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CARDI·OH
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Family Support as a Key Component of Cardiovascular Disease Prevention and Care

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Health care extends beyond the patients themselves and into their families, caregivers, and communities. The definition of family can vary, but family social interactions and care relationships are critically important in primary care delivery.

For the purposes of care team development, family should be defined as those people the patient wants to be involved in their care. Health care providers must understand the need to involve families in care and develop strategies to care for patients who are socially isolated and have limited family support.

This document will focus on family social interactions and care relationships, outline the benefits of including families in clinical care, and identify opportunities to engage families in the clinical space.

Family determinants of cardiovascular health can be thought of as a group of four linked dimensions:

- **social interactions (relationship styles)**
- **shared genetic and epigenetic variation**
- **shared living environments**
- **caregiver/care recipient relationships**

Emerging Guidance Around Family Support and Cardiovascular Disease (CVD) Prevention

While the American Heart Association (AHA) recognizes the benefits of family involvement for patients with CVD, and families and friends involvement is a key objective of Healthy People 2030, there are few guidelines to date for how to do it well.[1] Although conclusions about family engagement in care can be generalized to a degree, there are myriad considerations (e.g., cultural, generational) that factor in to the successful engagement of family members. Thus, clinicians should consider potential factors, such as traditional roles and literacy and language skills, but avoid overgeneralization and remain open to a diversity of perspectives.

In addition, as the population of the United States ages and becomes more medically complex, the availability of family members to serve as caregivers to people with CVD and other health issues will change. These changes could lead to higher rates of social isolation, which have been shown to significantly increase the risk of incident CVD and stroke, independent of other CVD risk factors.[2,3]

The Rationale for Family Support in CVD Prevention

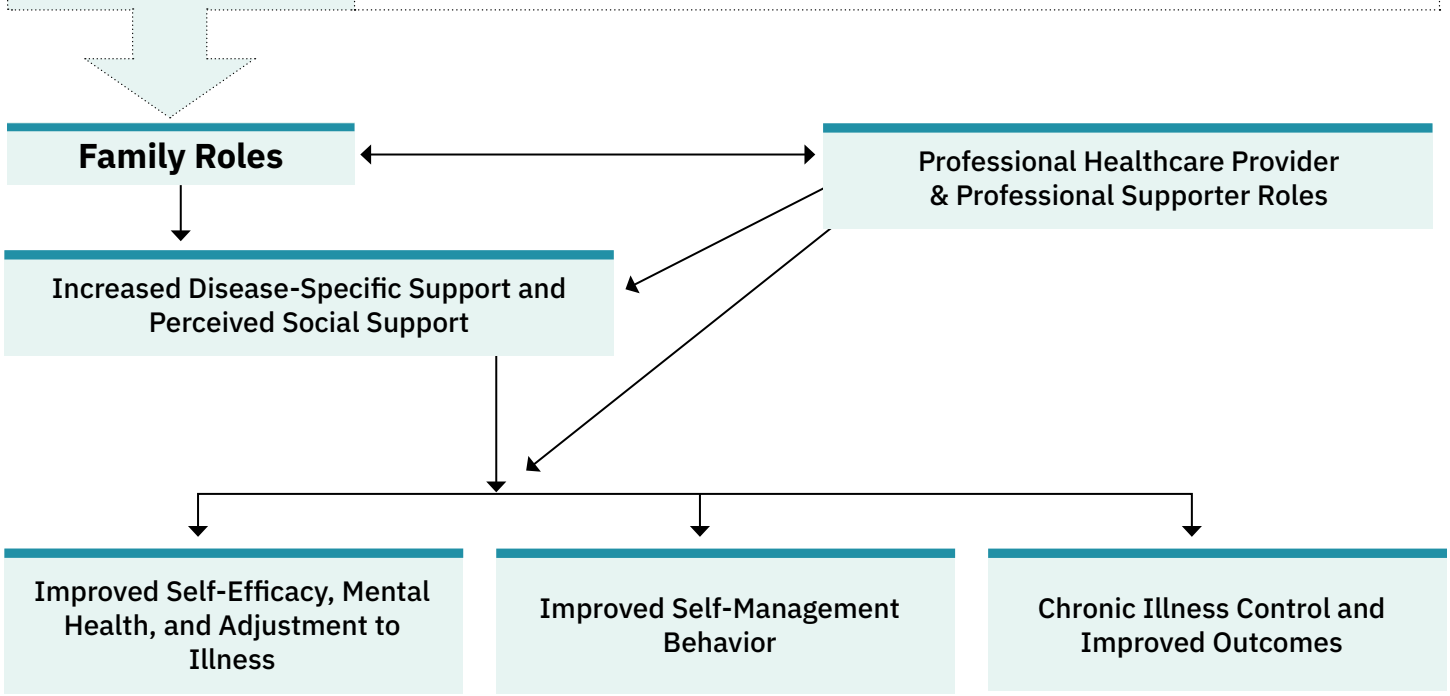
Healthy family relationships can support CVD prevention by minimizing stress. Perceived stress, including perceived family stress, has been associated with increased CVD risk.[4] Thus, monitoring and addressing caregiver stress is an important component of a full family orientation to CVD care. Family members often purchase and prepare food for the family and schedule or encourage preventive health care visits, which can play an important role in CVD prevention. Due to social roles and expectations, this work tends to fall disproportionately on women in the family, so women may receive less incoming family support for CVD prevention.

Interventions for healthy habits and CVD prevention may be more impactful at the family or household level. Interventions that focus on families can take advantage of the team-like features of families and be consistent with cultural norms and beliefs. Risk factor reduction, medication taking, healthy eating, physical activity, and other traditionally individual interventions can be successfully adapted to promote the health of entire families.[5] Family-level interventions have also been successfully combined with other novel CVD prevention strategies, including the involvement of community health workers.[6]

Family members are often willing and able to participate in preventive health behaviors and care management. Figure 1 provides examples of family roles and mechanisms for support for patients with CVD.[7]

Figure 1. Possible Family Roles in Care of Functionally Independent Adults with Chronic Illness and Theoretical Mechanisms of Effect on Chronic Illness Outcomes

Family Roles	Examples
Assist with tasks	A patient with hypertension is on several medications. Their spouse fills their medication box each week to improve medication taking.
Facilitate, remind, motivate, and partner in behavior change	The adult child of a patient with diabetes offers to walk with their parent three mornings per week to increase their physical activity and support better glycemic control.
Partner in problem solving	A patient with hyperlipidemia is having trouble remembering to take their statin medication at night. Their spouse helps them strategize ways to improve adherence.
Help patient cope with symptoms and stress	A patient with newly diagnosed diabetes is struggling to adjust to their diagnosis. The patient's sister-in-law, who has had diabetes for many years, reaches out to the patient by phone to provide support, tips, and encouragement.
Help patient connect to information and community resources	A patient had a recent heart attack and is feeling isolated. Their adult child does research on support groups in their community, discusses resources with their parent, and offers to help them attend a support group.
Track clinically related data	A patient's spouse offers to track home blood pressure values and send them for review via the patient portal.
Manage clinical appointments	A patient with coronary artery disease has mild cognitive impairment and has difficulty organizing appointments. Their niece volunteers to assist them with scheduling and transportation for their health care appointments.
Support communication between patient and health care provider	A patient with diabetes has been having some symptoms of depression, which their spouse has noticed. With their permission, their spouse comes to their next primary care appointment to help them relay these concerns.



Adapted from *Emerging models for mobilizing family support for chronic disease management: a structured review*

Clinical Strategies for Family-Focused Care

Clinicians can provide guidance to families regarding a wide range of possible strategies for primary and secondary prevention of CVD. However, clinicians must ensure all communication with patients' support groups remain patient-centered and HIPAA-compliant.

3 Pillars of Family Care Strategies:[6]

1. Inclusion of children and/or caregivers in care plans and decisions
2. Expansion of communication to include multiple individuals within a family
3. Recognition that efforts to address structural, environmental, and social conditions can provide foundational health benefits to all members of a family or household (e.g., secure housing benefits everyone in a dwelling)

Suggestions for Clinical Practice:

Include family members at as many visits as possible, even via teleconferencing[1]

Ask patients about the involvement of family members or include the question as part of a thorough social history. The health literacy and language skills of younger family members may be helpful when caring for patients with limited English proficiency. Benefits of family involvement may include improved medication taking, health communication, support promotion, and family consensus around health behavior changes.

Provide skills training

Teach family members how to do simple assessments (e.g., taking and reading blood pressure) and report results to the office.[1]

Offer psychosocial resources

Recommend psychological, emotional, and instrumental support (e.g., behavioral health referrals, respite care resources) to family members who are caregivers.[1]

Advocate for policies that support families

Offer to fill out or assist with Family Medical Leave Act (FMLA) paperwork and other forms for family members who may need to learn about FMLA or their own rights and benefits.[1]

Recognize that not all family relationships are supportive

Socially isolated patients may benefit most from formal and informal supports that extend into peer groups or organizations. For example, veterans may benefit from organizations such as the Wounded Warrior Project® that can provide social support and services in a family-like manner, drawing upon a shared history of military service.

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