

Fragile Families and Child Wellbeing Study: Detroit

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Background

- **National Institute of Child Health and Human Development study of Fragile Families and Child Wellbeing involves 20 cities across the U.S.**
- **The families are termed fragile to emphasize the fact that unmarried parents and their children are families, and that these families have a higher risk of poverty and family dissolution than traditional families**

Background (2)

- **Over the past 40 years, the proportion of children born to unmarried parents has dramatically increased with almost 1/3 of births now occurring outside of marriage (McLanahan, Garfinkel & Carlson, 2000)**
- **Little has been known about the resources and relationships within these families and the effect of government policies on their children's lives**

Background (3)

- **The PRWORA (Personal Responsibility and Work Opportunity Reconciliation Act) of 1996 replaced AFDC with Temporary Assistance to Needy Families (TANF)**
- **PRWORA established time limits on welfare, ended entitlements for cash assistance, required work AND de-linked the eligibility for Medicaid from that for cash assistance**

Research Questions

- **The national study addressed the following questions:**
 - **What are the conditions and capabilities of new unwed parents, especially fathers? How many want to be involved in raising their children?**
 - **What is the nature of the relationship between unwed parents?**
 - **What factors push new unmarried parents together? What factors pull them apart? How do public policies affect parents' behaviors?**

Research Questions (2)

- What are the long-term consequences for parents, children and society of the new welfare regulations, stronger paternity establishment and stricter child support enforcement and changes in health care and child care financing and delivery?

Purpose

- **The purpose of our study was to conduct a secondary data analysis on the Detroit Fragile Families data and to characterize the impact of welfare reform on families living in the Detroit area**

Methods

- **New mothers interviewed in the hospital within 48 hours after birth**
- **Fathers are interviewed as soon as possible after the birth**
- **Our secondary data analysis included data from baseline, 12 months and 30 months follow up interviews**

Study Population

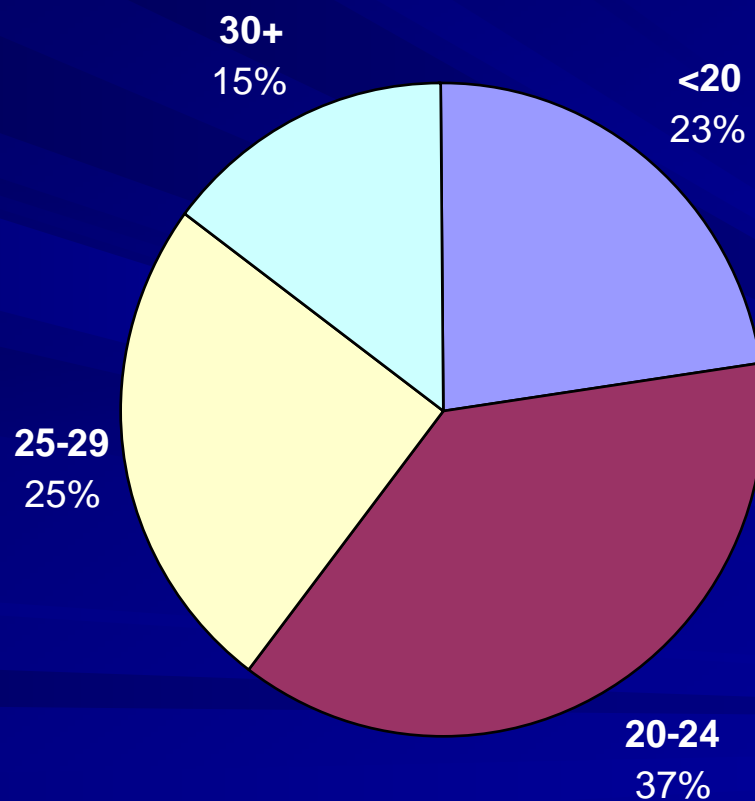
- The study is following a birth cohort of approximately 5000 children (birth through age 4) and their parents in 20 cities across the U.S.
- The full sample is representative of non-marital births to parents residing in cities with populations over 200,000
- A comparison group of married parents are followed in each city
- Detroit was one of the participating cities with N=327

Study Population - Detroit

- 327 families
- 252 unmarried couples
- 75 married couples served as a comparison group
- At the time of the baseline interviews, women could go to one of seven hospitals for delivery; interviews were conducted at five of the hospitals which made up 87 percent of the unmarried births

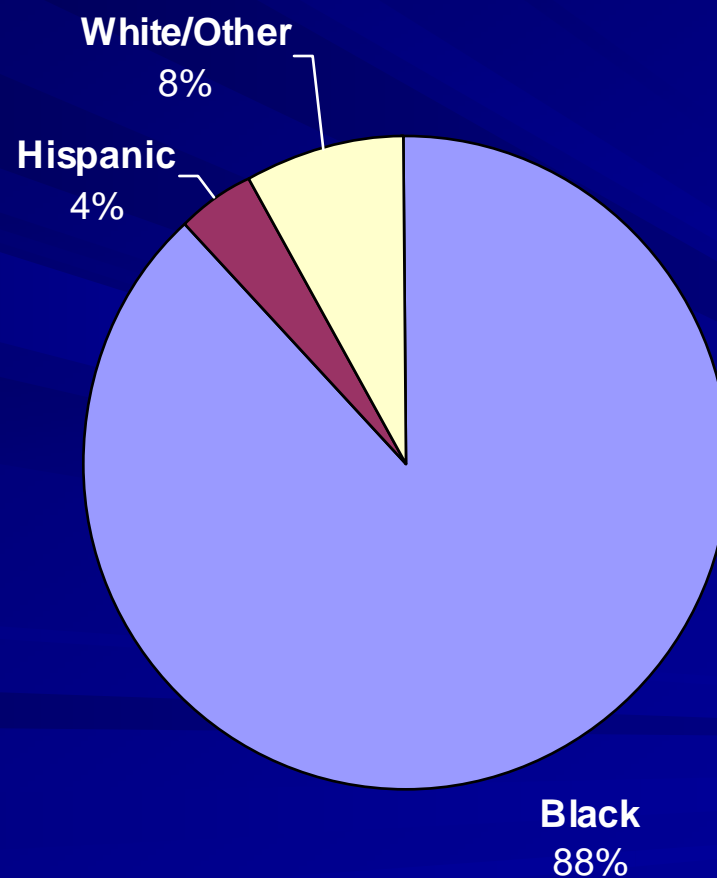
Detroit Baseline Report Highlights (McLanahan, Garfinkel & Carlson, 2000)

Mothers' Age



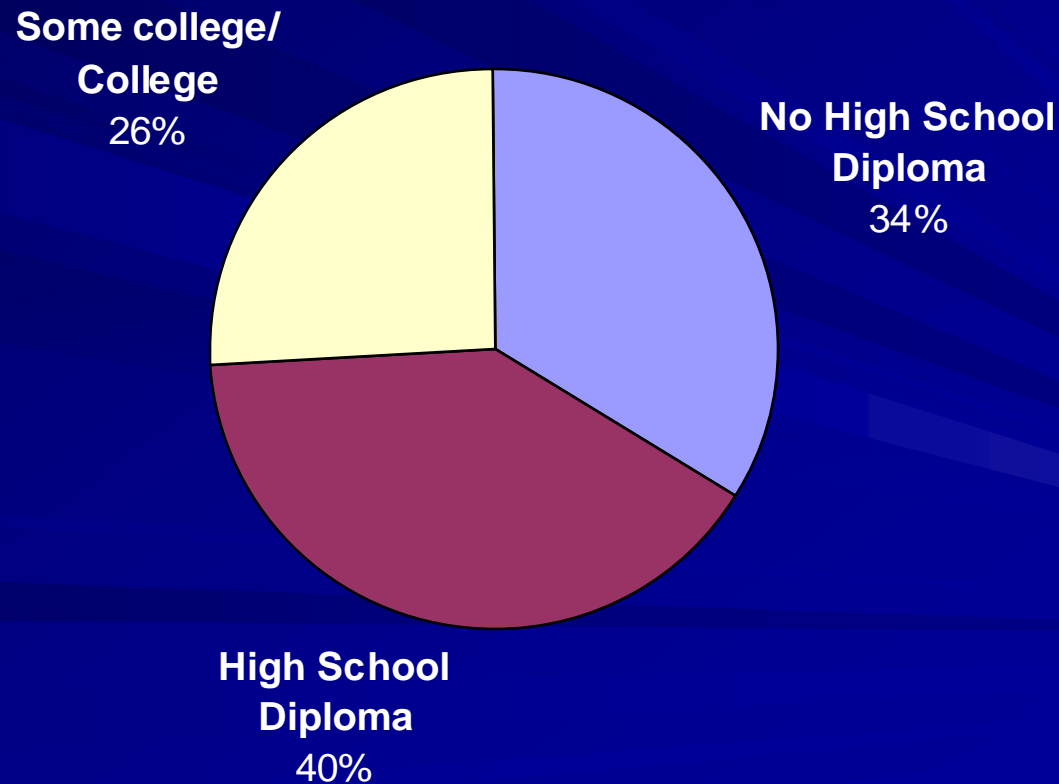
Detroit Baseline Report Highlights (McLanahan, Garfinkel & Carlson, 2000)

Mothers' Race/Ethnicity



Detroit Baseline Report Highlights (McLanahan, Garfinkel & Carlson, 2000)

Mothers' Education status



Detroit Baseline Report Highlights

Use of public resources

■ Prenatal health care coverage (percent)

Medicaid 62

Private 36

Self/uninsured 2

■ Food stamps or welfare 58

■ Housing subsidy 23

Detroit Baseline Report Highlights

(McLanahan, Garfinkel & Carlson, 2000)

- **72 percent reported starting prenatal care in the first trimester**
- **95 percent reported receiving prenatal care by the end of the second trimester**
- **17 percent had babies weighing less than 2,500 grams**

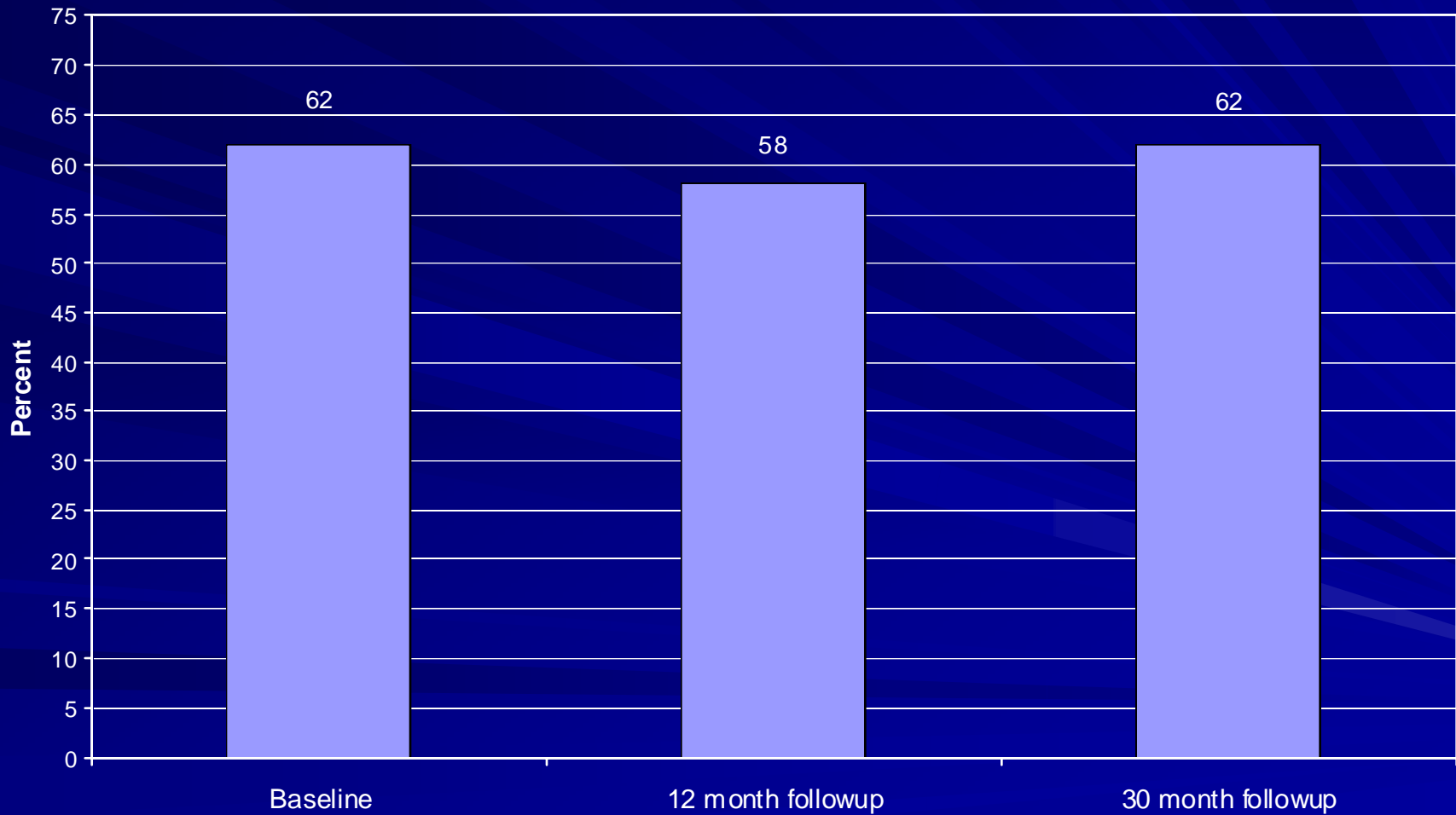
Detroit Baseline Report Highlights

(McLanahan, Garfinkel & Carlson, 2000)

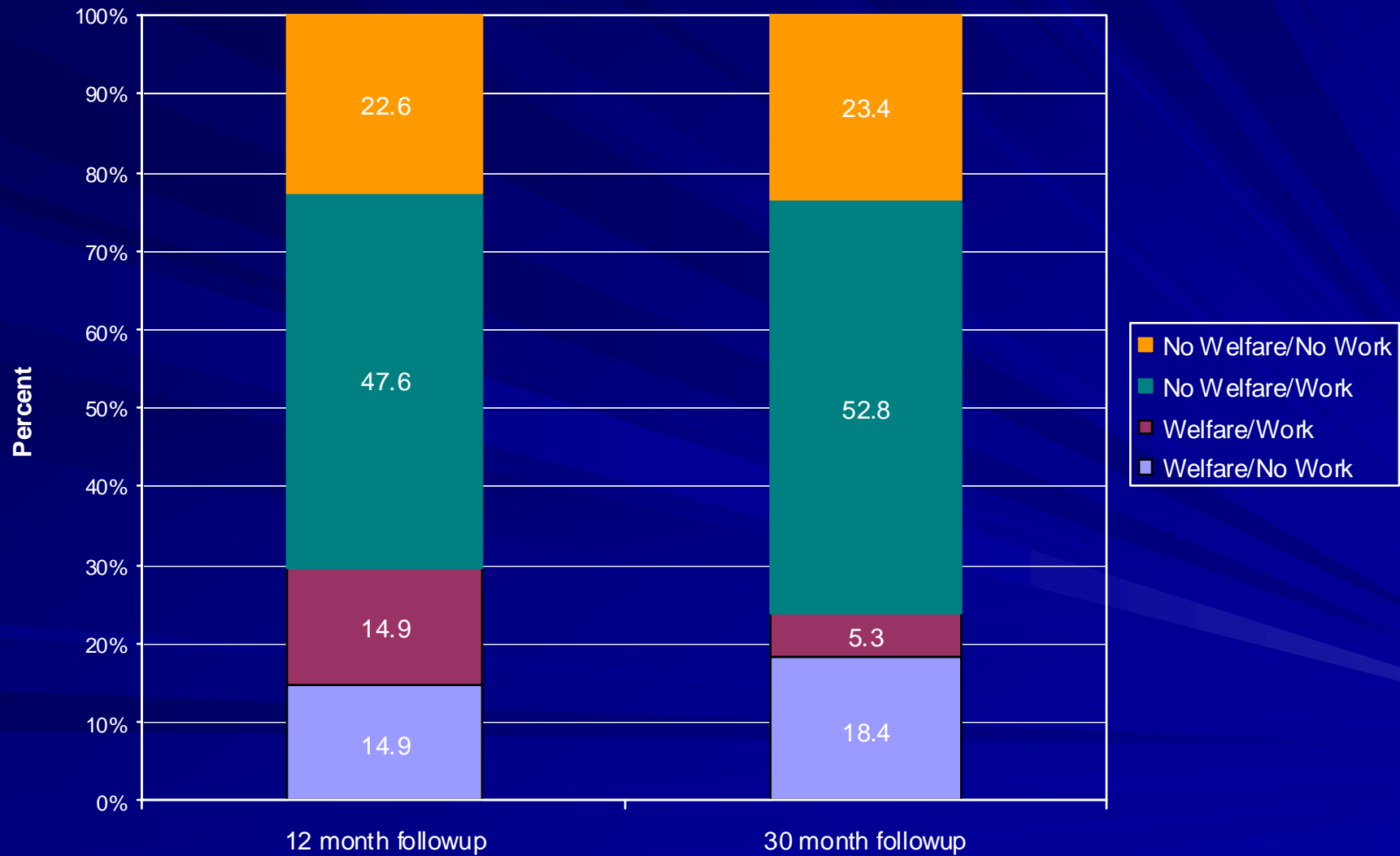
Information regarding changes in welfare policies

- **59 percent were lacking information regarding time limits**
- **55 percent were lacking information regarding work requirements**

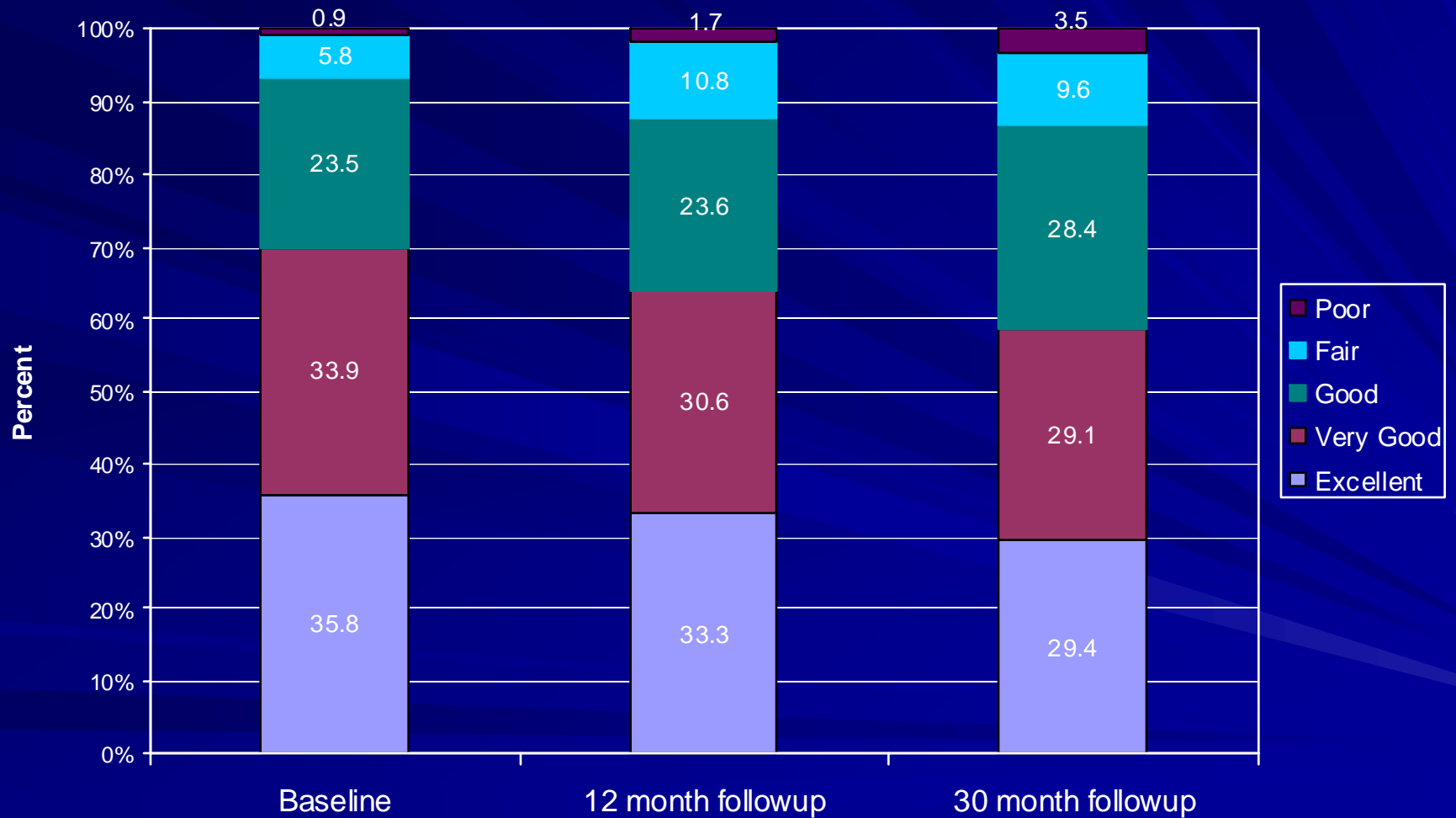
Medicaid Coverage



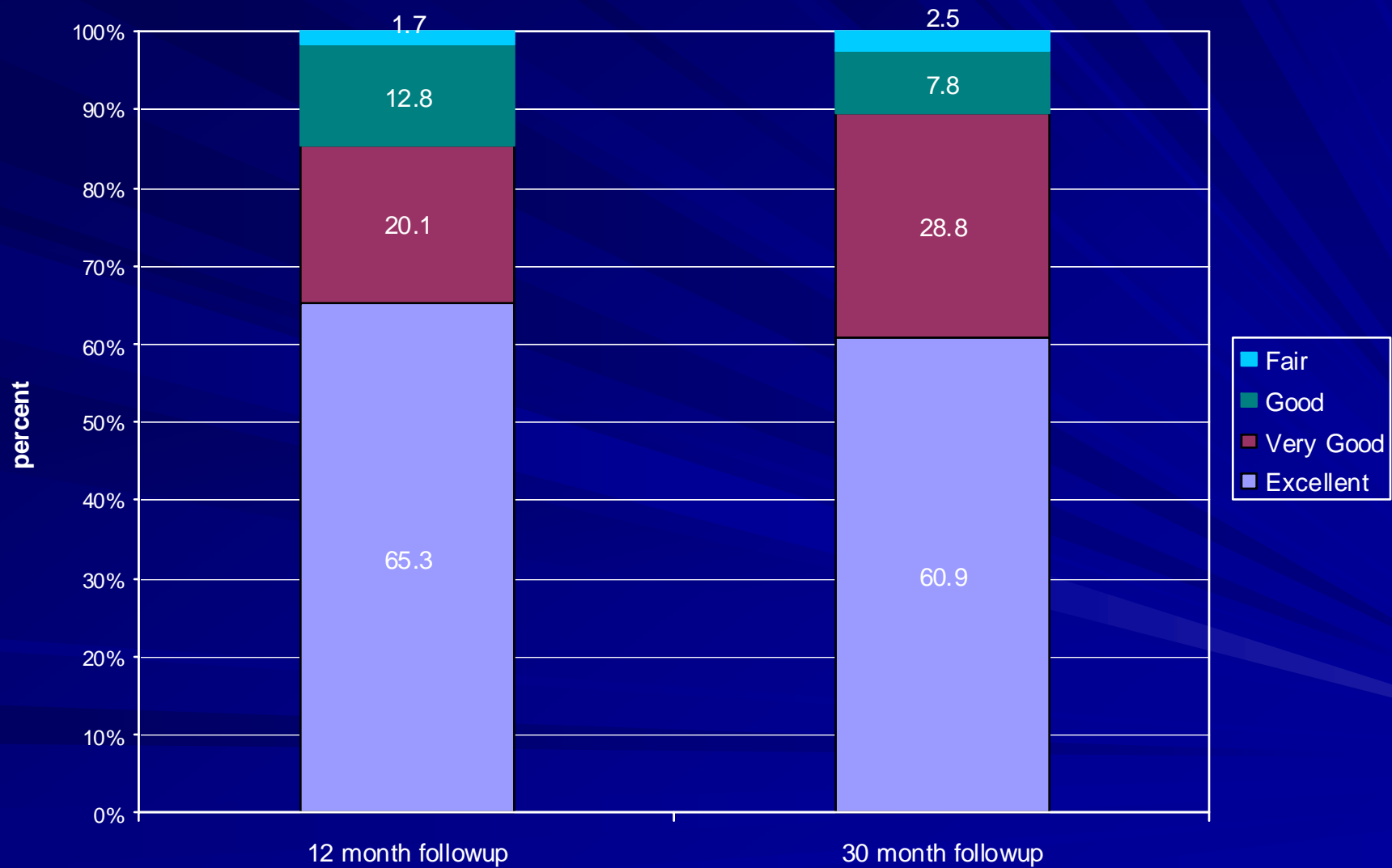
Welfare/Work Status



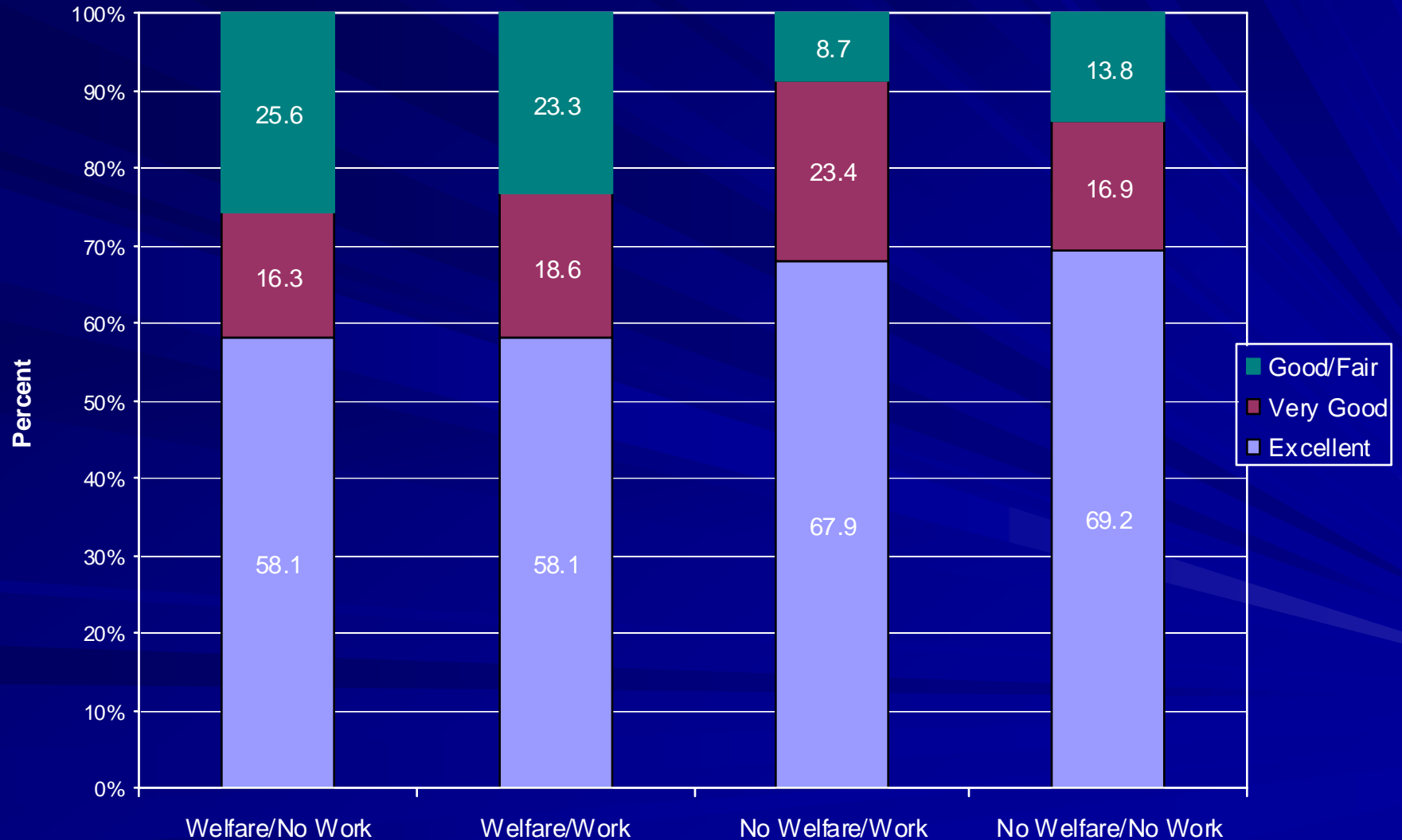
Mother's Health Status



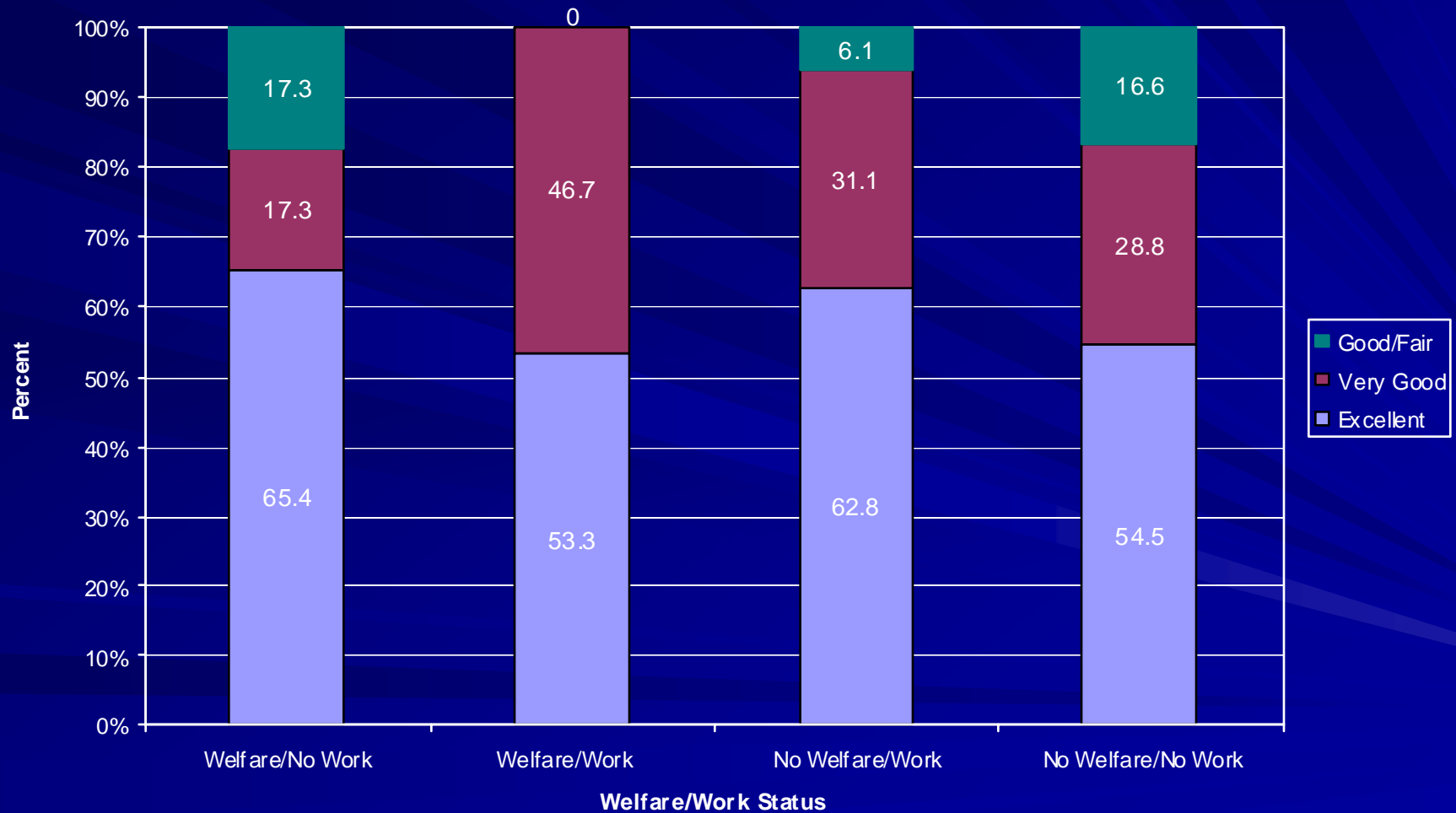
Child's Health Status



Welfare/Work status by child's health status at 12 month follow up



Welfare/Work status by child's health status at 30 month follow up



Implications for Public Health Practice

- In the context of dynamic policy changes, our findings emphasize the need for longitudinal follow up and evaluation
- Uniform data systems for assessing the impact of policy changes are essential
- The national debate regarding the future of SCHIP underscores the key role of data in policy and service delivery decisions