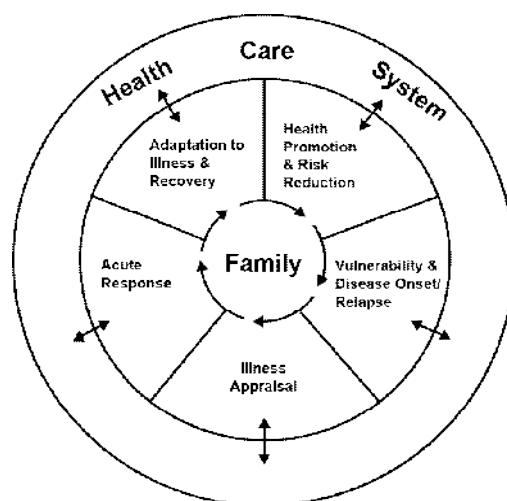


Mentioning the Family in the Sustainable Development Goals

3. Healthy Lives

Goal 3. Ensure healthy lives and promote well-being for all at all ages



Family health and illness cycle. Reprinted from 'Families and Health' (p. 23), by W. J. Doherty and T. L. Campbell, 1988, Newbury Park, CA: Sage. Copyright 1988 by Sage. Reprinted with permission.

“The family is the hidden agent of health activity.” William Doherty (Doherty & Campbell, 1988).

Research shows that a family-centered approach to health care can improve the quality of care and help curb rising costs. From prevention to chronic care, families both influence and are influenced by the health of their individual members. According to Doherty, families play five major roles in health and illness—health promotion and risk reduction, vulnerability and disease onset/relapse, illness appraisal, acute response, and adaptation to illness and recovery (Doherty & Campbell, 1988).

What Role Do Families Play in Promoting Health and Reducing Risk? In industrialized societies, many major diseases—poor diet, lack of exercise, smoking, substance use, and failure to comply with treatment plans—stem from habits learned at home. For example, teens who eat five or more meals a week with their families are less likely to smoke cigarettes, use marijuana, or abuse alcohol (Fiese & Schwartz, 2008). Families also are inextricably linked to risky youth behaviors. For example, when it comes to tobacco use,

teens are much more likely to try smoking if they have a parent or friend who smokes and if they live in a home where smoking is allowed indoors (Bernat, Erickson, Widome, Perry, & Forster, 2008).

What Role do Families Play in Reducing Vulnerability to Disease Onset or Relapse? For many people, marriage and family relationships are the most important sources of social support (Doherty & Anderson, 2006), so their link to longevity is not surprising. For example, being divorced increases the risk of death just as much as cancer or cardiovascular disease (Kaplan & Kronick, 2006). High levels of negative social support also were associated with obesity, poor mental health, and a number of unhealthy behaviors such as smoking, alcohol use, and physical inactivity (Croezen et al., 2012). Parenting practices also have been shown to have biological impacts on children's development. For example, researchers can predict which children will develop asthma at 6 to 8 years of age based on mothers' difficulties in parenting when babies are only three weeks old (Klennert et al., 2001).

What Role do Families Play in Appraising Illness? Family members play a pivotal role in diagnosing illness and deciding when medical treatment should be sought (Doherty & Anderson, 2006). Studies indicate that seven illness episodes are treated at home for everyone that the family determines requires professional attention (Doherty & Campbell, 1988).

What Role do Families Play in Acute Response to a Serious Illness? A serious illness affects the health of the patient and also the health of family members. For example, women who cared for a spouse with cancer experienced just as much stress as the patient (Hagedoorn, Buunk, Kuijer, Wobbles, & Sanderman, 2000). During an acute illness, the patient's long-term outcomes depend, in part, on how well health care professionals communicate with family members. When families are kept informed, this proved to be the key element in reducing the patient's and family's uncertainty regarding the illness and anxiety about the treatment (Brooke, Hasan, Slark, & Sharma, 2012).

What Role do Families Play in Adapting to Illness and Aiding in Recovery? For patients to recover and change unhealthy behaviors, what has proved to be most instrumental is the partner's support of the treatment plan and willingness to change long-standing food purchasing. In studies, family-oriented interventions did not consistently outperform those that focused only on the patient (Martire & Schulz, 2007), but when they did, they were highly cost-effective. For infants born premature, an intervention that promoted adaptive family coping saved more money than it cost. In a later study, the program resulted in less maternal distress, better mother-infant interactions, and improved infant health. At a cost of \$136 per infant, the program reduced the average stay in the costly neonatal intensive care unit. Extrapolating to every low birth weight infant born in the United States, the program would save nearly \$2 billion annually (Davidson et al., 2012).

What Role can Families Play in Health Care Policy? If the role of families is overlooked and undersupported (Doherty & Anderson, 2006), family members may develop health problems unnecessarily and many patients may not recover and run the risk of recycling back into the health care system for more intensive and expensive treatment. Thus, a SDG target that acknowledges and takes into account the pivotal role that families play can provide a powerful and cost-effective approach to ensuring healthy lives and well-being for all at all ages (Elliot & Rivera, 2003; McDaniel, Campbell, Hepworth, & Lorenz, 2005).

This information is adapted with permission from Karen Bogenschneider's book, 'Family Policy Matters: How Policymaking Affects Families and What Professionals Can Do' (3rd edition). New York, NY: Routledge Books, Taylor and Francis Group. (See Chapter 8 of the book for a more complete discussion).
