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.

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. 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. In some cases, medical teams work with the patient but do not share information with the family, which can leave caretakers in the lurch. 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. 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.

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. ■

References


