
A Family-Focused Approach to Health Care

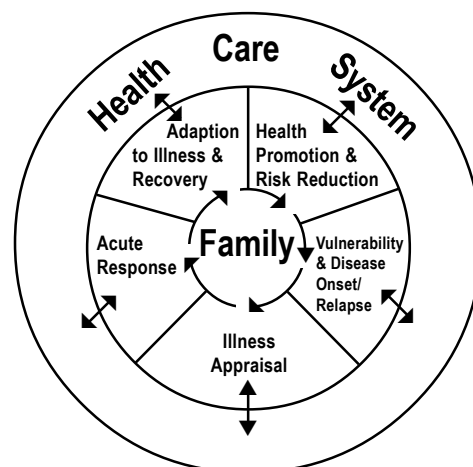
With many states, and our nation as a whole, undergoing the task of health care reform, health care seems an appropriate topic for considering the merits of a family perspective. Recently, a growing number of health care professionals, researchers, advocates, and consumers recognize that families are a profound and powerful force on the health of individuals, and that health care in this country could be improved by supporting and strengthening family caregiving and the family's role in health promotion and disease prevention (Doherty, 1992b; Doherty and Campbell, 1990; COFO, 1992). Furthermore, some promising preliminary studies are documenting that a family-centered approach to health care may be more cost effective than the present approach which focuses on individuals.

Drawing on a few key references, this section provides a brief overview of the role of the family in health care. Through such an examination, the merits of a family perspective on health care can be demonstrated, not only in economic terms, but also in health and treatment outcomes as well.

The Family Health and Illness Cycle (outlined in Doherty and McCubbin, 1985; Doherty and Campbell, 1990), is a visual illustration of how the family affects the individual's health and the individual, in turn, affects the family. The model is built on the premise that all human problems are biological, psychological, and social in nature (See Figure 4).

This paper briefly describes each category of the model and gives specific examples of how health care might be enhanced by taking families into account. This model can best be read in clockwise fashion beginning with health promotion and risk reduction. The double arrows indicate the ongoing interaction between the family and the health care system. This model applies to families at all stages of the life cycle but is especially salient to families with dependent children.

Figure 4



Reprint from Doherty, W.J. & Campbell, T. L. (1990). Families and Health. Newbury Park: Sage.

Health Promotion and Risk Reduction

Families are intrinsically involved in the promotion of health and the reduction of risky behaviors. For example, the major diseases in industrialized countries result from diet, exercise, smoking, drug and alcohol use, and failure to comply with treatment plans; all of these are heavily family issues (Doherty, 1992b; COFO, 1992).

Family members influence each other's health habits. For example, we learn eating patterns as children in families and most food is consumed in families. We acquire exercise habits from our families. Adolescents are more likely to smoke if either of their parents or a sibling smokes; furthermore, family distress during early adolescence is a stronger predictor of smoking than whether parents smoke (Doherty, 1992b). Finally, an individual's ability to change an unhealthy behavior depends on family support. Imagine a 50 year-old man with hypertension who has never cooked for himself and needs to make dietary changes; not surprisingly, involving his wife in treatment significantly improves long-term results (COFO, 1992).

Vulnerability and Disease Onset/Relapse

Events and life experiences in the family influence a family member's susceptibility to illness or the relapse of a chronic disease. In other words, conditions in the family, such as stress and social support, increase or decrease the likelihood that family members will become ill (Doherty and Campbell, 1990).

Social ties benefit health and the family appears to be the most important source of social support (COFO, 1992). Some of the most compelling evidence comes from studies of bereavement. People who have lost a spouse have markedly increased death rates; among young widowers, death rates are 10 times higher than the normal rate (Doherty and Campbell, 1990). Taken together, recent evidence on social support indicates that its absence has as detrimental an effect on health as the more widely-touted cigarette smoking (Doherty, 1992b).

Similarly, stress increases susceptibility to disease. In one study, bacterial throat infections in children were preceded by stress in the family (Doherty and Campbell, 1990). In families with more parental conflict, 5 year-old children have higher levels of a stress hormone in their blood, even when they didn't observe the conflict directly. Marital distress also reduced resistance to disease through poorer immune system functioning (Doherty, 1990).

Illness Appraisal

Family illness appraisal refers to the family's belief about illness and family decisions about health care. The family plays a pivotal role in diagnosing the symptoms, encouraging home remedies, deciding whether professional medical help is needed, and gaining access to medical services (COFO, 1992).

Families usually generate their own rules about when to seek medical health, often times based on personal histories. For example, a family that experienced the death of an infant due to a high fever in the last generation will most likely rush to the emergency room when their infant has a 103 degree fever. If this family has 6 infants or toddlers in their extended family, they have experienced a 1 in 6 likelihood that a child will die from such a fever, whereas the health care providers experiences suggest a 1 in multiple thousand likelihood of a serious condition (Doherty, 1992b).

Acute Response

The family's acute response refers to the immediate aftermath of illness for the family. The family often rallies around the sick family member. Research and clinical studies demonstrate that the anxiety and stress level of the patient's family is often as high as that of the patient. This level often remains as long as the patient's, if not longer. The biggest single predictor of the wife's level of distress 6 months later is how physicians dealt with the family in the hospital and whether they got the information they needed (Doherty, 1992b).

Adaptation to Illness and Recovery

The family usually becomes the setting for care of the recovering or chronically ill member which is often more difficult than the acute phase. The family cohesiveness that was experienced during the acute onset of an illness may begin to diminish if the recovery is prolonged (Doherty and Campbell, 1990).

In studies of the impact of cancer on families, the level of distress of the cancer patient decreases over time; the level of stress of their spouse does not lessen over time without sufficient support (Doherty, 1992b). Providing education, support, and therapy for families of schizophrenics prevents relapse of the patient and results in cost savings of 19 to 27 percent; the increased costs of family support are offset by decreased use of mental health services (COFO, 1992).

Policy Implications

In summary, families play a critical role in the health and treatment of their members, a role that historically has been overlooked and undersupported. Recognition of the powerful impact of the family on health leads to many implications for the financing, organization, and delivery of health care services, including the training of health care professionals. A couple of examples are extracted from the recent COFO (1992) report:

- ❖ *Proposals that expand insurance coverage should ensure that all members of the family are covered, not just the employed member..... Children of the non-custodial parent also need to be covered if the custodial parent does not have coverage (p.3).*
- ❖ *...incentives must be developed to encourage more physicians and other health care professionals to practice as generalists delivering primary health care and serving the whole family (p. 5).*
- ❖ *Health care professionals must treat families as partners in health care (p. 6).*
- ❖ *At the bare minimum, all health care professionals should receive training in the bio-psycho-social approach to health care, which views the individual as a whole person and as a member of a family and larger social environment. Training should teach providers how to assess the influence of family factors on health, to work in partnership with family members so as to promote the health of their patient (p. 7).*
- ❖ *Plans for managed care and cost containment measures should include mechanisms to assess the patient's life context and the family's values, resources and needs. With appropriate services and supports, families may often take on considerable, additional responsibilities which will help to contain costs. Without these services to families, the patients will not recover as fast, they may deteriorate and recycle back into the hospital. Alternatively, members of the family may react to the burden and stress by becoming ill themselves. Studies of the cost effectiveness of managed care initiatives are badly needed and should include an examination of their effect on family health, functioning, levels of support, and well being (p. 8).*

Finally, if families were supported better to promote health, we would have far better preventive health care in this country that could prove more comprehensive and considerably more cost effective (See COFO, 1992, and Doherty and Campbell, 1990).