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.4

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.5 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 more serious than most families, 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.6 In some cases, medical teams work with the patient but do not share information with the family, which can leave caretakers in the lurch.7 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.8 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.9

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. 

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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. 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. 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.

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. 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 costs,” which emerged as the top issue—beating out tax reform, improving the economy, and improving public education. 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 ranked health care and prescription drug costs as very or somewhat important.

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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. 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.

Research shows that the presence of even one uninsured family member has adverse effects on the entire family unit. 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.

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)

Questions on health care policy? Contact:

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5“Americans Thinking About Iraq, But Focused on the Economy.” Author.


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


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