Promoting Family Stability in a Down Economy

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Research-Based Decision-Making

What do successful families have in common?

What policies and programs provide effective family support?
Take Away Points

You want policies & programs that:

1. Support parents in parental monitoring
2. Provide stable health insurance
3. Reduce parental stress
4. Address parental substance abuse and depression
Families Are Complex

* Culture
* Family needs
* Education
* Social networks, schools, neighborhoods

Family goals and values
* Child health insurance
* Income and resources
* Parental health
* Stability of family structure

Child health status

Adapted from Christensen et al., 2004
Influence of Policy Makers

- Culture
- Family needs
- Education
- Social networks, schools, neighborhoods

Family goals and values

- Child health insurance
- Income
- Parental health
- Stability of family structure

Family practices

Child health status

Adapted from Christensen et al., 2004
What Matters About Families

- Daily family practices
- A family’s expectations of kin
- Health is a resource for daily living

Breslow, 1999; Christensen, 2004
What is Family Stability

- Employment
- Health
- Staying together
- Housing

Patterson & Yoerger, 2002
Family Stability Leads to...

- More effective child supervision
- Less family conflict
- More family cohesion

Robertson et al., 2008
Parental Monitoring
Families with ineffective monitoring and high conflict...

- High family stress
- Child abuse & neglect
- Juvenile delinquency
- Academic failure

Root cause: Parental Monitoring

Robertson et al., 2008
What Promotes Parental Monitoring?

- Everything that promotes stable families
- Fewer life stressors
- Absence of parental substance abuse
- Absence of parental depression

The good news

Romer et al., 1999; Bean et al., 2006; Schiff & McKay, 2003; Forgatch & DeGarmo, 2002; Johnson, 1996; Johnson et al., 1995; Patterson & Yoerger, 2002; Patterson et al., 1992
Health Insurance
Health Insurance in Arizona

- Among working adults, gaps in insurance for 25%

- 5th from the bottom in US

- Over 30% of uninsured put off needed medical care in past year

Rissi et al., 2008
Percentage of Arizonans Who Put Off Needed Medical Care in the Past Year by Insurance Status

Rissi et al., 2008
Uninsured children are more likely to...

- Have fewer doctor visits
- Go a year without any doctor contact
- Lack a medical home
- Receive inadequate preventive care
- Not go to the doctor when they have symptoms
- Have higher rates of hospitalization for illness or injuries due to lack of primary care

Ashiabi & Neal, 2007; Ettner, 1996; Holl et al., 1995; Newacheck, 1992; Paul et al., 1998; Wood et al., 1990; Stoddard et al., 1994; Perrin et al., 1989
Child Physical Disorders

- 10-20% of children have chronic physical disorders
- Twice as likely to have a psychiatric disorder
- Academic success is threatened
- Due to family strain

Wallander & Varni, 1998; Cadman et al., 1987; Lavigne & Faier-Routman, 1992
Un-interrupted health insurance is needed to prevent, and quickly address, child illness (Cadman et al., 1987).

Psychological, Social, and Academic Problems Among Healthy Children Versus Those With Chronic Illness

Population Prevalence

<table>
<thead>
<tr>
<th>Condition</th>
<th>Healthy child</th>
<th>Chronically ill</th>
</tr>
</thead>
<tbody>
<tr>
<td>1+ psych disorders</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td>Peer probs</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Repeat grade/remedial services</td>
<td>10</td>
<td>15</td>
</tr>
</tbody>
</table>

(Cadman et al., 1987)
Why Chronic Child Health Disorders Impact Academics

- Recreational activities
- Social adjustment
- Cognitive functioning
- Parental stress
- Parent resources

King et al., 2005
Child Treatment Delay

- Delay in children receiving needed services can lead to worse psychological and academic functioning

→ Hence importance of uninterrupted health insurance

Black, 2001
Buffers of Poor Outcomes Among Children With Chronic Health Disorders

- Classmate social support
- Family cohesion
- Family expressiveness

Varni et al., 1996
Recap

1. Support parents in parental monitoring
2. Provide stable health insurance
3. Reduce parental stress
4. Address parental substance abuse and depression
Parental Stress
Parental Stress

- Child health problems create stress
- Decreased monitoring of children
- Can lead to parental depression and substance abuse
Relationship Between Health Insurance, Parental Stress, and Child Medical Home

- Usual source of care
- Parents not stressed about meeting child health care needs

Kenney, 2007
Parental Depression
Families with a depressed parent have:

- More conflict
- Less cohesion
- Less expressiveness
- Less organization
- Less child supervision
- More harsh and non-contingent discipline

Olfsun et al., 2003; Chilcoat et al., 1996; Weissman & Paykel, 1974.
Parental Depression

Children in families with a depressed parent...

- Are twice as likely to have mental health problems
- Have more emotional, somatic, social, and behavioral problems

Ofsun et al., 2003; Billings & Moos, 1983; Kern et al., 2004; Murray et al., 1999
Psychological and Physical Symptoms Among Children With and Without Depressed Parents

Billings & Moos, 1983
Parental Depression

Policy implications:

- Genetic influences: 31-42%
- Prevent through fewer life stressors
- Effective treatment for depression
  - Need for insurance covering mental health care

Sullivan et al., 2000
Parental Substance Abuse
Parental Substance Abuse

- Less parental monitoring

More child...

- Substance use
- Sexual risk behavior
- Early traumatic events
- Juvenile delinquency

Richards et al., 2004; Robertson et al., 2008; Grella, 2005; Robertson & Hussain, 2001
Parental Substance Abuse

Child abuse and neglect
- 40%-80% of child welfare cases

Child abuse and neglect result in:
- Drug and alcohol use
- Sexual risk behaviors
- Juvenile delinquency
- Violent crime

Semidei et al., 2001; Young et al., 1998; Bensley et al., 2000; Robertson et al., 2008; Young et al., 2007
People Who Need Substance Abuse Treatment are Usually Uninsured

Substance Abuse Treatment Admission by Health Insurance Status

1999 SAMHSA Treatment Episode Data Set. Available at: http://www.oas.samhsa.gov/2k2/insuranceTX/insuranceTX.htm
Parental Substance Abuse

Policy implications:

- Prevention through decreased life stressors and use of mental health services
- Early treatment
- Need for continuous insurance, must cover substance abuse treatment
Model of how parental drug and alcohol abuse and depression lead to child problem behaviors.

Compiled from multiple literatures; see Robertson et al. 2008 for lit review and an example model.
So, to most effectively support families...

You want policies & programs that address:

- Parental monitoring
- Continuous health insurance
- Parental stress
- Parental substance abuse and depression
Families During Economic Downturns

- Family stress
- Parental substance abuse
- Parental depression
- Parental monitoring
- Children will be at risk
What can a policy maker do?

- Health insurance for adults and children
- Access to substance abuse and mental health services
- Programs that support parental monitoring and family cohesion
Programs That Support Parental Monitoring and Family Cohesion
Healthy Families Arizona

- 1991-present
- 150 communities in Arizona
- Families are enrolled during pregnancy or first 3 months after birth
- Significant life stressors to qualify
- Services up to 5 years
Healthy Families Arizona

- Weekly 1 hour visits
  - Positive parent-child interaction
  - Home safety
  - Problem-solving and coping skills
  - Child development
  - Health and nutrition
  - Parent education and work goals

- Regular screening for child development

Krysik & LeCroy, 1997
Healthy Families Arizona: Evaluation Results

- High quality assurance standards
- Good retention
- 99.7% had no substantiated CPS reports
- Improvements in parental attachment, social support, sense of parenting competence, parental depression

Krysik & LeCroy, 1997; www.healthyfamiliesarizona.org
Rates of Full Immunization for Healthy Families Participants Versus the Population

Healthy Families Arizona  All U.S. Healthy Families Programs Combined

Harding et al., 2007; Krysik & LeCroy, 2007
Percent Low Birth Weight Babies in Healthy Families Programs (Harding et al., 2007)
Healthy Families Arizona

- Cautions:
  - Optimal service delivery needed
  - Long time to see results

- Success:
  - Ex: Hampton, Virginia saved $11.2 million between 1994 & 2004

Harding et al., 2007; Galano & Huntington, 2002
Early Head Start

- Teenage parents
- Children birth to age 3
- Weekly home visits
- Group socialization activities
- Teams of social workers, nurses, psychologists, psychiatrists focused on child and parent
Early Head Start

- Strong evidence base

- Early Head Start children better in:
  - Cognitive development
  - Language development
  - Sustained attention
  - Aggressive behavior

- EHS Parents better in:
  - Emotional support
  - Learning stimulation
  - Spanking

Love et al., 2005; USDHHS, 2002
Programming Policy

- Difficult work
- Requires resources
- Strong evidence for 2 Arizona programs
- Support critical with the current economy
Stay in touch

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References


Additional References


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