Wisconsin Family Impact Seminars
Briefing Report

Building Policies That Put Families First:
A Wisconsin Perspective

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A Wisconsin Perspective

First Edition

Wisconsin Family Impact Seminars
Briefing Report

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Wisconsin Family Impact Seminars

"Building Policies That Put Families First: A Wisconsin Perspective" is the 1st seminar in a series designed to bring a family focus to policymaking. This seminar featured the following speakers:

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Family Impact Seminars have been well-received in Washington, D.C., by federal policymakers, and Wisconsin is one of the first states to sponsor the seminars for state policymakers. Family Impact Seminars provide state-of-the-art research on current family issues for state legislators and their aides, Governor's Office staff, state agency representatives, educators, and service providers. Based on a growing realization that one of the best ways to help individuals is by strengthening their families, Family Impact Seminars analyze the consequences an issue, policy, or program may have for families.

Each seminar is accompanied by an in-depth briefing report that summarizes the latest research on a topic and identifies policy options from across the political spectrum. Copies are available at Extension Publications, 630 West Mifflin Street, Room 170, Madison, WI 53703, (608) 262-3346 (voice and TDD); (608) 265-8052 (fax).

"Building Policies That Put Families First:
    A Wisconsin Perspective"   March 1993

Executive Summary
Building Policies That Put Families First

T his briefing report does not promote a particular legislative agenda for the state of Wisconsin, but rather proposes a perspective that could be used to assess the impact of any policy or program on family well-being. The report is divided into four sections.

Why We Need a Family Perspective in Policymaking?

Increasingly policy-makers, professionals, and family members recognize that one of the best ways to help individuals, children and adults alike, is to focus on those people who so strongly influence their lives, their families. The family is said to be the most powerful, the most humane, and, by far, the most economical system for building competence and character in children and adults. Families carry out a variety of functions critically important to society. They share resources, economically support their members, and care for the elderly, the sick, and the disabled in ways that no other institution can do or do as well.

In recent surveys, the family emerges as the central element in the lives of most Americans. Increasingly, state and national commissions recognize the need to support families.

Yet policy-making often focuses on individuals without assessing the impact on the well-being of families. For example, policies and programs usually focus on the specific needs of children, youth, the elderly, women, the disabled, and the poor, with little or no attention to the families in which these individuals live. For example, despite recent legislative reforms, too often children are removed from their homes rather than taking steps to strengthen troubled families so children can stay in their own homes. Even though many sicknesses are contagious, programs provide health coverage for some children in the family but not all. Historically, programs and policies have been directed at teen mothers with little or no attention to teen fathers; attention to teen fathers is a new phenomenon and the programs are few in number and limited in resources.

Recent evidence suggests that policies and programs may be more successful if we put families first rather than ignoring or superseding them. For example, early childhood intervention programs have resulted in significant, long-lasting and positive results in childrens' school success, employment, and self-sufficiency. The long-term success of these programs is due, not only to the high quality of the preschool component, but also because the program enables parents to function better. In the field of academic achievement, parents who are more involved in school activities have children who perform better in school. One of the best predictors of child abuse is a socially isolated family.

These findings suggest that the essential first step in bringing a family perspective to policy-making is to ask the right questions. What can government and community institutions do to enhance the family's capacity to help itself and others? What effect does or will this program or proposed policy have for families? Will it help or hurt, strengthen or weaken family life?

The report includes a tool to help assess the intended or unintended consequences of public policy and social programs on family stability, family relationships, and family responsibilities. These questions helped shape the design of 30 Family Impact Seminars for federal policy makers in Washington D.C.

What is a Family?

The family is said to be universal because it is found in more societies than any other institution. Yet there appears to be no universal consensus about the definition of the family. How to define the family is often hotly debated because the definition often determines who benefits from programs and policies and who does not.

Definitions of the family can be categorized in two ways: (1) structural definitions that specify who's in the family and who's out according to certain characteristics of family members and (2) functional definitions that specify the functions family members perform.

Rather than settling for a universal definition, it seems more appropriate to define families according to the particular issue involved. For example, policies concerned with the socialization of children might use a definition of family that includes minor or dependent children. A structural definition would contend that the children be related by blood or adoption, while a functional definition might define family as whoever is there to care for the child. If the issue is care for frail elderly members, structuralists would be concerned with who has legal responsibility for the dependent; functionalists, on the other hand, would stress who is providing the care whether it be an adult sibling, a life-long adult friend or close companion. One guideline may be to write the definition in a way that reinforces rather than defeats the intent of the specific program or policy.

Although there are many references in law and public policy to the family, there is no clear legal definition of the term. You cannot, for example, turn to a definition of family in the Wisconsin statutes. There is no such entry. However, the fact that there is no explicit definition of the family in the law does not mean that courts and other legal policy-makers do not base decisions on a particular view of what is a family. That view is, more likely that not, a traditional one a mother and father, married to each other and their biological or legally adopted children.

The lack of a definition of the family in the law stems partly from the fact that the family has no legal status separate from its members. The role of the law is usually one of defining and enforcing rights and obligations of the individuals who are members of the family--husbands and wives, domestic partners, parents, and children. The substance of family law is not the rights of the family, but of its members. This emphasis on the rights and responsibilities of the members of family units allows persons in nontraditional relationships to assert rights and seek remedies without relying on family law doctrines or a family relationship.

How Are Wisconsin Families Changing?

The American family has changed dramatically in the last three decades, but some reports exaggerate the amount of change or fail to present data fairly. For example, a U.S. Congresswoman has repeatedly stated that fewer than 10 percent of today's families fit a "traditional" family model where the family has young children and the mother doesn't work outside the home. In fact, one in three families with preschool children have two parents, and mothers who don't work outside the home.

Then where did the congresswoman's data come from? It appears she was actually giving an estimate of the percent of all households (not families) in which there are two-parent families where the mother does not work outside the home, and where there are exactly two children, both of preschool age. It's no surprise that such a narrow description of traditional family yields such a small proportion of households.

In Wisconsin in 1990, there were about 1.8 million households and 1.3 million families. One-person households increased about 400 percent and single parent families increased over 300 percent (but still constitute only 6.5 percent of all households). Married couple families with children in Wisconsin decreased from 46 percent in 1960 to 27.8 percent in 1990. Contrary to popular belief, however, a large majority (three-fourths) of children live in married couple households.

The most rapid changes in household structure and living arrangements of children occurred in the late 1960's and early 1970s. Since then, the trends have been winding down. There is no indication, however, that increases in labor force participation of mothers is slowing; in Wisconsin, three-fourths of mothers are currently in the labor force.

As detailed in this report, there is a good deal of variation across Wisconsin counties as well as within counties on these indicators.

A Family-Focused Approach to Health Care

Recently, a growing number of health care professionals, researchers, advocates, and consumers recognize that families are a profound and powerful force in the health of individuals; furthermore, they contend health care in this country could be more comprehensive and cost-effective by supporting and strengthening family caregiving and the family's role in health promotion and disease prevention.

Using the Family Health and Illness Cycle, the report illustrates how the family affects the individual's health and how the health care system can work in partnership with family members to promote the health of the patient. For example:

❖ The major diseases in industrialized countries result from diet, exercise, smoking, drugs and alcohol use, and failure to comply with treatment plans; these health habits are often learned in families.

❖ Stress in the family has been associated with bacterial throat infections in 5 year-olds, the onset of smoking among early adolescents, and decreased resistance to disease among married couples.

❖ The anxiety and stress level of the patient's family is often as high as that of the patient. The best predictor of the spouse's level of distress six months after the illness of a family member is how the physician dealt with the family in the hospital and whether they got the information they needed.

Recognition of the powerful impact of the family on health leads to many implications for the financing, organization and delivery of health care services for families. Several examples are given including the training of health care professionals, developing health care coverage to include all family members, and providing appropriate services and supports so families can take on additional health care responsibilities to help contain costs.

Introduction

T he family is the "most powerful, the most humane, and, by far, the most economical system for building competence and character" in children and adults, according to testimony before a subcommittee of the U.S. Congress (Bronfenbrenner, 1986, p. 4). Increasingly policymakers, professionals, and family members recognize that one of the best ways to help individuals, children and adults alike, is to focus on those people who so strongly influence their lives, their families. An individual's family is often part of the problem, is always affected by the problem, and usually needs to be involved in the solution.

Yet policymaking in this country and in Wisconsin often focuses on individuals without assessing their impact on the well-being of families. For example, policies and programs usually focus on the specific needs of children, youth, the elderly, women, the disabled, and the poor, with little or no attention to the families in which these individuals live. This "family deficit" in policymaking may have consequences for the nation as profound and long-lasting as those of the more widely-heralded federal deficit (Blankenhorn, 1990).

The current debate of policy issues might benefit by shifting away from the predominant focus on individuals and moving toward an emphasis on how policies help or hurt, strengthen or weaken families. Thus, this briefing report does not promote a particular legislative agenda for the state of Wisconsin, but rather proposes a perspective that could be used to assess the impact of any policy or program on family well-being.

Overview of the Report

This report is divided into four sections. In the first section, we ask, "Why do we need a family perspective in policymaking?" To answer this question, we review why families are important and why family issues are being met with increasing interest and enthusiasm. We give specific examples of how policies and programs focus on individuals rather than families and summarize the evidence that a family orientation works. We then identify specific criteria for assessing the impact of policies and programs on family well-being; these criteria have been used successfully in 30 Family Impact Seminars in the U.S. Capitol over the past four years.

Second, we address a question posed to us by several state legislators, "What is a family?" and what implications do different definitions have for policies and programs. A prominent law professor also answers this question from a legal perspective, detailing how families have been defined in Wisconsin law over time.

Third, the report gives a snapshot view of the state of families in Wisconsin today, overviewing the changes that have occurred in families and households. Finally, the report discusses the value of a family perspective by showing how families are deeply involved in health promotion and treatment, and by illustrating how a family orientation might affect the debate of health care policy. While there are important family issues involved in policies designed for adults and the elderly, this report will focus primarily on issues affecting families with dependent children.

Why Are Families Important?

While it has been said that the only two inevitable things in life are death and taxes, an obvious third one is the family (Doherty, 1992a). Everyone is born into a family and 98 percent of children in this country grow up in families and are likely to do so in the future (Carnegie Council on Children cited in Seeley, 1985). The family produces society's children, and the family, more than any other social institution, is responsible for making and keeping human beings human (Bronfenbrenner, 1986). In the family, core values are taught and learned, and parents pass on to children the invaluable traits of character, competence and citizenship.

Families carry out a variety of functions critically important to society. They share resources, economically support their members, and care for the elderly, the sick, and the disabled in ways that no other institution can do or do as well. Furthermore, families are fundamental to a free economy and a democratic society, guarding against a concentration of power, resources, and loyalties.

Increasingly, this umbilical cord connecting the well-being of the family to the well-being of society is being recognized. According to Doherty (1992a), the family can be no healthier than society, and society can be no healthier than the family. In this next section, we turn to why families are increasingly being recognized as an essential national resource (Moen and Schorr, 1987).

Why the Recent Focus on Families?

In recent surveys, the family emerges as the central element in the lives of most Americans. Four out of five Americans report that the family is their first or second source of greatest joy. Interestingly, 90 percent of married people find their greatest joy in the family, but so do over half of single Americans and almost three-fourths of those who are currently divorced (Mellman, Lazarus, and Rivlin, 1990).

Since the family is viewed as so central to American lives, family issues have recently met with widespread interest and enthusiasm, not only in this country but in European countries as well. Recent changes in the family and society have spurred interest in family issues. Since recent changes in Wisconsin families are discussed in a later section of this report, they will be only briefly summarized here.

Increasing Social Problems

Social problems such as child abuse, delinquency, school failure, teenage pregnancy, and welfare dependency have generated interest in families; in recent surveys, Americans cite the family as one of the root causes of our nation's most pressing social problems (Mellman et al., 1990).

Changing Family Structures

Families are experiencing unprecedented changes in structure and form including decreases in marriage rates and increases in the rates of separation and divorce, the number of cohabitating couples, the number of children born out of wedlock, the number of single-parent families, and the labor force participation rates of women (Kamerman and Kahn, 1978).

These changes in family structure have promoted debate about whether these changes will affect the ability of the family to carry out its core functions. Some view these changes positively, citing the resiliency of the family and its ability to adapt to changes; others, however, view these changes as a sign of family decline and express concern about the negative consequences of that decline, especially for children. Nevertheless, these changing family forms have sparked discussion about changing needs and the role government should play in providing programs and services.

Aging of the Population

Our country, like others, is experiencing a gradual decline in the birth rate. Whether or not one views this as a concern, a related issue is the corresponding increase in the ratio of elderly in the population. Thus, the issue becomes how a reduced labor force will be able to support the pensions and social security cost of a large aged population (Kamerman and Kahn, 1978). Since families produce society's children, this demographic trend is heavily a family issue.

Growing National Consensus Regarding the Need to Support Families

What began as a grass roots movement (Weiss and Halpern, 1990) is now drawing attention from several state and national commissions. Perhaps one of the strongest mandates for a family focus in policymaking emerged from the White

House Conference on Families. The call for a systematic analysis of how laws and regulations affect families was one of the top six recommendations of the conference, gaining support from almost 90 percent of the 2000 delegates (Ooms and Preister, 1988).

More recently, the National Commission on Children (1991) released its agenda for children and families. The Commission is a bipartisan body appointed by the President, the President pro tem of the U.S. Senate, and the Speaker of the U.S. House of Representatives. Members include politicians such as Bill Clinton, academics such as T. Berry Brazelton, advocates such as Marian Wright Edelman, the president of the AFL-CIO, teachers, doctors, agency heads and volunteers. According to this report:

> *"...The condition of children's lives and their future prospects largely reflect the well-being of their families. When families are strong, stable, and loving, children have a sound basis for becoming caring and competent adults...Many of the nation's gravest social problems are rooted in damaged families" (p. 249).*

The private sector echoes this same sentiment in a report from The Committee for Economic Development which consisted of 200 educators and CEOs of the country's leading corporations including Exxon, Proctor & Gamble, AT&T, Goodyear, Ford Motor Company, Bank America, and General Foods. In their report on improving the prospects for disadvantaged children (1987), they recognize that parents are the best caregivers for their children:

> *"Parents want the best for their children, even when they themselves lack adequate parenting skills...By providing appropriate education in caregiving for parents, society is certain to circumvent some of the problems that children from deprived homes generally bring with them to school" (p.24).*

The Council recommends supporting families through home-visiting, parent-child centers, and family resource programs.

Several government commissions have recommended family-oriented policies. In Wisconsin, the Governor's Task Force on Family and Children's Issues issued a report in 1990 (Governor's Task Force, 1990) recommending that Wisconsin needs *"a clearly defined blueprint for the future to direct the development of child and family services across the state"*. The report included such recommendations as early childhood family resource centers, early and comprehensive prenatal care to pregnant mothers, and educational programs for parents of adolescents to develop communication and information skills.

In a 1988 report from Governor Cowper's Commission on Children and Youth, the first recommendation for investing in the future of Alaska's children is investing in programs to promote parenting skills and family strengths. A task force appointed by Governor Blanchard in 1988 to review services to children in Michigan recommended family support programs. A Minneapolis report on school readiness included substantial family support components (Weiss and Halpern, 1990).

American Policy Focuses on Individuals, Not Families

Despite this widely recognized importance of the family, the United States has no explicit national policy for families (Eshleman, 1991; Moen and Schorr, 1987). The United States is one of the only countries in the world without a mention of family in the constitution. Not until 1981 was the word "family" used in the title for a subcommittee of the U.S. Congress (Peery cited in Ooms, 1984). The United States, with all its agencies overseeing such areas as health, commerce, labor, energy, transportation, defense, and agriculture, has no agency devoting its attention entirely to families (Eshleman, 1991).

Based on this, policies and programs in the United States too often focus on individuals the unwed mother, the mentally retarded, the elderly, the poor and fail to recognize that most individuals come in families. Several examples are cited below:

- ❖ Despite recent legislative reforms, too often children are removed from their homes rather than taking steps to strengthen troubled families so children can stay in their own homes; in Wisconsin, only 12 of 72 counties are presently providing family preservation services to help keep families intact.

- ❖ Programs like Wisconsin's Healthy Start attempt to provide health coverage for pregnant mothers and their families who do not meet eligibility guidelines for other programs. By the year 2002, the goal is to cover all children up to age 18; in the meantime, even though many sicknesses are contagious, some children in the family may be covered but not others.

- ❖ Welfare and tax policies often have built-in financial disincentives to marriage (for example, AFDC restrictions to single parent families and marriage penalties in the tax code).

- ❖ Historically, programs and policies have been directed at teen mothers with little or no attention to teen fathers; attention to teen fathers is a relatively new phenomenon and the programs are few in number and limited in resources.

❖ Policies often do not encourage family members to be involved in the care of hospitalized ill children, substance-abusing children or frail elderly; research suggests, however, that family involvement speeds and sustains recovery (Ooms and Preister, 1988).

❖ Teenage pregnancy has obvious repercussions beyond the teenager. The parents of a pregnant daughter can do much to lessen the detrimental effects of pregnancy. As a result, the 1981 legislation for Adolescent Family Life Demonstration Grants Program of the U.S. Department of Health and Human Services was clearly ground-breaking legislation; programs were required to involve family members in their services. However, no guidelines were given about how to involve families nor was technical assistance provided to program evaluators. Not surprisingly, the evaluators' reports from these 60 programs provided no information about whether they succeeded in involving family members in their services (Ooms and Preister, 1988). Passing family-sensitive legislation is necessary, but not sufficient; steps must also be taken to help programmers implement and evaluate the intent of the legislation.

❖ Most program evaluations measure outcomes for individuals who are the targets of most social programs; program effects on family life are rarely studied.

Evidence That a Family Orientation Works

The lack of a family focus in policymaking is not intended to suggest that the government is totally uninvolved in or neutral to families. A wide range of public policies deal with such family issues as social security, health and medical care, child welfare, education, and day care. Yet government's image of its client is most often the individual, with families only an afterthought (Moen and Schorr, 1987).

Recent evidence suggests that our policies and programs may be more successful if we put families first rather than ignoring or superseding them. This same observation was made in scientific journals over a half-century ago. Child therapists wrote of their frustration when they would cure a child's emotional problems and then send the child home to the family and neighborhood that had contributed to the problem in the first place. Of course, the child's problem would re-appear.

To illustrate this point, we begin with the research on preschool and home visiting programs followed by specific evidence of the protective role played by the family in delinquency, academic achievement, and child abuse.

❖ Head Start and other preschool programs, originally intended to prevent school failure among at-risk populations, have prevented more than poor report cards. Early childhood intervention programs have resulted in significant, long-lasting and positive results on childrens' intellectual and social skills, socioeconomic standing, and social responsibility (Weikart and Schweinhart, 1991). Perhaps the most promising results have emerged from the Perry Preschool Program. This program includes a daily, high-quality preschool program for low-income 3 and 4 year-olds, frequent home visiting to mothers, and monthly small group meetings. At age 19, this preschool program increased the percentage of participants who were literate, employed and attending post-secondary education. At the same time, program participants were less apt to be mentally retarded, school dropouts, welfare recipients, or in trouble with the law (See Figure A).

Figure A
High/Scope Perry Preschool Study Age-19 Findings
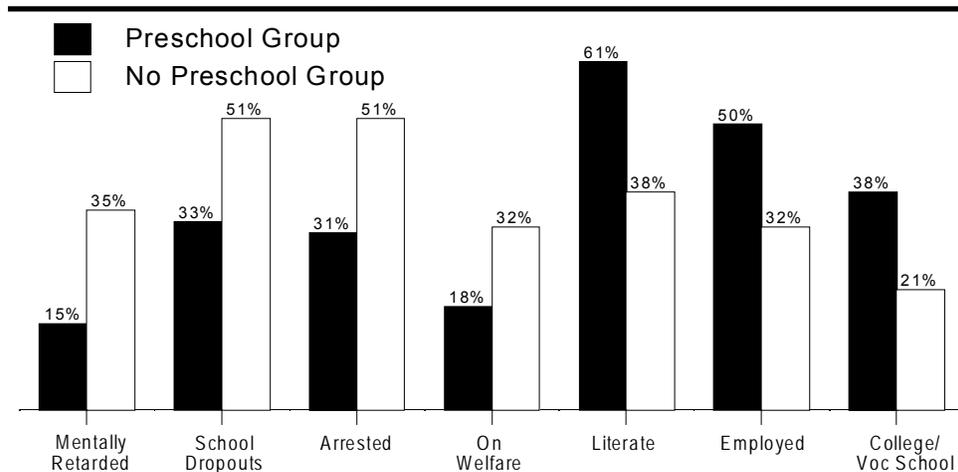
Note: All group differences are statistically significant, p < .05, two-tailed.

Why are preschool programs successful? While these programs do vary in purpose and methods, the evidence suggests that the long-term success of preschool programs is due, not only to the high quality of the preschool component, but also because the program enables parents to function better (Bronfenbrenner, 1986). Through a combination of parent education, home visits, creating formal and informal support networks, and involving parents in the classroom and on policy-setting boards, these programs benefit parents and through parents, their children (Valentine and Zigler, 1983).

❖ Turning to delinquency, most programs to prevent juvenile delinquency focus on individuals and few have shown lasting success (Zigler, Taussig, and Black, 1992). Longitudinal evidence from the Perry Pre-school Project, the Syracuse University Family Development Project, and the Yale Child Welfare Research Program give some indication that these early childhood intervention programs may reduce juvenile delinquency. These studies provide evidence that primary prevention is less

expensive saving as much as $2,400 per child in court and penal costs, and more effective than intervening later once the behavior has begun to crystallize and become more immune to change. Simply stated, the point is to help parents succeed early on so they can help their children succeed throughout life (Zigler et al., 1992).

❖ In the field of academic achievement, studies suggest that parents who are more involved in such school activities as monitoring school progress, helping with homework when asked, and attending parent/ teacher conferences, are more likely to have children who are performing well in school (Bogenschneider, 1988; Stevenson and Baker, 1987). Even though parents tend to be more involved when their children are younger, studies suggest beneficial effects on students as old as high school age (Bogenschneider, 1988).

❖ For youngsters who are underachievers, studies suggest that interventions such as support groups for parents have been even more successful than working with the child. Parents welcome the opportunity to learn from each other and benefit from knowing others who are experiencing the same problems (McCall, 1986).

❖ Turning now to the conditions that contribute to family violence, one of the best predictors of a child-abusing family is social isolation (Werner and Smith, 1982). McCubbin (1985) conducted research on a United States Army unit stationed in West Germany where reports of child and spouse abuse exceeded the national averages. As a result of his research, McCubbin recommended that the military transfer Army families in entire communities rather than individually. In this way, the families were able to rely on the same neighbors and friends, an already established social network; this eased the transition and stabilized families.

While these trends are encouraging, it would be premature to conclude that family involvement will increase the effectiveness of any program or policy (Staton, Ooms, and Owen, 1991). Even the substantial benefits of early intervention must be treated with caution. In some families, strengths must be "built up" before they can be "built on" (Weiss and Halpern, 1990).

Some researchers suggest that working through the family to enhance the caregiving skills of the parent, while important, is not enough. Parents can change but it takes a long time (Ramey, Bryant, and Suarez, 1987). For deprived, poorly educated parents, it is somewhat unrealistic to expect family enrichment, parental support, or parent education to work alone; a better solution may be comprehensive approaches of working with the family together with educating the child. And for many poor families, their basic needs for income, housing, or health care are a prerequisite to helping them become effective parents.

A Checklist for Assessing the Impact of Policies on Families

At a minimum, findings like those cited above do suggest that the essential first step in developing family-friendly policies is to ask the right questions: "What can government and community institutions do to enhance the family's capacity to help itself and others?" (Weiss, 1988, p. 33). "What effect does (or will) this program (or proposed policy) have for families? Will it help or hurt, strengthen or weaken family life?" (Moen and Schorr, 1987; Ooms and Preister, 1988). While these questions sound disarmingly simple, they oftentimes can be difficult to answer.

To aid policymakers, the Family Criteria (Ad Hoc) Task Force[1] has developed a tool to help assess the intended and unintended consequences of public policy and social programs on family stability, family relationships, and family responsibilities. The tool includes a set of six basic family principles that serve as the criteria for making policies and programs more sensitive to and supportive of families; each principle is accompanied by a series of family impact questions.

The criteria and questions listed below are not rank ordered (Ooms and Preister, 1988). Sometimes these criteria will conflict with each other and trade-offs will be required. Also, they need to be considered along with other types of criteria, such as cost effectiveness. Some questions are basically value-neutral, while others incorporate specific values. Not everyone may agree with the values and the questions may need to be rephrased accordingly. We do believe, however, that this tool reflects a broad, non-partisan consensus, and will be useful to people across the political spectrum.

The following family criteria and family impact questions were developed by the Consortium of Family Organizations based upon the work of Ooms and Preister (1988). (See pages 16 and 17 of this report.)

These family impact questions helped shape the design of 30 seminars held by Family Impact Seminars for federal policymakers on issues as varied as family poverty, youth-at-risk, child care, poverty, the unwed father, family resource programs, and the parent's role in teenage health problems. Furthermore, this tool can be used to:

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[1] The *COFO Family Policy Report* is a publication of the Consortium of Family Organizations (COFO), consisting of the American Association of Marriage and Family Therapy (AAMFT), the American Home Economics Association (AHEA), the Family Resource Coalition (FRC), Family Service America (FSA), and the National Council of Family Relations (NCFR). Formed in 1977, the nonpartisan Consortium is committed to the promotion of a family perspective in public policy and human services. Collectively, COFO comprises nearly 50,000 professionals working with families in every state of the union, faculty members in every major university in the nation, nearly 300 family agencies and more than 2,000 family resource programs providing services to millions of families annually, and more than 10,000 volunteer board members.

❖ Help prepare questions for legislative hearings

❖ Review a policy proposal, draft regulation, or draft bill

❖ Study the implementation and assess the outcomes of an existing program

These criteria are meant to supplement, not replace, evaluation research on the effectiveness of programs. Interestingly, such research may show the intended goals of a policy or program are being met, while the family impact analysis may show the goals are counterproductive by having negative consequences for families in unintended ways (Eshleman, 1991).

In summary, one measure of the worth of society, a measure that has stood the test of history, is the concern of one generation for the next (Bronfenbrenner and Weiss, 1983). A nation's family policy is one measure of that concern. All too often policy in this country is based primarily on the individual with family considerations only an afterthought. Family impact analyses is one way to build policies and programs that put families first. To do that requires consideration of the definition of family, a topic we turn to in the next section.

TOOL #4 — COFO'S FAMILY IMPACT QUESTIONS

Increasingly, policymakers and their staff at all levels of government ask: **What effects does (or will) this program (or proposed policy) have on families? Will it help or hurt, strengthen or weaken family life?** These questions sound disarmingly simple. In fact, they are very complex. A policy may have different effects on different types of families and on various dimensions of family life. Research may determine whether the intended goals of a policy or program are being met. But evaluative criteria are needed as yardsticks to assess whether the goals are having negative consequences for families in unintended ways.

COFO has developed a tool to serve as a basic framework for such investigations: a set of six guiding principles to serve as the criteria and a checklist of basic family impact questions. COFO believes that these principles, or family criteria, represent a general consensus on goals for family policy.

CHECKLIST: A TOOL FOR ANALYSIS

✓Check those principles and questions that apply to the particular program or policy.

❑ 1. FAMILY SUPPORT AND RESPONSIBILITIES: Policies and programs should aim to support and supplement family functioning and provide substitute services only as a last resort.

❑ How does the proposal (or existing program) support and supplement parents' and other family members' ability to carry out their responsibilities?
❑ Does it provide incentives for other persons to take over family functioning when doing so may not be necessary?
❑ What effects does it have on marital commitment or parental obligations?
❑ What effects does it have on adult children's ties to their elderly parents?
❑ To what extent does the policy or program enforce absent parents' obligations to provide financial support for their children?
❑ Does the policy or program build on informal social support networks (such as community/neighborhood organizations, churches) that are so essential to families' daily lives?

❑ 2. FAMILY MEMBERSHIP AND STABILITY: Whenever possible, policies and programs should encourage and reinforce marital, parental, and family commitment and stability, especially when children are involved. Intervention in family membership and living arrangements is usually justified only to protect family members from serious harm or at the request of the family itself.

❑ What incentives or disincentives does the policy or program provide to marry, separate, or divorce?
❑ What incentives or disincentives are provided to give birth to, foster, or adopt children?
❑ What criteria are used to justify removal of a child or adult from the family?
❑ What resources are allocated to help keep the family together when this is the appropriate goal?
❑ What services are provided to help family members living apart remain connected and, if appropriate, come together again?
❑ How does the policy or program recognize that major changes in family relations such as divorce or adoption are processes that extend over time and may require continuing support and attention?

❑ 3. FAMILY INVOLVEMENT AND INTERDEPENDENCE: Policies and programs must recognize the interdependence of family relationships, the strength and persistence of family ties and obligations, and the wealth of resources that families can mobilize to help their members.

   ❑ To what extent does the policy or program design recognize the influence of the family context upon the individual's need or problem?
   ❑ To what extent does it involve immediate and extended family members in working toward a solution?
   ❑ To what extent does it acknowledge the power and persistence of family ties, especially when they are problematic or destructive?
   ❑ How does it assess and balance the competing needs, rights, and interests of various members of a family?

❑ 4. FAMILY PARTNERSHIP AND EMPOWERMENT: Policies and programs must encourage individuals and their close family members to collaborate as partners with program professionals in delivery of services to an individual. In addition, parent and family representatives are an essential resource in policy development, program planning, and evaluation.

   ❑ In what specific ways does the proposed or existing program provide full information and a range of choices to individuals and their close family members?
   ❑ In what ways is the policy/program sensitive to the complex realities of families' lives and their need to manage and coordinate the multiple services they often require?
   ❑ In what ways do program professionals work in collaboration with the families of their clients, patients, or students?
   ❑ In what ways does the program or policy involve parents and family representatives in policy and program development, implementation, and evaluation?

❑ 5. FAMILY DIVERSITY: Families come in many forms and configurations, and policies and programs must take into account their different effects on different types of families. Policies and programs must acknowledge and value the diversity of family life and not discriminate against or penalize families solely for reasons of structure, roles, cultural values, or life stage.

   ❑ How does the proposal or program affect various types of families?
   ❑ If the proposed or existing program targets only certain families, for example, only employed parents or single parents, what is the justification? Does it discriminate against or penalize other types of families for insufficient reason?
   ❑ How does it identify and respect the different values, attitudes, and behavior of families from various racial, ethnic, religious, and cultural backgrounds that are relevant to program effectiveness?

❑ 6. TARGETING VULNERABLE FAMILIES: Families in greatest economic and social need, as well as those determined to be most vulnerable to breakdown, should have first priority in government policies and programs.

   ❑ Does the proposed or existing program identify and target publicly supported services for families in the most extreme economic or social need?
   ❑ Does it give priority to families who are most vulnerable to breakdown?
   ❑ Are efforts and resources targeted on preventing family problems before they become serious crisis or chronic situations?

* Adapted from *A Strategy for Strengthening Families: Using Family Criteria in Policymaking and Program Evaluation.* T. Ooms & S. Preister, Eds. A consensus report of the Family Criteria Task Force. Washington, DC: Family Impact Seminar, 1988.

What Is a Family?

Athorny question for many policymakers is, "What is a family?" Definitions abound, but consensus does not. How we define the family is often hotly-debated because the definition has significant consequences in people's lives. Government agencies often have to define what a family is in order to determine who benefits from their program and who does not. Towns or cities often have to define families in developing zoning and housing regulations. Family definitions can have a bearing on access to such resources as health and life insurance, educational, recreational, and mental health services. Furthermore, definitions sometimes convey societal beliefs about what is "normal" and "acceptable" and thus, by implication, what is "deviant" or socially sanctioned.

In this section of the briefing report, we will begin by summarizing the diversity of American families. Then we will review three definitions proposed in the scholarly literature and the consequences of each. Finally, we will take a historical look at how the family is defined in Wisconsin law.

Do We Know a Family When We See One?

The family is said to be universal because it is found in more societies than any other social institution, including the economy, the state, religious communities, and educational organizations. Yet this universal term conveys a variety of images. For some, it may bring to mind the work of American painter Norman Rockwell white picket fences, and freckled boys and girls playing under the watchful eye of doting parents and community elders. The word family may mean something quite different to an African-American, an American Indian, or a southeast Asian refugee, a stepparent, a foster parent, a landlord, or a zoning board member. One's image of family may reflect one's position in the family life cycle ranging from a childless couple to the "sandwich generation" with both young and old dependents to the "empty nest" stage.

In Figure B, Ooms and Preister (1988) categorize the variety of families that dot the landscape according to socioeconomic characteristics, structures, family life cycle stage, and different family contexts including racial, ethnic, and cultural settings. In a country like ours that prides itself on being a melting pot, coming up with a universal definition of the family is no easy task.

How Is the Family Defined?

The definitions of family are as diverse as families themselves and the situations they are found in. Viewed simply, the definitions can be categorized in two ways:

Figure B

FAMILY TYPES

Socioeconomic Characteristics
- ❖ Education level
- ❖ Income level

Structure
- ❖ Couple without dependent children
  - ◆ married
  - ◆ unmarried (cohabiting)

- ❖ Single-parent family household
  - ◆ never-married
  - ◆ separated
  - ◆ divorced
  - ◆ widowed

- ❖ Two-parent family household
  - ◆ not married
  - ◆ first marriage
  - ◆ second/third marriage

- ❖ Foster family

- ❖ Adoptive family

- ❖ "Estranged" family

- ❖ Nuclear/extended/ multigenerational household

- ❖ None/one/two/multiple wage earners

Family Life Cycle Stage
- ❖ No children
- ❖ Early formation infants and pre-schoolers
- ❖ With school-age children
- ❖ With children in transition to adulthood
- ❖ With no dependent children
- ❖ With elderly dependents
- ❖ Elderly with adult children/grandchildren
- ❖ "Sandwich generation" mid-life adults with both young and old dependents
- ❖ Families with a member with disabilities

Family Contexts
- ❖ Ethnic/racial/cultural
- ❖ Religious
- ❖ Informal social network (friends & neighbors)
- ❖ Relationships to community
- ❖ Rural/suburban/urban

*Adapted from A Strategy for Strengthening Families: Using Family Criteria in Policymaking and Program Evaluation. T. Ooms & S. Preister, Eds. A consensus report of the Family Criteria Task Force. Washington, DC: Family Impact Seminar, 1988.

(1) structural definitions that specify who's in the family and who's out according to certain characteristics of family members, and (2) functional definitions that specify the functions family members perform. We will review two structural definitions before turning to a functional definition.

Structural Definitions of the Family

Structural definitions of the family characteristically define the characteristics of family members such as those who share a place of residence, or who are related through blood ties or legal contracts. A commonly used definition is that of the Census Bureau, "a householder and one or more other persons living in the same household who are related to the householder by birth, marriage, or adoption" (Census 1990). This definition includes many family types commonly regarded as families including traditional families (breadwinner husband, homemaker wife and their children), remarried families, dual-earner families, and single parent families. Yet it also omits some relationships that are commonly regarded as an integral part of families:

❖ A grandparent who does not reside in the household

❖ A noncustodial parent

❖ An unmarried parent who does not reside with his/her child

❖ A child in a divorced family who spends half of the week with one parent and stepparent, and the other half with another parent and stepparent

❖ A man and woman who are legally married but maintain separate apartments and see each other on weekends.

Another frequently used structural definition is "two or more persons related by birth, marriage, or adoption" (Ooms and Preister, 1988). This definition broadens the scope by counting as "family" people who do not live together, but are related biologically or through legal contracts. Yet, though this definition is more inclusive, some would contend it still excludes some arrangements that many might recognize as legitimate families. For example, long-term foster families are not related by birth, marriage, or adoption, yet carry out many family functions over a significant period of time. Both these structural definitions exclude communal living arrangements and gay and lesbian couples.

Functional Definitions of the Family

Other definitions move away from blood relationships or a legal definition and focus instead on the functions families perform. According to most functional definitions, a family is any unit in which there exists:

- ❖ Sharing of resources and economic property

- ❖ A caring and supportive relationship

- ❖ Commitment to or identification with other family members

- ❖ Preparation of children born to or raised by the members to become adult members of the society

While this definition is intended to be more inclusive never married couples and homosexual couples would meet these criteria it would exclude family types who do not fulfill these functions. For example, a noncustodial parent who fails to pay child support would be excluded from this definition. A legally-sanctioned marriage where the couple no longer has a meaningful relationship but stays together for economic reasons or for fear of social sanctions would not qualify as a family. Even a biological parent who fails to provide care and support would probably not be considered "family" under such a definition.

Trying to identify only one definition of the family is like trying to cheat death: it doesn't work and you end up feeling foolish for trying. Rather than settling for a universal definition, it seems more appropriate to define families according to the particular issue involved. For example, policies concerned with the socialization of children might use a definition of family that includes minor or dependent children (Moen and Schorr, 1987). A structural definition would contend that the children be related by blood or adoption, while a functional definition might define family as whoever is there to care for the child. If the issue is care for frail elderly members, structuralists would be concerned with who has legal responsibility for the dependent; functionalists, on the other hand, would stress who is providing the care whether it be an adult sibling, a life-long adult friend or close companion. One guideline may be to write the definition in a way that reinforces rather than defeats the intent of the specific program or policy (Eshleman, 1991).

Legal Definition of the Family

Although there are many references in law and public policy to the family, there is no clear legal definition of the term. You cannot, for example, turn to a definition of "family" in the Wisconsin statutes. There is no such entry. However, the fact that there is no explicit definition of the family in the law does not mean that courts and other legal policymakers do not base decisions on a particular view of what is a family. That view is, more likely than not, a traditional one. Someone has remarked that American family law is middle-class, mid-western and middle-aged. Nowhere is this more evident than in the response of the law to changing family forms. A reference to "family" is usually to a traditional model of a mother and father, married to each other and their biological or legally adopted children.

When the family form is less traditional, difficulties of definition arise. Informal families in which the parents are not married or same gender relationships for which formal marriage is not available create problems, even in cases where these changing societal attitudes come in the ranks of the middle class that segment of our society whose values are most likely to be expressed in our public policy in terms of statutes and case law.

When the courts are faced with the necessity of determining whether these units constitute a family, they respond in the manner described earlier in this briefing paper the definition often depends on the circumstances of the case. An excellent example of this approach to the definition of "family" is found in the landmark United States Supreme Court case of *Moore v. the City of East Cleveland*. In that case a grandmother lived with her son, his son and another grandson who was a cousin. The local zoning ordinance limited dwellings in the area to single families and the grandmother had been notified that she had to move because she was in violation of the ordinance: her grandchildren were not of a single family. When she failed to move, she was convicted of violating the ordinance. The case eventually made its way to the United States Supreme Court. That court held the municipal ordinance to be unconstitutional as a denial of substantive due process because it interfered with freedom of personal choice in matters of family life. At least for the purposes of zoning regulation, the family that the constitution protects from governmental intrusion includes some extended families.

The difficulty with this approach to defining the family is that the analysis may reflect value judgements about nontraditional lifestyles that are unrelated to the psychological, supportive and dependence relationships involved. On the other hand, it may be that a pragmatic approach, considering a closely-involved unit as a family for some purposes, but not for others, is the best solution.

The lack of a definition of the family in the law stems partly from the fact that the family has no legal status separate from its members. The role of the law is usually one of defining and enforcing rights and obligations of the individuals who are members of the family husbands and wives, domestic partners, parents and children. This is why the field of law, now called family law, was historically described as the law of domestic relations; it deals with the relations of individuals in a certain type of relationship, known as the family. The substance of family law is not the rights of the family, but of its members.

This emphasis on the rights and responsibilities of the members of family units has the advantage of allowing persons in nontraditional relationships to assert

rights and seek remedies without relaying on family law doctrines or a family relationship. A case recently decided in Wisconsin Court of Appeals illustrates this approach. The case involved an unmarried couple who lived together for seven years, sharing expenses equally. Each partner had children of a previous relationship. When the relationship broke up, family law would have afforded the woman no economic relief. Therefore, she sought payment for her services for cleaning and cooking and a share of the increase in value in the home he owned, resulting from work he had done while they were living together relying on theories of contract and unjust enrichment. The man sued for the child support he had provided the woman's children. The court of appeals found sufficient evidence to sustain a jury finding that the woman was entitled to most of the money she sought, but that the man was not entitled to child support.

The law has different ways of responding to societal changes and changing family forms will continue to result in changing legal responses.

Any dialogue about defining the family can't escape the reality of the diversity of American families. The next section focuses on Wisconsin and the changes that have occurred in households and families in the last three decades.

How Are Wisconsin Families Changing?

Introduction

T he American family has changed dramatically in the last 3 decades, but some reports exaggerate the amount of change or fail to present data fairly. For example, a U.S. congresswoman has repeatedly stated that fewer than 10 percent of today's families fit a "traditional" family model where the family has young children and the mother doesn't work outside the home. In fact, one in three families with pre-school children have two parents, and mothers that don't work outside the home.[1]

Then where did the congresswoman's data come from? It appears she was actually giving an estimate of the percent of all households (not families) in which there are two-parent families where the mother does not work outside the home, and where there are exactly two children, both of pre-school age. It's no surprise that such a narrow description of traditional family yields such a small proportion of households.

This paper is an attempt to describe some Wisconsin family demographics in a fair way. Perhaps it will clear up some confusion about how the family is changing. It begins by introducing Wisconsin's household distribution (how many households there are of various types) and how that distribution is changing. Then it shows how many children live in various types of households, and briefly discusses increasing labor force involvement of mothers. Finally, it raises questions and provides some answers about county variation, and other sources of data diversity.

Changes in Household Structure

According to U.S. Census Bureau definitions, families are a subset of households. In Wisconsin in 1990 there were about 1.8 million households[2] and 1.3 million families[3]. Perhaps the most common error made in reporting family statistics is confusing families with households, as in the illustration about the congresswoman above.

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[1] U.S. Bureau of Labor Statistics, 1990.

[2] An abbreviation of the Census' definition of household: A housing unit that is occupied as a separate living quarters.

[3] An abbreviation of the Census' definition of families: Persons living in the same household including the householder and those related to the householder by blood, marriage, or adoption.

Figure 1 shows four percentage distributions of households in Wisconsin. They illustrate the relative size of household categories from 1960 to 1990. Three major subdivisions are used, breaking out families with and without children, and non-family households.

Figure 1

Percent Distribution of Wisconsin Households
1960-1990
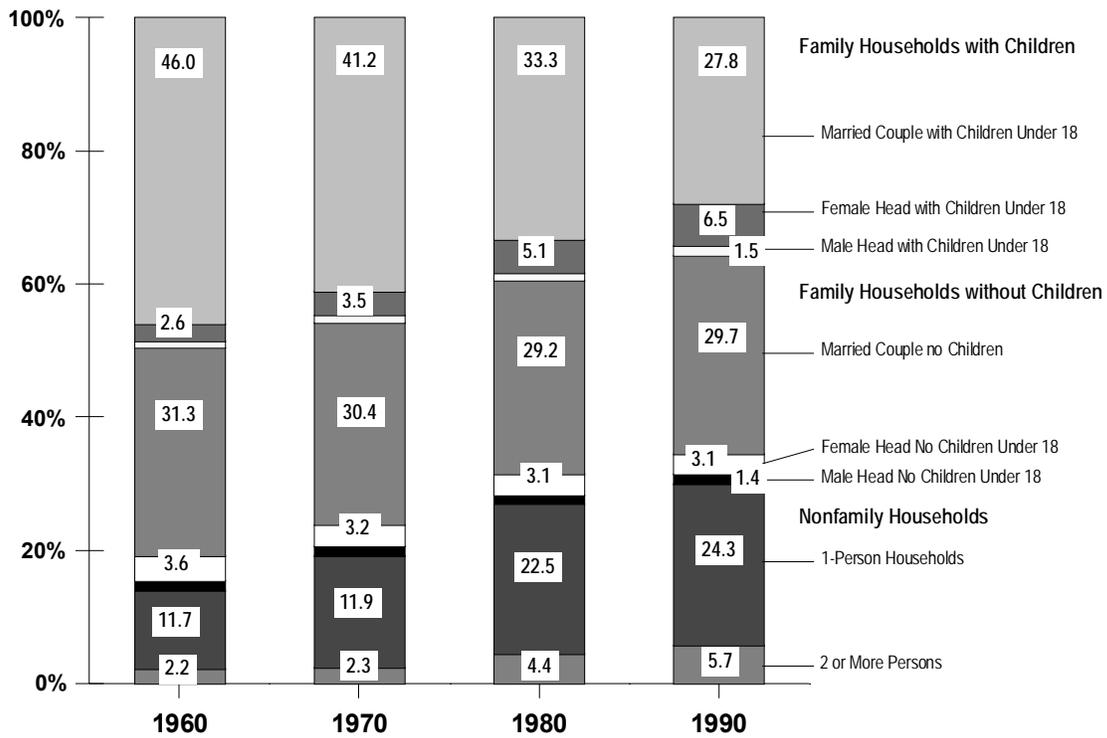
Source: 1960-1990 Censuses of Population & Housing. U.S. Bureau of the Census (See Appendix A).

Note that there are two types of married-couple families, those with and without children. For many spouses in married-couple families there have been previous marriages. Cohabiting couples are excluded from both these categories, and help make up the single-parent categories or 2-person nonfamily households, depending on the presence of children or other related persons in the household.

Your attention may have been drawn to the sizable decline in the *proportion* of "married couple families with children", a decrease from 46 percent in 1960 to 27.8 percent in 1990. Why has the proportion declined so much? One reason is that the average *duration* of this type of household has decreased. The parents:

❖ Form their households later (the average age at first marriage has gone up).

❖ Have their children later (the average age of mothers when their first child is born also gone up).

❖ Have fewer children.

For all these reasons they parent for fewer years, which results in fewer families of this type at any given time[4]. For further evidence of this, notice in Figure 1 how the category of "married couples without children" has remained large. This is partly due to an increase of childless couples, but also to the fact that there is a steady supply of married couples whose children are already grown (age 18 or older).

Another reason that "married couples with children" have decreased is an artifact of the use of *percentage* distributions: the total number of households increased 59 percent. But the number of married couples with children actually decreased by about 4 percent—so it's *relative* size changed in the overall distribution[5]. For illustration, Table 1 compares "married couple families with children" to two other household categories. Note that 1-person households increased about 400 percent. This is not surprising given that there has been marked growth in the elderly population, and that increasing numbers of young adults live alone.

Table 1

Selected Household Types, Wisconsin, 1960 & 1990

	1960	1990
Total Households	1,146,040	1,822,118
Married Couples With Own Children Under 18	527,377	506,018
Single Women With Own Children Under 18	29,681	118,004
1-Person Households	133,934	443,673

Source: Appendix Table A

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[4] From Young, R. L. (1992). Family and household structure. Changing family demographics, UW-Extension report series, No. 4, Pg. 3.

[5] For a *numerical* comparison of all household categories, see Appendix A.

In addition, high rates of divorce and increasing "never-married single parent families" have raised the numbers of single parent families over 300 percent. But they still only constitute 6.5 percent of all households (triple a small percentage and it's still a small percentage). However, narrowing our scope to include only those *families with children*[6] we find that single parent families constitute nearly one-fourth (see Table 2 below).

Table 2

Wisconsin Families with Children, 1960 & 1990

	1960		1990	
	No.	%	No.	%
Families with Children	562,645	100	650,628	100
Married Couples	527,377	93.7	506,018	77.8
Single Parent	35268.0	6.3	144610.0	22.2
Ratio*	15 to 1	-	3.5 to 1	-

*Ratio of Married Couples w/Children to Single Parent Families
Source: Calculated from Appendix Table A

Living Arrangements of Children

What effect have these changes had on the living arrangements of children? First, children are more likely to have fewer (if any) siblings than in past decades. Secondly, they are less likely to be living in a married couple family. Table 3 below shows changes in the living arrangements of Wisconsin children from 1980 to 1990.

Table 3

Living Arrangements of Children, 1980 & 1990

	1980	1990
Children in Households*	99.7%	99.7%
Child is Householder or Spouse of	0.1	0.1
Child is Living With...		
Married-Couple	81.9	76.2
Male Householder	1.7	2.9
Female Householder	11.8	15.2
Other Relatives	3.2	3.7
Other Non-Relatives	1.2	1.7
Children in Group Quarters	0.3	0.3

Source: U.S. Bureau of the Census, 1980 & 1990 Census of Population

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[6] Children in this paper are defined as unmarried persons under age 18.

Contrary to popular belief, a large majority (three-fourths) of children live in married couple households. This proportion declined during the 1980's while percentages of children in single parent families, and living with relatives increased.

Employment of Mothers

For several decades the number and percentage of women in the labor force has increased. Figure 2 below shows that the rate for *mothers* in the U.S. has increased faster than the rate for women as a whole. In 1990 over two-thirds of mothers with children were employed at least part-time.

Figure 2

Labor Force Participation Rates of Women by Presence of Children, U.S. 1975-1990
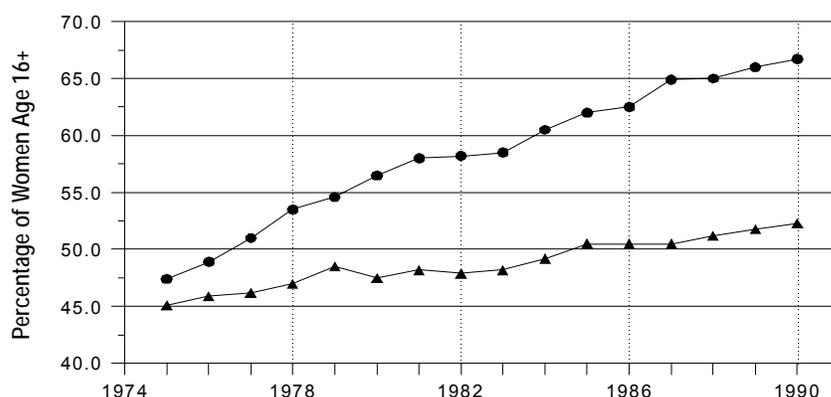
Sources: U.S. Department of Labor Statistics, Bureau of Labor Statistics, Handbook of Labor Statistics, August 1989, & unpublished report: Marital & Family Characteristics of the Labor Force from the March 1990, Current Population Survey.

Appendix C shows Wisconsin 1990 labor force participation of mothers by age of child and employment status. It shows that even most mothers whose only children are under age 6 are working. Over two-thirds (68.9 percent) are in the labor force 64 percent are employed.

Are Changes in Families Accelerating?

No, in fact, most are slowing down. The most rapid changes in household structure occurred in the late 1960s and early 1970s. Since then, the trends have been winding down. Take single person households as an example. In both the 60s and 70s, single person households increased over 60 percent across each decade. But in the 80s the increase was less than 20 percent. The Census Bureau tells us that we may be on the threshold of change once again. In 1991 the U.S. for the first time in many decades did not experience a decrease in household size[7]. Average family size may start to increase.

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[7] U.S. Bureau of the Census. Household & Family Characteristics, 1991.

The trend was similar for the living arrangements of children: dramatic changes in the late 1960s and early 1970s, followed by a slowdown in the 1980s. There is no indication however, that increase in labor force participation of mothers is slowing.

How Does Wisconsin Compare With the Nation?

Table 4 shows how the state compares with the nation. The household structure distributions have been closely parallel since 1960. Data on living arrangements of children is also very similar, but Wisconsin typically has followed the U.S. trend by a few years, resulting in more disparity than is seen in the household structure comparison.

Table 4

Comparison of Selected Statistics for Wisconsin & the U.S.

Household Structure

% of All Households That Were...	W I	U S
Married Couples With Children	27.8%	26.3%
Single Women With Children	6.5%	7.1%
1-Person Households	24.3%	24.6%
Other	41.4%	42.0%

Living Arrangement of Children

% of Children in Households That Were Living With...	W I	U S
Married Couples	76.4%	73.1%
Single Mothers	15.2%	21.5%
Single Fathers	2.9%	2.8%
Other	5.5%	2.6%

Source: Young, R. L. (1992). Population shifts: Focus on youth. Changing Family Demographics report series, No.5, Table 7. (UW-Extension, Family Living Ed.)

How Much Data Variation Across Wisconsin Counties?

Appendix D, E and F show maps of indicators for household structure, child living arrangements, and mother employment. There is a good deal of variation across Wisconsin counties on all three maps. Look at county differences in the percent of households that were "married couples with children" (Appendix D). The percentages range from the low 20s to the high 30s. Living arrangements of children (Appendix E) show even greater variation with most counties having 50-85 percent of their children in married-couple families. Mother employment ranges from 40 percent in Menominee county to 83 percent in Iowa county.
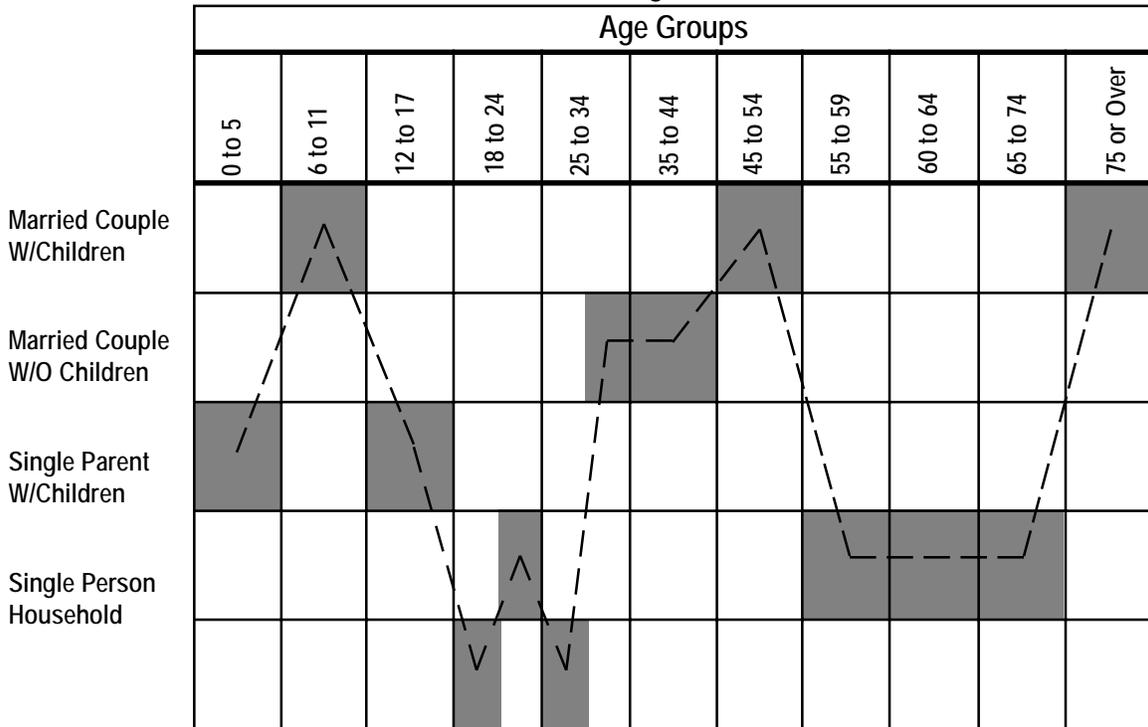
What about change within counties? Analysis of minor civil divisions within counties suggests there is typically much variation within counties as well. The rate of change also varies across counties[8].

What About Change Within Families?

The data reported in this report are from surveys that measure families at a single point in time. So they don't tell us much about how families change or evolve, nor much about the transitions they experience. But families are constantly changing. From an individual perspective, persons don't stay in one household type indefinitely either. Rather, they move from one type to another because of changes that they, their parents, or their children go through.

An example of this is shown in Figure 3. Here is the life course of a boy who was born into a single parent family. In his early years his mother marries, then divorces when the boy is in his teens. As a young adult he first lives alone, then with roommates, then alone again. In his late twenties he marries, but together with his wife, postpones having children for a few years. In his fifties he divorces his spouse, and lives alone for 15 years. Finally at age 76 he moves in with his daughter's family where he lives out his remaining years.

Figure 3

	0 to 5	6 to 11	12 to 17	18 to 24	25 to 34	35 to 44	45 to 54	55 to 59	60 to 64	65 to 74	75 or Over
Age Groups											

Married Couple W/Children
Married Couple W/O Children
Single Parent W/Children
Single Person Household

---

[8] County comparisons were conducted relative to dozens of family demographic topics in the Changing Demographics report series. Some ad-hoc analyses by minor-civil-division (MCD) were also conducted by the principal author.

The example is not far-fetched. It shows that it is common for individuals to go through as many as 9 or 10 household-type transitions in a lifetime. The important point to register is that on the average, individuals today go through more household/family transitions than in years past.

Conclusion

We have reviewed trends in household structure, child living arrangements and labor force participation of women. The paper has taken us behind the numbers to explore what's behind the trends, and how they are sometimes misinterpreted. Data diversity was discussed in terms of variation in statistics and trends across and within counties. Also variation in life course and life-course transitions was touched on.

Wisconsin families are extremely diverse, and they are changing. Are traditional families disappearing? It depends upon your definition of traditional families. Married couple families with children continue to constitute a sizable portion of Wisconsin households, but they continue to decrease in number and in proportion. They also have a shorter duration than in years past.

Given the importance of families to Americans and the changes that have occurred recently in family structure, we now turn to the value of implementing a family perspective in policymaking.

A Family-Focused Approach to Health Care

With many states, and our nation as a whole, undergoing the task of health care reform, health care seems an appropriate topic for considering the merits of a family perspective. Recently, a growing number of health care professionals, researchers, advocates, and consumers recognize that families are a profound and powerful force on the health of individuals, and that health care in this country could be improved by supporting and strengthening family caregiving and the family's role in health promotion and disease prevention (Doherty, 1992b; Doherty and Campbell, 1990; COFO, 1992). Furthermore, some promising preliminary studies are documenting that a family-centered approach to health care may be more cost effective than the present approach which focuses on individuals.

Drawing on a few key references, this section provides a brief overview of the role of the family in health care. Through such an examination, the merits of a family perspective on health care can be demonstrated, not only in economic terms, but also in health and treatment outcomes as well.

The Family Health and Illness Cycle (outlined in Doherty and McCubbin, 1985; Doherty and Campbell, 1990), is a visual illustration of how the family affects the individual's health and the individual, in turn, affects the family. The model is built on the premise that all human problems are biological, psychological, and social in nature (See Figure 4).

This paper briefly describes each category of the model and gives specific examples of how health care might be enhanced by taking families into account. This model can best be read in clockwise fashion beginning with health promotion and risk reduction. The double arrows indicate the ongoing interaction between the family and the health care system. This model applies to families at all stages of the life cycle but is especially salient to families with dependent children.

Figure 4
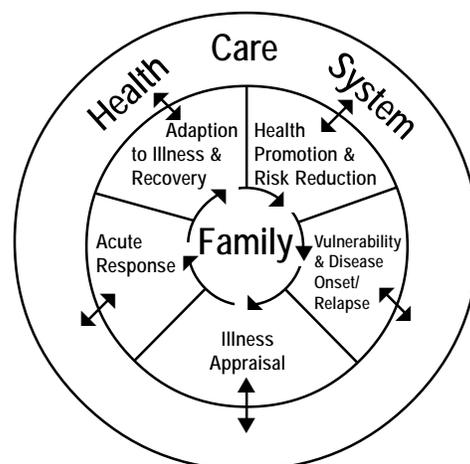
Reprint from Doherty, W.J. & Campbell, T. L. (1990). Families and Health. Newbury Park: Sage.

Health Promotion and Risk Reduction

Families are intrinsically involved in the promotion of health and the reduction of risky behaviors. For example, the major diseases in industrialized countries result from diet, exercise, smoking, drug and alcohol use, and failure to comply with treatment plans; all of these are heavily family issues (Doherty, 1992b; COFO, 1992).

Family members influence each other's health habits. For example, we learn eating patterns as children in families and most food is consumed in families. We acquire exercise habits from our families. Adolescents are more likely to smoke if either of their parents or a sibling smokes; furthermore, family distress during early adolescence is a stronger predictor of smoking than whether parents smoke (Doherty, 1992b). Finally, an individual's ability to change an unhealthy behavior depends on family support. Imagine a 50 year-old man with hypertension who has never cooked for himself and needs to make dietary changes; not surprisingly, involving his wife in treatment significantly improves long-term results (COFO, 1992).

Vulnerability and Disease Onset/Relapse

Events and life experiences in the family influence a family member's susceptibility to illness or the relapse of a chronic disease. In other words, conditions in the family, such as stress and social support, increase or decrease the likelihood that family members will become ill (Doherty and Campbell, 1990).

Social ties benefit health and the family appears to be the most important source of social support (COFO, 1992). Some of the most compelling evidence comes from studies of bereavement. People who have lost a spouse have markedly increased death rates; among young widowers, death rates are 10 times higher than the normal rate (Doherty and Campbell, 1990). Taken together, recent evidence on social support indicates that its absence has as detrimental an effect on health as the more widely-touted cigarette smoking (Doherty, 1992b).

Similarly, stress increases susceptibility to disease. In one study, bacterial throat infections in children were preceded by stress in the family (Doherty and Campbell, 1990). In families with more parental conflict, 5 year-old children have higher levels of a stress hormone in their blood, even when they didn't observe the conflict directly. Marital distress also reduced resistance to disease through poorer immune system functioning (Doherty, 1990).

Illness Appraisal

Family illness appraisal refers to the family's belief about illness and family decisions about health care. The family plays a pivotal role in diagnosing the symptoms, encouraging home remedies, deciding whether professional medical help is needed, and gaining access to medical services (COFO, 1992).

Families usually generate their own rules about when to seek medical health, often times based on personal histories. For example, a family that experienced the death of an infant due to a high fever in the last generation will most likely rush to the emergency room when their infant has a 103 degree fever. If this family has 6 infants or toddlers in their extended family, they have experienced a 1 in 6 likelihood that a child will die from such a fever, whereas the health care providers experiences suggest a 1 in multiple thousand likelihood of a serious condition (Doherty, 1992b).

Acute Response

The family's acute response refers to the immediate aftermath of illness for the family. The family often rallies around the sick family member. Research and clinical studies demonstrate that the anxiety and stress level of the patient's family is often as high as that of the patient. This level often remains as long as the patient's, if not longer. The biggest single predictor of the wife's level of distress 6 months later is how physicians dealt with the family in the hospital and whether they got the information they needed (Doherty, 1992b).

Adaptation to Illness and Recovery

The family usually becomes the setting for care of the recovering or chronically ill member which is often more difficult than the acute phase. The family cohesiveness that was experienced during the acute onset of an illness may begin to diminish if the recovery is prolonged (Doherty and Campbell, 1990).

In studies of the impact of cancer on families, the level of distress of the cancer patient decreases over time; the level of stress of their spouse does not lessen over time without sufficient support (Doherty, 1992b). Providing education, support, and therapy for families of schizophrenics prevents relapse of the patient and results in cost savings of 19 to 27 percent; the increased costs of family support are offset by decreased use of mental health services (COFO, 1992).

Policy Implications

In summary, families play a critical role in the health and treatment of their members, a role that historically has been overlooked and undersupported. Recognition of the powerful impact of the family on health leads to many implications for the financing, organization, and delivery of health care services, including the training of health care professionals. A couple of examples are extracted from the recent COFO (1992) report:

❖ *Proposals that expand insurance coverage should ensure that all members of the family are covered, not just the employed member..... Children of the non-custodial parent also need to be covered if the custodial parent does not have coverage (p.3).*

❖ *...incentives must be developed to encourage more physicians and other health care professionals to practice as generalists delivering primary health care and serving the whole family (p. 5).*

❖ *Health care professionals must treat families as partners in health care (p. 6).*

❖ *At the bare minimum, all health care professionals should receive training in the bio-psycho-social approach to health care, which views the individual as a whole person and as a member of a family and larger social environment. Training should teach providers how to assess the influence of family factors on health, to work in partnership with family members so as to promote the health of their patient (p. 7).*

❖ *Plans for managed care and cost containment measures should include mechanisms to assess the patient's life context and the family's values, resources and needs. With appropriate services and supports, families may often take on considerable, additional responsibilities which will help to contain costs. Without these services to families, the patients will not recover as fast, they may deteriorate and recycle back into the hospital. Alternatively, members of the family may react to the burden and stress by becoming ill themselves. Studies of the cost effectiveness of managed care initiatives are badly needed and should include an examination of their effect on family health, functioning, levels of support, and well being (p. 8).*

Finally, if families were supported better to promote health, we would have far better preventive health care in this country that could prove more comprehensive and considerably more cost effective (See COFO, 1992, and Doherty and Campbell, 1990).

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Appendix A
Wisconsin Population & Household Distribution
1960-1990

	1960	1970	1980	1990
Total Population	3,951,777	4,417,731	4,705,767	4,891,769
In Households	3,854,086	4,283,702	4,576,855	4,758,171
In Group Quarters	97,691	134,029	128,912	133,598
Total Households	1,146,040	1,332,907	1,652,261	1,822,118
Persons per Household	3.36	3.22	2.84	2.68
1-Person Households*	133,934	224,857	371,266	443,673
Male Householders			143,786	177,750
Female Householders			227,480	265,923
Households with 2+ Persons				
Family Households	986,595	1,077,475	1,208,094	1,275,172
Persons per Family	4.04	3.69	3.30	3.14
With Own Children Under 18	562,645	607,093	648,344	650,628
Without Children Under 18	423,950	470,382	559,750	624,544
Married-Couple Families	886,126	955,080	1,033,597	1,048,010
With Own Children Under 18	527,377	549,818	550,856	506,018
With Female Head	71,195	89,960	136,204	174,530
With Own Children Under 18	29,681	47,125	84,427	118,004
With Male Head	29,274	32,435	38,293	52,632
With Own Children Under 18	5,587	10,150	13,061	26,606
Non-Family Households	25,511	30,575	72,901	103,273

*Note: The number of 1-person households in 1960 was projected in the absence of exact data match. The projection was based on the 1970-90 trend of the relationship between 1-person households and the percentage of households that were families.

Source: U.S. Bureau of the Census. Decenniel Censuses of Population and Housing 1960-1990.
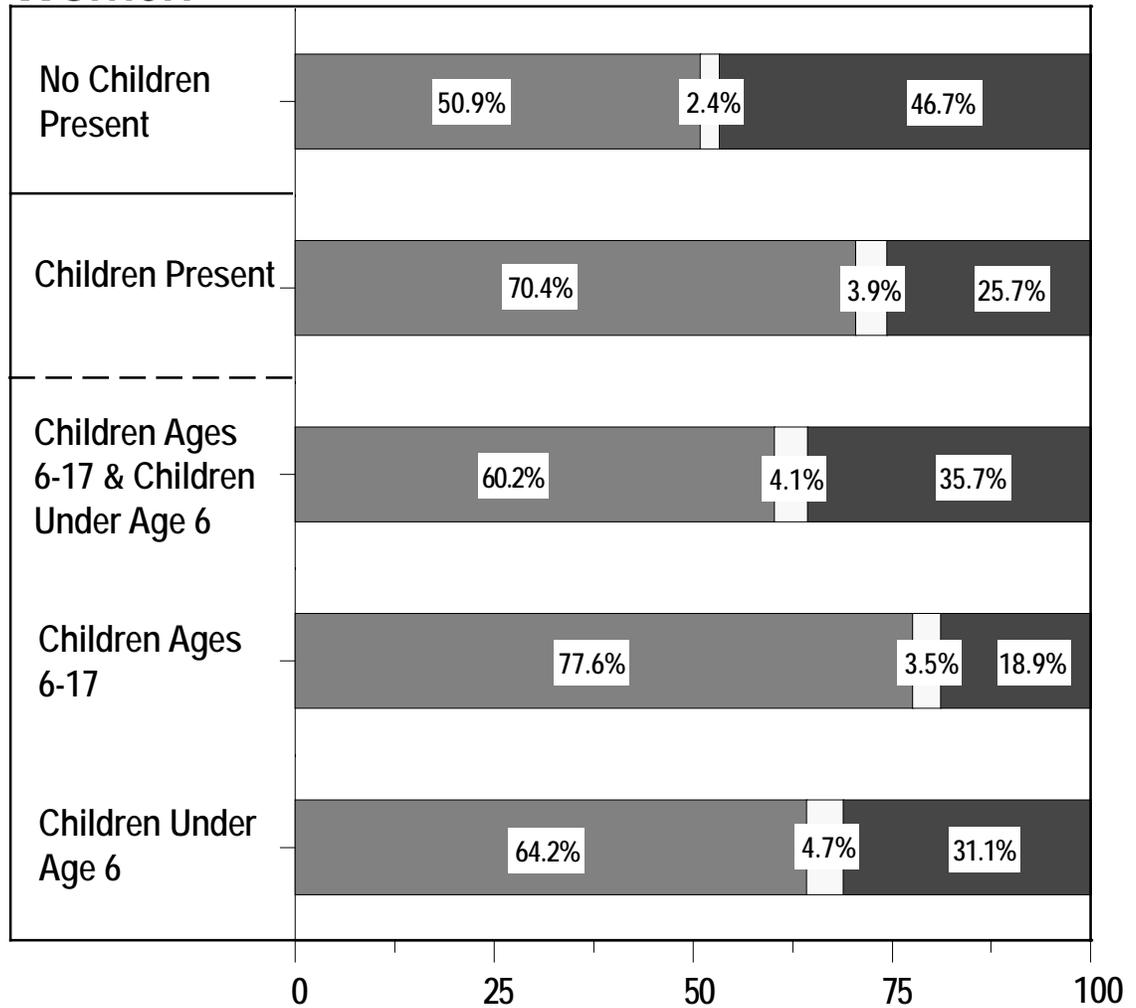
Appendix B
Percentage Distribution of Wisconsin Households
1960-1990

	1960	1970	1980	1990
Total Households	100.0	100.0	100.0	100.0
1-Person Households*	11.7	16.9	22.5	24.3
Male Householders	-	-	8.7	9.8
Female Householders	-	-	13.8	14.6
Households With 2+ Persons	88.3	83.1	77.5	75.7
Family Households	86.1	80.8	73.1	70.0
With Own Children Under 18	49.1	45.5	39.2	35.7
Without Children Under 18	37.0	35.3	33.9	34.3
Married-Couple Families	77.3	71.7	62.6	57.5
With Own Children Under 18	46.0	41.2	33.3	27.8
With Female Head	6.2	6.7	8.2	9.6
With Own Children Under 18	2.6	3.5	5.1	6.5
With Male Head	2.6	2.4	2.3	2.9
With Own Children Under 18	0.5	0.8	0.8	1.5
Non-Family Households	2.2	2.3	4.4	5.7

*Note: The number of 1-person households in 1960 was projected in the absence of exact data match. The projection was based on the 1970-90 trend of the relationship between 1-person households and total households.
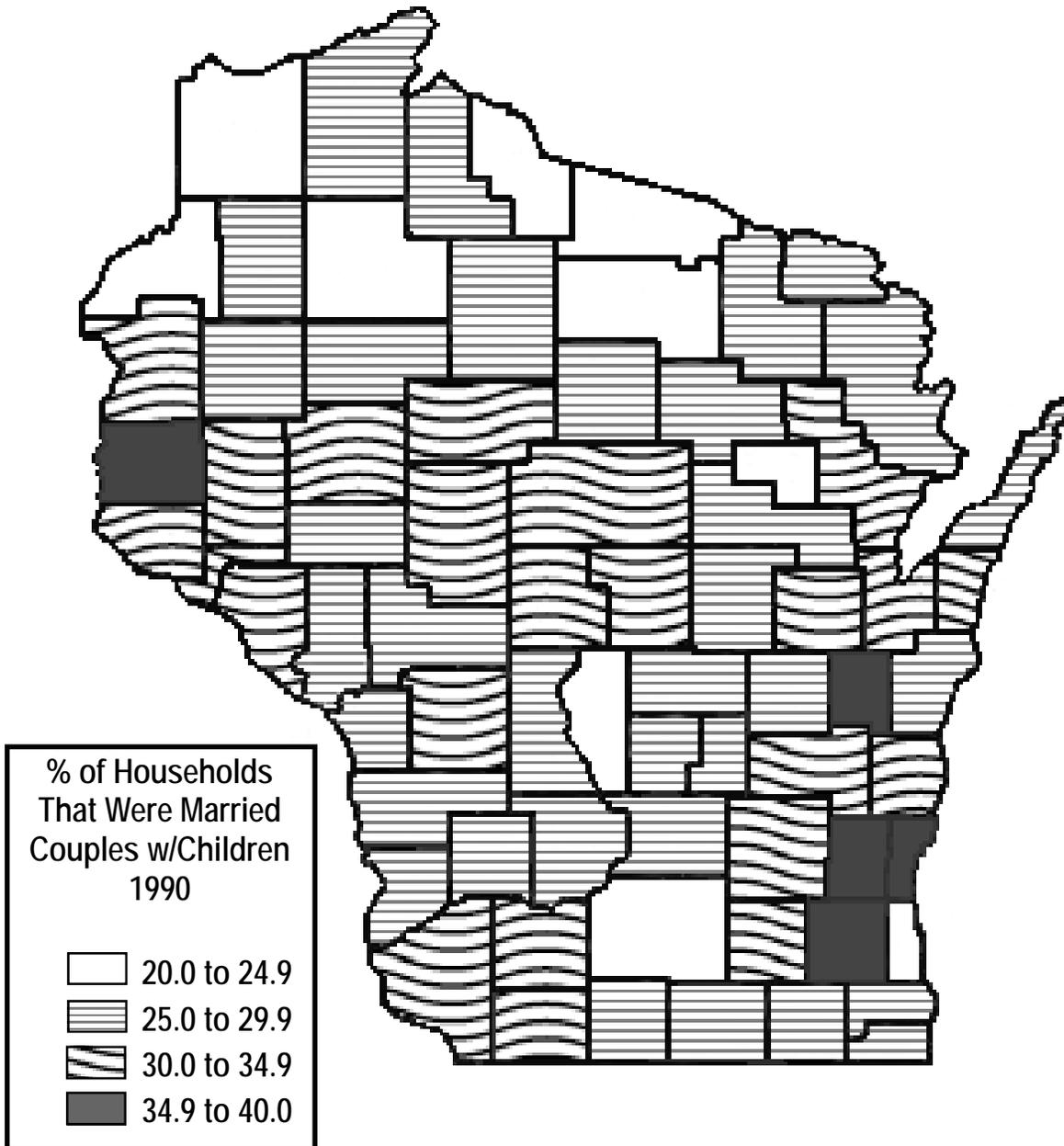
Appendix C
Labor Force Participation of Wisconsin Women,
by Presence and Age of Children
1990

Women

|			
No Children Present	50.9%	2.4%	46.7%
Children Present	70.4%	3.9%	25.7%
Children Ages 6-17 & Children Under Age 6	60.2%	4.1%	35.7%
Children Ages 6-17	77.6%	3.5%	18.9%
Children Under Age 6	64.2%	4.7%	31.1%

0   25   50   75   100

Source: U.S. Bureau of the Census, 1990 Census of Population & Housing, STF3, Table P73 (courtesy of the Applied Population Laboratory, UW-Madison).

Appendix D
Percentage of Households That Were Married Couples with Children
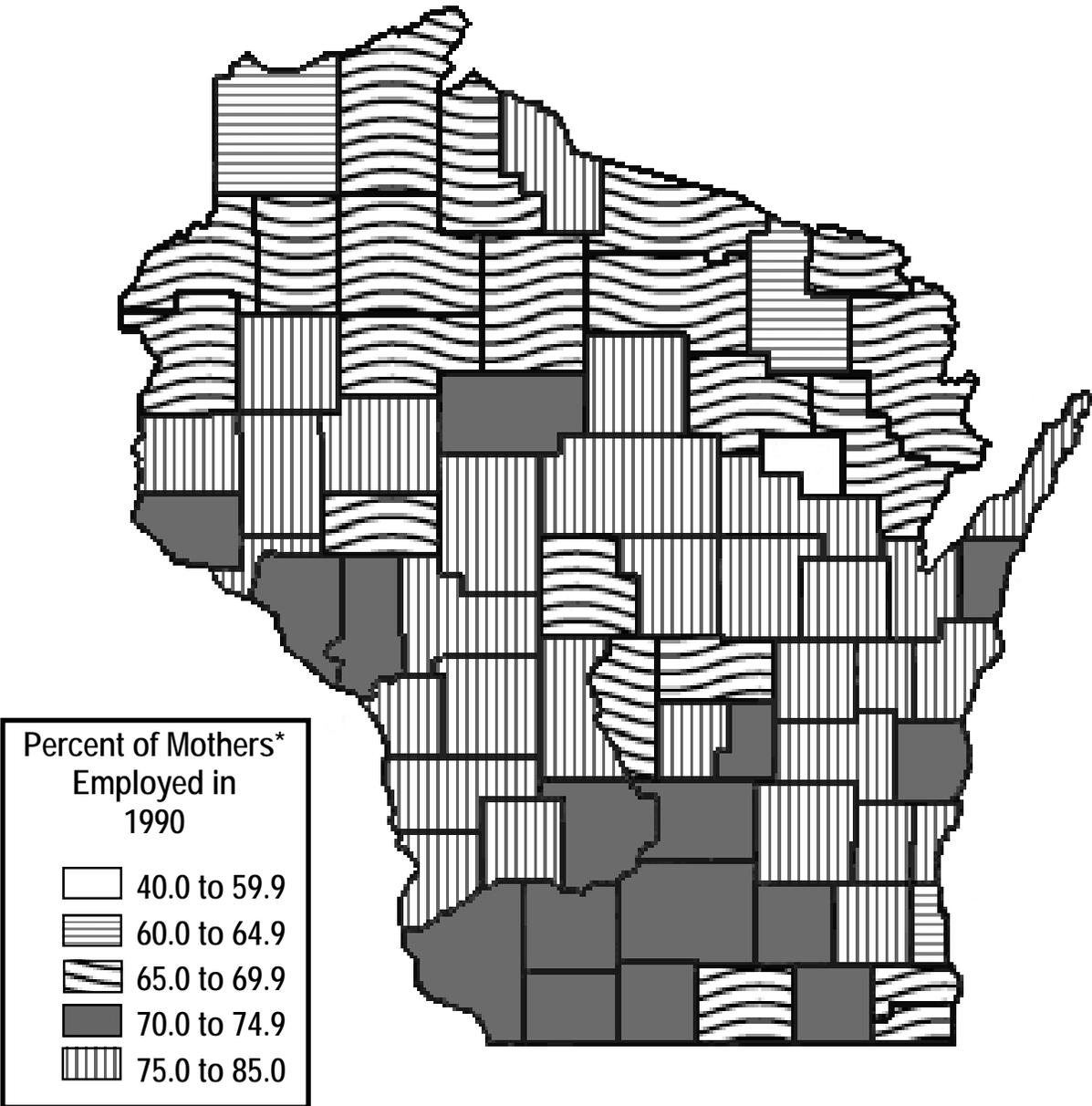### 1990

% of Households
That Were Married
Couples w/Children
1990

20.0 to 24.9
25.0 to 29.9
30.0 to 34.9
34.9 to 40.0

Appendix E
Percent* of Children in Married Couple Households
1990

Percent* of Children
In Married Couple
Households
1990

☐ 30.0 to 49.9
▤ 50.0 to 74.9
▨ 75.0 to 79.9
■ 80.0 to 84.9
▥ 85.0 to 90.0
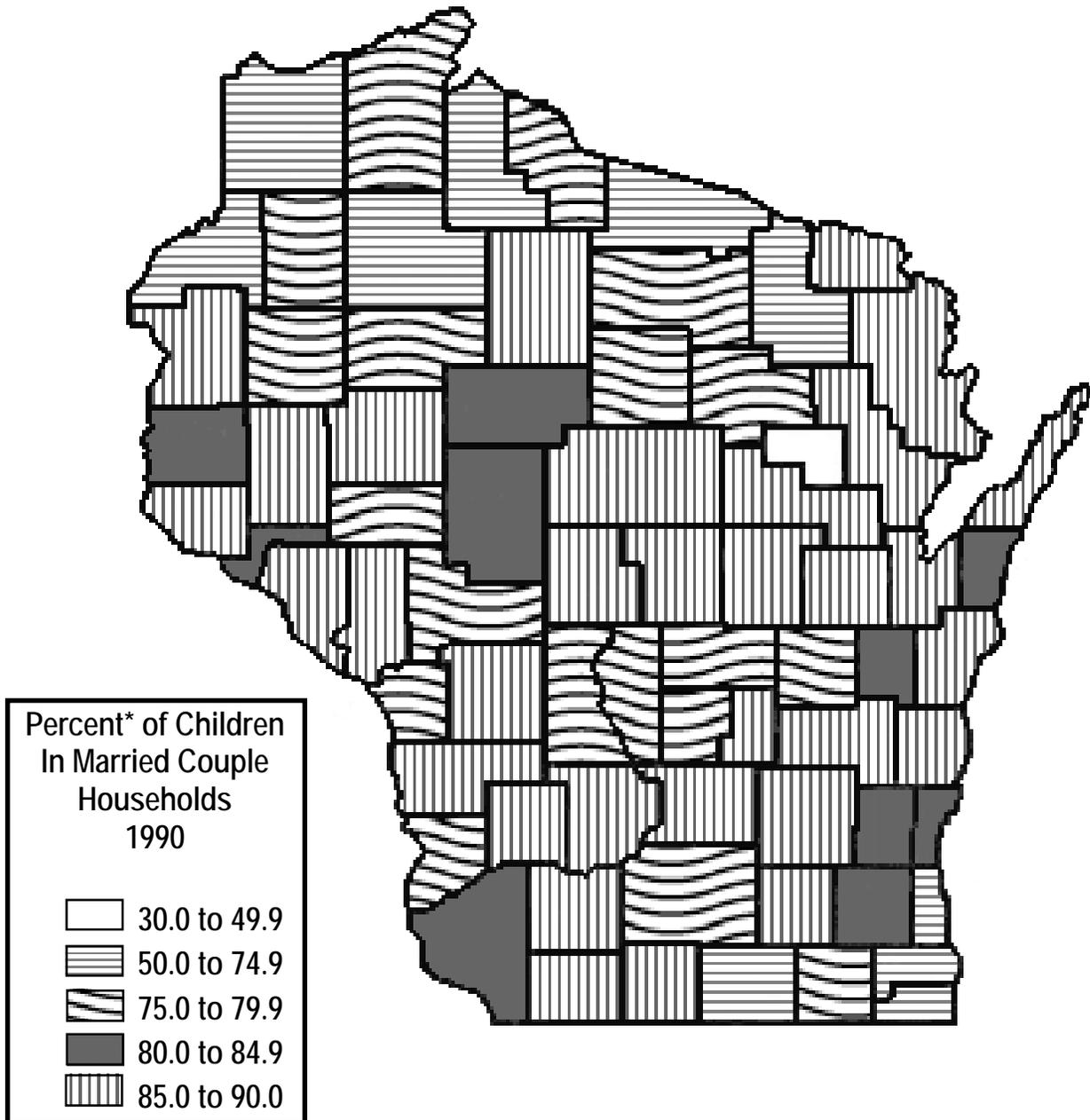
*Percent of All Children

Appendix F
Percent* of Mothers Employed in
1990

Percent of Mothers*
Employed in
1990

- 40.0 to 59.9
- 60.0 to 64.9
- 65.0 to 69.9
- 70.0 to 74.9
- 75.0 to 85.0

*Women With Own Children Under 18

Appendix G
Wisconsin Map with County Names

Bayfield

Douglas

Iron

Ashland

Vilas

Wash-burn

Burnett

Sawyer

Price

Oneida

Florence

Forest

Marinette

Polk

Barron

Rusk

Lincoln

Langlade

St. Croix

Chippewa

Taylor

Menomi-nee

Oconto

Dunn

Marathon

Shawano

Pierce

Eau Claire

Clark

Portage

Waupaca

Door

Menominee

Ke-wau-nee

Pepin

Buffalo

Trem-pea-leau

Jackson

Wood

Outa-gamie

Brown

La Crosse

Monroe

Adams

Waushara

Winne-bago

Calu-met

Manito-woc

Mar-quette

She-boy-gan

Vernon

Juneau

Green Lake

Fond du Lac

Columbia

Wash-ington

Ozaukee

Craw-ford

Rich-land

Sauk

Dodge

Grant

Iowa

Dane

Jeffer-son

Wau-kesha

Milwaukee

La Fayette

Green

Rock

Wal-worth

Racine

Kenosha

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