

# Marriage and Relationship Factors in Health: Implications for Improving Health Care Quality and Reducing Costs

National Healthy Marriage Resource Center (NHMRC) www.healthymarriageinfo.org

**Issue Brief** 

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### Introduction

The health benefits of marriage have been recognized and commented upon in recent years by scholars, public officials, health and human service practitioners, and the media. Married people, in general, are healthier and live longer. However, the meaning and practical significance of this finding is not clear. More recent studies find that it is the quality of the relationship with the spouse or significant other that matters most, not solely marital status. Studies show that positive and supportive relationships promote health and help healing while negative and destructive relationships are harmful to health.

The nexus between marriage and health represents a relatively new and still undeveloped area of research, and is somewhat constrained by various methodological limitations. However, the number and variety of studies across disciplines and diseases that find strong correlations among marriage, relationship quality and health outcomes for children and adults are impressive and intriguing, and all point in the same direction. There *is* clearly a relationship between marriage and health that warrants attention in current debates about how to improve health care and reduce costs.

Why should health care professionals and policymakers pay attention to these facts? What role can they play in helping people choose partners well and achieve healthy, safe and long lasting marriages that most desire? This Issue Brief summarizes research, and identifies promising marriage and relationship education (MRE) tools and program models designed to strengthen couple relationships that could be adapted and integrated into the health care system. These tools and models have the potential to help contribute

to better population health, more effective patient care and may reduce health care costs. Although there is more to study and learn, there is a solid foundation of research on which to build. Opportunities to invest in further research and to develop and test innovative evidence-based approaches should be sought.

This Brief draws upon the Making Connections: Effects of Marriage and Couple Relationships on the Health of Infants, Adolescents and Older Adults conference of health care, marriage and relationship scholars and other experts held on October 20-22, 2008 at the Wingspread Conference Center in Racine, Wisconsin, sponsored by the National Healthy Marriage Resource Center (NHMRC) and the Annie E. Casey Foundation.<sup>1</sup> The conference was designed to critically examine the current state of research linking marriage and relationship quality to health outcomes, to consider promising educational interventions based on the research, and to identify implications for health care practice, programs and future research. The meeting was a bridge-building conversation among experts from a wide range of academic disciplines and program perspectives who, for the most part, did not know each others' fields. Yet broad agreement was reached on the important findings and issues and on specific suggestions for next steps.

Conference participants acknowledged that the research provided limited but very encouraging evidence that an investment in understanding the marriage/health connection and finding ways to support healthy, lifelong relationships could help

<sup>1.</sup> This Brief benefitted from the thoughtful comments and suggestions of the *Making Connections* Conference participants. The authors of this report bear sole responsibility for the final content. See the full conference report, *Something Important is Going on Here! Making Connections Between Marriage, Relationship Quality and Health* by Jana Staton and Theodora Ooms, <a href="https://www.healthymarriageinfo.org">www.healthymarriageinfo.org</a>.

contribute to two major challenges: improving health care quality and reducing health care costs. Specifically, if health care professionals paid attention to the couple relationship and learned what they and others can do to support couples, they could potentially:

- strengthen innovative efforts already underway to improve the management of chronic disease, increase regimen adherence (compliance), improve patient safety and reduce re-hospitalization rates, and protect family caregivers' health.
- increase the impact of public health information and education efforts designed to prevent disease and promote wellness.

This Brief includes ideas presented and discussed at the Making Connections conference, summarizes recent research, and discusses first steps for action.

# What Does the Research Tell Us About Marriage and Health?

The research on the marriage/relationship and health connection is scattered among different disciplines and draws upon analyses of general population surveys and studies of specific diseases and populations. Initially most research focused solely on marital status and did not assess relationship quality or include cohabiting couples (those living together in a romantic relationship). More recent studies distinguish between "unhealthy" marriages and those that are "healthy" or "good enough." A few also examine health outcomes for couples who are cohabiting but not married, and a few examine differences between

first and second marriages. For recent reports that synthesize this large and growing body of research, see Collection by Topic: Marriage and Health <a href="http://www.healthymarriageinfo.org/resource-detail/index.aspx?rid=3649">http://www.healthymarriageinfo.org/resource-detail/index.aspx?rid=3649</a>. Key findings are summarized below.

## Definition of a Good Enough Marriage and a Healthy Marriage

Good Enough Marriage: A relationship in which spouses (parents) are able to cooperate and raise their children in an atmosphere of mutual respect, tolerance, and support. Even if spouses do not feel deeply, personally fulfilled in these marriages, they benefit from cooperative teamwork. These marriages can improve over time and become mutually satisfying and fulfilling.

Healthy Marriage: A committed, mutually fulfilling romantic relationship characterized by the creation of shared meaning and the absence of violence or controlling behavior. These marriages are not perfect, they have ups and downs but are sustained through commitment and love.

## **Key Research Findings**

 Married adults are physically and emotionally healthier and live longer than adults who are never-married, separated, divorced or widowed, and their children are healthier and live longer as well. An increasing number of studies suggest that it is the quality of the marital relationship rather than simply

- being married that affects health. Unhappy, unhealthy, high-conflict marriages have negative effects on both physical and mental health (Waite & Gallagher, 2000; Staton, 2009).
- Marital status and relationship quality affects health across the life cycle. Overall, these health benefits persist even when other factors known to affect health outcomes are taken into account i.e., health status prior to marriage, income levels, education and race/ ethnicity (Wood et al, 2007).
- Children raised by two biological married parents who have a reasonably good relationship have better health during their childhood and as adults than do children growing up in other family arrangements. Adolescents raised in these family circumstances are less likely to engage in behaviors that pose health risks, such as premature sexual activity and substance abuse. Young adults reduce health risk behaviors on entering a permanent lifelong relationship (Staton, 2009).
- The health of adults in mid-life is increasingly affected by the quality of marital and intimate relationships, including both unhappy marriages and marital disruptions. As people grow older, the marriage/health connection becomes dramatically stronger. Both the positive health benefits of having an intimate close relationship and support, and the negative effects of a stressful, negative relationship, increase with age (Hughes & Waite, 2009; Bookwala, 2005).
- Married individuals are less likely to enter a nursing home or to pay for costly long term care, and less likely to have problems with activities of daily living. However, while spousal care-giving in later years can be

- a considerable benefit to the ill spouse, it may also pose health risks for the caregiver (Schoenborn, 2004; Carr & Springer, 2010).
- Studies pinpoint several key transition
  points when the couple relationship is most
  vulnerable, and where efforts to strengthen it
  have the most potential to pay off in terms of
  health outcomes: around the birth of a baby,
  for youth forming first romantic relationships
  during adolescence, in the management of
  chronic illness, and when coping with the
  frailty and illnesses of aging (Staton, 2009).
- Relationship quality matters to the progress and outcomes of chronic disease. For example, men and women of "high quality" marriages live longer with cardiovascular disease, independent of the severity of illness, than do those in "low quality" marriages (Robles & Kiecolt-Glaser, 2003; Rohrbaugh et al, 2006).
- The effects of depression on physical health have been widely recognized. Scientists are now beginning to explore the pathways from marital distress and subsequent separation/ divorce to the development of depression, which in turn has long term effects on physical health (Hughes & Waite, 2010; Wickrama et al, 1997).
- The effects of marriage and couple relationship quality on health differ by gender. Upon marriage, men's physical health shows immediate benefits: their health status improves, negative physical symptoms decrease, and importantly they reduce their risky behaviors. However, married men are more likely to gain weight and become obese than single men. By contrast, the health advantages of marriage for women appear to increase with the duration and quality of marriage, and their health seems to be more

- susceptible to marital discord than men's health (Kiecolt-Glaser & Newton, 2001).
- The substantial disparities in health associated with race and income are partly explained by lower rates of stable long-lasting marriages for African-Americans, even when socioeconomic status is taken into account (Koball et al, 2010). Hispanics traditionally have higher marriage rates, but as in the process of acculturation Latino immigrants, rates of cohabitation and unmarried parenting are increasing. Researchers are beginning to explore the effects of these demographic changes on Hispanic health outcomes (Goodwin et al, 2010).
- In recent years clinical and laboratory studies have begun to identify some of the very specific psycho-physiological causal pathways by which both positive and negative couple interactions impact health through their effects on the immune systems, blood pressure and heart rates, and levels of stress hormones (Robles & Kiecolt-Glaser, 2003).

# Why and How does Marriage and Relationship Quality Affect Health?

Until recently it was generally assumed that people who are inherently mentally and physically healthy are more likely to be chosen as marriage partners and to stay married, called "the selection effect." While selection plays a role, the contemporary consensus of scholars is that it does not explain all of the marriage effect. A wave of new studies highlights several other potential explanatory factors (Carr & Springer, 2010).

- (i) The "economic" effect. Married people on average create and/or have access to increased economic resources associated with better health. They and their children are more likely to have health insurance and access to health care services and other sources of social and economic support.
- (ii) The "protection" effect of social support. In "good enough" marriages spouses and partners look out for each other's health in various ways. They influence what their partner eats, drinks, and smokes, and help create safe, healthy environments and encourage responsible behaviors. Spouses/ partners play an important role in encouraging their partner to get medical help, keep health care appointments, take their medications regularly, get exercise, stick to diets, and follow the doctor's instructions etc. By contrast, in high-conflict, nagging or neglectful relationships the partner may have a quite negative influence on his or her partner's health related behavior.
- (iii) The "intimacy" effect. A committed, intimate couple relationship is the major source of social support, companionship, sexual health, and care-giving for adults, especially as people age, and numerous studies have found these factors to be linked to better health and longevity. (For older individuals who are not married, having other close supportive relationships with adult children or friends, can provide similar kinds of health benefits.)

Some of these issues such as economic factors are already being addressed by policymakers – for example by expanding access to medical insurance. The field of marriage and relationship education has demonstrated that something can

also be done to affect positively the three relational factors – mate selection, social support, and intimacy – which together account for much of the 'marriage effect.'

# Marriage and Relationship Education (MRE)

MRE interventions teach couples and individuals the information, skills and attitudes that help them to have positive, supportive, partner relationships at different stages of their lives. MRE is a preventive and educational approach, distinct from couple counseling or therapy which focus on dealing with crises or serious problems in the relationship that have already occurred. Originally provided primarily to middle class white engaged couples, increasingly, MRE is now being offered to racially and economically diverse populations, and individuals and couples at many different life stages. Most commonly, MRE programs refer to structured classes and workshops provided to groups of couples, offered on a voluntary basis in a variety of community settings. MRE is also being provided to the general public through media campaigns, web sites, DVDs and self guided Internet courses and social media outlets.

Many MRE curricula are evidence-based, grounded in decades of research on risk and protective factors and on the results of laboratory studies identifying interactions that help marriages succeed or cause failure. Rigorously designed program evaluations have demonstrated that couples can learn new behaviors and skills such as improved communication —a core, essential relationship skill — problem solving, and conflict resolution as well as improving other aspects of relationship quality (Hawkins & Ooms, 2010; Markman & Rhoades, in press). There are some indications that MRE

can help to reduce intimate partner violence and lower divorce rates, at least in short term impacts (Markman & Rhoades, in press; Stanley et al, 2010).

Since 2002, when the Administration for Children and Families (ACF), Department of Health and Human Services launched the Healthy Marriage Initiative, MRE interventions have been funded with substantial federal and some state support. Most were designed for social service or education settings, and to date have not been funded to track or potentially improve health outcomes. However, a handful of innovative demonstration programs that combined relationship education skills with a focus on general or specific health issues have been funded. For example, the National Multiple Sclerosis (MS) Society integrated an online marriage and relationship education program into their services for couples living with MS.

# A New Way of Thinking About Health Care

The studies referred to above, along with many others, demonstrate that individuals' ability to protect and promote their health and wellness, recover from sickness, and manage chronic illness and the process of dying, all depend in part on the nature of the relationship they have with their spouse, intimate partner or other close caregiver. When the couple's relationship is strong and supportive, the individual's partner can be a critical ally; when the relationship is weak, negative or abusive, the relationship can be a major barrier to positive health outcomes. It is now better understood how the health care system can support, reinforce and even strengthen the ability of a spouse or partner to play a constructive role in achieving good health outcomes, and thereby in some cases reducing costs.

This represents a shift in thinking about the best ways to deliver health care. Currently health care services are essentially focused on the individual — the individual child, woman or man is the unit of diagnosis and the focus of treatment. Some persons indeed are truly solitary for some or all of their lives, and for them the current approach to health care may work reasonably well. But for most people, their lives are intimately linked to spouses<sup>2</sup> or cohabiting partners and disruption to these intimate relationships damages partners' health across their lifetime (Hughes & Waite, 2009). Patients are also often connected to parents, children or other family members, and close friends for social support— and they may substitute for, counteract or complement the role of spouses/ partners. The current movement to reform the health care system could benefit from increased understanding of the important role intimate relationships play, and their power to help or harm an individual's health.

Adopting a new paradigm that takes into account the couple/partner relationship implies changes in the behavior of health care providers, as well as changes in the design of health care systems. The evidence to date indicates that such changes have the potential to improve health outcomes and reduce costs. Some promising educational tools and service strategies developed by marriage and relationship educators exist and can readily be adapted and integrated into ongoing health care innovations being sponsored and encouraged by

the Institute for Health Care Improvement, the Center for Medicaid and Medicare Innovation, Centers for Disease Control and by private foundations. These innovations include efforts to coordinate primary care, create a "medical home," lessen the rates of re-hospitalization, and increase adherence to medical regimens etc. (Health Affairs, March 2011).

# **Examples of Innovative Couple-Centered Practices**

What would a more couple-focused health care system look like at the front line of service delivery? Following are some preliminary ideas of specific couple relationship focused practices and services that can be provided by health care professionals. They are based on the research lessons and real life practice examples presented and discussed at the Making Connections Conference.

- Across all types of health care, providers can routinely collect basic information on the patient's spouse/partner (if there is one), as well as on the baby/child's other parent, whether married or not. On medical information forms, when the "next of kin" question is posed, it should also ask whether the person lives with them, or is close by. The family medical history section typically asks about the health history of blood relatives, but it should also ask about the health status of the spouse and/or the noncustodial parent.
- In acute care situations, hospitalizations, discharge and rehabilitation planning (especially for post cardiac care and major surgery), information can be provided directly to the patient and any spouse/partner about

<sup>2</sup> A recent Census report finds that 44% of adults are currently married, and another 10% are in cohabiting unions. It is predicted that a clear majority of all adults, 75%, will marry at some time, and 30% will cohabit. Goodwin, P.Y., Mosher, W.D., Chandra, A. (2010). Marriage and cohabitation in the United States: A statistical portrait. Nat'l Ctr for Health Statistics, Vital Health Stat 23 (28); Kreider, R. M. & Ellis, R. (2011) Number, Timing and Duration of Marriages and Divorces: 2009. American Census Bureau: Current Population Reports P70-125.

- ways the partner can be most helpful in the process of diagnosis, treatment and rehabilitation management. (The patient, however, does need to give permission to involve the spouse/partner in specific ways.)
- In perinatal, well-baby and pediatric care, providers can identify "teachable moments" to educate both parents about the importance of the father's involvement and of a healthy, safe couple relationship to the health and development of their infant/ child(ren). Parents can then be referred to programs or other sources of parent and couple relationship information and education (available in printed form, on the Internet, or in community classes and workshops).
- In the treatment of major chronic diseases such as cardiac disease, diabetes, multiple sclerosis, or depression providers can invite the patient and partner to become an integral part of the "coordinated health care team" or "medical home." (These and other practice innovations are designed to improved management of chronic illness, reduce re-hospitalization rates, increase adherence to treatment regimens and thereby improve patient satisfaction and reduce costs).
- The couple needs to be given opportunities to learn about and discuss how the chronic illness or disability might affect their roles and relationship. They should be referred to additional sources of information, education (printed/internet) or group program that address how to strengthen and support their relationship, and protect the caregiver's health as they together manage the patient's illness/disability. (Note: With a few exceptions such as Your Relationship Matters Now at the National Multiple

- Sclerosis Society, a demonstration program funded through the ACF Office of Family Assistance in 2006, these kinds of resources and interventions are not yet available to couples dealing with chronic illness.)
- In end of life care (palliative and hospice care), whether hospital or home-based, the health care system should treat the spouse/ partner as a key member of the palliative and hospice care teams and provide them with full information and decision options. This would include addressing the caretaker spouse/partner's levels of stress and needs for support and respite. While hospice services are already a model for family/ couple-centered care in principle, in practice many providers find they need more training to be able to implement such an approach.
- In routine contacts with partnered patients (or with a child's parents), health care providers should informally assess the quality of the couple's relationship, and especially be alert for any "red flags" that might indicate there was an abusive, or very controlling relationship. Health care providers need to learn how to make appropriate referrals to domestic violence services. (The American Academy of Pediatrics has developed a booklet for health care professionals that addresses being alert to assess the parent-child relationship for abuse; similar information needs to be routinely made available to health care professionals to help them assess and deal with intimate partner violence and abuse.)

These and other kinds of innovative couplefocused health practices and programs are already being implemented informally by a handful of health care providers across the country, but they are not widespread. There are a growing number of innovative programs, such as those sponsored by the Institute for Healthcare Improvement and several foundations, which already could integrate these or similar couple-centered practices. But they are not identified or discussed in the health care innovations literature, beyond occasional references to working with patients "and their families" (Health Affairs, March 2011). Importantly, with a few exceptions, no evaluation studies have yet tried to learn whether couple-focused practices would actually improve patient outcomes and possibly also reduce health care costs, as the research to date suggests.

Fundamental to the more widespread adoption of these couple-focused innovations, and many ongoing innovations, are policy changes in health care system design, reimbursement incentives and payment mechanisms—such as Accountable Care Organizations— but these were not discussed at the Making Connections Conference and are not explored in this brief (Engleberg Center for Health Care Reform 2010).

## **Taking the First Steps**

Both the research rationale for couple-focused health care, and the innovative tools, programs and practices to implement this new direction need to be more widely known. Participants at the *Making Connections* Conference discussed four overarching strategies to bring the information and ideas about MRE to the medical community and the public, and highlighted some windows of opportunity for doing so.

#### 1. Build bridges with natural allies.

A key first step is to begin to create bridges with other individuals, organizations and coalitions with shared views, goals and perspectives about the important role of families or couples in the provision of health care. They need to explore whether they can find common ground and opportunities to work together on changes that need to be made to improve this aspect of the health care system. These natural allies include those representing a family perspective in health care, those primarily focused on fathers and promoting responsible, involved fatherhood, and domestic violence experts and advocates.

(i) Family-Centered Health Care Advocates. In recent years many health care practitioners and organizations have called for the health care system to focus on patients' social and behavioral context, and most often this means the patients' family. These include physicians and nurses who practice family-centered medicine, familycentered pediatric care, and those who support family caregiving of the disabled and frail elderly. Some of the relevant organizations include The Collaborative Family Health Care Association, Family Caregiver Alliance, The National Institute for Family-Centered Care, National Alliance for Caregiving, National Family Caregivers' Association. Other groups who may share some common ground are The National Coalition on Care Coordination, the Partnership to Fight Chronic Disease, the newly formed Partnership for Patients, and the National Council on Patient Information and Education.

For these organizations "family" is an umbrella term to include any relative (or person serving as de facto family) who is in a position to play a key role in the patient's health. The use of this broad and flexible term has, however, meant that the special relationship between the patient and his or her spouse/partner, or between the child's two parents, is generally overlooked.

Leaders from these organizations and those from the marriage and relationship field need to get to know each other better and discuss the lessons of the emerging research on the couple relationship/ health connections. They can exchange ideas about whether and how the emerging tools and practices to strengthen couple relationships could be usefully integrated into current reforms being advocated to strengthen and support family-centered health care and practice, and determine how to work together to coordinate and strengthen reform efforts.

(ii) Advocates for involved, responsible fatherhood. Members of organizations promoting involved and responsible fatherhood can be invited to join in efforts to make the health care system more fatherfriendly, as well as more supportive of the couple. For example, a number of studies strongly suggest that when fathers have a stable, committed relationship with the child's mother (whether married or not) and are involved around the time of birth and throughout the child's life, there are more positive outcomes for their children's physical and mental health.

Changes such as renaming federal and state agencies that currently focus on "maternal and child health" to "parental and child health" would signify that fathers are important to the health of their children. This new designation would have more than symbolic importance. It could be followed by an internal audit designed to identify ways that primary health care providers could effectively reach out to involve men and fathers

in perinatal, child health, and reproductive related services. The planned expansion of Medicaid to cover low income "childless" individuals (i.e. those not living with a child) will provide numerous opportunities to bring low-income young adults, including men and non-custodial fathers, into the health care system.

(iii) Domestic Violence Advocates. As a result of decades of efforts of those concerned to protect women from violence and abuse, intimate partner violence (IPV) is now recognized as an important national public health issue affecting too many women, men, as well as millions of children who are exposed to IPV. For the past five years, healthy marriage programs funded by the federal government have been required to consult closely with domestic violence experts to learn how to recognize and address IPV among the couples they serve. Increasingly, there are now calls for domestic violence and healthy marriage advocates to join forces to work together on preventive, educational approaches aimed especially at youth, with the aim of teaching them the knowledge and skills to form healthy, non-violent dating and intimate adult relationships (Ooms et al. 2006).

## 2. Create an Interagency Working Group to launch a national agenda of research and pilot demonstrations.

To move this national agenda forward, a comprehensive, coordinated planned agenda of rigorously designed research and demonstration programs should be launched at the national level. Fortunately, even relatively modest investments to add a couple component to research and innovation experiments that are already planned or underway, can have significant payoffs. This is

an important strength, given current serious fiscal constraints.

Participants of the Making Connections meeting envisioned the formation of an interagency working group of senior representatives from the relevant basic research units within the National Institutes of Health (National Institute on Aging, National Institute of Child Health and Human Development, National Institute of Diabetes and Digestive and Kidney Diseases, National Heart Lung and Blood Institute, National Institute of Mental Health, National Institute on Alcohol Abuse and Alcoholism, National Institute on Drug Abuse, National Institute on Minority Health and Health Disparities), as well as the independent National Science Foundation (Social, Behavioral and Economic Sciences). Members should also include representatives of federal agencies and units that support intervention research at the Centers for Disease Control, Office of the Secretary/Assistant Secretary for Planning and Evaluation, ACF/ Office of Planning, Research and Evaluation, the Assistant Secretary for Health, Office for Population Affairs, and the Office of Minority Health. After an initial review of the status of the research on the marriage/relationships and health connection, the Working Group should proceed to develop a two-part agenda:

- (i) Plan how to fill in the gaps in basic research through piggybacking on existing or planned research or health survey programs, by improving measures used to describe marital/relationship quality, and by building and testing theoretical models.
- (ii) Identify opportunities for translating the current research and evaluation findings into existing projects through modifications, or by designing new pilot demonstrations, and where possible, adding data collection

on health outcomes to existing social interventions. Demonstrations found to have positive health results should be considered for replication on a wider scale.

#### 3. Educate health care professionals widely.

Health care professionals —doctors, nurses, social workers, physical therapists and others— should be educated about the marriage/relationship health connection, and its implications for health care delivery and practice. This needs to happen both in the academic, professional training programs, credentialing processes, and in continuing education.

Many opportunities are opening up as some medical and nursing school curricula are now placing an increased emphasis on the social and behavioral context of health and disease, and are also teaching students how to develop better relationships skills with their patients and their families. The national associations of health care professionals—such as American Association of Medical Colleges, American Academy of Pediatrics, American Nurses Association and many others could encourage piloting new curriculum modules about the research evidence for the connections among marriage, relationship quality and health outcomes and the implications for practice in their professional training curricula, as well as in seminars and workshops offered in continuing education settings. As these curricula become more widely available, the relevant associations involved in the credentialing and licensing reviews could consider adding some relevant questions to patient examinations that would assess knowledge about the couple and family relationship effects on health outcomes.

In a parallel development, associations and organizations representing marriage and family professionals and other mental health groups, such as the National Council of Family Relations, American Psychological Association (Family Psychology, Division 43), and the American Association of Marriage and Family Therapy should actively disseminate information on the relationship/marriage health connections among their own members in their education, training and continuing education activities.

#### 4. Inform and educate the public

A variety of existing public health education and social marketing strategies can be used to inform the general public about the connections between parents' relationships and their children's health and well-being. They also need to provide the public with messages about the importance of highquality, committed marital or partner relationships for protecting adult health and wellbeing, and what kinds of information and educational resources are available to help strengthen relationships. These strategies could include public service advertising, radio, videos, web sites, posters and brochures available at medical clinics and offices, drawing on some of the tools and materials developed by existing healthy marriage initiatives. Several national and community based healthy marriage projects already have extensive experience in conducting media campaigns to promote healthy marriage, and to inform teens and young adults about how to make healthy relationships choices.

New couple-focused public health education efforts could be linked to and inserted within a number of ongoing national and state health promotion activities.

 Efforts by the Surgeon General's Office and the Office of Disease Prevention and Health Promotion to reduce the incidence of unhealthy relationships that can lead to intimate partner violence, are an important public health goal for the Healthy People 2020 campaign. Increasing the incidence of healthy relationships would seem to be a desirable goal to add, and is feasible since measures of healthy relationships are now becoming available.

- The Centers for Disease Control funds a variety of health promotion and disease prevention activities that could be strengthened by a focus on healthy couple relationships, such as those focusing on child maltreatment, dating violence and unwanted pregnancy.
- The National Campaign to Prevent Teen and Unplanned Pregnancy is using the Internet, social networking and social media to encourage young adults to form responsible, healthy relationships, avoid an unplanned pregnancy and thus achieve their future family and career goals. Three states (Oklahoma, Alabama and Maine) and a number of communities have adopted innovative relationship-focused curricula for high school students as part of their basic health education program.

#### Conclusion

An extensive, growing body of research demonstrates a strong link between marriage, relationship quality, and health outcomes for children, adults, and the elderly. For the large majority of Americans their own ability to protect and promote their health and well-being, recover from sickness, and manage chronic illness, frailty and the process of dying is influenced by the kind of relationship they have with their spouse, partner, parent or close relative. More research is clearly

needed, but the findings are sufficiently compelling (as discussed at the Making Connections conference participants and recent research findings) to urge that health care providers and health care reformers pay attention to these connections and learn what they and others can do to support and strengthen couple relationships while providing health care.

Happily, some promising practices, tools and programs, developed by relationship and marriage educators, are now available that could be adapted, tested and integrated into the health care system with the help of natural allies (advocates for family-centered health care, fatherhood, and domestic violence prevention). If implemented widely, these have the potential to strengthen current innovative efforts to improve patient care, reduce the costs of health care, and increase the effectiveness of public health education.

## References

Research citations in this brief can be found in the National Healthy Marriage Resource Center Collection by Topic on Marriage and Health: an extensive bibliography of annotated selected references, including recent research syntheses and reviews. <a href="http://www.healthymarriageinfo.org/resource-detail/index.aspx?rid=3649">http://www.healthymarriageinfo.org/resource-detail/index.aspx?rid=3649</a>

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