Family - The Focus of Population & Community Health

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The Question

- If family is the focus of population care, what would change?
- Purpose - Think about alternative perspectives
- Need: Create a health & illness care delivery system to meet current & future societal needs
Defining Families
Family Health Model (2003)

- What is Family Health?
- Family Context - Household Niche
- Family Functional Processes
- Family Health Routines

http://www.diabetesfamily.net/family/family-health-model/

Use of an Ecological Model
Population Health

- Populations = **Confusion** for general public & many health care practitioners

- Population Health = Terminology **not well understood** (aggregates, epidemiological data, surveillance, statistical measures, morbidity, mortality, etc.)

- **Population** vs. **Primary & acute care** thinking

- **Physical** vs. **Mental** health concerns viewed separately

- Important roles seem **ignored** - Men/fathers

- Everyone owns a **part**, no one owns the **whole**....
Families as Population Units

- Populations = Persons in geographic communities & locations (speak of family households & diversity in gender, age, ethnicity, culture, etc.)

- Understand societal health in terms of geography, social groups, time in place, & connected relationships

- Families = Most treasured societal unit largely overlooked

- Family as link between individuals & populations needs attention
Families As the Focus

- Families = Social units (speak of neighborhoods, communities, regions, states, nations)
- Families = Key socialization units worldwide
- Family Household Niches = Places where beliefs, values, & ideas about culture, traditions, faith, & civility are formed
- Family Household Niches = Places where individuals not only learn about health & illness, but practice family health routines
Families As Focus of Health

- Families = Influence individual members & have social impact (e.g., social capital, peers, communities, groups)

- Families = Have sway over extended family networks

- Family Capital = Something to build upon

- Individuals = Embedded in & care about families
The Family Household Niche

- What are the implications?
- What are the relationships of those living there?
- What resources are available or lacking?
- What roles do families play in health & illness of individuals?
- How can these things be used to address societal needs?
Family Household Niche

- **What is outside the door?** - “Place Matters”
  - What is available and how? - Resources, material goods, social capital, caregiving, etc.
  - Where can individuals access health & illness information & resources?
  - Policy & practice affects populations, family households & connected persons.
  - Lack clear ways to access needed knowledge, information & resources?
  - Family connected to the larger community? (dependent, independent)
Families Influence Health & Illness

- Nurture, teach, counsel, & support
- Caregiving for young & adult members
- Address individual needs
- Develop family health routines
- Influence knowledge access & lifestyle behaviors
- Changes occur over the life course
- Family policies
Family States

- Organized vs. Disorganized
- Cohesive membership vs. Divisive membership
- Resilient vs. Unable to recover
- Balanced vs. Unbalanced
- Stable (act in predictable ways) vs. Chaotic (act in unpredictable ways)

Need Tailored Care
Population Health Aims

- Focus on prevention (assessment, assurance, policy)
- Surveillance - Incidence, prevalence, morbidity & mortality
- Coalitions to change individual behaviors
- Interest in sustainability
- Healthy life years
- Mostly target individuals rather than families
Problems with Individual Targets

- Individuals = Connected, we ignore shared lifestyle behaviors, health practices, ways illness, disease, or disability are managed in family households

- Individuals = Do not always share health information with other family household members or social contacts

- Ignore the close relationships of household niche, place, & social relationships

- Ignore family capital
Current Challenges

- Cultural shifts (families, age of births)
- Ethnicity, race, & ancestry (ignore shared heritage)
- Social media (group think, viral, temporary)
- Technologies (gaps in abilities & use)
- Information overload, but largely ignores health literacy needs
- Just in time needs
Family Needs

- What is the most cost effective & efficient ways to meet population needs?
- Family & household niche as targets
- Families need support (informational, instrumental, emotional, social)
- Families need tailored care (based on geography, community, social groups, diversity)
Factors to Consider

- Place matters when it comes to health.
- Wealth and health are linked in families.
- Need attention to place & policies.
- Benefits of making family the focus of population care?
- Ways to convey information (wellness, health, prevention, illness, disease management)?
- Ways to alter population behaviors through families?
- How do we pay for health & illness care most needed?
Family Care

- “Think Family”
- Household niche experience
- Continuity of care (across settings & time, not just systems)
- Intentional family focused care
- Collaborative partnerships - Relationship based care
- Individual becomes the focus of family care
- What occasions can be used to extend family care?
Public Health Roles

- Educators
- Health counselors
- Coaches
- Surveillance
- Advocates
- Assurance - Quality of life years
- Policy makers
Family Focused Population Care

- Hospice model - individual & family focus of care
- Not separate care, but incorporated
- Chronic illness
- Acute care
- Rehabilitation
- Long term care
- Prevention
- Dialysis
Family Care in Reproductive Health

- Pre-natal
- Natal
- Post-natal
- Well child care
Pre-natal Care

- Fathers - What do they need to know?
- Extended family - How to include?
- Resources - What is needed?
- Information - Lifestyle, environmental, policy?
- Social supports - How to influence positively?

Tailored Care
Natal Care

- Include fathers
- Roles of extended families
- Breast feeding, bathing, hygiene - what else?
- Child & family development
- Vaccinations
- Family wellness - Mother, child, father care
- Prevention

Tailored Care
Post-Natal Care

- What do father’s need to know
- Post-natal depression
- Nutrition for child & family
- Family activity
- Information about safe sex, contraceptives, disease risks, parenting, etc.

Tailored Care
Well Child Visits

- Family care
- Building healthy lifestyles - Family health routines
- Prevention & safety
- Child & family development
- Managing mental & emotional health

Tailored Care
Moving to Family Care

• Rethink care delivery - Family as the focus of population care instead of individuals?

• Considering care more holistically across time & settings (mental health, inclusion of fathers & extended family, care over time, continuous vs episodic care, etc.)

• Expand care expression - Use of technologies, edutainment, exergames, understandings of family development beyond traditional parenting, information for & outside traditional care

• Cultural shifts - Group vs. individual, mixed racial & ethnic families, ways & times care provided, ‘think family’ with all care delivery & funding
Family Care

• Listen and involve: Give them a voice
• Valuing of health
• Family assessments & records
• Report cards
• Informal peer supports
• Translational services
• Educational family seminars
• Group sessions - Diverse settings
• Rethink use of volunteers
• Family care plans for life
• Ask what is needed - then listen!
• Use innovative technologies to connect 24/7
• Informatics
An Integrative Model of Behavior Prediction

Behavioral Beliefs and Outcome Expectations
- Attitude
- Perceived Norm
- Intention
- Behavior

Normative Beliefs and Motivation to Comply
- Skills
- Self-efficacy
- Environmental Constraints

Social Variations
- Demographics
- Culture
- Attitudes
- Beliefs (norms, values)
- Personality and Emotions
- Other Beliefs
- Variables (perceived risk, self-efficacy)
- Exposure to Media and Other Interventions


Health is Right Outside in southwest Virginia

Ecological Model of Four Domains of Active Living

Behavior: Active Living Domains
- Active Recreation
- Active Transport

Perceived Environment
- Accessibility
- Convenience

Population Health
-Interpersonal
- Neighborhood

Household Activities
- Occupational

Policy Environment
- Policy Enactment
- Policy Policies

Organizational Health
- Health care systems/Academia

Community Health
- Community/state/Regional Advocacy Organizations

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