

# Family-Centered Health Policy

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## OVERVIEW

In the health care policy debate focusing on universal, accessible, comprehensive and affordable care, it is critical that the role of family be given a central position. Family must be defined as a functional network that fulfills “family-like” responsibilities, while providing a broad range of emotional and material support. It is in families that individuals are shaped and supported in their health behaviors, cared for in their illnesses, and, at times, subjected to deleterious influences which require intervention by medical, mental health, and other helping professionals.

## TRENDS

- **The family unit is the primary context in which health promoting activities occur.** Nearly 80 percent of diseases in industrialized countries result from lifestyle behaviors such as diet, exercise, smoking, lack of seat belt use, alcohol and substance abuse, and from not using available services.
- **Family structure is a predictor of health status for both adults and children.** Individuals who live in families or have other close social networks are healthier than those who do not. Disorganized family structures may be especially harmful.
- **A family’s socioeconomic level, cultural background, overall health status, and genetic history affect the individual’s predisposition to certain diseases, degree of health, and access to health care.**
- **The greatest source of both stress and social support is the family.** Research indicates both stress and social support have significant effects on physical and mental health.
- **Family members are the primary caregivers and managers for those who are frail, chronically ill, or disabled.** Advances in biomedical sciences, technology, and public health have led to longer life expectancies and greater rates of survival from previously fatal illnesses, injuries, and disabilities.

## POLICY ISSUES

- **Health care reform must address presently existing barriers of financial accessibility to care for all family members.** Barriers such as pre-existing conditions, changes in employment status or in family composition (divorce, residence, age) should not be deterrents to access.
- **Health care reform proposals need to simplify the claims process.** The family consumer perspective of reimbursement through one standardized form or medical card, used by all insurers, is critical to alleviating family stress.
- **Benefit coverage should provide families with preventive and primary physical and mental health services.** Mental health treatment for individuals and the whole family can improve physical health and vice versa. An integration of physical and mental health services is needed.
- **Health care reform needs to address non-financial barriers which prevent families from obtaining needed care.** Accessibility issues that would improve the use of services include more neighborhood health care providers, child care, transportation, and education about the importance of lifestyle behaviors and early intervention.



## PROGRAMMATIC ISSUES

- **Health care practitioner training should include an understanding of the diversity of families.** The recognition of diversity will help the health service delivery system address the role of different family structures providing care.
- **Family members need education and training to further enhance their caregiving role in prevention, assessment, and management of health.** Fostering normal development, encouraging healthy lifestyle behaviors, identifying symptoms, enlisting cooperation of the whole family, and providing correct information to the care provider enhances individual and family well-being.
- **State and local demonstration programs on alternative service delivery models must include services that enhance access.** Issues such as outreach, transportation, clinic hours, location of services, and family resources such as child care needed to access the services must be resolved in order to assure that the services offered can be used by families.
- **Community and workplace partnerships must be developed in implementing changes in the health care system.** This partnership ensures that families will continue to have information and access to services long after the policy debate has ended.

## ASSESSMENT ISSUES

- **Methods for maximizing family support during times of illness need to be developed and evaluated.** When family supports are identified, programs and policies can be developed to enhance this family health care partnership.
- **Large-scale studies examining the financial costs and benefits of family members' involvement in health promotion, treatment, and caregiving need to be done.** Preliminary studies suggest that involving families leads to positive health outcomes. We have not yet documented the extent to which family involvement also leads to reductions in health care costs.
- **The diversity of families needs to be better understood in order to provide effective health services.** Differences in family structures, cultural backgrounds, community sizes, and beliefs need to be studied.
- **Strategies to help health professionals maximize family functioning by explaining treatments, symptoms to look for, and follow-up protocols in promoting wellness and healing need to be studied.** These techniques can assure success in the partnership of families and health care providers.

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*It is essential that families and their advocates make the "real life concerns" of families visible and necessary for health care planning and reform.*

*Educating health care providers, the community, and the workplace about families, and families about health prevention, assessment, and management is necessary for an enduring health care partnership. Part of any family-community partnership must be the provision of a safe and non-violent environment.*

*Research already indicates the importance of family to the success of our health. Further exploring that relationship, particularly addressing family roles, support, resources, and diversity, can strengthen individual and family well-being.*



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