recognised that these liberating group environments assist in the

formation of new, positive and empowering identities for them and, through their community work, for other migrant women.

Finally, from a North American perspective, Schultz and colleagues review the implementation of a community-based comprehensive Health for All model, a pilot-tested intervention to change community conditions in order to reduce cardiovascular disease and diabetes risk factors in the African American and Hispanic communities in Kansas City, Missouri in the United States. The authors present the process by which their project promoted community participation in developing, implementing and evaluating interventions focused on reducing health disparities, with the use of community-based participatory research (CBPR) methods. Using an empirical case study design, communities and scientific partners documented and analysed the contribution of community changes (new or modified programmes, policies or practices) facilitated by the coalition in two racial/ethnic communities, African-American and Hispanic.

Overall, the papers in this special issue all point to the need to broaden our understanding of the role that migrant and ethnic minority service users and their communities can play in developing effective and appropriate health promotion programmes. Participatory methods and community engagement concepts are of significant importance in such developments and successful health and social care promotion practices.

At the end, we should not forget to express our warm thanks to the reviewers of this special issue for their valuable help and support in revising and improving the content of the selected papers: Rashmi Singla (Roskilde Universitetscenter), Caterina Arcidiacono (Università Federico II di Napoli), Christopher Sonn (Victoria University), Manuel de la Mata (Universidad de Sevilla), Isidro Maya-Jariego (Universidad de Sevilla), Maria Psoinos (Aristotle University of Thessaloniki) and Nimisha Patel (University of East London).

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