



Family Matters

A Family Perspective in Health Care

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Families Are Key to Curbing Health Care Costs

Because families have a powerful effect on individuals' well-being, research shows that a family-centered approach to health care may help curb rising health care costs. According to University of Minnesota Professor William Doherty, "the family is the hidden agent of health activity in the United States."¹ For example, studies indicate that seven illness episodes are treated at home for every one that requires professional attention.² Thus, targeting policy and practice to support families in this pivotal role could provide a powerful and cost-effective means of preventive health care.

How can understanding family involvement really make a difference for individuals' health and illness? Researchers increasingly recognize families' important roles in influencing lifestyle factors and as gatekeepers to the health care system. From prevention to long-term care, families both influence and are influenced by the health of their individual members. Doherty divides families' experiences in the health and illness cycle into five major roles (see Figure 1):

1. Families can help promote health and reduce the risk of illness.

Family members influence each others' health habits. Eating and exercise routines are learned at home, as are patterns of substance use or abuse. For example, while teens are more likely to smoke if a parent does, Doherty's research finds that family stress is an even stronger predictor of teen smoking habits. Families can also provide support for changing unhealthy behavior. In cases where diet or exercise patterns need adjusting, involving family members in treatment can significantly improve long term results.³

2. Supporting families can help prevent disease onset.

Research reveals that family stress makes individuals more vulnerable to illness. People who have lost a spouse, especially men, have markedly increased death rates, even after controlling for other health risks. Children in high conflict marriages are more vulnerable to stress and more susceptible to disease. For example, in families with high parental conflict, 5 year-old children had higher stress hormone levels, even when they did not directly observe their parents fighting.

3. Families influence health care and treatment decisions.

Family members play an important role in diagnosing and treating illness. Access to medical services and decisions about when to seek them out are also family issues. As a rule, families discuss among themselves whether or not to seek medical attention for one of their members.⁴ Because families' beliefs and ideas are central to health care choices, families' experience with health professionals can impact future decisions about care. For example, a family whose infant has died of a high fever will perceive the risk of such illnesses as much more serious than many health professionals, whose experience may suggest such incidents are rare.

4. Families with acutely ill members are highly susceptible to stress.

During the acute phase of an individual's illness, family stress levels can be equal to that of the patient, even after the patient begins to recover. For example, the biggest predictor of the wife's distress level six months after a family illness is how physicians communicated with the family during treatment.⁵ In some cases, medical teams work with the patient but do not share information with the family, which can leave caretakers in the lurch.⁶ The best remedy is training health teams to provide accurate, clear information to the family unit as well as the individual.

5. Families are key players in care and recovery.

Caring for a chronically ill family member can be stressful. Increased family stress and subsequent greater health care use often translates into higher costs for both families and society. On the other hand, research shows that family-centered interventions for chronic illness are highly effective in handling health problems.⁷ For example, providing families of schizophrenics with education, support and therapy helps prevent patient relapse and results in cost savings of 19% to 27%. Family support costs are thus offset by the decreased use of mental health services.⁸

Taken together, research findings show families are key sources of support that can prevent and combat poor health. Without attention to family concerns, many patients may not recover as quickly, and they run the risk of recycling back into the health care system. If policies and practices provide appropriate services and support, families may take on considerable additional responsibilities that help contain costs.

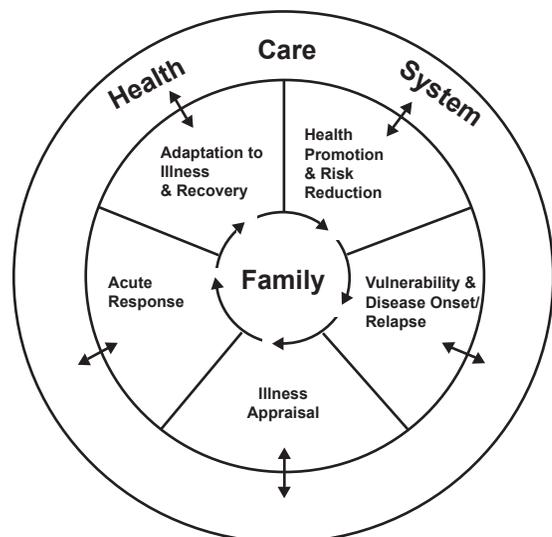


Figure 1

¹Bogenschneider, K. (2002). *Taking family policy seriously: How policymaking affects families and how professionals can affect policymaking*. Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

²Doherty, W. J., & Campbell, T. L. (1988). *Families and health*. Newbury Park, CA: Sage Publications.

³Doherty, W.J., & Allen, W. (1994). Family functioning and parent smoking as predictors of adolescent cigarette use: A six year prospective study. *Journal of Family Psychology*, 8, 347-353.

⁴Morisky, D.E., Levine, D. M., Green, L.W., Shapiro, S., Russell, R. P., & Smith, C. R. (1983). Five year blood pressure control and mortality following health education for hypertensive patients. *American Journal of Public Health*, 73, 153-162.

⁵Litman, T. L. (1974). The family as a basic unit in health and medical care: A social-behavioral overview. *Social Science and Medicine*, 8, 495-519.

⁶Barbarin, O. A., & Chesler, M. A. (1984). Relationships with the medical staff and aspects of satisfaction with care expressed by parents of children with cancer. *Journal of Community Health*, 9, 302-312.

⁷Doherty, W. J., & Baird, M. A. (1983). *Family therapy and family medicine: Toward the primary care of families*. New York: Guilford Press.

⁸Consortium of Family Organizations (1992). Principles of family-centered health care: A health care reform white paper. *Family Policy Report*, 2(2).

New Health Policy Resource

The Wisconsin State Forums Partnership Program (WSFPP) is housed within the **Wisconsin Public Health and Health Policy Institute**. The WSFPP is committed to advancing the health policy process through nonpartisan analysis, education and dialogue. It offers state public and private stakeholders original analysis and meeting forums to help them address the complexities of today's policymaking process. For more information contact **Director Robert Stone Newsom** at: newsom@facstaff.wisc.edu or (608) 263-0764.





Family Matters
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provide objective, state-of-the-art information on a range of policy options. WISFIS is a joint effort of University of Wisconsin-Extension and the Center for Excellence in Family Studies in the School of Human Ecology at the University of Wisconsin-Madison.

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<http://www.uwex.edu/ces/familyimpact/wisconsin.htm>

Family Matters is on the web at:

<http://www.uwex.edu/ces/familyimpact/newsletters.htm>

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For Legislators and Voters Alike, Health Care Is a Major Concern

In recent polls, both voters and state legislators agree: health care is a front burner issue. National and state data suggest that rising health care costs will feature prominently on legislative agendas in the upcoming session.

According to a recent survey of members of state legislatures' health committees, 75% of legislators said that health care costs and cost containment were emerging as the committee's top priority, up from 10% in 2001.¹ With severe budget constraints across the country, states have depleted up to two-thirds of their cash reserves trying to deal with falling revenues. At the same time, Medicaid costs have increased almost 25% in the last two years.² Given these difficult conditions, it stands to reason that three fourths of state legislators are expecting to address a shortfall in their Medicaid budgets during the upcoming session.¹

Yet Medicaid cost increases are not the only issue on the table. The costs of private health care and the insurance that states provide to their workforce are also on the rise.³

Across the state, Wisconsin adults are concerned about the spike in health care costs. Earlier this fall, the Wisconsin Public Policy Research Institute polled 1,004 randomly selected Wisconsin residents about which of six issues was most in need of state government attention. Nearly a third (29%) chose "controlling health care and prescription drug costs," which emerged as the top issue—beating out tax reform, improving the economy, and improving public education.⁴

Across the nation, polls are showing that voters are interested in health care. When asked about which of a list of issues would be most important to their voting decisions, 95% of respondents in a nationally representative poll ranked "helping control health care costs" as very or somewhat important.⁵ Another nationwide poll showed that in conversations about national issues, 44% of Americans talk about problems with health insurance and HMOs. The only issues that ranked higher were the war with Iraq and the possibility of terrorist attacks.⁶

Upcoming Family Impact Seminar
The 18th Family Impact Seminar on
Rising Health Care Costs will be held on Wednesday,
January 15 from 8:15-10:00a.m.
in the GAR Room of the State Capitol (417N)

Connecting with UW Faculty

Questions on health care policy? Contact:

Professor David Kindig

David A. Kindig is Professor Emeritus of Population Health Sciences and Co-Director of the Wisconsin Public Health and Health Policy Institute. He served as Chair of the Federal Council of Graduate Medical Education (1995-97), President of the Association for Health Services Research (1997-98), and as Senior Advisor to the U.S. Secretary of Health and Human Services (1993-95). In 1996 he was elected to the Institute of Medicine, National Academy of Sciences.

For more information contact him at: dakindig@facstaff.wisc.edu or (608)263-6249.



¹National Conference of State Legislatures (2002) "Health Chairs Project Survey of State Health Priorities for 2002." Washington, DC: Author.

²Alliance for Health Reform (2002) "Covering Health Issues 2003: A Sourcebook for Journalists." Available online at http://www.allhealth.org/sourcebook2002/ch5_tc.html.

³Center on Budget and Policy Priorities (2002). *State Medicaid cutbacks and the federal role in providing fiscal relief to states*. Retrieved from: <http://www.cbpp.org/7-12-02health.htm>

⁴Wisconsin Public Policy Research Institute. (October, 2002). "The Wisconsin Citizen Survey: A Survey of Wisconsin Public Opinion." Thiensville, WI: Author.

⁵National Public Radio, The Kaiser Family Foundation & the Kennedy School of Government. (November, 2002). "Congressional Election Tracking Survey." Author.

⁶Pew Research Center for People and the Press. (October, 2002). "Americans Thinking About Iraq, But Focused on the Economy." Author.

Assessing the Family Impact of Health Insurance

According to an October 2002 report from the Wisconsin Department of Health and Family Services (DHFS) 11% of Wisconsin residents were uninsured for either part or all of 2001. Overall, Wisconsinites who are more likely to be uninsured are male, Hispanic or black, between the ages of 18-44, poor, have less than a high school diploma, and work part-time.² Within Wisconsin, 26% of poor people are uninsured, 22% of near-poor people are uninsured, and only 8% of people who are not poor are uninsured.²

Research shows that the presence of even one uninsured family member has adverse effects on the entire family unit.¹ Because uninsured individuals often have poorer health, the Institute of Medicine concludes that uninsured parents may have difficulty fulfilling their parenting responsibilities. What's more, parents' use of health services is a powerful predictor of their children's use of health services. Thus, the dynamic between uninsured and insured family members underscores the importance of providing coverage for entire families.

¹Institute of Medicine. (September 2002). *Health Insurance is a Family Matter*. <http://www.nap.edu/books/0309085187/html>

²Wisconsin Department of Health and Family Services. (October 2002). *Wisconsin Health Insurance Coverage*. <http://www.dhfs.state.wi.us/stats/pdf/fhs01ins.pdf>