

Promoting Family Stability in a Down Economy

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Intuitively we know that families matter greatly. Families impact the well-being of their children and are the back-bone of society. However, it can be difficult to know what policies will best support families, especially when families can be so different in terms of culture, who heads them, the ages of the children, and the health and employment needs of each family member. Policymakers would benefit by knowing whether there are common strategies that lead to the success of most families.

How can policymakers promote family stability and family health?

There are four ways in which policymakers can promote family stability, and therefore child health, because family stability is directly related to child health.

1. Provide continuous health insurance coverage for both children and parents;
2. Reduce parental stress;
3. Promote parental monitoring through programs such as Healthy Families Arizona;
4. Address parental substance abuse and depression quickly through continuous health insurance coverage and other policies.

Policymakers can also support programs that meet family needs, such as the need for good education or housing, or programs that educate parents on healthy practices.

Why is the health of parents so important?

The health of family members is a vital resource for daily living. Parents who are healthy are able to earn a better living and give more time and energy to their children than parents who contend with poor health (Breslow, 1999). Children's health cannot be seen in isolation from their parents' health.

What is family stability and why does it matter?

Given the diversity of cultures in Arizona and elsewhere, it is worth noting that family stability has been defined consistently across cultures. Family stability is generally considered to exist in families whose parents are healthy and earning incomes; whose members experience housing changes only infrequently; and whose family members stay together with infrequent divorce and remarriage, or few separations due to immigration and job-seeking reasons (Patterson & Yoerger, 2002).

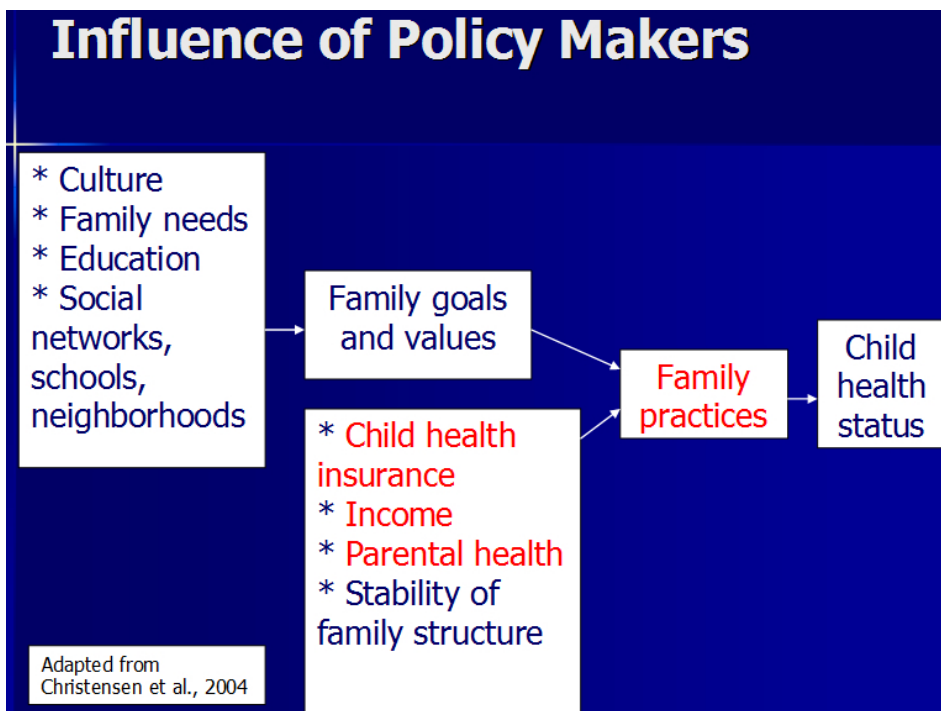
The benefits of family stability on children are numerous. Family stability results in more effective child supervision and parental monitoring, less family conflict, and more family cohesion (Robertson et al., 2008). Good parental monitoring, in particular, results in better child physical and mental health.

Supporting child health through promoting parental monitoring

Early research on families mapped out broad-strokes relationships between child health and poverty, between child health and parental depression, between child health and parental substance abuse, and so on. One key family practice that has been elucidated is parental monitoring. Parental monitoring has to do with the degree of supervision parents provide their children. Good parental monitoring has consistently been found to promote successful academic and social experiences in children. Conversely, poor parental monitoring has been found to result in high family stress; child abuse; child neglect; juvenile delinquency; and academic failure (Robertson et al., 2008).

Given the dire outcomes of poor parental monitoring, it is logical to ask what promotes good parental monitoring. Parents free from serious illness, that is, healthy parents, make good parental monitors (Ashiabi & O'Neal, 2007). Good mental health,

in the form of not being depressed and not being addicted to substances, also enables parents to be good monitors



(Forgatch & DeGarmo, 2002, Johnson, 1996; Johnson et al., 1995; Patterson & Yoerger, 2002). Continuous health insurance for parents is therefore key in promoting parental monitoring, which in turn supports children.

Surprisingly, almost anyone can be taught to be good at parental monitoring. The bad news is that people are not born knowing how to parent. Programs such as Healthy Families Arizona include education on parental monitoring.

Supporting child health through continuous health insurance for parents and children

Health insurance coverage in Arizona has significant gaps; only five states have higher proportions of uninsured residents than Arizona (Rissi et al., 2008). In 2008, among working adults ages 18-64 in Arizona, 25% or 950,000 people lacked health insurance for at least part of the year (Rissi et al., 2008). Having health insurance directly translates into receiving needed medical care. In Arizona in the past year, over 30% of people without health insurance put off needed medical care, compared to 10% of people with insurance (Rissi et al., 2008).

Health insurance for adults is critical to child health 1) because healthy adults are better parental monitors and 2) because health insurance allows parents to quickly treat their own depression or addiction when they experience it. However, as one might imagine, health insurance for children is also critical (Ashiabi & Neal, 2007; Ettner, 1996; Newacheck, 1992; Paul et al., 1998; Perrin et al., 1989; Stoddard et al., 1994; Wood et al., 1990). Uninsured children are more likely to:

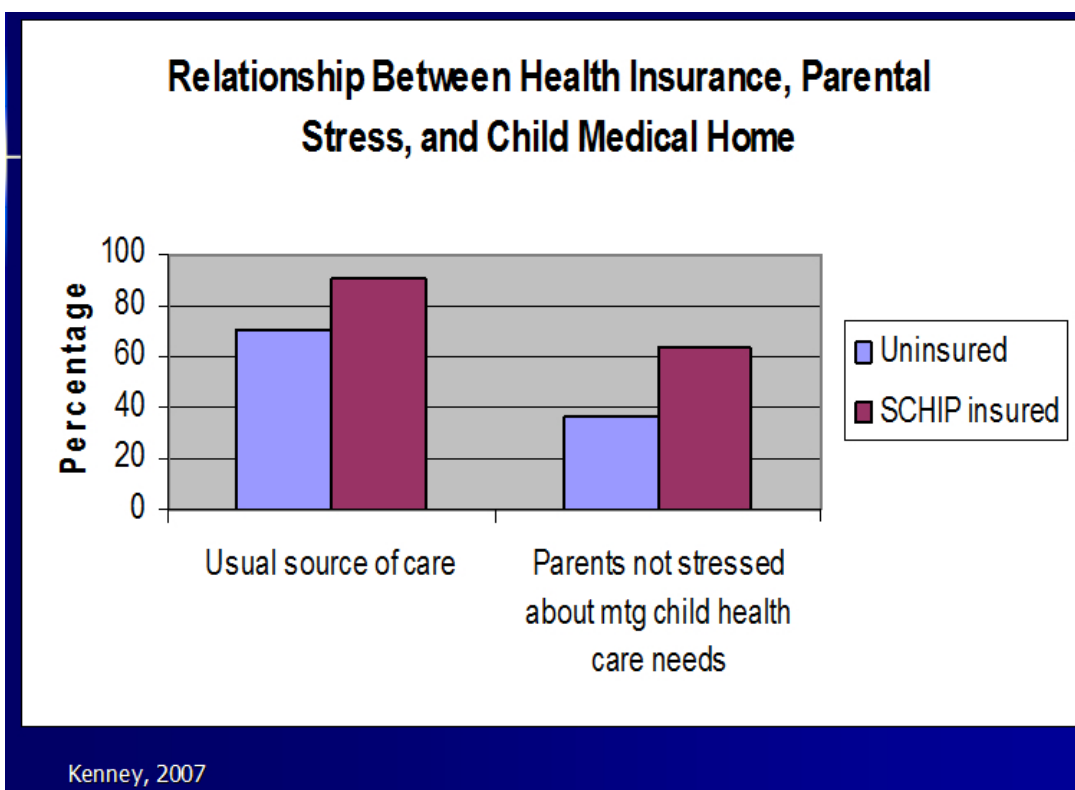
- Have fewer doctor visits;
- Go a year without any doctor contact;
- Lack a medical home;
- Receive inadequate preventive care;
- Not go to the doctor when they have symptoms; and
- Have higher rates of hospitalization for illness or injuries due to lack of primary care.

in developed countries--have chronic physical disorders (Cadman et al., 1987). Having a chronic health condition greatly impacts children, making them twice as likely to have a psychiatric disorder or maladjustment problems, and threatening their academic success (Cadman et al., 1987).

How can policymakers decrease parental stress in order to support child health?

Parental stress is a problem for children in two important ways. First, highly stressed parents do a poor job of monitoring their children, leading to the negative outcomes described above, including child abuse and neglect, academic problems, and juvenile delinquency. Second, highly stressed parents may become depressed or attempt to cope through substance abuse, both of which have negative consequences for children.

Policymakers can decrease parental stress by supporting policies that provide continuous health insurance for children. Lack of health insurance for their children is a stressor for parents. For example, data show that parents whose children became enrolled in SCHIP reported significant decreases in their stress (Kenney, 2007). In addition, chronic health problems in their children also create parental stress and strap parents' financial and emotional resources (King et al., 2005). Continuous health insurance enables parents to seek early treatment for their children and prevent health problems.



Health insurance for children is also needed to prevent child illness and physical disorders. Health insurance also helps in reducing complications and additional adverse consequences when illnesses and injuries do occur. A large number of children--10-20% of children

How does having a depressed parent affect children?

Having a depressed parent negatively affects families in several ways. These families experience more conflict, less cohesion, less expressiveness, less organization, less child supervision, and more harsh and non-contingent discipline. Together, these elements serve as child health risk factors. Children with a depressed parent are twice as likely to have mental health problems and are more likely to have physical, social, and academic problems (Ofsun et al., 2003; Billings & Moos, 1983; Kern et al., 2004; Murray et al., 1999). Children of depressed parents are also more likely to use alcohol and drugs (Billings & Moos, 1983), possibly due to decreased parental monitoring.

How can policymakers decrease parental depression?

Depression can be prevented through fewer life stressors for parents. In particular, stable employment, housing, and health insurance can decrease parental stress. When parental depression does occur, early treatment can minimize the impact on families. Highly effective treatments for depression exist, and these work whether one is genetically predisposed to depression or not.

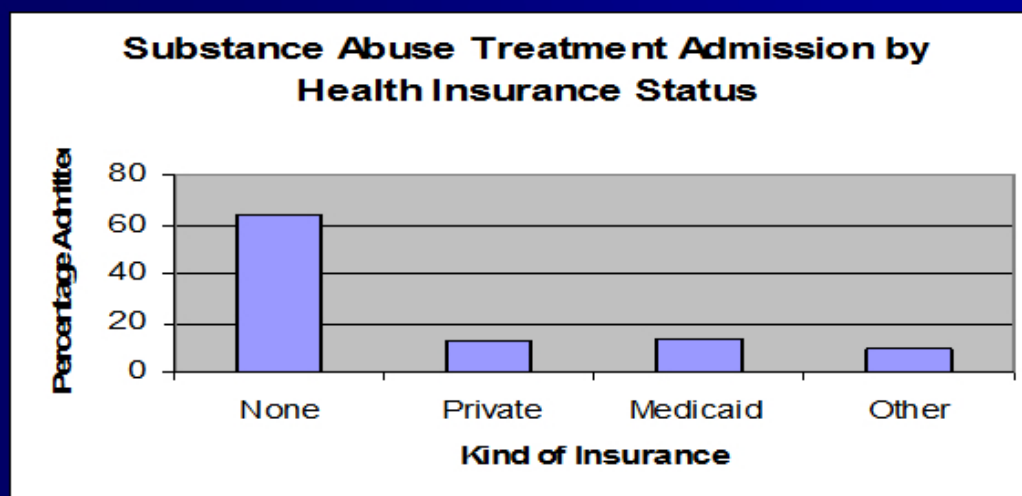
How does having a parent who abuses substances affect children?

Although it will come as no surprise that parental substance abuse is bad for children, the effects on children tends to be far more severe than is generally understood. Parents who abuse substances, including alcohol, provide their children with less parental monitoring. The effect is that their children are more likely to use substances, engage in sexual risk behavior, experience traumatic events, consort with deviant peers, and commit crimes (Richards et al., 2004; Robertson et al., 2008; Grellla, 2005; Robertson & Hussain, 2001). Children whose parents abuse substances are also at greater risk of child abuse and neglect (Ammerman et al., 1999; Dunn et al., 2002); 40%-80% of child welfare cases involve parental substance abuse. Child abuse and neglect result in numerous delinquent behaviors, including drug and alcohol use, risky sexual behaviors, minor crime, and violent crime (Semidei et al., 2001; Young et al., 1998; Bensley et al., 2000; Robertson et al., 2008; Young et al., 2007).

How can policymakers decrease parental substance abuse?

Substance abuse policy has a long history in the United States, and it is not possible to repeat it here. However, continual access of parents to health insurance is an important component of substance abuse treatment. Parents need help to be able to afford substance abuse treatment and access it quickly for minimal impact on the family. Very effective substance abuse treatments exist, and recent advances in pharmaceutical treatments have only improved treatment efficacy. Unfortunately, country-wide, over 60% of people who were admitted to the hospital for substance abuse treatment had no health insurance (SAMHSA, 1999).

Persons needing substance abuse treatment are likely to lack health insurance. For parents, gaps in health insurance mean delays in seeking substance abuse treatment, which puts children at risk.



1999 SAMHSA Treatment Episode Data Set. Available at: <http://www.oas.samhsa.gov/2k2/insuranceTX/insuranceTX.htm>

What happens to families during economic downturns?

Family stress increases when they face job insecurity or loss. Job loss, or even just the stress related to job insecurity, can lead to greater parental depression and substance abuse. As outlined above, parental stress, depression, and substance abuse lead to less parental monitoring and put children at risk.

What policies should be considered to support families during economic downturns?

Unfortunately, during times of economic stress, parental stress increases and threats to parental monitoring increase, too. Financial strain has been shown to increase both depression and substance use (for a review, see Peirce, et al., 1994). Evidenced-based ways to decrease parental stress and increase parental monitoring include:

- Providing uninterrupted health insurance to parents and their children;
- Making sure health insurance includes mental health and substance abuse treatment;
- Supporting programs that teach parents problem-solving strategies to decrease their stress, and that teach parents how to monitor their children. Example programs with strong research support are Healthy Families Arizona and Early Head Start.

Programs currently in place in Arizona that improve child health

Two programs that improve child health and increase parental monitoring are Healthy Families Arizona and Early Head Start.

Healthy Families Arizona

Healthy Families Arizona began in 1991 and is now in over 150 communities in Arizona. Families are enrolled during pregnancy or during the first 3 months after birth of a child; this child need not be their first child. In order to qualify for Healthy Families Arizona, families must have significant life stressors, such as poverty, unemployment, lack of education, history of abuse or neglect as a child, substance abuse, depression, or domestic violence. Families may receive services for up to 5 years, although the average length of services is 2 years. The service intensity is based on family need. Initially, families receive weekly 1-hour visits from a family support specialist who works to promote:

- Positive parent-child interaction;
- Home safety;
- Parental monitoring;
- Problem-solving and coping skills;
- Child development;
- Health and nutrition; and
- Parent education and work goals (Krysiak & LeCroy, 2007).

In addition, a strong component of Healthy Families Arizona is regular screening for child developmental milestones, in order to facilitate early intervention when needed. Family support workers also work with parents to make sure that children get regular medical check-ups and any other medical care that they need (Krysiak & LeCroy, 2007). Prenatal care is also an emphasis of Healthy Families Arizona.

Evaluation research results on Healthy Families programs throughout the United States, and on Healthy Families Arizona in particular, have been positive. For Healthy Families Arizona, an independent evaluation found that the program had high quality assurance standards and good participant retention in which only 4% of families had terminated by 3 months, and 63% of families participated for more than 1 year (Krysiak & LeCroy, 2007). Practically no program participants had substantiated CPS reports (only .3% did), despite weekly visits from family support specialists who are obligated to report any signs of abuse. Improvements were found in parental attachment, social support, sense of parenting competence, and parental depression (Krysiak & LeCroy, 2007).

In terms of direct medical outcomes, significantly higher percentages of Healthy Families Arizona children had received full immunization than the overall population of children in Arizona (Krysiak & LeCroy, 2007). Higher immunization rates have also been found in all Healthy Families programs in the United States combined, compared to the population averages in their areas (Harding et al., 2007). In addition, numerous Healthy Families programs have significantly fewer low birth weight babies than control groups (Harding et al., 2007).

Risks of cutting back on Healthy Families Arizona funding

During difficult budget times, one option of policymakers is to maintain programs but cut their budgets. It is important to note that multi-site evaluations suggest that Healthy Families programs are only effective when instituted with optimal service delivery (Harding et al., 2007). Cutting back on services, increasing the caseloads of family support specialists, or decreasing the education level of family support specialists is likely to seriously compromise program effectiveness. The kinds of results that Healthy Families Arizona has achieved are difficult to achieve, and work with complex families requires resources.

Healthy Families can be cost-saving

Healthy Families programs address the root causes of problems that take years to surface; it therefore often takes a long time to see improvements in child health and the subsequent financial benefits to society. However, cost savings have been documented in cities that have given substantial funding to Healthy Families over a long period of time. For example, the city of Hampton, Virginia, attributes \$11.2 million in savings between 1994 and 2004 to their Healthy Families program (Galano & Huntington, 2002).

Early Head Start

Another program with strong research documentation of success in the areas of child and family health is Early Head Start. Early Head Start differs from Healthy Families in that the enrolled families must have a teenage parent having a child for the first time. Families are served from the birth of the child until the child is 3 years old. Families receive weekly home visits from family support specialists who do many of the same things as Healthy Families support specialists. Because teen parents can be isolated and because peer needs are so strong during adolescent years, Early Head Start includes group socialization activities. Early Head Start also has a strong emphasis on interdisciplinary teams working toward the health of the child and family. Teams include social workers, nurses, psychologists, and psychiatrists. Regular nursing visits are made to check on the health of the child.

There is a strong evidence base for Early Head Start that includes randomized controlled trials, the gold standard of research, for 17 programs. In this multi-site study, Early Head Start children did better than control children in cognitive development, language development, sustained attention, engaging with parents, and aggressive behavior (Love et al., 2005). Early Head Start parents did better than control parents in being more emotionally supportive, providing more learning stimulation, and spanking less. Immunization rates and child health status were similar for both Early Head Start and control group children, with trends toward better outcomes for Early Head Start children. It is possible that it takes more than 3 years to see substantial differences in child health status between groups. Regardless, the family environment fostered by Early Head Start increases parental monitoring, which is key to child health.

Programming policy summary

In sum, intervening with families is difficult and requires resources and well-trained staff. Programs with strong evidence bases currently exist in Arizona, most notably, Healthy Families Arizona and Early Head Start. Support for such programs is critical with the current economy, which is likely to increase family stress, depression, and substance abuse. Support for parents and their children is especially important now.

Conclusion

There are a number of things that policymakers can do to support family stability and child health. The adoption or support of multiple policies is likely to be more effective than any single policy alone. Policymakers can examine proposed programs and policies to see if they: provide continuous health insurance coverage for both children and parents; reduce parental stress; promote parental monitoring; and address parental substance abuse and depression.