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Fragile Families and Child Wellbeing Study

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Overview of Study

- Birth cohort study of ~5,000 births in large US cities b/w 1998 & 2000
- Oversampled nonmarital births at 3:1 ratio
- Representative of nonmarital births in all cities in the US w/population >200,000 at the time
- Followed-up when children were 1, 3, 5, 9, &15 yrs old
 - 22-yr follow-up is currently in planning stages
- Interviewed: mothers, fathers, children, child care-providers, teachers; also collected birth records & biomarkers

Motivation for Study

1. Large increases in nonmarital childbearing in the US
2. Little understanding of role of fathers in these families
3. Passage of welfare reform

The Questions

- What are the conditions and capabilities of unmarried parents, especially fathers?
- What is the nature of parental relationships, and how stable are relationships?
- How do children fare, how does family structure and stability affect child wellbeing, and what is the role of fathers?
- How do social policies affect family dynamics and child wellbeing?

Funders

Federal Support

- NICHD
 - R01-HD-36916 (for core data collection) from the Eunice Kennedy Shriver National Institute of Child Health & Human Development (additional awards, including R01-HD-39135, and R01-HD-40421, have supported FFCWS); 5P30-HD-32030 from the Eunice Kennedy Shriver National Institute of Child Health & Human Development through the Office of Population Research, Princeton University
- National Science Foundation
- U.S. Department of Health and Human Services (ASPE and ACF)

Foundation Support (in alphabetical order)

California Healthcare Foundation, Center for Research on Religion and Urban Civil Society at UPenn, Commonwealth Fund, Ford Foundation, Foundation for Child Development, **Fund for NJ**, William T. Grant Foundation, **Healthcare Foundation of NJ**, William and Flora Hewlett Foundation, Hogg Foundation, Christian A. Johnson Endeavor Foundation, Kronosky Charitable Foundation, Leon Lowenstein Foundation, John D. and Catherine T. MacArthur Foundation, A.L. Mailman Foundation, Charles Stewart Mott Foundation, David and Lucile Packard Foundation, Public Policy Institute of California, **Robert Wood Johnson Foundation**, St. David's Hospital Foundation, St. Vincent Hospital and Health Services

Design – Very Briefly

- Stratified random sample of all US cities >200,000 people (77 such cities)
- Stratify cities on 3 policy dimensions:
 - Welfare generosity
 - Strength of the Child Support Enforcement System
 - Strength of the labor market
- Randomly sample cities within these strata - 16 cities
 - 8 cities with extreme (high/low) measures on the 3 strata
 - 8 cities w/NO extreme measures
 - 4 Extra cities added because of funders' interests
- Randomly sample birthing hospitals w/in the 20 cities
 - 75 hospitals selected - smaller cities – included all birthing hospitals
- Probability sample of births within hospitals

Fragile Families Cities



Table 1
Fragile Families, by Policy and Labor Market Regime

Child Support Enforcement

Strict

Moderate

Lenient

Welfare
Generosity

Labor Market:	Strong	Average	Weak	Strong	Average	Weak	Strong	Average	Weak
High Benefits	Boston*	Pittsburgh*	Toledo*				SAN JOSE*	OAKLAND	NEW YORK*
	MILWAUKEE		DETROIT						
Moderate Benefits	Norfolk*	PHILADELPHIA*	NEWARK	Jacksonville*	BALTIMORE*			Chicago*	
Low Benefits	INDIANAPOLIS*		RICHMOND*		Nashville*		AUSTIN*	San Antonio*	CORPUS CHRISTI*

UPPER BOLD = LARGE SAMPLE CITIES (325 births)

Lower case = small sample cities (100 births)

*City is in national sample

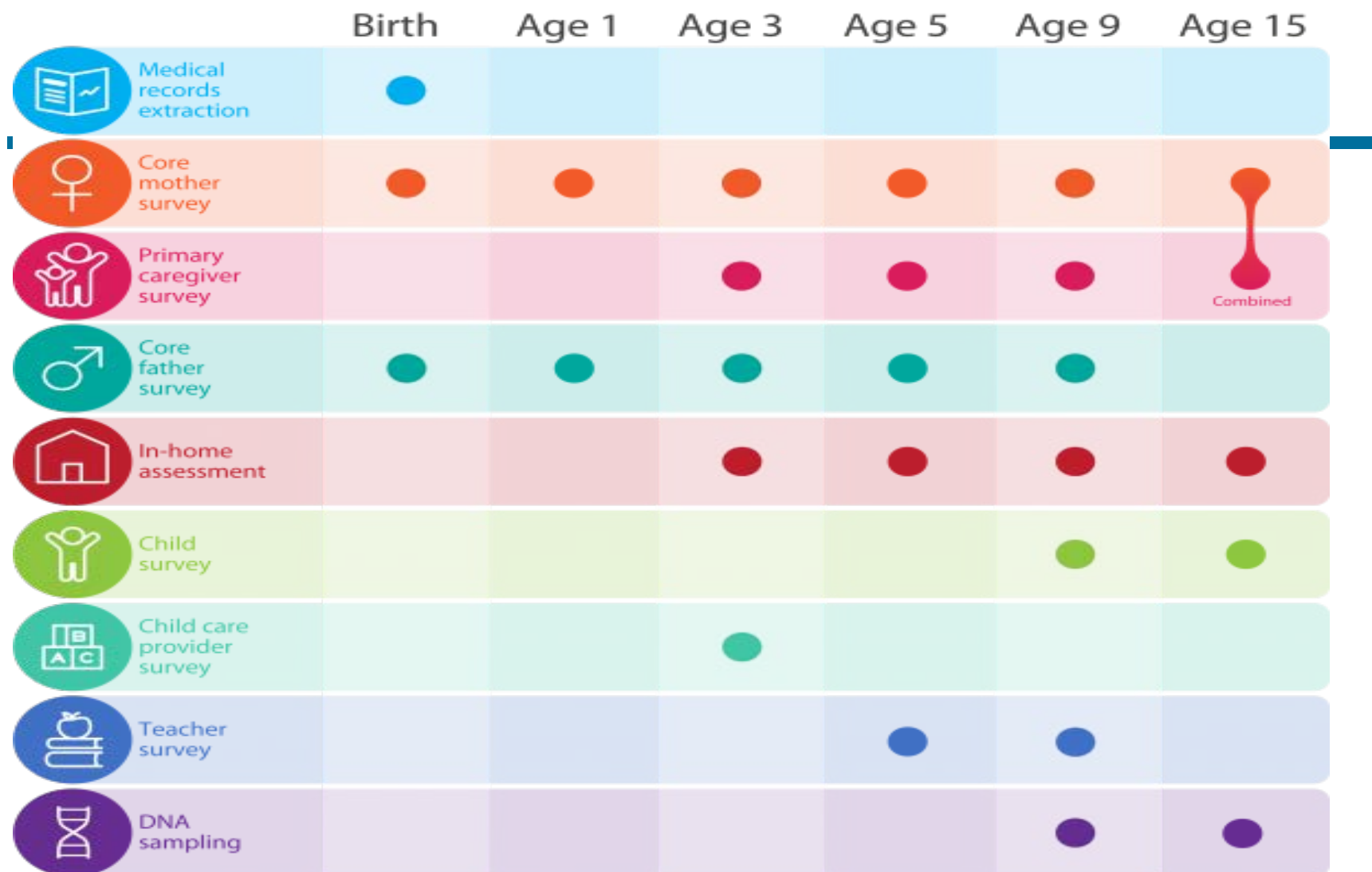
Innovations – Sampling births in hospital

- High response rates for mothers
 - Better than birth records
 - 87% for unmarried mothers
 - 82% married mothers
 - Better than going to prenatal clinics (more representative)
- High response rates for fathers (esp. unwed)
 - Most important lesson learned: fathers are at the hospital
 - “Magic Moment” – parents are happy and fathers are there
 - 89% for married and 75% for unmarried fathers (60% at the hospital)

Other Unique Features of FFCWS

- Rich information on many domains of well-being
 - Capturing interest of broad range of funders/constituents
 - Makes data attractive for scholars from diverse fields
- Multi-disciplinary team of investigators shaped domains of inquiry
 - Child dev, Soc, Econ, SW, Policy, Poverty, Genetics, Fam studies
- Multiple reporters – mothers, fathers, children, teachers,
 - Most important: mothers reporting on nonresident fathers
- Mixed methods
 - Phone interviews
 - In-person interviews
 - Interviewer observations
 - Qualitative interviews (add-on studies)

Study Components – Wave by Wave



Notes: Medical records were extracted from the hospital where the mother gave birth. The core mother survey took place in the hospital at baseline, then by telephone in subsequent waves. The primary caregiver survey took place over the telephone or in the home. The core father survey was administered in the hospital or by telephone at baseline, then by telephone in subsequent waves. The child survey took place in the home at age 9, and by telephone or in the home at age 15. The child care provider survey and the teacher survey at age 5 were only administered in 10 of the 20 sample cities; the age 9 teacher survey was administered in all sample cities. DNA sampling took place in the home at age 9, and by mail or in the home at age 15.

Domains and Scales

- Scales [scales link](#)
- Relationships: status, quality, conflict, violence, children, partners
- Physical & mental health (in-depth)
- Parenting
- Father involvement – in-depth
- Child development: cognitive skills, behavior, achievement
- Child health: weight, disability, chronic disease
- Material resources: income, hardship, employment
- Interaction w/public programs
- Criminal justice system involvement (in-depth)
- Neighborhood quality, cohesiveness

Challenges & Lessons Learned

- Expensive ~\$10M for baseline
- IRB approval –
 - Unique IRBs for each hospital - Full-time team of people >\$300,000
- Challenges of recruitment
 - Issues of trust: Immigrants; Issues of incentives: higher-income parents
- Little value in going after hardest to reach (Teitler, et al. 2003. Costs and Benefits of Improving Response Rates for a Hard-to-Reach Population. *Public Opinion Quarterly*.)
- High follow-up response rates
 - Mid 80%'s, 64% of BL sample at 15-year
 - Maintain regular contact with families: Birthday cards, regular letters, address updates, newsletters

Importance of Dissemination & Data Use

- Data made available to scholars
 - Public use & restricted use
- Data training
 - Annual Fragile Families Summer Training workshops, particular focus on recruiting underrepresented scholars
 - Training workshops at academic conferences: PAA, SRCD
- Fully-staffed data office
 - Maintains data, website, issue regular research briefs, reports
- Data use and publications
 - 925 publications: 39 books/chapters, 771 journal articles, 115 working papers
- NICHD Proposals
 - Over 40 funded NICHD proposals for secondary analyses & add-on studies

Collaborative Studies – Current & Completed

Study

Principal Investigator

Current

Epigenetics

Mitchell

Fragile Families Challenge

Sagalnik et al.

Appending Education Records

McLanahan et al.

Determinants of Sleep

Hale & Buxton

Adolescent Wellbeing & Brain Development

Mitchell et al.

Gene-Environment Interactions

Notterman

Completed

Child Neglect

Paxson, Brooks-Gunn & Waldfogel

Medical Records

Reichman & Teitler

Child Care Providers

Brooks-Gunn

Incarceration

Western & Garfinkel

Couple Dynamics and Investments in
Children

MacArthur Network, (Edin et al.)

Transitions to Adulthood

MacArthur Network, (Furstenberg)

Fragile Families Information

- Fragile Families website
<http://www.fragilefamilies.princeton.edu/>
- Documentation – questionnaires
- User's guide
- Publications – search by author, keyword
<https://ffpubs.princeton.edu/>
- Reports
- List serv