



**national  
healthy marriage  
resource center**

## **January 2009 Webinar Transcript**

**Healthy Marriage and Health Status: There's a Connection**

Moderator: Patrick Patterson

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12:30 pm CT

**Operator:** Ladies and gentlemen, thank you for standing by. Welcome to the National Health Marriage Resource Center January 2009 Webinar. During the presentation all participants will be in a listen-only mode. As a reminder this conference is being recorded Tuesday, January 21, 2009.

I would now like to turn the conference over to Patrick Patterson. Please go ahead.

**Patrick Patterson:** Thank you (Rhonda). Good afternoon, happy New Year and welcome to all to the National Health Resource Center's January 2009 Webinar entitled Healthy Marriage and Health Status. There is a connection.

We've spent a number of months planning this year's Webinar series and one of the things we want to kind of bring into play is the connection between the health field, and that includes whether it be physical health, emotional health, spiritual health, and its connection to healthy marriages and relationships and what the links are between the two of those.

Research has been compelling about the connection between healthy adults and their relationships and we want to try and convey some of that research and also practice to you guys today.

We have two outstanding speakers that will enlighten us from both the research and practical perspectives on this topic.

Over the years research has been clear that stable marriages impact health of individuals, as well as children. The connection between healthy relationships and health outcome continue to be found in the recent research, as well as surveys longitudinally across the country.

Today's speaker, like I said, will dive in to that both from the research aspect and also on the practice side.

Health at this time is very important for us also as we've talked about the future of social services, human services and health services will be a focus in the future regarding health and so the connection between marriage and marriage relationship programs will be essential for this Webinar.

Two things, just to give you guys a heads up. This Webinar is being recorded. We will have a chance to post the recordings, as well as the actual printed materials that you received earlier on our Web site.

This month's Webinar is being conducted on the third Wednesday of the month. Starting in February we reconvene to our fourth Wednesday schedule of hosting our Webinars.

Before going any further, I would like to provide a chance for our Federal Project Officer, (Michelle Walters) to provide some opening comments. (Michelle)?

**(Michelle Walters):** Thanks Patrick. Good afternoon, happy New Year and welcome back to everyone on the call. Thanks for taking the time to participate in first National Healthy Marriage Research Center Webinar for 2009.

This Webinar is focused on marriage and health and promises to be full of information that will support the continual growth of your healthy marriage program regardless of whether you (unintelligible) or not. So thanks again and I will now turn it back over to Patrick.

**Patrick Patterson:** Thanks (Michelle). A real, real consideration for us in this Webinar, we wanted to present the data that shows the compelling argument about the benefits of marriage and relationships on the health of individuals and children.

But we do not want to in any way appear that if you're not married or if a person is not married or in a relationship that there is a death sentence for them also.

So there are two sides of the coin, but we do want to be respectful the way we present the information on our call today. It will be very important as you talk about promoting your program, you talk about promoting health elements of your program, that we consider that there are two sides to the coin.

One that we're presenting this mornings of course is the benefit of the relationship on the status of an individuals' health.

Our presenters for today - I'm very excited about this morning's Webinar are Dr. Jana Staton from the Marriage Works learning center in Montana and Dr. William Doherty from the University of Minnesota.

A few housekeeping notes, this Webinar is being recorded for those of you taking notes. We will have a chance to post the materials. In addition to that, we're using Webinar technology that allows you ask questions during the Webinar. And for a brief on how you ask a question I would like to turn it over to (Stephanie). (Stephanie)?

**(Stephanie):** Thank you Patrick and a good afternoon to everyone. I'd like to direct your attention to the demonstration slide currently displayed on your screen. You should find the questions and answer pane designated by the letters Q&A located the top of your menu bar.

You can either open it and type your question or can also drag that pane off the menu bar displayed as stand alone box or dock it onto your live meeting technology box.

Type your question in the question box. Click on the word ask. That submits your questions.

We will go through and it automatically replies to every question that's asked almost instantaneously and just

so you know the question will say - or your reply will say thank you for your question. It has been forwarded to facilitator.

The reason we do this is that will then free up your console to ask another question if you so choose and throughout the Webinar Patrick will be facilitating questions and will handle questions that way. Thank you.

**Patrick Patterson:** Thank you (Stephanie). At the end of each presentation I will facilitate a brief Q&A devoted to the previous presentation. At the very end of Dr. Doherty's presentation I will do a cumulative Q&A where we will just try to answer or ask as many questions that have come in during today's Webinar.

So we'll proceed with that outline. Our objectives for today are three-fold. The first objective for today is to present research on the association between a healthy marriage, relationship quality and positive health outcomes in both children and adults.

Our second objective for today is to discuss and provide practical strategy for using the research presented on today's Webinar to assist providers with outreach and marketing their program. Very important, very important as we move forward.

And then the third objective for today is to provide rationale and strategy toward incorporating health as a central component in Healthy Marriage curriculum and programming.

A number of you have already begun the discussion with your program, your staff and your participants about what or how the health element is important for your program. So we just hope to add to that conversation today.

Our first presenter, I would like to introduce is Dr. Jana Staton. Jana is the Director of the Marriage Works Learning Center in Missoula, Montana, providing couple counseling, coaching and relationship education for couples.

She is developing new relationship skills classes for older couples through adult education focusing on health issues. She serves on the program advisory board for the National Smart Marriage Conference and correlates the health connection network for the 10,000 member coalition for marriage, family and couples education.

From 1992 to 1995 Dr. Staton was Director of Education for the Research and Education Foundation, American Association for American Family Therapy in Washington D.C. With that I present to you Dr. Jana Staton. Jana, the time is yours.

**Jana Staton:** Thank you very much Patrick and good morning everyone from Montana. Patrick's already given you kind of an overview of the strength of the research over a number of decades.

I just want to emphasize that we have a kind of long line of research that continues to show that married adults at all income levels have better health over a lifetime and live longer and the children of married parents, especially two biological parents, continue to have the best health in childhood.

Now where there are many more single adults and fewer married parents suddenly these kind of an important question as to whether marriage itself is conferring the benefits or are there other factors involved that might go along with marriage that aren't really related to marriage.

And if so - if marriage is actually providing health benefits, how does that happen? And then, you know, more recently what to me is actually exciting for the marriage education field - although, it might seem depressing to some, is that there's been a new focus on relationship or marital quality rather than just marital status.

And I hope to get to some of the research today that indicates that all marriages are not equally beneficial.

The low quality (conflictual) marriages, however we define that, appear now to carry significant health risks for adults and children and these risks are canceling out any health benefits.

Well that may not seem surprising to those of us who actually work with couples. We can see this before our eyes sometimes.

But it's exciting when we can find it in pretty solid research out there. And I just want to show you a couple of the slides that kind convey this longevity benefit of marital status itself both for women and for men.

The first slide shows what happens for women - this is over a lifetime, women who are married at age 48. By the time they are 65 still have a 90% chance of being alive. That's from all causes.

But women who by age 65 are divorced or widowed - widowed don't do too much worse about 93% or 90%, but divorced women have a little bit higher chance actually significantly higher chance of not living to 65.

The pattern for men is actually quite a bit more marked. Married men at age 48 will be still alive, 90% of them, at age 65, but men who in that intervening set of years are divorced or widowed or have not married. This is starting at a baseline of age 48, have a 65% chance or a little bit better of staying alive.

So the longevity is clearly related and this kind of statistic you can find in most of the large scale surveys.

The picture isn't quite as clear however when we get to some of the reasons why and my metaphor for this for all of us to remember is that the studies I'm going to be talking about, the studies we actually have are studies of apples and oranges and grapes.

There's just a lot of gaps in the research. We have a lot of cross sectional studies, one point in time that might

show a strong relationship between marriage and health or marital quality and health.

But these studies aren't controlled for the prior health status of the individuals or sometimes even for income level or education. And we know that those are independently powerful health factors.

So when we look at the research, we don't yet have the kind of critical analyses that we need and that's what we hope the next ten years will bring.

So there's just a lot of cautions about taking this research that's largely showing correlations or association and claiming too much for it. So we just kind of want to warn us all about that, not getting ahead of what the research shows.

What we need to know from research, and I want you to kind of listen for some of these concerns as I go through it, are first of all the affects of mate selection. How much of marriage is health benefits in the research are actually due to the effects of selecting healthier people?

If healthier people are more likely to marry, then marriage will seem to have a health benefit that has to do simply with individual partners.

And there's new research that I think is of concern especially for the healthy marriage field that the more well off, higher income, better educated people are the ones who are now actually marrying.

And that's going to make marriage look like a better health benefit, but it may be more and more due to income levels and access to healthcare and education.

The second big question that the research needs to answer and there's some - and certainly clues in it now, is what is it about relationship quality that's so important?

Because marital status alone masks a lot of different factors and marital quality includes whether there's a lot of emotional support or are simply a lack of support in a marriage or perhaps the presence of negative and (conflictual) interactions. And all of those seem to have direct effects on health.

And the third big area of research where we see real differences in health outcomes is actually that marriage benefits men rather differently than women over a lifetime.

Bill Doherty and I were just at a conference at the (Wingspread Conference Center) in October where we spent three days kind of chewing over the research.

And the general conclusion from some of the really top researchers and people in the field is that there's good evidence, it's largely still correlational, demonstrating that the health effects of marriage both beneficial and in

some cases, detrimental ones, are real.

But the state of the research is - I love this word – still immature with respect to understanding the pathways (potential mediator). So we have not research that discounts the benefits or effects of marriage, just that we need more research to do it.

I want to go on to the next slide that kind of outlines where we might look for the factors in marriage that provide health benefits. It's kind of important to keep these in mind because having a healthy marriage can include strengthening all of these.

First of all, we've known for some time that resources are usually more available for couples who are married. In most cases, there's going to be a higher income level, that may not be true for very low income couples however. There is better access to healthcare which is a direct health benefit. Their social networks are stronger and there's a division of labor.

And secondly, there's definite behavior changes that happen when couples marry in terms of individual behavior and there's also negative behavior, risk behaviors that happen when couples divorce.

And then the third area where we can look for health effects are just the physiological effects of an intimate adult relationship.

I'm going to now go through the research that was summarized in the fact sheet that the National Healthy Marriage Resource Center has on the Web site and that I think we can make available to all of you.

It does it partly by kind of age. So I want to start with the children because I think that's our strongest argument for why creating healthy, sustained relationships is an important public health effort.

And that's the effects of having hopefully intact, biological, two parent families because they continue to show that they - that we will have the healthiest offspring in those families.

But a lot of the research that shows that may not always account for income levels and the prior health of the parents. So we have to take some of this with a bit of caution.

There have been a couple of good longitudinal studies that are pretty conclusive and well accepted that children's whose parents divorce before 17 will have more acute or chronic health conditions as adults compared to children from intact families.

And that males, in particular, affected by divorce of parents in childhood and will have somewhat shorter life spans. So those are two kind of long-term health effects from family structure.

It's not as clear about marital quality and health outcomes. We just don't have much research on it. It's still pretty much a hypothesis.

But the theory is that if there's continuing and significant parental discord and conflict and that could be during a marriage or relationship and certainly we all know what happens when couples divorce and start fighting even more.

This kind of discord creates a cascade of physiological changes and these physiological changes for children will lead to increased risk of physical health problems.

I want to point out a new study that I came across just recently. It's not well known, but I think worth the healthy marriage field paying attention to.

It's called the Adverse Childhood Experiences Study, now funded by the Center for Disease Control and it is following a large middle class population of 17,000 adults at Kaiser Permanente in California over their lifetime. So it's going to go on for another 30 years.

It documents the consequences for adults of adverse childhood experiences in terms of adult disease, mental illness and addiction.

And adult - adverse childhood experiences are one of ten experiences in childhood. One or more occurrences of any of these ten experiences, physical, emotional, sexual abuse, domestic violence against the mother, physical or emotional neglect, the abandonment by or death of a parent, substance abuse, separation or divorce, mental illness, parental imprisonment.

Now these are markers for adverse events in a child's life. What's exciting is that it's the first time I think this has been directly associated with an adult prevalence of suicide attempts, depression, addiction, all of these are severe mental illness, outcomes. Also obesity and heart disease and premature death in adulthood, so it's a very large scale study. It's going to go on for quite a while.

The chart shows kind of their theory from adverse childhood experiences to emotional/social cognitive impairment certainly to the adoption of risk behaviors in adolescence and disease, disability and social problems in adulthood and earlier death.

So when I use this with, at least in Montana, it really rings a bell with the maternal and child health and healthcare professionals that were beginning to see the real connection between healthy parenting and better health outcomes and less healthy parenting and health.

While this again may be kind of obvious to some of us, we haven't had much in the way of research to support that until now. So it's worth paying attention to this study. I've put the Web site up there and it'll be in the

references.

Adolescents, as I said earlier, are directly affected not just by the family structure, although that's been looked at just endlessly, but recent research of two large scale studies of adolescent health have said that the quality of the parent's relationship with each other along with the quality of the adolescent-parent relationship appear to be the stronger factors determining adolescent health and health behavior.

So that's kind of exciting because it's the first study that has looked at the quality of the relationship. This was an analysis of a national longitudinal survey of youth by Child Trim.

And a second big database of adolescent health and risk behaviors at the Add Health study in North Carolina has also found that adolescent health and health behaviors particularly affected by disruptive - what they call disruptive marital transition which can include separation, divorce, and new step family formation.

All of those can have a consequence of increasing the adolescent health risk behaviors which would include smoking, binge drinking, risky sexual activities, probably not wearing a seat belt and all of those have direct health consequences.

Just briefly, - oops, I think I missed a slide, sorry. When we go to young adults who marry, this is where the big health benefits for men appear to come in.

Single adults overall are 50% more likely to engage in risky behaviors defined as substance abuse, smoking, unprotected sex affecting health directly.

And the health benefits of marriage for men may come largely from the reduction in risk behaviors. Men tend to show a greater reduction than women on marriage.

Just in summary, one of the gender differences that show up than in the research, and it's worth our noting, is that men in general have lifetime physical health benefits more from health status whereas women's health benefits increase only with the quality and actually the duration of marriage.

So men and women both show some health benefits for marriage, but it works out a little bit differently. And women are much more sensitive to quality.

There have been some recent, really I think helpful, studies, some of them coming from the ACF Healthy Marriage Initiative and also a large scale longitudinal study of the American population, that for at least African American couples, the protected health benefits of marriage are as significant as for white couples once income levels have been adjusted.

I don't think there's comparable data on other ethnic groups yet, but it would be certainly important to start

looking at those across different minority communities.

And finally for low income couples, there's a new analysis of the 2000 census data which looked specifically at low income couples who are married compared to low income couples - I'm sorry, low income individuals who are not married. They may be cohabiting but they're simply a marital status marker.

And the health of low income married couples is much better on all health measures than their unmarried peers. So this is actually good news that even among low income couples, there is the protected benefits of marriage endure.

I think when we talked - and it was anyone in the health profession about marriage and health in general or what we're doing to educate couples, we want to emphasize the health risks of ending a marriage.

And there's very clear evidence that divorce carries high health costs for adults and children not just in terms of health outcomes, but actually it raises actual health dollar costs.

There's a new study that just came out in the Journal of Marriage and Family Therapy that indicates a much higher cost - health cost for individuals once there's a divorce.

And some of the reasons for this are that - is that not only a loss of resources and often access to healthcare, but divorce has - creates emotional and physical stress and disruption.

In one longitudinal study, younger men actually reported some modest health improvements after divorce. Apparently an early marriage and a breakup led them to at least report better health status.

But older couples and especially older men over 50 reported much poorer health after divorce. And this was an eight year follow up study, so it had some power because it stayed with the subjects for a fairly long period of time.

And there's at least some research looking at a kind of trajectory that hasn't been understood before from a marital disruption and a marital bond to mental health outcomes to physical health.

And that's a study of a large number of women in Iowa who reported more depression in the first three years post divorce, but no changes in physical health. But by the end of ten years, they were beginning to report significantly more physical health symptoms.

And I want to just emphasize also that we can certainly point to the health risks of domestic violence. We know it's a major health risk for women and the recent Department of Justice statistics continue to show that married couples are much less likely to at least report domestic violence than cohabiting couples.

And what I want to kind of point out is that there's a dangerous period for women's health and it's the process of separation and divorce which isn't an argument for staying in an unhealthy relationship.

It's simply to let couples know that they need to take extra precautions when there's been violence and the partners decide to separate. So it's kind of part of what our marriage education can do to emphasize health risks.

The rest of the research I'm going to talk about and I hope I can get through it in time, are the past ways from the relationship to health or illness - should be an or up there, not and.

The most recent analysis of a very large representative health survey called (Mid Life in the U.S.) finally took a look at marital quality on about 20 questions that respondents were asked to answer about whether they got support from each other, whether they could talk over problems, whether there was a lot of criticism and contempt and demands and withdrawal.

So it was a pretty good map of marital quality which was unusual. And then they looked at the health benefits and health outcomes and found that an unhappy marriage pretty much eliminated any predicted health benefits. And I think that was true for both men and women. And that's the first time we've been able to really trace that relationship.

If we ask how this happens, there are a lot of clinical studies trying to map out the biological pathways from the couple interaction to actual health outcomes.

And here we're beginning to look at research that may be independent somewhat of whether the couple is legally married or simply cohabiting partnership, but we don't yet probably have enough research to really understand if cohabitation is equal to marriage on this.

So most of the research really just works with married couples and we're not quite there yet on the cohabitation issue. But I'm sure we could discuss that.

In any case where there are distressing interactions between adult intimate partners whether it's conflict and criticism or emotional withdrawal, there is now good research showing that there are increased physiological stress symptoms, all of these affect the immune system, the endocrine system and the cardiovascular system directly.

And the link between one and two can be found in a number of clinical studies. Remember I said there were apples and oranges and grapes, so this is where they come in.

Then we have other studies that don't look at marital status, they often just look at individuals, but they map out the connection between physiological stress markers, such as stress hormones in the body, and eventual

illness and disease outcomes.

So we don't really have a set of studies that connects all the dots, but we have individual studies that you could kind of line up in a row. And that's where the research still has a ways to go.

That's on the negative side and the negative indicators of relationship quality actually seem to be more powerful for health outcomes.

There is some research on the positive side that emotional support, physical touch reduces physiological stress and anxiety and that is largely through increasing the release of the hormone Oxytocin which is known to be a soother and stress reducer and lowers anxiety levels.

Again, none of these studies are all put together, I'm just kind of arranging the research for us all. I want to point out that...

**Patrick Patterson:** Jana?

**Jana Staton:** Yes.

**Patrick Patterson:** Can you speak up a little bit? There's a couple...

**Jana Staton:** I'm sorry.

**Patrick Patterson:** ...(unintelligible) can't hear you.

**Jana Staton:** Is that better?

**Patrick Patterson:** That's better.

**Jana Staton:** Okay, sorry. Apologize. I've got a frog in my throat. This fits out - this fits the social support hypothesis and this is an area much more robust research than anything on marital quality that social isolation is known to predict higher mortality in very large prospective studies when all other health factors are controlled. It's a major risk factor.

And social support, in turn, is a very promising causal factor for good health outcomes. So I think when we talk about what we're doing with couples, we want to kind of say this fits in with social support and social isolation research.

I'm going to go on because I want to get to the heart disease. When you ask me where's the strongest kind of promising research, it's within the heart disease and marital quality because heart disease is just particularly

sensitive to life stresses, social support and isolation.

We've known for a long time that work stresses affect men's risk of heart disease. We know have some studies showing that at least for women, marital stress increases their risk of having a reoccurring cardiovascular event that might mean angina, heart attack, surgery for blocked arteries or even death.

Whereas work stress didn't affect women's chances of having another event, marital stress clearly did.

And overall, married men and women can be shown to have more risks for death from heart attacks and if they do have some kind of heart CVD event, they have a better chance of returning to work and to health.

And on the positive side, healthy women in highly satisfying relationships develop fewer symptoms of cardiovascular disease compared to women in low and moderate satisfaction relationships.

And this again was over an eleven year period and I've looked especially for any studies that were able to follow subjects for longer than kind of one visit because we can't tell much from that.

And then there's a very nice study in Britain that got some support that male heart attack survivors who reported having a spouse, a lover, a close friend or a relative to confide in, are about half as likely to suffer further heart attacks within a year as patients who didn't have any close social support.

So this was in the area of social support, but clearly lovers and married partners are the strongest form of social support that most of us will have.

One of the best paradigm studies, one you might want to actually go look up is one by (Jim Coin) and then another follow up study by his colleague, (Rube Glorbaugh) that predicted heart disease survival of patients depending on marital quality.

They were able over eventually an eight year period to look at patients with high marital quality and they had excellent measures. They had direct observations, they had an extensive interview and also a standard questionnaire. So that's quite unusual.

They just didn't ask - usually a lot of studies on marital quality unfortunately will say are you happy in your marriage? Yes or no. And then that's taken as a marker. And those studies clearly aren't going to really give us much support.

But this one has some of the best measures and then they followed the patients for four years and if you just look at the kind of gap in the lines, you see for men that over the first 48 months, there's a significant difference between survival rates for men and high marital quality relationships versus low. After four years, the gap diminishes and isn't as significant.

But for women, if you look at the other chart on the right here, you see that high marital quality women actually survive 50% of them beyond eight years. And anyone with cardiovascular disease, that's a very long term survival rate. These were clearly older patients to begin with.

For men, low marital quality - I'm sorry, for women in low marital quality relationships, the decline was really quite steep and after about three years, there was a more significant decline and their chances of surviving after eight years was only 30% versus about 60%.

So almost twice the advantage for women in high marital quality. To me this is kind of compelling research among the more substantial studies.

In high quality marriages, the other work by (Janice Keycoat Glazer) that a lot of us think is really going to hold up, is that in high quality marriages, she documents much better immune system response when she asked couples to undergo conflict and stress experiences.

And women in particular show lower stress hormone levels even in conflict situations if they're in high quality healthy marriages.

And the other studies show that affectionate physical contact lowers blood pressure and heart rate and increases Oxytocin release.

And then a lot of us know the study by (James Cohen) at University Of Virginia where women who were asked to hold their husband's hand experienced less pain and showed lower brain stress reactions when they were given electric shocks experimentally compared to undergoing the same experience holding a stranger's hand or no hand.

So we're beginning to get some of the neuroscience in here to explain these pathways. And in distressed marriages, again this is (unintelligible) work in Ohio.

She's shown that blister wounds in couples healed markedly slower, took two more days for those wounds to heal, when physically healthy couples experienced marital conflict in a lab situation compared to the same couples when they're asked to just have nice, supportive, romantic kind of encounter.

So the same couples' wounds healed quite differently and quite slower when they were asked to have a conflict. So that's kind of a nice control.

I want to caution that these laboratory studies are in no way - there's - largely correlational, they often aren't able to follow subjects, don't even pretend to. So we have to wait for the long-term longitudinal studies to be sure.

The National Institute of Aging is getting more and more interested in the effects of social support, social isolation, and particularly marital relationships because the effects of both marital status and marital quality on health are much more powerful with middle age and aging.

And in particular, couples who report that they're in a healthy marriage with emotional and even sexual interaction still going strong, are much less likely to suffer the loss of activities of daily living and that's the first marker toward institutionalization. So it's clear that an older couple's healthy marriage is a powerful, protective factor.

And in fact the cumulative effect of healthy marriages is much stronger. And that...

**Patrick Patterson:** Jana?

**Jana Staton:** Yes.

**Patrick Patterson:** Can you just speak - this is Patrick.

**Jana Staton:** Am I losing you again?

**Patrick Patterson:** Just a little bit. Just a little bit.

**Jana Staton:** Okay. Older adults and the high conflict, low quality marriages in turn have much worse immune system responses. And the thought is that we're much more sensitive to negative interactions, that they're amplified when we age. And that the physical and emotional support of an intimate partner just becomes more powerful.

I want to end with just one more longitudinal study. Again, we're going back to some nationally representative surveys which don't have the clinical information but give some idea of a whole population.

And the one that (Bookwalla) analyzed from the (Midlife in the U.S.) showed a direct and linear association of specific negative spousal behaviors with poorer health over time.

What's interesting about this was as strong for men as for women, but only the negative spousal behaviors were significantly associated with changes in health status. So any positive behaviors that people responded to - there was no association with the frequency of positive or helpful behaviors.

And one of the conclusions looking at this research at our (Wingspread) Conference was that we really need to have more large scale national health surveys take a look at marital quality and to begin to map it well.

One of the problems is we don't really have an agreement on how to define marital quality or negative

interactions or positive interactions. They really need to get together on that one in the research world because there is positive emotional support, actual positive caring behavior.

There's the absence of emotional support when you expect it, just kind of the neutral zone I guess, which can be very distressing for intimate partnerships.

And then there's distressing and negative behaviors, kind of criticism, contempt, you know, the danger signs that we all know about. And none of those have really been separated out in the research.

So I'm going to skip a couple of slides, but I did want to point out, I've put the survey questions on marital quality that significantly correlate with health on the PowerPoint.

I'm not going to go through them, but they'll be there and you might want to take a look at them. They're a pretty nice map of both positive and negative.

I think our conclusion, at least mine, from looking at all of this in the past couple of years, is that the benefits for couples of health, from marriage and especially from healthy marriages are robust across many studies. But we don't have one definitive study.

For many of us, a healthy marriage will be our most intimate and enduring social network over a lifetime. And a healthy low conflict marriage, and that would include I think both biological parenting and a healthy step family, is going to be the best protection for children's health and well being. And I think we can have some confidence in this.

But we also need to acknowledge and point out that very (conflictual) or distressed intimate relationships have negative health consequences over time for children, men and women that's within a relationship and certainly if there's a divorce.

So, is there a bottom line to all of this? We should talk about this, whether this is something we can say. My bottom line is that a good enough healthy marriage that's low in negativity, provides cumulative life long protection against chronic illness and premature death for both men and women and it greatly increases the chances that children will grow up healthy.

The good news for me, since I'm growing older daily, is that the benefits only increase as couple grow old together. Thank you very much.

**Patrick Patterson:** Thank you Jana. We had a host of questions that came in for you while you were presenting. We'll have time to take one of those, then I want to go to Dr. Doherty.

One of the questions and the rest of the questions came in for you I'll hold until the very end of the - well, we're

not doing a Q&A session, we'll do cumulatively.

The research you referenced about the health of children whose parents divorced before age 17 triggered these questions.

First part, did the researcher find or address whether the chronic illness or disability of a child contribute to the divorce of the parent?

**Jana Staton:** Okay.

**Patrick Patterson:** Second question - second part of the question, and I'll repeat the question, is there any research that addresses this issue?

The first part, did the research you cited address whether chronic illness or disability of the child contribute to the divorce of the parent. Second part, is there any research that addresses this issue?

**Jana Staton:** I can answer the first question. I'm pretty confident that those longitudinal studies, they were somewhat retrospective, were not able to document whether the divorce was in any way related to chronic illness. So I would say no, there's probably no research in those studies that would answer that.

I know there's research, I'd have to take a look at it, but maybe we can do some follow up on that. There's certainly a lot of interest in that issue. I think the National Institute for Child Health and Development and some other researchers are trying to map that certainly for special needs kids.

There's a lot of concern that chronic illness is going to trigger additional stress on parents and that could lead to divorce. So I think that's a really good question for us and I don't think there's any definitive answers, but I might take a look and see if there is something new that I don't know about.

**Patrick Patterson:** Okay. Well I will - in the interest of time, I will pull the other questions for you as we get ready to wrap up.

At this time I'll turn it over to Dr. Bill Doherty. Dr. Doherty is the Director of Family Social Science and the Director of Citizen Professional Center at the University of (Mecina), Minnesota, excuse me.

He's a scholar, researcher, educator and therapist. Dr. Doherty is past President of the National Council on Family Relations and author of *Take Back Your Marriage, Sticking Together in a World That's Pulls us Apart*.

He has also conducted research on long-term couples who aspire to marriage. Dr. Doherty also co-founded the First Dance, which is wonderful, a service that helps engage couples manage the (people) stress of wedding planning.

I needed you a little while ago. [www.thefirstdance.com](http://www.thefirstdance.com) is the Website, and a National Registry of Marriage Family Therapy, [www.marriagefriendlytherapist.com](http://www.marriagefriendlytherapist.com). A Web resource for couples seeking competent marriage therapy. With that I'll turn it over to Bill.

**William Doherty:** Thank you, Patrick and hello everyone. It's - my computer, it says it's 21 degrees here in Minnesota. So we're having a heat wave and I may have to open the windows where I am in order not to be too warm.

So, I'm going to talk about marriage education in medical or healthcare settings and it's really a new frontier. So we don't have a lot of examples of this happening, but it's really an important new venue I think that part of the goal of this Webinar is to encourage us, based on the great information that Jana just shared.

And by the way we just had a treat there of really a thorough going update on that research, I thought it was really impressive.

And so, mine is going to be based on no studies at all. It's going to be based on a lot of anecdotes. It's going to be based on my own experience of about thirty years working in and around healthcare settings.

So, we'll go from data to somebody's opinion here. So, we'll get going. My view is that marriage education will only fulfill its mission of reviving and restoring marriage in this country by mainstreaming.

And what I mean by that is I don't think we're going to really influence healthy marriages in this country for the next generation primarily by having free standing marriage education classes.

We really will have an influence when we're in the main stream institutions. Healthcare is the ultimate mainstream institution along with schools. Nobody avoids doctors at some point in their life and if you have children you do not avoid schools. The other of course main institution would be faith communities but that's really, that's optional in life.

This is new territories as I've said for marriage education, lots to gain, lots to learn. We are really in the basement not even on the first floor, but I hope to share some ideas that will be of some help if you're thinking of getting into this area.

Healthcare professionals don't know us. They don't know they need us. So you have to approach this with the assumption that people - they may have heard - well they have probably heard of marriage counseling.

They may not see that even as a healthcare issue, let alone marriage education. So approaching this as if you're going to another culture and they never heard of you and your people.

So, some principles to think about this work. The first one, not a surprise, it's about relationships.

It's going to be - you're going to get access to doing marriage and couples education in a healthcare facility not because you walk in with the data, not because they will already be convinced or know in their hearts that what we are bringing is terrific and you simply have to show up and they say oh my goodness you're here. What kept you?

It's really about relationships you have, if you know a good one if you're married to a physician or a nurse or a healthcare professional. If you have a family member or a good friend, somebody who trusts you and knows something about what you do or relationships you can develop.

I've coached therapists over the years about how to make entry into healthcare settings for referral purposes, and collaborative work and I always say, you know, take a doctor to lunch. You know, develop a relationship.

And people who can sponsor you in. I mean, so somebody who could arrange a get together between you and healthcare professionals. So maybe your friend has a family member who is a physician or a nurse practitioner and you can have coffee and you can have lunch and you can talk.

So, it's really about relationships. The evidence that Jana presented can help you with credibility, but it doesn't gain you entry for classes. It's - when you make the connection between health and marital relationship functioning, we have enough scientific data now that this is not just based on your own intuition here.

So what I've learned over thirty years in healthcare, trying to bring about changes so that the healthcare system deals with people in their wholeness and their family life, is that evidence alone, research evidence, does not get people to shift out of the paradigm that they have.

You have to actually, as I'll talk about it in awhile, you have to actually show people that this can be helpful in their world. They're not going to change just based on the research.

But the research is important to have credibility so that when your sponsor, your link in, that person can say that there are health consequences to failed intimate relationships and that there's a body of work there. It keeps them from getting sort of laughed out of the room.

The third principal you have to learn about the medical context. You - this is a different world, this is a different culture and part of what this sponsor, the person who could, maybe, get you in. Part of what you need to learn from them is about that world.

So for example, it's a world of speed, time, famine, it's a world of pressure and it's a world where there are so many - the average physician is asked to inform, to educate patients that people with chronic illness, maybe with diabetes. You know, about ten different educational programs and activities they have pamphlets.

Everybody is after healthcare professionals to get them to urge their patients to go to something that would be

good for them. And the providers tend to be overwhelmed through - so talk about a little more later. They have less time than they ever did before.

So you have to come to understand what goes on inside the healthcare system and for that you need somebody who can educate you about it.

And then the next one, the fourth one here is that you have to think long term. You have to think about, this is, if you want to bring marriage education inside healthcare settings, which is where the payoff would be, you have to think of it as a multiyear campaign. Not something that you're going to put in your strategic plans just for one year and probably make it. Maybe you will, maybe won't.

And I guess at this point I should emphasize that, I think a complete failure path would be to think that you can just distribute fliers in a medical clinic and the people are going to flock to your own marriage education classes outside of the clinic or that the providers are going to recommend it.

So, that's why I'm really emphasizing that the promise land here for mainstreaming would be to get inside these settings and for that that's going to take awhile.

So the context, a little bit more about the context. Healthcare professionals are slowly evolving from what's often called the biomedical model to a broader view of the whole person. Now biomedical model is - that's a term coined by George Engel, the University of Rochester some years ago.

To describe the traditional way of thinking that health and illness are about biochemistry, about molecules and that the sorts of things that Jana presented earlier are not related to what medicine does. I mean they are related to the social health of the population, perhaps.

But medicine is a biological science. The physician is an applied biological scientist in that biomedical field. Well, that's gradually giving way.

I remember even as recently as 1983 there was an editorial written by an editor of the New England Journal of Medicine who said, "There is nothing to this hypothesis about stress being linked to illness, there's nothing to it."

That was 1983. I mean even then there was 20 or 30 years of research and a prominent biomedical scholar could say that. Well no one would say that now. That was the last hoorah of a paradigm beginning to change.

But a lot of practitioners were trained in that. So, there is a movement certainly to seeing the mind/body connection, the bio-psychological connection.

Primary care physicians, for example, are much more aware of depression than they were before, much more

aware of stress causing and leading to illness, exasperation of illness.

So what I want to point out is that it's a bigger stretch that the healthcare system has not made yet to viewing relationships, family, marriage as within their domain of concern and care.

They refer to these often as social problems not healthcare problems. And would recognize certainly that people, you know, do better if their marriage is good. But that's somebody else's problem.

An analogy would be, imagine you're a physician or a nurse practitioner and somebody says there's terrible housing problems in the community.

Well, you might completely agree that's really a problem and it complicates your own treatment of people. But that's not your area, that's an area for government or somebody else, that's housing.

So the traditional training of healthcare professionals is to view family and marriage as outside of their (per view) and that is a bigger shift in some ways than the shift from seeing the whole person.

But it's part of our message. There's lots of reasons to believe in it. Part of my work has been something called Medical Family Therapy. Making the case that the family is always crucial to what's going on. So there's a lot of reason to believe it, but it's a stretch.

Healthcare, as I said, is stressed. We're not only dealing with stressed couples. Healthcare is stressed, there's too little time, too little funding, too little control at the local level.

I was just talking to our department head in Family Medicine yesterday who is, by the way, trained as a family therapist, is a family assistance person.

He would have a very difficult time this year implementing anything that you and I would be promoting. He just had to cut \$2 million from his budget. They have been reducing the amount of time that professionals can spend with people.

There is a crisis of confidence that's been going on, an autonomy crisis among healthcare professionals about losing so much control to HMOs and funders and others.

So it's a very stressed system and I guarantee you if you walk in there saying, I have something new for you to do. You're going to be shown the door.

And I'll talk more about how we can actually engage with people about what their real concerns are in a minute. And all of this is worse in low income communities where often the needs are greatest.

So general approach, if any of you are interested in contacting - making - doing a campaign to get access to healthcare systems, you have to connect to the health mission, as a way to enhance that mission.

And that's what the purpose of this Webinar is. There's not going to be concern about marriage, fatherhood, any of these things unless it's shown that it's connected to health and we can show that.

It has to offer something new with - offer something new without requiring new resources. You can't ask people to devote more time and more energy to something that they would view as not part of the core mandate. You have to provide the new resource.

You have to find a champion on the inside and this may be, by the way, somebody who has taken one of your Marriage Education classes in the community.

I don't know how much in your classes you ask people what they do for a living, but if you get some healthcare professionals who take classes and love it that could be your champion. So follow up with those people.

You either donate your time at the outset or have a small grant, some grant funding. But consider just donating your time.

One of the ways for my work around, what I would call community organizing citizen healthcare with families. If I, at the beginning of this had said, I need to be paid for it. I never would have gotten entry. But I had relationships, I had champions and I donated my time and then sometimes resources may come later.

Some specific strategies, start where you have contacts, your own clinic, your own physician, a well place provider. I don't know that you or - that you know, I left a word out there, or that somebody can introduce - set up a meeting.

Find out where the providers run into couple problems in their patient population and design your program around that.

In other words, you begin with where the pressure point is, where the felt need is, where the providers you're talking to see a connection between something that bothers them, that concerns them in taking care of patients and what you have to offer.

And it maybe you're dealing with providers who are dealing with chronic illness, like disease specific ones, like breast cancer, multiple sclerosis, chronic pain. People in those areas - professionals in those areas are going to be running into marriage and couple challenges all the time.

You could begin with saying gee, I'd like to get educated about, you know, how to breast cancer patients that you're working with, how do their marriage relationships get, you know, complicated or help.

And get that person to talk about it. Get them to talk about their wish that there were more resources for the married life of the people that they are working with.

So you start with their pressure points. Getting them to talk about their work and where they see the connection between marriage and their work.

Or it could be a life cycle specific area, such as new parents at a pediatric, family medicine setting. Probably our best example in the field of marriage education now for this work is the Bringing Baby Home Project that John Gottman and Julie Gottman have developed.

So talking about - now, people who are doing prepared childbirth classes, they are working with couples. Some of them are aware of the challenges that couples are going to face later, a lot of them aren't. They could perhaps use some education about that.

But couples are connected to healthcare as couples very prominently at the beginning of this childbearing phase of their lives. So that would be an example of a specific lifestyle phase.

I was really struck with what Jana was saying about elderly couples and so there could be around the research evidence on that for the health benefits of marriage. Geriatric clinics transition through retirement, these to be areas to be thinking about life cycle.

Consider using or developing a tailored curriculum to that group. So one of the ways you may be most effective is by adapting your program to the particular health issue or the particular challenge at that time. And that's of course what Bringing Home Baby does.

You have to get yourself educated about the psychological and social and marital aspects of that illness or that life cycle phase.

You could consider starting with one time presentations and then trumpet your good evaluations. And I believe Jana's been doing that in her settings in Montana.

You can, you know, you have a champion, you have somebody going to talk this up, get information out to people and then you go to the clinic, by the way or you go to where the patients are used to going, not just in your own setting, and you do a presentation on Bringing Baby Home or on breast cancer.

Maybe you connect with a breast cancer support group and you offer to do a presentation. And then you get those evaluations and they give you the ticket to something more.

One of the ways you could go would be to offer some one time presentations and then invited the couples who attend to help you think about how to develop something bigger.

You got to, kind of, show people your wares. Show them - let them talk to their healthcare professionals about what this really cool stuff is.

So my conclusion, just a couple points, be persistent, be prepared for setbacks. We came ever so close here in Minnesota to getting in in a major way in a large HMO.

And by the way part of the - we had supporters on the inside and the head of the HMO who'd gone through a painful divorce himself and was remarried and had learned from personal experience about the importance of marriage.

We got ever so close and then, you know, big budget cuts came down and not even the head of the HMO could move this through. So you step back and then you try to move forward again.

If you get in and are successful tell everybody and trumpet it up, talk about it, write it up, tell the Healthy Marriage Resource Center, because that helps other people get into their settings. So that's what I have to offer for now, look forward to questions.

**Patrick Patterson:** Thanks Bill. Additional presentation, very helpful. One note to make about this, I think, moving forward for our audience this morning - or this afternoon, is the fact that this topic, health, is one that we've heard about for the last, probably, eight, nine months on a national level.

There direct policy implications around how our work currently will be integrated with some of the health aspects in terms of benefits for adults and children. So, this is a very important topic. The timing of it, I think, couldn't be better because it's going to help us advance our work to a broader scale.

Several questions that came in for both of you as we were presenting, Bill I'm going to have a couple questions that came in directly to you and then I'll go with somewhat rapid fire going through all the questions I have before me for the time that we have.

Bill, first question for you, from your experiences, you listed out several things that were things to do. What are some of the things to not do as you're trying to engage or develop a partnership with a health facilitator, health agency?

**William Doherty:** One of the things not to do is to try to make people feel guilty that they're not helping their couples more. Okay, that's not a particular motivator. The should - not coming across as if people should immediately get what you're saying. So those would be a couple things not to do.

**Patrick Patterson:** Okay, from a personal levels as practitioners or expanding or growing their program to include, now, a health element. What's your experience and how would you advise the person on the approach when you're trying to recruit a couple, not a partner but a couple, and inviting them to participate in a

class, but you also somehow are promoting the health benefits? Is there a way to do that?

**William Doherty:** I think, yes, I think that in the general marketing and advertising that we're doing now, I think we know enough about the health benefits of high quality marriages that we can put that in our advertising.

That it isn't just you'll feel better, that you'll be happier in your marriage, but we know that a higher quality marriage helps people live longer and happier and healthier lives. And I think we could do that.

**Patrick Patterson:** Thank you. Jana question for you, research has clearly indicated the positive connections between a healthy relationship and positive health outcomes in children as adults. How does this play out differently for different ethnic groups?

**Jana Staton:** Oh, that's a good question and we haven't - since the research is really new and, you know, traditionally a lot of times they didn't really look at different ethnic groups, so they didn't have a big enough sample.

I think we need to get the new National Health Surveys to increase their population base enough that you can actually analyze, say, Latino communities or, perhaps, the new immigrant communities that are coming in that are, kind of, outside the scope right now, as well as African American communities.

So partly we just haven't seen the need to do, kind of, populations - minority populations, say, or ethnic community, specific in relation to this variable.

So we don't know the answer. We're (unintelligible) low income couples not having access to healthcare. Having a lot of other factors that diminish health and then you add race and ethnicity.

So, I guess that's one of the big concerns for research and I think we have to keep asking that question so that it gets into the National Health Surveys. You know, some years ago they took out a lot of questions even about marital status. Those got dropped in the 90s and we now need to, kind of, get that back in. Not just about status, but what's the quality of the relationship.

Are couples really together? Are they committed to each other, are they in a healthy relationship? That's actually fairly new for all health research. I don't know if I answered the question, but that's kind of my response.

**Patrick Patterson:** Bill, do you want to weigh in on that question?

**William Doherty:** No, I completely agree and it's, you know, it's just tragic that we made a disconnection - even a bigger disconnection between health and social well-being in the 1990s and we're trying to recover from.

**Patrick Patterson:** This question is for both of you. Jana if you can start us with an answer. Research has shown that men benefit more health wise by being married than women do. What are contributing factors to this finding?

**Jana Staton:** To the timing?

**Patrick Patterson:** The findings? I'll repeat the question.

**Jana Staton:** The finding.

**William Doherty:** The finding.

**Jana Staton:** One is the early - on marrying men change their health risk behaviors more directly than women do, partly because they're likely to have higher (unintelligible) risks behaviors before marriage as single young men.

That's been a traditional finding. So that's one reason why just getting married appears to benefit men more than women then just getting married for women.

And the other one is that the social support, the, maybe, monitoring of healthcare. A lot of the consequences of just having a life partner that have been at least traditionally a women's role benefit men more if they're in a committed partnership than if they're single.

Women may have other monitors, sisters, wives, friends and they may do that, you know, for themselves better. We don't really know, but that's kind of the theory about why just the marital status for men appears to be more powerful than just being married for women.

And the other part of it is simply, the negative - the sensitivity of women to marital discord, marital stress appears to be greater. And so they're going to, even in a marriage, not do as well if it's not a healthy marriage.

**Patrick Patterson:** Bill, do you have some comments to respond to that? Thank you Jana.

**William Doherty:** (Unintelligible)

**Patrick Patterson:** Yes, I think I could have answered that question myself...

**Jana Staton:** Well a lot of this makes sense, go ahead.

**Patrick Patterson:** No, I think, no - yes, there are more questions I just think, you know, this questions particularly one I think a lot of...

**Jana Staton:** Yes.

**Patrick Patterson:** ...men that are married can attempt to (unintelligible).

**Jana Staton:** But there's some new longitudinal research - (Deborah Umberson)'s work at Texas and others - which show that if there's distress, especially as men get older - the work on older couples shows that men are definitely sensitive to marital discord, marital distress.

And it shows up in health outcome for men while they're still married, you know, apart from getting divorced which we know is a negative risk factor. Marital discord is - certainly wears men down and affects their chronic illness and disease markers overtime.

**William Doherty:** One of the things I'd add, Patrick, is that there's some professionals out there. I've run into therapists who were trained 15 years ago and they learned a - what was an untrue finding then, a distortion of an original study by Jessie Bernard that wasn't even a very good study and this is what they learned and this is what they teach that marriage is good for men and not for women.

That was never the case in the research and the finding about marital status is that both married men and married women are healthier than single divorced...

**Jana Staton:** Right.

**William Doherty:** ...widow.

**Jana Staton:** Right.

**William Doherty:** However, the relative benefit of - for marriage, being marriage, is greater for men. And so it's very important to not - if you're talking about these findings out there and somebody has that old misperception, it is not true. It is not true that marriage benefits women - men, it does not benefit women.

The ranking of overall health is married men first, married women and then single women and then single men. So the relative benefit is greater for men, but women also benefit from being married.

**Patrick Patterson:** That's great. That's rich. Question for Bill. Is it possible to integrate a relationship education into a teen health class that discusses physical and emotional well-being?

((Crosstalk))

**Patrick Patterson:** And the second part of the question is what is the best way to work with schools to achieve this goal? I'll just repeat it quickly.

Is it possible to integrate a relationship education into a teen health class that discusses physical and emotional well-being? Second part of the question is, what's the best way to work with schools to achieve this goal?

**William Doherty:** Well, I'll say very clear first issue is that I think that it would be great to incorporate this in. However, I think that teens tend to think they're healthy and going to live forever, but getting these ideas in their minds of connecting health and relationships I think is really important.

The second question I think takes us a little beyond this Webinar and also beyond my - I don't have the 30 years of experience in the schools that I do in the healthcare area, so I don't think I can offer a lot there.

**Patrick Patterson:** Jana, you...

**Jana Staton:** Yes, I have a comment just in general about where we take the research. It strikes me that especially young couples aren't going to get all that excited about living longer like 90 years versus 70 because...

**William Doherty:** Right.

**Jana Staton:** ...they're just not thinking about that. However, I think for couples - and probably for young adults and maybe even teens - talking about the health of children as being related to having a healthy marriage relationship.

That may resonate because they are beginning to think how am I going to have a healthy family, how can I care for my children?

So I think the motivation in terms of health for couples at a younger age may come mostly through emphasizing that this is really good for your kids. Your kids are going to be healthier. I think you can say that. But...

**Patrick Patterson:** From more a parent perspective (then)?

**Jana Staton:** Yes, but the research that we're looking at is a good way to talk to maybe policy people, state, local legislators, agency people who are worried about things like healthcare costs, low income couples using healthcare systems.

To say if we stabilize our couples' relationships, our overall healthcares will go down. It's kind of a two-tiered approach.

**Patrick Patterson:** Okay.

**Jana Staton:** You know, the difference between talking to the couples and motivating them and motivating some of our low - community and even state systems to put some more energy into doing what we're already doing.

**Patrick Patterson:** Okay. I think I have time for two more questions so I'm going to try to get to these. In this country divorce is being - is becoming common as is remarriage. Are the health benefits of healthy marriage the same for first time spouses as is the case for remarried spouses?

**Jana Staton:** They're not the same, but they're better. There's - (Linda Wade) has a great set of data on that and it's kind of a straight linear function and this is in terms of total longevity, you know, lifetime health consequences.

Continuously married couples are overall going to have the best health outcomes over a lifetime. Happily remarried couples are next.

And then you step down to I think maybe widowed and then you get to the divorced and then never married or the unhappily married. I don't have the data right before me, but I could actually post that slide.

And so a successful second marriage is a - does provide some health protection. And this is from the Big Health and Retirement Survey so it's longitudinal. It includes the huge nationally representative population. So it's a pretty substantial finding.

**Patrick Patterson:** That was a good question as well and probably a question that a lot of us had on our mind as well.

**Jana Staton:** Yes. So yes we should be encouraging couples to have a healthy second marriage. It's really worth the effort.

**Patrick Patterson:** Okay, good. Bill, do you want to make a comment of that?

**William Doherty:** No Jana, you're wonderful.

**Patrick Patterson:** Last question - well actually this is two questions I think I have time for. This last question that I will ask is the follow-up.

Were there any correlations made - this is for both of you guys - were there any correlations made between the research data concerning health and marriage and geography? Say the difference between married couples in Maine versus married couples in California.

**William Doherty:** The Minnesotans are the happiest. There's no...

**Patrick Patterson:** Ah-hah.

**Jana Staton:** They're the happiest on everything, Bill. We know this. I don't think so. I think that, you know, probably low income, ethnicity or race, access to healthcare are such powerful factors and those are certainly related in some ways to geography. That's kind of probably what's going to be the most important factor when you get into geography are...

**William Doherty:** Divorce rates, of course...

**Jana Staton:** Yes.

**William Doherty:** ...differ in parts of the country.

**Jana Staton:** Yes, divorce rates differ. Massachusetts does really well.

**William Doherty:** Right.

**Jana Staton:** The south does not do so well.

**William Doherty:** Yes.

**Jana Staton:** And again...

**William Doherty:** Yes. So whether you'd have average marital quality differences, I'm not sure.

**Jana Staton:** Yes, I don't know.

**William Doherty:** But basically this - there isn't a whole lot to suggest that where you live makes that much difference in terms of your overall marital quality.

**Patrick Patterson:** (Unintelligible). The last thing that we normally do at the end of these is just to give the presenters - you both have done an outstanding job in terms of giving us a practical perspective but also the research - the support - why this is so important for our work.

And just to ask, you know, a general question, what's the good news for our field? And you can answer that any way you want to, but as it relates to marriage and now possibly the growth of our initiative to include probably a more prominent role for health, what's the good news for us? And either one of you can start with that - actually we'll start with Bill.

**William Doherty:** Yes. What I would say is that we now know a whole lot more than we did before. We have a

solid rationale to see marital health as part of our healthcare world.

And then we need to just begin to do the work to gradually make that case in the culture with policy makers, with healthcare professionals, be patient about it and look for openings and use our relationship skills to do that. That's my take-home point.

**Patrick Patterson:** Thank you, Bill. Jana?

**Jana Staton:** Yes, I think the good news, from my perspective, is that instead of just trying to defend marital status as an unexamined health benefit, you know, under all conditions, all marriages.

I think the work on marital quality which shows that there are some real health risks to poor functioning relationships with discord. I think that's good news for our field because we're the ones who are saying - although we don't have the studies to show it yet and I hope we will - that we can change that. That we can help couples have healthier marriages and healthier relationships.

There's been a tendency to kind of not want to maybe look at the downside - the risks of marriage. You know, let's just hope that overall it's a benefit even though a lot of us maybe been through marriages that were highly distressing and detrimental and wrecked our health pretty clearly.

I don't think we have to shy away from that. I mean, I think the negative side of intimate adult partnerships, married or not, that we're seeing here, I think that's good news for us because marriage education can help couples avoid those pitfalls. So to me that's good news.

And I don't think - I think we want to let people know we know about the health risks of divorce, of domestic violence, of distressed, (conflictual) marriages. That's really why we're in business.

**Patrick Patterson:** Those are two great ways to end the presentation. Again, thank you both on behalf of the National Healthy Marriage Resource Center as well as our listening audience.

I just want to express appreciation for both of you for taking the time to present the evidence and also to put out the application about how we might grow our work to include the health focus.

Again, the timing of it couldn't have been better. I just want to express appreciation for both of you for doing a wonderful job this afternoon.

**William Doherty:** Thank you.

**Jana Staton:** Thank you.

**Patrick Patterson:** Our next portion of the Webinar is where we close out, but want to hear from you guys.

We spent some time preparing each of our Webinars - particularly this one - and just want to find out what you guys thought about it.

And so our next set of slides are directed at getting your feedback about what you heard today and also things that we can do to improve the next Webinars moving forward.

We're going to post four poll questions for you to actually vote. You can change your vote while the screen is still up. Once the screen changes you cannot change your vote, of course.

So first question, have a better understanding of the research on the links between healthy marriage, relationship quality and positive health outcome? Have a better understand of the research or the links between a healthy marriage, relationship quality and positive health outcomes?

Second question, have a better idea of how I can use the research in a practical way for outreach and marketing for my program? Have a better idea of how I can use the research in a practical way for outreach and marketing for my program?

Third question, I'm better equipped to incorporate health as a central component in my healthy marriage program? I'm better equipped to incorporate health as a central component in my healthy marriage program?

((Crosstalk))

Last question, I found today's Webinar to be useful and informative? I found today's Webinar to be informative and useful? Excuse me.

Thank you. A couple of quick reminders as we close out. Our Webinars, again, starting in the month of February will be held on the fourth Wednesday of each month.

Unless otherwise noted, we'll return to our normal week - monthly schedule. Webinars will be on the fourth Wednesday of each month unless otherwise noted.

We're going to post the materials and the recordings from this mornings- this afternoons Webinar on our Web site, so in the seven to nine business days following this you can actually retrieve the presentation materials - many of you already have them - and/or the recoding of today's Webinar.

And finally, I just want to say thank you again to our listening audience. I'm happy that everyone has that made it back after the holidays and we're looking forward to the rest of a great 2009. Have a great one. Thank you.

**Operator:** Ladies and gentlemen, that does conclude the conference call for today. We thank you for your participation and ask that you please disconnect your line.

END