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H. Hugh Floyd Jr.
University of New Orleans

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FAMILY HEALTH POLICY FORMULATION:
A PROBLEMATIC DEFINITIONAL PROCESS

H. Hugh Floyd, Jr., PhD.

University of New Orleans

ABSTRACT

The family has become a focus of much concern over the past two decades as a variety of family related problems have become major social issues. These social-psychological problems are considered to have negative consequences at three analytical levels: individual, family and society. Therefore, considerable discussion has been raised about the establishment of family policy. Family policy is discussed in this paper as a definitional problematic process. Several problems of a conceptual and logistical nature are cited and some guidelines for family policy construction are made.

Introduction

The purpose of this paper is to deal not only with health policy and decision making as they affect the family but also to bring out a more central problem: the issue of family policy in general and the ramifications of such policy for the family as a social unit. The following topics will be covered. 1) Why should we be concerned with a policy focusing on health and the family? 2) What is the history, if any, of health policy and the family in this country? 3) Then, at a more general level, what are some of the central problems in considering the establishment of family policy? And, finally, 4) How can we begin to develop family policy which facilitates the well-being of the family?

Why be concerned with a Policy focusing on
Health and the Family?

There are several reasons why this is a legitimate question. First, it should be our interest to foster more effective use of the preventive medicine paradigm while at the same time offering care for those in need of the treatment of symptoms. Another reason we should

be concerned with policy focusing on family and health is to attend to the well-being of the family. This statement is obviously much broader and more sweeping than the other, and is intended to be so. When using the concept of well-being we expand the scope of the issue to include social, psychological, and environmental factors as well as the physical. Such an approach might be considered by some as too bold or too grandiose; but, conceptually it is the most accurate approach to the problem.

The third reason for this question is a consequence of the social awareness that has emerged regarding the family as a social institution. For a number of decades there have been policies which affected the family, but in the last two decades, and particularly the last ten years, there has been considerable concern and discussion given to the idea of policy focusing on the family as a unit. We have had our consciousness raised as to the problems inherent in certain family conditions with the conclusion that this social unit is disorganized, anomic, and in an alienated state. This is verified by certain critical indicators. One, there have been significantly higher rates of separation and divorce during the last decade. In a recent Census Bureau Report it was indicated that in 1977 there were 84 divorced persons for every 1000 who are married as compared to 47 divorced persons per 1000 marrieds in 1970. Two, large numbers of children are reportedly running away from their families. In the period October 1976 through May 1977 the Youth Development Bureau reported 22,240 runaway youth. These quarterly data are a conservative estimate of the actual number of youthful runaways as they are based on a census of those seeking help from agencies which report to the bureau. Thus, runaways over a one year period would probably exceed 100,000 young people. Three, adults are running away from their families, particularly we are becoming aware of wife-mother desertion. Historically, desertion has been carried out on the part of the husband; but, now we are discovering evidence of more and more women who are packing up and leaving.

The late Nathan Ackerman (1970:459) has conceptualized these problems by listing the following "maladies," as he calls them, of the modern family:

- 1) A form of family anomie, reflected in a lack of consensus on values, a disturbance in identity relations, and a pervasive sense of powerlessness.
- 2) Chronic immaturity, the inability to assume effective responsibility and an impaired potential for viable family growth.

3) Discontinuity and incongruity between family and society.

Another important consideration is the fact that most families which are considered "problem" families are really multi-problem families. Frequently those involved in family counseling find that when they are asked to help a family deal with a specific problem, they discover a family situation reflecting many, many problems. These are families which are experiencing multiple problems producing a crisis. They have either had a series of events which are defined as crisis in nature or they have had simultaneous problems of various types (ie. social, psychological, or economic) which collectively represent a crisis. This is not to say that these problems are unique to this society, to this century, nor to this decade. But, it is to say that we should be prompted by these facts to consider that some form of supportive policy be developed which focuses on the family as a social unit.

What is the History, if any, of Health Policy and the Family in the U.S.?

In order to understand the current status of any policy and to anticipate the future of that policy, we must be reflexive and determine the extent, if any, of its past. This is based on the idea that policy is processual-dynamic not categorical-static. Policy construction is related to interest groups, and consequently becomes a political process. Further, because it is related to a special interest group it reflects a part of the whole -- the whole society. It is fragmented because of the way it evolves. In the case of health policy the focus has been on those persons in dependent status: the young, the old, and the poor. This means that the policy has been focused on parts of the family and not on the family as a whole. The best examples of this are medicare and medicaid which are not comprehensive in terms of the family. By comparison some form of Comprehensive National Health Insurance could focus on the health needs of all the members of all the families and thus not be so fragmented.

Because of the need for some understanding of policy as a developmental process, one of the policies that has evolved in the United States will be discussed. This is also intended to point out how it is political and fragmented. Some of the qualities to be discussed reflect the nature of "the beast" so to speak. That is, when we talk about government intervention and government policy there are some inherent problems.

The particular program to be discussed is called EPSDT or Early Periodic Screening Diagnosis and Treatment. The policy as we know it now has emerged out of a series of legislative acts reaching back to the first maternal child act, The Shepherd Tower Act of 1922. It was followed by a series of programs such as the 1935 program to screen for cripple children. Next, there was an emergency maternal and infant care program for families of armed forces personnel during and after World War II. Various maternity, infant, and youth projects were created in the early 1960's that led to the establishment of Title XIX of the Social Security Act in 1966. Title XIX focused on health care for the indigent poor who were under 21 years of age. In 1967, Title XIX or Medicaid, was amended to include EPSDT, which defined as eligible those who qualified for AFDC, Aid to Families with Dependent Children.

Anne-Marie Foltz (1975) cited several key problems in the development of this policy which indicated its ambiguous nature. First, there was the question 'Who was going to fund it?'. Second, it was not clearly indicated, 'Who was going to administer it?'. Third, really getting to the basics of health care, 'Who was going to receive the care?'. And, finally, even more critical, after identifying those who were legitimate recipients of care, what kind of services were legitimate and needed? These were questions for which there was no definitive answer. It is not argued here that the program, EPSDT, has no merit; however, it is an all too typical program and exemplifies the need for a "total" family health policy.

What are some of the Central Problems in considering
the establishment of a Family Policy?

The overriding problem of policy formation arises from the fact that it springs from the image of man or, more correctly, the image of family which the policymakers hold. By this is meant that there are working assumptions which are the basis for efforts to conceptualize and categorize all social processes and events which are faced. Policy making is such a process. Here are some ideas of what is meant by the images of man and how they affect the family policy process. An economic image of man would propose that man is determined primarily by economic factors. By comparison, a medical image of man would envision man to be determined by his bio-physical condition. A theological image is dominated by the argument of supernatural causation. A psychological image of man offers man as controlled by intra-psychic processes. Finally, a sociological perspective of man argues for societal determinism. Most persons or groups who align themselves with one of these "images of man" are not so myopic to argue exclusion of the other perspectives. However, as Royce (1964:3) points out we are prone to the "outlook that only certain views are correct and that only certain people have the proper background to

have these views." Two basic difficulties emerge out of this situation. First, if the policy formation process is dominated by one group the subsequent policy would reflect an "encapsulated" approach to the problem and therefore would not attend to the family as a multi-dimensional (viz. social, psychological, religious, economic, etc.) group. Second, policy formation involves many people trying to come up with a single statement. Persons participating in such a collective endeavor may not share the same image of man resulting in an arena of debate over whose "correct" about what path a policy should follow.

Arising from this basic problem are a number of others which need to be discussed. First is the problem of a definition of the family. We are all familiar with family if for no other reason than because we have all had experience in some kind of family. It may have been negative or positive. The ironic thing about this particular concept is that even though we have such close, subjective experience in relationship to it, at a collective level we have difficulty coming together and defining what we mean by the family. This is especially true when we talk about the concept in relation to the formation of policy. There is no specific universal definition, but several definitions which are used to include or exclude certain individuals or living units from the benefits that a certain policy might give. For example, the nuclear family might be defined as two adults of opposing sexes with their own or adopted children. Some people say that is not a good definition of the family because it excludes other units. They in turn might say a single parent, male or female, with youthful dependents is a family. Or, a single parent, male or female, with adult child is a family. Or, two adults of opposing sexes with or without children who co-habit with or without formal state or religious social sanctions is a family. Finally, group marriage, multiple adults with or without dependents is a family. There are other possibilities but these give an indication of what is meant by the lack of a clear-cut definition of what constitutes the family. Each of us has his own idea of what a family is. But we are talking about social policy, involving collective decisions -- a decision about a definition of family. Some countries have been very explicit in their definition. For example, the French have a very legalistic definition of the family. They define a family by the presence of children of French nationality with their parents -- children of French nationality (Rodgers, 1975:114). It might be difficult to come up with such a legal definition of the family in this country, primarily, because of the factions involved.

Another problem is the definition of the concept of policy. It has become a very appropriate and frequently used word and in the last two decades as we have been in a "policy frame of mind." Actually, going back to Franklin D. Roosevelt, we've been in a policy frame of mind. But there is still no collective consensus on the concept

itself. Here are some examples: First, policy might be defined as formalized ideology which is operationalized through action. Schorr (1972) says that ideology and public policy are so interrelated that they may only with great difficulty be seen separately. So he says that ideology and policy are about the same. Another conceptualization proposes that policy may be defined as the principles and procedures guiding any measure or course of action with regard to a social phenomenon that governs social relations and the distribution of resources within society, (Alvin Schorr, 1972). Thus, policy becomes a point of view in a context of social action. Last, policy might be viewed as the implicit or explicit core of principles or continuing lines of decisions and constraints underlying specific social welfare programs and provisions.

Some of the key terms, from these definitions might help us conceptualize the notion of policy. One, is that it is an idea. Whether we are talking about ideology, principles, etc. idea is involved in each of these definitions. Secondly it involves action or procedures. Policy is a process in terms of the development of a particular idea and the implementation of that idea. And finally, any policy should focus on the basic qualities of the nature of man (ie. physical, intellectual, emotional, psychological, and social). Thus, policy conceptually involves form, content and process.

A third conceptual problem area is that of values which form the basis of policy formation. Policy construction involves the reflection of and attempt to integrate values. Gunnar Myrdal (1972:1) in his article "The Place of Values in Social Policy" points out that the term values "carries the association of something solid, homogeneous, and fairly stable while in reality valuations are regularly contradictory, even in the mind of a single individual and also unstable, particularly in modern society." So, when one thinks of values, he/she frequently think of things that are always there, always stable and not debatable. One's personal experience should invalidate this as in his/her subjective experiences he/she deals daily with conflict. When one questions oneself with regard to alternative forms of behavior there is an underlying value behind such questioning. "Human behavior is typically the result of a compromise between evaluations on different levels of generality." (Myrdal, 1972:1) In other words, when people get together to talk and make decisions about an issue they establish compromises in their values. Myrdal (1972) proposes that in such a case there is "creative harmony." The social action that creates this "harmony" is an arena of confrontation and potential conflict (Goffman, 1969). Where there are different value perspectives in the context of decision making some individuals attempt to get the others to accept their values. This type of conflict produces questions such as "What are the important social issues?", "What are the salient needs of individuals?"

In American society in many ways family oriented values have been sacrificed for values emphasizing the individual. The family has been regarded as a private venture for personal satisfaction. This is in large part a consequence of the emergence of industrialization which has "freed us" from locality and family. A key issue here is that industrialization has produced situations where many take jobs which make them geographically mobile. Success within many career patterns is contingent on ones willingness to move from one city to another; indeed, it has "freed us", from locality and from family and offered us instead alienation and aloneness.

Another interesting value conflict is related to what Ralph Turner (1970) calls the privacy principle. This is a value on maintaining territoriality and exclusion of others. The consequence of this has led to a 'laissez faire' approach to family policy. In other words, "Here is my family. Don't bother with us because we have privacy within our own domain." A laissez faire policy is really no policy at all for it follows the notion that no government is the best government, a proposition which was preferred by the social Darwinists in the early 20th century.

One last comment on the problematic effects of values on policy is that there is no absolute resolution of value conflict because of two things. One, the circulation of power within society means the different sets of values may be reflected by different political groups during different periods of time. When one political group is in power its values will be reflected in policy. In turn, when another group is in power, its values will be reflected in the policy. There is obviously some continuity or the changes in administration would be revolutionary. We can look at the administration of a number of Presidents over the past two or three decades and there is some continuity. However, this might be a consequence of the bureaucratic nature of governmental order and not actually continuity of values between political administrations. There has almost always been contention. One administration comes in and sets up a policy and the next will come in and begin to chip away and make changes. A second factor that prohibits value stability is the fact that value change occurs within groups. Even if there were no circulation of power there would be value change. So values are a problem in policy because of differences between groups and changes within groups.

Fourth, the direct and indirect effects of policy can be a problem in the development of family centered policy. Because of the nature of society, institutions are intertwined into a system. Thus, to effect a change in one part of the system would produce a change in another part of the same system. Consequently, when policy has been implemented which impacts on one part of society, other than the

family, it may have either functional (positive) or dysfunctional (negative) consequences for the family. Although the purpose of a given policy may be for the stimulation of the economy through the creation of new jobs it might have an unintended consequence of meeting family needs. For example, it could provide the role of breadwinner to a family member, an important part of the social organization of the functioning family unit. But, the intent of the policy may not have been to facilitate someone as a breadwinner but to let a person have a job or, more probably, to create economic growth or stability in the social system as a whole. An example of the unintended dysfunction of AFDC has been its impingement on informal relationships of spouses in the family by producing secret visitation by the male. The female cannot get benefits if there is a two parent family or a two adult family.

Fifth, it has been pointed out earlier in the discussion of health policy and values that there has been no policy for all families as social units. Barbara Rodgers (1975:115) cites this as a shortcoming of the British system which, like several European countries, does have a family policy. She says "the British family system is concerned with deprived and problem families rather than with ordinary families." This is an accurate description, in part, for our own situation, but we must go further saying that our policy with regard to health and welfare has dealt with individual status differences -- for example being poor, being young, or being old -- and has not focused upon the family as a unit. It is not being argued that policy doesn't affect family -- that is what was addressed in a previous question -- but it does so only indirectly.

The last problem area in policy involves the criteria for judgement. Values or more accurately, ideology and not research have formed a basis of policy formulation and implementation in many of the efforts carried out in the past. This is not to take an anti-humanistic position but to say that rational observation, not sentiment, should be the primary guide for policy formulation and implementation. David Mechanic (1969:80) has pointed out the problems of such an approach in the area of mental health programs. Specifically, he was referring to the report of the Joint Commission on Mental Health and Illness in 1961 and the subsequent community mental health legislation. That report made the following argument:

The objective of modern treatment of persons with major mental illness is to enable the patient to maintain himself in the community in a normal manner. To do so, it is necessary (1) to save the patient from the debilitating effects of institutionalism as much as possible, (2) if the patient requires hospitalization, to return him to home and community

life as soon as possible. Therefore, aftercare and rehabilitation are essential parts of all service to mental patients, and the various methods of achieving rehabilitation should be integrated in all forms of services, among them day hospitals, night hospitals, aftercare clinics, public health nursing services, foster family care, convalescent nursing homes, rehabilitation centers, work services, and ex-patient groups.

In conjunction with this, there was a mandate within these community mental health related laws to decentralize psychiatric hospitals. The proposal was that no hospital would house more than 1,000 individuals. These facilities were to be phased out. In California we see this has been implemented probably to a greater extent than in any other state at this time. The humanistic statements that were proposed by the general commission, are those with which many, if not most, can be sympathetic. However, after review of research findings, Mechanic (1969) points out that there have been a number of unintended, negative consequences of such legislation. 1. There has been considerable social cost in keeping the patient in the community during the early periods of psychiatric illness. He was not talking about economic costs only but also social costs -- to family, the community, and the patient himself. 2. Some patients may attain a higher quality of life in a sheltered institution than when outside of one. And, in condemning bad institutions, we certainly need not abandon the institution idea entirely, since some persons probably function best within them. Community mental health, as a social policy, has been under strong criticism for a long time. It is not being argued that there be no community mental health policy, but the process by which the community mental health policy arose reflects the validity of such criticism. It was basically an outgrowth of an ideology. A caveat to those involved in family policy formation is to tender decisions based on systematic observation as well as other criteria.

How can we begin to develop a Family Health Policy
which Facilitates the Well-Being of the Family?

Since social policy is a product of social behavior it is a problematic process. The formulation of a policy involves a series of decisions which focus on several issues which have been mentioned: What is the family?, What is policy?, How are values a problem in policy formation?. These questions make policy formation a problem. Therefore, we must be critical and systematic in our approach to policy. The following are suggestions which should be considered in this effort. First, there should be effort to make policy based on evaluation. Namely, the intended and unintended consequences of a number of possible policies should be considered. Those that

presently exist and indirectly affect the family, as well as those that might be developed to affect the family either directly or indirectly. Such a policy analysis (Rossi, 1972) or evaluation procedure is imperative. An effort has already been initiated to some degree as the government has held a Commission on Children and Youth with a report reflecting the state of policy with regard to this area. In addition there are current plans to have both state and federal commissions on the family. Now we are talking about the central issue of this presentation. Policy focused not just on children, not just on youth, but on the family.

Another consideration to be proffered is that policy construction and program administration should include consumer participation at each level: federal, state, and local. A precedent has already been established for the participation of the consumer at the economic level of governmental policy making and this procedure should extend to the family policy area, too. The French who have a Family Policy place a heavy emphasis on consumer participation. As Rodgers (1975:12) points out "the Caisse (Agency) emphasizes the needs of ordinary families with representatives of families themselves having an important say in what welfare services their local Caisse shall provide." Rue (1973) in advocating the establishment of a governmental Department of Marriage and the Family suggests that such a formal organization should exist at all levels of government with consumer participation at each level.

A third element to be suggested is the development of a research base to be carried out by social scientists who are motivated to focus their efforts on human needs as well as academic and professional goals. This might include training and encouraging family researchers through continuing education projects as well as guided monitoring of funded research.

Fourth, policies should be developed with related programs that are flexible enough to deal with the dynamics of change at each level of impact -- society - family - person. Such a goal is most difficult to fulfill, in large part, because of the conceptual problems referred to earlier. However, with the utilization of consumer participation at the inception of the policy making process, this goal might be facilitated. A dynamic type of policy called for here has been endorsed by Larry Hirschhorn (1977:447) in his article, "Social Policy and the Life Cycle: A Developmental Perspective." He argues that policy is needed which addresses "...the inherent problems of transitions, shifts and movements between life states, jobs, careers and locales." His emphasis is on policy which helps the individual overcome "stalemated life states and provide for second chances." However, it is these same propositions which should be applied in the

area of family policy.

Fifth, the development of meaningful policy goals with practical restraint is a most salient caveat when policy is formulated. Because policy frequently emerges from an ideological base it fails to be circumscribed by the practicality of rational observation. Consequently, there is a liability of developing rather naive assumptions about our capacity to change the conditions of human existence. The cliché of the '60's "war on poverty" or a war on anything is an inappropriate paradigm. A "supportive paradigm" should be used with the connotations it promotes. Interest in facilitating the well-being of families in society not fighting evil should be the focus of our efforts.

Finally, policy should not impede but facilitate decision making in families. It should not be destructive but aid individual and family development. It should focus on affording the family opportunities to meet its socially defined purposes and goals such as procreation and socialization of the young (Zimmerman, 1976) as well as a social arena for adults to find and establish a meaningful social-psychological life experience.

In summary, it has been proposed that social policy is a social process with many of the incumberments of social processes in general. Since policy is a decision making process, it is problematic in nature thus leading to the focus of this article -- the problem of Family Policy. Several critical questions have been cited that are related to the area of family policy in general and family health policy in particular. Issues examined range from those of little complication to those of seemingly insurmountable magnitude. However, all of these must be attended to if the challenge is to be met and a policy constructed which centers on the well-being of American Families.

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