



# How to engage Children and Families as Part of Multidisciplinary Health Promotion Teams

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## ABSTRACT

Health promotion is the process we employ as health care providers and policy makers to enable people to increase control over, and to improve, their health. Effective health promotion includes several major components, and while policies must be made to promote health, much can be also done by small multidisciplinary teams working with local communities. Importantly such teams are most effective where they include members of the target audience for the health promotion initiative. Consequently where the health of mothers and children is the priority, to engage the target audience effectively, parents and family members including children should contribute as members of the team.

Worldwide, education of girls is known to generate multiple health and economic benefits; measures to counter misinformation and use of education programs such as the WHO health promotion model to provide knowledge accompanied by practical health-related skills are of proven value.

Effective teams incorporate cultural traits and gender equity into strategies that build resilience and self-regulatory efficacy over social determinants of health. Strategies that help individuals and communities to advance towards the UN sustainable development goals have obvious merit.

Health knowledge can be conveyed readily, for example in relation to childhood vaccination, but achieving changes in values, attitudes, and health habits requires effort and innovation by multidisciplinary teams that work synergistically to promote health in an innovative and inclusive manner. The more this is done, the greater the beneficial changes we are likely to achieve.

**Keywords:** *Education for girls; Health literacy; Immunization; Measles; Misinformation; WHO Health Promoting Schools.*

## 1. Introduction

The United Nations Human Rights Commission constitution states that “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief economic or social condition.” (UN Human Rights Commission, 2008). A important way to achieve this is to engage the whole community in efforts to promote health, which means including families, and this means parents, grandparents and children. The reason for this is simple, and best explained by the saying, "The whole is greater than the sum of its parts." This is another way of saying that the synergy that comes from combining the skills and experience of multiple members of the health care team benefits everyone, and makes it more likely that any health issue can be promoted more effectively. So, Engaging Children and Families as part of an interprofessional health care team is relevant and important, and this paper will explains some of the ways their inclusion can be achieved.

As is so often the case, the World Health Organization (WHO) provides both guidance on why health promotion is important and specific examples that we can follow to achieve it. WHO statements underline that:

- Health Promotion enables people to improve their health;
- The prevention of illness and injury is of central importance;
- Targeting young people to promote healthy behaviours is more effective, and often easier, than efforts to change unhealthy behaviours already established in adults;
- Inter-professional collaboration to improve child health based on synergy requires that we involve young people, parents and families in a multidisciplinary team approach.

The WHO Ottawa Charter for Health Promotion contains valuable definitions and templates for effective strategies. The Charter defines Health promotion as “the process of enabling people to increase control over, and to improve, their health”. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being” (WHO, 1986. The Ottawa charter). Important areas for synergy and interdisciplinary team action identified include:

- Building healthy public policy;
- Strengthening community action;
- Creating supportive environments;
- Reorienting health services, and;
- Developing personal skills.

## 2. Multidisciplinary teams

Childhood vaccination is an example of an important health care delivery challenge where we can improve the effectiveness of our health promotion programs through the synergy that comes from working as multidisciplinary teams. As an important reminder, I first want to review the negative impact that the Covid pandemic had on child immunization. UNICEF estimates that worldwide 67 million children missed some or all of their basic recommended vaccinations during the pandemic, and that cases of measles doubled and the incidence of polio greatly increased. An additional and very significant worry is that over the course of the pandemic up to 44% of parents came to believe that their children do not need vaccination. Two important learning points from these facts are:

- 1) Education and Promotion about important things like vaccination against childhood illnesses cannot be ‘silenced’ in the way that developed during Covid, or only happen periodically through campaigns created when there seems to be a crisis. Promotion about issues of fundamental importance to a population’s health such as immunization needs to be ‘always on the agenda’ with efforts being made to keep the issue in the mind of the public.

- 2) Engagement and education of parents on the importance of immunization need our best efforts. And involving parents in any team working to promote immunization has relevance and benefit. We can learn from them how best to present information and come to better understand the concerns that underlie parent's reluctance to have their children immunized.

The Global Alliance for Vaccines and Immunization (GAVI) aims to extend the full benefit of vaccination against vaccine-preventable diseases to all individuals (WHO, 2014); the organization's emphasis is that immunization is one of the most cost-effective ways of improving living standards, health and economic prospects, and this can be a persuasive argument to use in our efforts to build health public policy, reorient health services and strengthen community action (Bustreo, Okwo-Bele & Kamara 2015).

A summary of GAVI's 'virtuous cycle' concept on the benefits of immunization contains useful facts that our teams can use to strengthen vaccine and immunization campaigns (Gandhi, 2015). The framework can be summarized as:

***Where a child is vaccinated from birth to 2 years :***

- This child is likely to be healthier and live longer
- She/he will have fewer and less serious illnesses
- This lowers care costs for the family and health care system
- The family has more money available to spend or save
- Their child attends school more leading to better academic outcomes
- The family's economic outlook is strengthened

***Across a community where the children are immunized :***

- The birth rate drops and the health of mothers improves
- The whole community becomes more economically stable and productive

### **3. How teams engage the target population**

To engage the target population and improve vaccination uptake, effective programs require teams that are multidisciplinary. This means we must include policy makers, health care workers, educators, parents and youth – remember, today's youth are the parents of tomorrow. It is also helpful when all members of the team understand the value of each of them becoming an advocate for immunization in their own way. There are two learning points in engaging the target population, as below:

- 1) As health care workers we must reach out and engage with and involve families
- 2) Routine healthcare must include advocates able to educate across society

As a reminder for the team on how to effectively engage any target audience and involve them in the health promotion process consider the mnemonic MEDICAL explained below:

M = Meet: preferably 'face to face' (but on-line if necessary) - follow cultural rules;

E = Engage;

D = Discuss:

I = Implement: a plan that your team agrees on and can deliver;

C = Collect data: Learn and share 'What works and Why' in your initiative;

A = Analyze: Evaluate and share 'feedback with your target audience';

L = LISTEN: and Listen some more to those want to engage.

Working in multidisciplinary teams we can also use lessons learned from working to overcome vaccine hesitancy during the Covid-19 pandemic; innovative strategies to develop a 'community empowerment approach' were developed based on principles outlined by WHO and the Lancet Commission (Macnab, 2023). These are:

- Adopting 'people-centered strategies'
- Creating 'innovative education'
- Developing 'novel and improved tools'
- Training personnel to 'respond to local needs'
- Using 'non-traditional' avenues and outlets

#### 4. Countering misinformation

To be effective, our communication and promotion of health issues needs reliable facts and has to deal with misinformation. A patient's confidence is based on her/his life experience and prior education on the subject. Unfortunately information that many now use to 'self-educate' on the internet is incomplete, misleading, or incorrect, and at worse deliberately biased to present a negative point of view. In the context of immunization this is especially problematic; as an example, many parents lost their children during the recent measles epidemic in the Philippines as they chose to believe posted information saying that vaccination was either unnecessary or in some cases actually harmful.

We all need to be trained to recognize and counter misinformation and the mistrust of immunization that goes with it, and people need to understand that in the context of vaccination, such misinformation is as dangerous as the disease itself (Larson, 2018). Misinformation on the internet is a serious threat to public health as it spreads so easily and so many believe completely in what they read. Useful strategies our teams can use to counter misinformation include:

- Reminding everyone that not everything we read online is true or reliable;
- Learning how to evaluate if facts come from a legitimate source and have a scientific basis;
- Sharing with each other information of proven validity e.g. from the WHO, and;
- Setting a good example by always asking someone we trust to explain facts that we do not understand.

#### 5. Challenges and opportunities

Challenges and opportunities around how we engage parents and families to promote health in children often come from attitudes and perceptions that exist in our culture. A particular challenge is the early marriage of girls and other forms of gender inequality. Opportunities in this context include:

- Empowering Women, and;
- Promoting education for girls.

In cultures that empower their women there are many social, health and economic benefits (Macnab, 2020). Empowered women are better able to provide for their own wellbeing, their health and that of their children is improved and they contribute in a positive way to the economy of their family and community. Any measures that reduce child marriage benefit the individual girl and the community as these children are more likely to be able to stay in school to complete their studies which contributes to their future health and prosperity. Promoting the education of girls has been identified as probably the best investment that can be made by any country (Sippel et al., 2011).

Girls, and the women they become, derive multiple health benefits from being educated. One example is that motivating girls to stay in school longer results in delayed child-bearing and thus better obstetric and child health outcomes. In this way, educated women come to have smaller families, entire societies benefit from a decline in birth rates, and the children of educated mothers also have significant health advantages. Infant survival rates are improved; a mother who can read and write is more likely to have her children immunized than one who is uneducated, and understand the importance of clean water for the prevention of diarrhoeal diseases. And not only does a child of an educated mother have fewer siblings and tend to be healthier, she/he also has a greater likelihood of attending school, and will have more active maternal encouragement to do so (Macnab, 2020).

What about cultures where there is gender inequity and male dominance that impacts the ability of women to make decisions that have an impact on their health?

The situation faced by women in refugee camps in Afghanistan is one example. Mother and child mortality rates in these camps are among the highest in the world. Women want to use contraception to improve their health and that of the children they bear, but all major decisions are made by men, including ones related to a intimate aspects of a woman's health. In Afghanistan many girls marry as teenagers, and most pregnancies are unplanned and typically occur close together, with inter-pregnancy intervals of < 6 months (Bartlett et al., 2005).

Such short birth intervals increase maternal risk for chronic anemia, hypertension and pre-eclampsia (Tsui, McDonald-Mosley, & Burke), and are linked to elevated risks of neonatal and infant mortality, and child malnutrition in all low and middle income countries (Rutstein, 2005).

Recognizing this cultural norm in Afghanistan, we engaged men as our target audience in a health promotion campaign designed in response to the call from women for ways to improve their access to contraception. Men in the camps were invited to men's groups where one of the activities offered was a discussion group where the objective was to establish dialogue around contraception where the practicalities, and social, health and financial benefits were explained, and any religious concerns voiced could be discussed (Aria et al, 2019).

Our team included leaders from the camps, midwives, educators, a doctor and religious leaders. The team facilitated discussion in a culturally appropriate way in a place where the men present could feel safe (as the groups were strictly for men only). This format allowed free discussions which enable the men to learn facts, gain understanding on the benefits of contraception, and understand its acceptance by the Muslim faith through interaction with the imams on the team.

The goals of this gender specific intervention were to:

1. Inform and empower men to change their attitudes and behaviour around contraception;
2. Promote informed spousal dialogue about use of contraception;
3. Enable women to access services providing contraception and adopt regular use.

The results were:

- 664 (74%) of the 900 men enrolled participated in group activities;
- 93% the women not using contraception at baseline reported they were able to begin regular use of family planning products;
- 264 men (29%) sought family planning products for the first time;
- Evaluation indicated that most men attending the groups reported acquiring new knowledge, and that their attitude towards their wives using contraception had changed;
- The women seeking family planning now often reported that they had had dialogue with their husbands and/or received spousal approval to begin the use of contraception.

The overall impact of this team approach to a cultural challenge was that men gained knowledge and understanding that led to their wives being able to have meaningful spousal dialogue and shared decision making about contraception. One refugee summed up the benefit very well: she said "The whole atmosphere in the camps towards family planning has changed - it is no longer a taboo subject" (Aria et al., 2019).

## 6. Opportunities for girls and boys

Children of both genders can be engaged equitably through school programs where they learn accurate facts and acquire practical health related skills. The WHO endorses education as a central health promotion approach, and also reminds us that to be effective what we teach must be relevant to everyday life and acknowledge local culture.

Any team planning school-based activities should include one or more pupils on the team, as in this way valuable insights are gained about how best to present issues, the most appropriate language for the age group and what explanations of any terminology used are necessary. The team is also far more likely to learn what is and is not working from the point of view of the youth in their target audience where pupils themselves have input into how the evaluation of the program is structured and performed. Knowledge transfer within the team through evaluation and further afield through publication is a valuable part of effective health promotion delivery.

The WHO 'Health Promoting School' (HPS) model is a good one to follow. The aim of an HPS is to achieve "A whole-school approach to enhance health and educational outcomes through teaching and learning experiences initiated in the school" (WHO, 1997), with the overall goal for children to learn how to care for themselves and for others. And this is achieved through education that provides knowledge through additions to the classroom curriculum and also teaches practical health related skills.

This approach using the WHO HPS model is also an important way to advance the UN sustainable development goals (SDGs) (Macnab & Mukisa, 2017), as many of the UN SDG objectives can be advanced by:

- a. Increasing children's health knowledge and awareness;
- b. Developing behaviours, skills and actions that improve their wellbeing, and;
- c. Enabling individuals and communities to increase control over determinants of health.

In effective WHO HPS based programmes children learn how to make healthy decisions and take control over life's circumstances because the process has been shown to promote resilience, self-esteem, male to female dialogue and respect (Macnab, 2013). Topic areas proven to be useful include:

1. The creation of conditions that are conducive to health through community policies, services, dialogue between agencies and improvement of physical/social conditions
2. How to build capacities for peace and non-violence, shelter, education, food, income, a stable ecosystem, equity, social justice, and sustainable development
3. Ways to prevent the leading causes of death, disease and disability in the local community
4. Knowledge and practices that positively influence health-related behaviours, beliefs, skills, attitudes, and values

There is an important benefit from teams working with schools in this way to promote health, as when children are engaged effectively in well organized school programs, the health culture of the whole community changes. This is because when children learn important knowledge and skills, research shows that the positive traits and attitudes learned at this age can then translate into beneficial health behaviors in adult life (Viner et al, 2012). In other words, children our teams educate have the potential to be healthier adults, who in turn also have knowledge and skills that will benefit the health and wellbeing of their children. Furthermore, others in the community where there is an HPS program also benefit, as children in good programs take home what they learn at school; this influences and informs their siblings and their parents so what they learn also 'trickles down' to be 'learned' by the family and broader community (Macnab, Stewart & Gagnon, 2014).

## 7. Summary: How inclusive teams can promote health

To be effective inter-professional, multidisciplinary teams are needed to promote health, and such teams must engage parents and family members, including children. Effective health promotion strategies for such teams include:

- Building healthy public policy;
- Strengthening community action;
- Empowering women and girls;
- Promoting education for girls;
- Communication and dialogue to counter misinformation;
- Making use of culture and beliefs;
- Educating in school programs based on the WHO HPS model.

Remember that the ideas and approaches you create and the synergy you generate between your team's members will be powerful ways to promote health and help prevent diseases and injuries that affect children. Society needs all of us to collaborate in order for our efforts to translate into innovative practices and new public policies that benefit our children and their families.

## Conflict of Interest

The authors declare no conflicts of interest for the results.

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