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ABSTRACT

This 1995 update to "Connecticut's Children: Still at Risk" is the second annual report examining how children in the state are faring. The title indicates that Connecticut's children are at tremendous risk of failing to become productive adults. The update does not repeat much of the general information from the previous year's comprehensive look; instead, the update focuses on 16 measures of child well-being, including poverty, family setting, birthweight, infant mortality, dropouts, child and teen deaths, child abuse referrals, and juvenile violent crime arrests. Four new indicators are included this year: (1) percentage of children who receive AFDC benefits; (2) percentage of babies born with late or no prenatal care; (3) percentage of eighth and (4) tenth graders who report having used tobacco or alcohol in the past 30 days. Each indicator is first presented as a separate table, comparing different cities and regions of the state. Regions with rates worse than the state-wide rate are highlighted. Indexes to the towns and regions, and a map of these regions, are included at the beginning of the section. The same information is then presented again, organized by region instead of by indicator. Where possible, the rate for the region is shown as a percentage better or worse than the state-wide rate. An explanation of terms and methodology used in both sections appears at the back of the report. (EV)



TO THE EDUCATIONAL RESOURCES

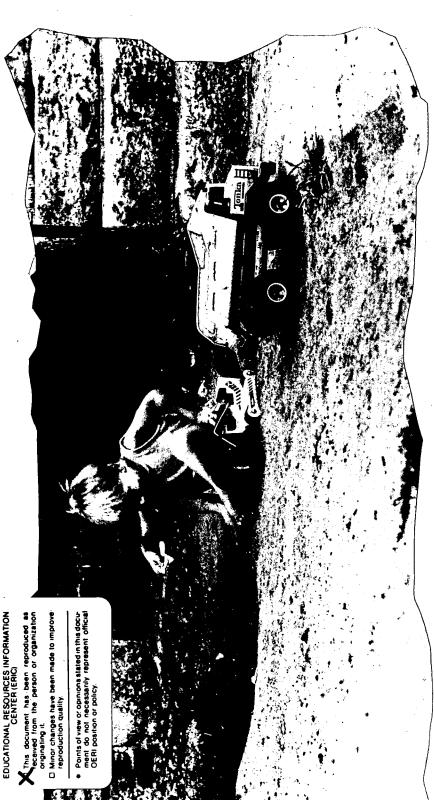
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Services

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The Connecticut Association for

Human Services (CAHS) is an

independent nonprofit, research,

public education and policy develop-

ment organization committed to

of our state's residents — young and promoting the health and well-being

old alike. CAHS serves as a catalyst,

working with diverse constituencies

provision of human services that are throughout the state to ensure the

of the highest quality, responsive

to people's needs and cost-effective.

Founded in 1910 as the Conference

on Charities and Corrections, the

Association was reorganized in 1974 as CAHS. Our membership includes concerned citizens, religious leaders,

corporations, labor leaders, human

service professionals and organiza-

tions, educators, and policymakers.

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Connecticut's Children: Still At Risk

1995 Data Update

Michelle Doucette Cunningham Director, KIDS 2000

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Photographs by Sandy Hale Design by Lynn Stanford



Published by
Connecticut Association for Human Services
Helen D. Ward, Acting Executive Director



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Many people within the Connecticut Departments of Children and Families, Education, Public Health and Addiction Services, Public Safety, and Social Services were incredibly helpful in their provision of data and technical advice. Our thanks go to them as well.

Our staff here at CAHS are the best group of people with whom one could ever hope to work. Their commitment to making the world a better place for children is inspiring even on the bleakest days. They made this book possible with their professional knowledge and their warm hearts. Extra special thanks go to Sue McClain who spent many hours above and beyond the call of duty preparing the design and layout of the regional charts.

Thanks also go to Sandy Hale for her amazing photographs, Lynn Stanford for her creative design and layout, and Laura Weintraub for her hard work during the summer of 1994.

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Overview of Contents

The data part of this book is divided into two sections:

The **Child Well-Being Indicators** section is made up of 16 important indicators of the well-being of children and two demographic measures. Each indicator is a separate table, comparing different cities and regions of the state. In two cases, two related indicators are shown on the same table. Regions with rates worse than the state-wide rate are highlighted. Indexes to the towns and regions, and a map of these regions, are included at the beginning of this section.

In the **Regional Indicators** section, the same child well-being information is presented, but it is organized by region instead of by indicator. Where possible, the rate for the region is shown as a percentage better or worse than the state-wide rate. This section allows readers to see, at a glance, how well children are faring in their region of the state.

An explanation of the terms and methodology used in both sections appears at the back of the book.

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Child Well-Being Indicators	9
Regional Indicators	43
Towns and Mathadalam	71







Introduction

The 1995 update to *Connecticut's Children: Still At Risk* is the second annual report examining how well children in our state are faring. The title of the book says it all — Connecticut's children are at tremendous risk of failing to become productive adults.

To reach their fullest potential, children require the security of a loving family, food, shelter, health care and education. Children also need safe homes and safe neighborhoods — free of crime and violence.

Unfortunately, far too many children in Connecticut do not enjoy the stable families and supportive communities vital to their growth and development. They are born and raised in poverty. They are surrounded by violence in their neighborhoods and sometimes in their homes. They attend schools that are overwhelmed by the many non-academic needs of their students. If the children stay in school, they do not learn enough to move successfully into the world of work. Too many grow up hungry and sick, with little access to basic nutrition or health care. They live in a world where children must constantly fight to keep alive the hope for a brighter future. It's little wonder they end up unprepared for adulthood.

Remembering that an ounce of prevention is worth a pound of cure, we must focus on getting help to children before they get sick, drop out of school or get in trouble. Not only is prevention the most humane way to care for our children, it is also the most cost-effective way. The choice is clear. Do we invest in quality child care, nutrition and health care for our kids now or do we spend more later for prisons, welfare and remedial education? Connecticut's economic future, its potential tax base, and its ability to care for an aging population will depend on the emotional stability and vocational preparedness of a shrinking work force. It will depend on how well we treat today's children.

When I look at the data in this book, I think about the economic and racial boundaries in our state that exacerbate these problems and deprive so many children of the richness of other cultures. I can't help but contrast this tragic separation with the rich sense of community that exists among the children in my son's class. My son attends a public school in New Haven that serves a remarkable economic and ethnic mix of children. Some of the small boys and girls in his class are on welfare, some are the children of bus drivers and nursing home aides, and some are the children of doctors and lawyers.



The school is renowned for its commitment and caring and receives grants to fund its unique and creative teaching approach. By the end of the kindergarten year, close bonds have developed between the children. They speak easily of their differences and similarities, they form friendships across the boundaries that so often limit the lives of adults in our state. They show enormous kindness toward each other — running to get a tissue, or a favorite toy or a blanket to comfort a classmate who is hurt or sad. Their charm, when they talk about their worries and their excitements, delights me when I come to volunteer in the classroom. They could teach us a lot about life, about seeing people as individuals, and about basic human kindness.

If we are to be successful in improving outcomes for children, we must work to shape policies which will break down these barriers and will direct investments toward all children — not just those we view as our own. We know that the public supports greater investment in children's issues, but they need leaders to turn this concern into action. In October 1994, we commissioned the University of Connecticut's Institute for Social Inquiry to conduct a public opinion poll to measure the public's attitudes toward children. The results show us that Connecticut citizens are profoundly concerned about children, and are willing to spend more of their own money — through taxes — to help them. This contradicts the commonly held belief that all Americans want smaller government and lower taxes across the board. Our poll showed us that people in Connecticut see children as a worthwhile investment, one that saves us money in the long run. But we need leaders in government to do what is right for children, knowing that the public supports them. And we need leaders in every other sector to inspire people to speak up and take action on behalf of children.

Every individual shares the responsibility to ensure that children's basic human needs are met. Parents, teachers, community groups, civic leaders, businesses, labor and religious organizations, and the public sector each have an important role in shaping responses which can enhance opportunities for all children to thrive. This can mean volunteering at a soup kitchen, or donating toys and books to children who would otherwise have none.

But we can have a larger effect by joining together with others and voicing our concerns about kids collectively. We must educate ourselves and talk about these issues with others, spreading the word and inspiring action. As members of a democracy, we have the responsibility to vote for candidates who promote the common good for all people, including children. In spite of an increased awareness of the status of children by citizens of all ages, real change will only occur when public awareness is transformed into action.



We hope this book will give you the facts you need to make the case for children — to better argue that we need to pay more attention to the problems facing children in areas such as health, education, and economic and emotional well-being. We have included in this edition our vision for children in Connecticut. And we support this statement by spelling out some of the underlying beliefs upon which this vision is based. We have reprinted the results of our public opinion poll, as well.

As an update to last year's comprehensive look at children in our state, we have not repeated much of the general information about children in this update. Instead, we have focused on the sixteen measures of child well-being, and what each says about how kids are doing in our state.

Four indicators of children's well-being are new this year, and expand our knowledge of the status of Connecticut's children:

- The percentage of all children who receive Aid to Families with Dependent Children (AFDC) benefits, as a proxy measure for child poverty.
- The percentage of babies born whose mothers received late or no prenatal care during their pregnancy.
- The percentage of 8th and 10th grade students who reported using tobacco in the past thirty days.
- ⇒ The percentage of 8th and 10th grade students who reported using alcohol in the past thirty days.

With the publication of this second annual data update, the KIDS 2000 initiative of the Connecticut Association for Human Services continues its campaign to help children and families. We hope this report makes you angry, and that reading it will inspire you to vote for politicians who support children and families, to advocate for more investment in kids' programs, to volunteer for a mentoring program, or simply to spend more time with your own children. We urge each of you to cherish and protect all of Connecticut's children as fiercly as you would your own.

Helen D. Ward Acting Executive Director



4

Our Vision for Connecticut's Children

Every child should have the opportunity to develop to his or her full potential.

In order for this opportunity to be guaranteed to every child,
the following broad goals must be met:

Economic Security

Ensure that all children grow up in economically stable families and have the opportunity to learn the necessary skills for earning a living wage.

Health Care Access

Provide affordable and timely health care so that all children are born healthy and grow up with quality medical care. This should include adequate nutrition, as well as health education and recreation programs to develop healthful lifestyles.

Excellence in Education

Guarantee that children have the care and support they need to enter school ready to learn, and that they receive a quality, comprehensive education that ensures their ability to develop into young adults who are literate, skilled, knowledgeable, and socially responsible.

Emotional Well-Being

Ensure that all children live in a safe home and neighborhood with stable, nurturing families who are knowledgeable about parenting and child development.



Underlying Principles

In order to achieve this vision for Connecticut's children, every segment of society will have to do their part. We believe that:

Families are the primary caregivers for children. Families have the first responsibility for the physical and emotional well-being of children. Families, as first teachers, provide the most basic education for children, from early verbal language skills to values and ethics. But despite their best efforts, it is hard for some families to raise their children without help — particularly when a dramatic reshaping of our economy has changed the rules of the game for many parents. Given these new economic and social realities, some families will require more assistance than others.

Communities are also responsible for the children in their midst. Some entities within the community, such as schools, have clearly defined roles. Others, including churches and civic organizations, have a responsibility to help children directly and raise the consciousness of the whole community about children's needs. Of late, some employers and businesses have begun to consider children and family issues as they explore current and future workforce concerns.

Government's responsibility for children is to be the bootstrap that guarantees equality of opportunity. Recognizing that not all families and communities will be equally well equipped to provide for children, government at all levels (local, state and federal) must help to balance the scales. The evidence is clear: investing in government programs that work for children can assure them all a fair start in life.

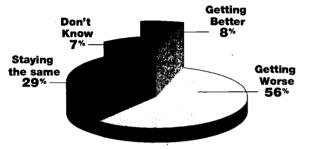
Children must be given the opportunity to experience the richness of economic and ethinic diversity in their neighborhoods and in their schools. Through government policies on housing and innovative efforts to promote school integration, we must begin to break down the barriers that separate children along ethnic, racial and economic lines.



University of Connecticut, Institute for Social Inquiry

Public opinion poll conducted October 20 to 25, 1994

Do you think the quality of children's lives in Connecticut has been getting better, getting worse, or staying about the same?

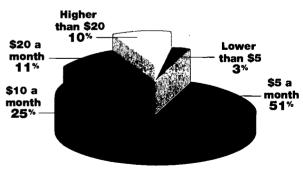


Do you think the
Connecticut state
government places
too high a priority,
or just the right
priority on programs
for children?

Too Low
65%

If the extra money was earmarked for programs for children such as Would be willing early childhood education, to see taxes go up health care and nutrition. 63% would you be willing to see your own taxes go up five dollars a month, Not at all ten dollars a month, 31% twenty dollars a month, or wouldn't you Don't be willing to see Know your own state taxes increase at all?

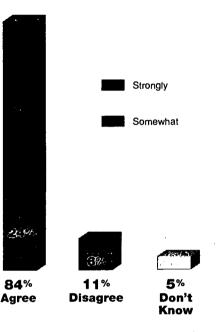
Of the 63% willing to see their taxes go up:



The full results of this survey were published in *Children in Connecticut: A Survey of Public Attitudes Toward Children in Our State*, Connecticut Association for Human Services, January, 1995.

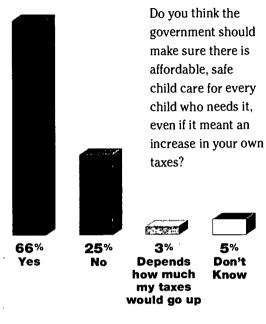


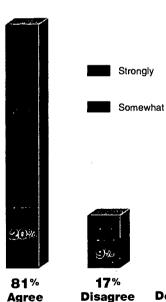
Do you strongly agree, agree somewhat, disagree somewhat or strongly disagree that spending money on children's programs now will save money in the long run on things like job training, welfare and prisons?



Do you strongly agree, agree somewhat, disagree Strongly somewhat or strongly disagree Somewhat that making sure children and pregnant women are adequately covered should 1/2/1/0 be a top priority in any program of health care 14% 81% reform?

Agree





Do you strongly agree, agree somewhat, disagree somewhat or strongly disagree that government has a responsibility to make sure that all children have access to a good nutritious diet?



Don't Know

Disagree

2%

Don't Know



Child Well-Being Indicators

Town Index	
Region Map of Connecticut	
Region Index	•
Number of Children	
Racial/Ethnic Background	
Child Poverty	
Family Setting	
Aid to Families with	
Dependent Children (AFDC)	
Low Birthweight	2
Infant Mortality	2
Prenatal Care	2
Births to Teen Mothers	2
Child Deaths	2
Connecticut Mastery	
Test Results	3
High School Dropouts	3
Tobacco/Alcohol Use	3
Juvenile Violent	
Crime Arrests	3
Teen Deaths	3
Child Ahuse Referrals	4



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Town Index

AndoverCapitol V
AnsoniaSouth Central I
AshfordNortheast
AvonCapitol II
BarkhamsteadNorthwest
Beacon FallsSouth Central I
BerlinCentral II
BethanySouth Central I
BethelHousatonic Valley
BethlehemNorthwest
BloomfieldCapitol II
BoltonCapitol V
BozrahSoutheast
BranfordSouth Central IV
BridgeportBridgeport
BridgewaterNorthwest
BristolCentral I
BrookfieldHousatonic Valley
BrooklynNortheast
BurlingtonCentral I
CanaanNorthwest
CanterburyNortheast
CantonCapitol II
ChaplinNortheast
CheshireNaugatuck Valley
ChesterSouth Central V
ClintonSouth Central V
ColchesterSoutheast
ColebrookNorthwest
ColumbiaCapitol V
CornwallNorthwest
CoventryCapitol V
CromwellSouth Central V
DanburyHousatonic Valley

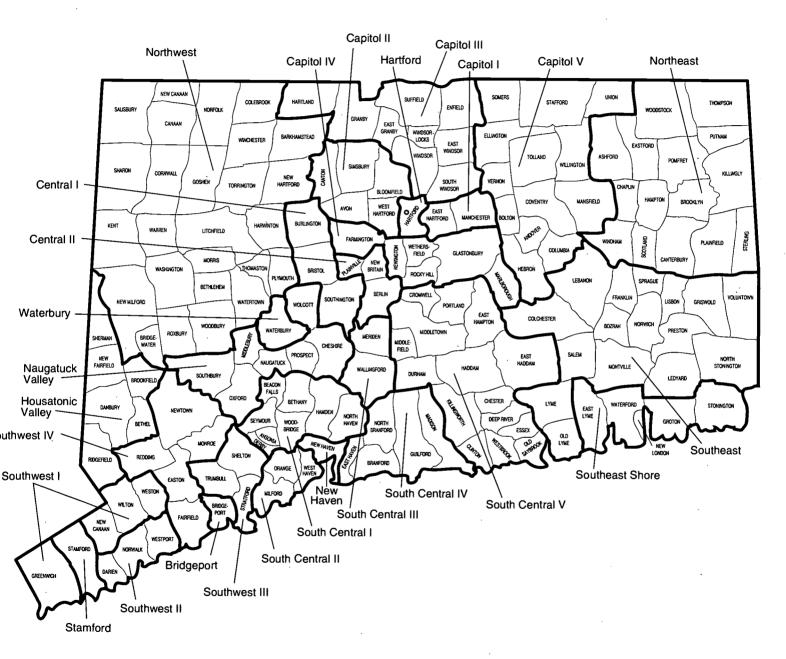
DarienSouthwest II
Deep RiverSouth Central V
DerbySouth Central 1
DurhamSouth Central V
East GranbyCapitol III
East HaddamSouth Central V
East HamptonSouth Central V
East HartfordCapitol I
East HavenSouth Central IV
East LymeSoutheast Shore
East WindsorCapitol II
EastfordNortheast
EastonSouthwest IV
EllingtonCapitol V
EnfieldCapitol III
EssexSouth Central V
FairfieldSouthwest IV
FarmingtonCapitol IV
FranklinSoutheast
GlastonburyCapitol IV
GoshenNorthwest
GranbyCapitol III
GreenwichSouthwest I
GriswoldSoutheast
GrotonSoutheast Shore
GuilfordSouth Central IV
HaddamSouth Central V
HamdenSouth Central I
HamptonNortheast
HartfordHartford
HartlandCapitol III
HarwintonNorthwest
HebronCapitol V
KentNorthwest

Killingly	Northeas
KillingworthSo	outh Central V
Lebanon	Southeas
Ledyard	Southeas
Lisbon	Southeas
Litchfield	Northwes
Lyme	Southeas
MadisonSo	uth Central IV
Manchester	Capitol
Mansfield	Capitol V
Marlborough	Capitol IV
MeridenSo	uth Central II
MiddleburyNau	igatuck Valley
MiddlefieldSo	outh Central V
MiddletownSo	outh Central V
MilfordSo	outh Central I
Monroe	.Southwest I\
Montville	Southeas
Morris	Northwes
NaugatuckNau	ıgatuck Valley
New Britain	Central I
New Canaan	Southwest
New Fairfield Hou	satonic Valle
New Hartford	Northwes
New Haven	New Have
New LondonSo	utheast Shore
New Milford	Northwes
Newington	Capitol IN
Newtown	.Southwest IN
Norfolk	Northwes
North BranfordSo	uth Central IV
North Canaan	Northwes
North Haven	South Central
North Stonington	

NorwalkSouthwest II
NorwichSoutheast
Old LymeSoutheast
Old SaybrookSouth Central V
OrangeSouth Central II
OxfordNaugatuck Valley
PlainfieldNortheast
PlainvilleCentral II
PlymouthNorthwest
PomfretNortheast
PortlandSouth Central V
PrestonSoutheast
ProspectNaugatuck Valley
PutnamNortheast
ReddingSouthwest IV
RidgefieldHousatonic Valley
Rocky HillCapitol IV
RoxburyNorthwest
SalemSoutheast
SalisburyNorthwest
ScotlandNortheast
SeymourSouth Central I
SharonNorthwest
SheltonSouthwest III
ShermanHousatonic Valley
SimsburyCapitol II
SomersCapitol V
South WindsorCapitol III
SouthburyNaugatuck Valley
SouthingtonCentral I
SpragueSoutheast
StaffordCapitol V
StamfordStamford
SterlingNortheast

Stonington	Southeast Shor
Stratford	Southwest I
Suffield	Capitol I
Thomaston	Northwes
Thompson	Northeas
Folland	Capitol
Torrington	Northwes
Trumbull	Southwest I
Union	Capitol
Vernon	Capitol
Voluntown	Southeas
Wallingford	South Central I
Warren	Northwe
Washington	Northwe
Waterbury	Waterbur
Waterford	Southeast Shor
Watertown	Northwe
West Hartford	Capitol
West Haven	South Central
Westbrook	South Central
Weston	Southwest
Westport	Southwest
Wethersfield	Capitol I
Willington	Capitol
Wilton	Southwest
Winchester	Northwe
Windham	Northea
Windsor	Capitol
Windsor Locks.	Capitol
Wolcott	.Naugatuck Valle
Woodbridge	South Centra
Woodbury	Northwe
Woodstock	Northea







Region Index

Bridgeport

Bridgeport



Capitol I

East Hartford and Manchester



Capitol II

Avon, Bloomfield, Canton, Simsbury and West Hartford



Capitol III

East Granby, East Windsor.

Enfield, Granby,

Hartland, South Windsor, Suffield, Windsor and Windsor Locks

Capitol IV

Farmington, Glastonbury, Marlborough,

Newington,

Rocky Hill and Wethersfield

Capitol V

Andover, Bolton, Columbia,

Coventry,

Ellington, Hebron, Mansfield, Somers, Stafford, Tolland, Union,

Vernon and Willington

Central I

Bristol. Burlington and Southington



Central II

Berlin.

New Britain and Plainville



Hartford

Hartford



Housatonic Valley

Bethel, Brookfield Danbury. New Fairfield.



Naugatuck Valley

Cheshire. Middlebury, Naugatuck,

Oxford,

Prospect, Southbury and Wolcott

New Haven

New Haven



Northeast

Ashford, Brooklyn Canterbury.

Chaplin,

Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Scotland, Sterling, Thompson, Windham and Woodstock

Northwest

Barkhamstead. Bethlehem.

Bridgewater,

Canaan, Colebrook, Cornwall, Goshen, Harwinton, Kent, Litchfield, Morris, New Hartford, New Milford, Norfolk, North Canaan, Plymouth, Roxbury, Salisbury, Sharon, Thomaston, Torrington, Warren, Washington, Watertown, Winchester and Woodbury

South Central I

Ansonia, Beacon Falls, Bethany,

Derby, Hamden, North Haven,

Seymour and Woodbridge

South Central II

Milford, Orange and West Haven



South Central III

Meriden and Wallingford



South Central IV

Branford. East Haven. Guilford.

Madison and North Branford

South Central V

Chester, Clinton. Cromwell,

Deep River.

Durham.

East Haddam, East Hampton, Essex, Haddam, Killingworth, Middlefield, Middletown, Old

Saybrook, Portland and Westbrook

Southeast

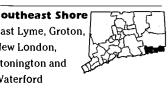
Bozrah. Colchester,

Franklin,

Griswold, Lebanon, Ledyard, Lisbon, Lyme, Montville, North Stonington, Norwich, Old Lyme, Preston, Salem, Sprague and Voluntown



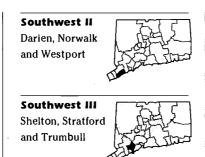


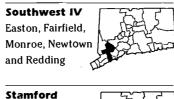


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lew Canaan, Veston and Vilton













School District Exceptions

Region	Students from Other Towns
Capitol V	Includes Ashford and
	Willington students
	who attend Region 19 and
	Marlborough students
	who attend Region 8
Central I	Includes Harwinton students
	who attend Region 10
Housatonic Valley	Includes Sherman students
	who attend Brookfield
Northeast	Includes Columbia and
	Willington students
	who attend Windham
Northwest	Includes Hartland students
	who attend Gilbert;
	Oxford students
	who attend Region 14; and
	Sherman students
•	who attend New Milford
South Central I	Includes Oxford students
	who attend Seymour and
	Orange students who
	attend Region 5
Southeast	Includes Canterbury students
	who attend Norwich or
	Griswold
Southeast Shore	Includes Salem students
(3)	who attend East Lyme

Region	Regional School
	Districts
Capitol V	Region 8
Central I	Region 10
Naugatuck Valley	Region 15
	Region 16
Northeast	Region 11
Northwest	
	Region 6
	Region 7
	Region 12
	Region 14
South Central I	Region 5
South Central V	Region 4
***************************************	Region 13
	-
Southeast	Region 18
Southwest IV	

Stamford

Region	Private/Public
	Schools
Northeast	Woodstock Academy
Northwest	Gilbert School
Southeast	Norwich Free Academy

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Region	Vocational- Technical
	Schools
Bridgeport	Bullard-Havens
Capitol I	Howell Cheney
Central II	E.C. Goodwin
Hartford	A.l. Prince
Housatonic Valley	Henry Abbott
Northeast	H.H. Ellis
Northwest	
South Central I	Eli Whitney
	Emmett O'Brien
South Central II	Platt
South Central III	H.C. Wilcox
South Central V	Vinal
Southeast	Norwich
Southeast Shore	E.T. Grasso
Stamford	J.M. Wright
Waterbury	W.F. Kaynor

Note: These exceptions affect the data concerning Connecticut Mastery Test results, high school dropouts, and alcohol and tobacco usage. For more information, see Methodology, page 72.

Number of Children and Percent of Total Population — 1970, 1980, 1990

	. 19		198		199		1970-1990 % Change
REGION NAME	Number	Percent	Number	Percent	Number	Percent	In Rate
Northwest	49,000	34.0	42,643	27.2	40,719	23.4	-31
Housatonic Valley	36,278	37.0	36,569	29.7	31,826	23.8	, -36
Stamford	35,903	33.0	25,053	24.5	21,773	20.1	-39
Southwest I	33,619	34.2	26,469	26.2	22,217	22.0	-36
Southwest II	44,202	34.8	31,855	26.1	25,128	20.8	40
Bridgeport	47,276	30.2	39,803	27.9	36,992	26.1	-14
Southwest III	37,107	34.3	30,038	26.2	25,325	21.7	-37
Southwest IV	33,441	34.9	27,687	27.4	23,864	22.7	-35
Waterbury	34,354	31.8	26,678	25.8	25,561	23.5	-26
Naugatuck Valley	28,288	35.8	26,693	28.1	26,146	24.1	-33
South Central I	43,417	32.6	32,162	24.0	28,721	20.9	-36
New Haven	39,246	28.5	31,863	25.3	30,936	23.7	-17
South Central II	39,641	33.8	29,247	24.9	25,131	21.5	-36
South Central III	31,878	34.8	25,140	26.6	23,517	23.4	-33
South Central IV	28,573	36.6	25,171	27.6	22,606	22.1	-39
South Central V	38,746	33.7	33,748	26.2	31,401	21.9	-35
- Central I	33,346	36.8	28,188	28.2	24,524	23.1	-37
Central II	34,790	30.4	23,689	22.5	23,375	21.3	-30
Hartford	48,353	30.6	39,530	29.0	38,390	27.5	-10
Capitol I	34,245	32.4	24,779	24.2	20,992	20.6	-37
Capitol II	38,867	32.7	29,181	24.3	25,984	21.0	-36
Capitol III	51,183	40.2	36,453	28.3	33,495	23.1	-42
Capitol IV	34,267	33.6	27,992	24.4	25,583	20.4	-39
Capitol V	35,791	. 34.6	30,171	26.4	29,006	22.5	-35
Northeast	29,070	34.4	26,750	29.0	26,363	25.7	-25
Southeast	41,589	36.0	35,051	· 29.1	32,940	25.1	-30
Southeast Shore	38,532	33.6	30,316	25.7	27,066	21.8	-35
CONNECTICUT	1,021,002	33.7	822,919	26.5	749,581	22.8	-32

Sources: U.S. Bureau of the Census, Census of Population and Housing, 1970, 1980 and 1990.



Racial/Ethnic Background of Connecticut's Children — 1990

	WH	ITE	BLA	BLACK		R RACES	HISPANIC-ORIGIN		
REGION NAME	Number	Percent	Number	Percent		Percent		Percent	
Northwest	39,488	97.0	472	1.2	759	1.9	607	1.5	
Housatonic Valley	28,674	90.1	1,289	4.1	1,863	5.9	1,759	5.5	
Stamford	14,139	64.9	5,908	27.1	1,726	7.9	2,780	12.8	
Southwest I	20,695	93.1	413	1.9	1,109	5.0	792	3.6	
Southwest II	20,142	80.2	3,483	13.9	1,503	6.0	2,465	9.8	
Bridgeport	16,643	45.0	12,617	34.1	7,732	20.9	14,134	38.2	
Southwest III	23,043	91.0	1,468	5.8	814	3.2	1,016	4.0	
Southwest IV	23,044	96.6	242	1.0	578	2.4	576	2.4	
Waterbury	17,722	69.3	4,618	18.1	3,221	12.6	5,781	22.6	
Naugatuck Valley	25,103	96.0	432	1.7	611	2.3	615	2.4	
South Central I	25,771	89.7	2,017	7.0	933	3.2	846	2.9	
New Haven	10,530	34.0	15,969	51.6	4,437	14.3	6,692	21.6	
South Central II	22,046	87.7	2,236	8.9	849	3.4	973	3.9	
South Central III	20,845	88.6	1,009	4.3	1,663	7.1	3,503	14.9	
South Central IV	21,978	97.2	226	1.0	402	1.8	430	1.9	
South Central V	28,520	90.8	1,998	6.4	883	2.8	1,078	3.4	
Central I	23,431	95.5	538	2.2	555	2.3	795	3.2	
Central II	17,914	76.6	1,946	8.3	3,515	15.0	5,217	22.3	
Hartford	9,487	24.7	16,978	44.2	11,925	31.1	17,930	46.7	
Capitol I	17,716	84.4	2,087	9.9	1,189	5.7	1,409	6.7	
Capitol II	22,147	85.2	2,701	10.4	1,136	4.4	947	3.6	
Capitol III	30,470	91.0	1,911	5.7	1,114	3.3	855	2.6	
Capitol IV	24,236	94.7	457	1.8	890	3.5	697	2.7	
Capitol V	27,684	95.4	479	1.7	843	2.9	612	2.1	
Northeast	24,709	93.7	333	1.3	1,321	5.0	1,796	6.8	
Southeast	30,820	93.6	1,115	3.4	1,005	3.1	931	2.8	
Southeast Shore	22,607	83.5	2,581	9.5	1,878	6.9	2,105	7.8	
CONNECTICUT	609,604	81.3	85,523	11.4	54,454	7.3	77,341	10.3	

Note: People of Hispanic-origin may be of any race.

Sources: U.S. Bureau of the Census, Census of Population and Housing, 1990.



Children Living Below the Federal Poverty Level — 1979, 1989

					1979-1989
REGION NAME	19 Number	79 Percent	19 Number	89 Percent	% Change in Rate
Northwest	2,386	5.7	1,657	4.2	-27
Housatonic Valley	2,078	5.7	1,393	4.4	-22
Stamford	3,122	12.6	2,141	9.9	-21
Southwest I	603	2.3	560	2.5	10
Southwest II	2,399	7.6	1,495	6.1	-20
Bridgeport	13,370	34.0	10,436	29.0	-15
Southwest III	1,519	5.1	824	3.3	-36
Southwest IV	984	3.6	562	2.4	-34
Waterbury	5,960	22.6	5,177	20.6	-9
Naugatuck Valley	1,683	6.4	725	2.8	-56
South Central I	1,947	6.1	1,584	5.6	-8
New Haven	11,001	35.3	9,927	33.8	-4
South Central II	2,243	7.8	1,442	5.8	-25
South Central III	2,091	8.4	2,029	8.6	3
South Central IV	1,402	5.6	638	2.9	-49
South Central V	2,565	7.8	1,716	5.6	-28
Central I	1,695	6.1	1,040	4.3	-29
Central II	3,361	14.4	4,189	18.3	27
Hartford	15,104	39.3	16,054	43.6	11
Capitol I	1,784	7.3	1,333	6.5	-11
Capitol II	904	3.1	667	2.6	-17
Capitol III	1,660	4.6	758	2.3	-50
Capitol IV	1,079	3.9	588	2.3	-40
Capitol V	1,644	5.5	1,228	4.3	-22
Northeast	2,964	11.4	2,953	11.4	1
Southeast	3,563	10.4	3,012	9.4	-10
Southeast Shore	3,495	11.8	2,444	9.2	-22
CONNECTICUT	92,606	11.4	76,572	10.4	-9

 \square = Worse than state-wide rate.

Sources: U.S. Bureau of the Census, Census of Population and Housing, 1980 and 1990.

Note: The census collects income information from the previous year.



Family Setting of Connecticut's Children — 1990

REGION NAME	TWO-PAREN Number	T FAMILIES Percent	SINGLE-PARE Number	NT FAMILIES Percent	CHILDREN OTHER SIT Number	
Northwest	32,939	80.9	5,256	12.9	2,524	6.2
Housatonic Valley	26,103	82.0	3,915	12.3	1,808	5.7
Stamford	14,789	67.9	4,719	21.7	2,265	10.4
Southwest I	19,241	86.6	2,054	9.2	922	4.1
Southwest II	19,088	76.0	3,953	15.7	2,087	8.3
Bridgeport	17,381	47.0	14,569	39.4	5,042	13.6
Southwest III	20,705	81.8	2,867	11.3	_ 1,753	6.9
Southwest IV	20,740	86.9	2,026	8.5	1,098	4.6
Waterbury	15,208	59.5	8,022	31.4	2,331	9.1
Naugatuck Valley	22,106	84.5	2,610	10.0	1,430	5.5
South Central I	22,814	79.4	4,042	14.1	1,865	6.5
New Haven	11,951	38.6	14,359	46.4	4,626	15.0
South Central II	18,957	75.4	4,259	16.9	1,915	7.6
South Central III	17,325	73.7	4,800	20.4	1,392	5.9
South Central IV	18,586	82.2	2,610	11.5	1,410	6.2
South Central V	24,233	77.2	4,704	15.0	2,464	7.8
Central I	19,676	80.2	3,581	14.6	1,267	5.2
Central II	15,167	64.9	6,350	27.2	1,858	7.9
Hartford	11,638	30.3	21,463	55.9	5,289	13.8
Capitol I	14,858	70.8	4,650	22.2	1,484	7.1
Capitol II	21,656	83.3	3,007	11.6	1,321	5.1
Capitol III	27,429	81.9	3,881	11.6	2,185	6.5
Capitol IV	21,550	84.2	2,911	11.4	1,122	4.4
Capitol V	23,784	82.0	3,731	12.9	1,491	5.1
Northeast	19,348	73.4	5,233	19.8	1,782	6.8
Southeast	25,569	77.6	5,263	16.0	2,108	6.4
Southeast Shore	20,353	75.2	4,867	18.0	1,846	6.8
CONNECTICUT	543,194	72.5	149,702	20.0	56,685	7.6

 $[\]square$ = Lower percentage of children living in two-parent families than state-wide rate.

Sources: U.S. Bureau of the Census, Census of Population and Housing, 1990.



Children Receiving AFDC Benefits

There are few local measures of child poverty other than the national census conducted every ten years. The number of children who receive Aid to Families with Dependent Children (AFDC) benefits is the best measure available in Connecticut to supplement the poverty data from the 1990 census.

From the census we know that in Connecticut, children are almost twice as likely to be poor as adults and that Hartford has the sixth highest child poverty rate in the nation. Over the past 20 years, Connecticut has seen its children get poorer, while the income of its elderly has grown. We know that our youngest children are more likely to live in poverty than older children. We know that children living with only their mother are sixteen times more likely to be poor that those living with two parents.

Although Connecticut is considered to be a wealthy state, there are children in every town living below a subsistence level. Poverty in childhood places children at risk for many other problems, including poor mental and physical health, school failure, teenage childbearing, child abuse and neglect, crime, and delinquency. The data throughout this book is testament to the link between growing up in poverty and experiencing the other problems examined here, such as infant mortality, child deaths, teen violence and teen pregnancy. *Every year* we tolerate the current child poverty level will cost the nation an estimated \$36 billion to \$177 billion in reduced future worker productivity and employment according to the Children's Defense Fund.

On average, from 1992 to 1994, one in seven children in Connecticut relied on AFDC. These children were disproportionately concentrated in Connecticut's four largest cities — more than half of the AFDC caseload (55%) live in Hartford, New Haven, Bridgeport or Waterbury. The effects of the continuing recession can be seen in the rising number of children receiving AFDC benefits, which increased 5.3 percent statewide from 1992 to 1994.

The 108,447 children supported by AFDC in Connecticut are living far below the poverty level. The average family of three on AFDC receives a basic grant of \$581 per month. This amount is less than 60% of the federal poverty level, which is \$1,027 per month for a family of three. Even with food stamps and housing assistance, a family on public support is still living below the official poverty level.

Note: This is a new indicator this year, not included in last year's book. The numbers shown here are total number of children receiving benefits on June 30th of that year. It is a snapshot in time and does not represent the total number of children who received benefits at any time during that year. The annual average number is calculated by adding the number of children receiving benefits on June 30th of each year, and dividing by three. The annual average rate is calculated by dividing the annual average number by the total number of children in that region. The number of children used to calculate the rate is taken from the 1990 census. The estimate of the costs of child poverty is based upon a direct estimate of the total impact of childhood poverty on future annual earnings including effects on work hours and unemployment and effects related to quality of schooling, poor health and other factors.



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Children Receiving AFDC Benefits — 1992-1994 (Aid to Families with Dependent Children)

REGION NAME	1992 Number	1993 Number	1994 Number	1992 ANNUAL A Number	-
Northwest	1,821	1,849	2,034	1,901	4.7
Housatonic Valley	2,101	2,085	2,200	2,129	6.7
Stamford	2,924	3,036	3,146	3,035	13.9
Southwest I	279	241	308	276	1.2
Southwest II	2,299	2,302	2,369	2,323	9.2
Bridgeport	13,551	13,566	13,571	13,563	36.7
Southwest III	1,039	1,115	1,163	1,106	4.4
Southwest IV	321	361	365	349	1.5
Waterbury	7,724	8,102	8,280	8,035	31.4
Naugatuck Valley	843	942	945	910	3.5
South Central I	1,963	2,067	2,316	2,115	7.4
New Haven	13,793	13,820	14,060	13,891	44.9
South Central II	2,423	2,575	2,812	2,603	10.4
South Central III	3,428	3,640	3,951	3,673	15.6
South Central IV	827	878	938	881	3.9
South Central V	1,887	1,982	2,133	2,001	6.4
Central I	1,689	1,853	2,038	1,860	7.6
Central II	5,274	5,606	6,102	5,661	24.2
Hartford	23,128	23,258	22,664	23,017	60.0
Capitol I	2,507	3,077	3,545	3,043	14.5
Capitol II	951	1,104	1,248	1,101	4.2
Capitol III	1,267	1,417	1,530	1,405	4.2
Capitol IV	586	640	697	641	_. 2.5
Capitol V	1,345	1,409	1,516	1,423	4.9
Northeast	3,429	3,419	2,748	3,199	12.1
Southeast	2,603	2,727	2,726	2,685	8.2
Southeast Shore	3,029	2,987	3,042	3,019	11.2
CONNECTICUT	103,031	106,058	108,447	105,845	14.1

 $[\]square$ = Worse than state-wide rate.

Sources: Chart data from unpublished data from the Connecticut Department of Social Services. Text also includes information from the Children's Defense Fund, Wasting America's Future, 1994, and City Child Poverty Data from 1990 Census, August, 1992; U.S. Bureau of the Census, Census of Population 1970, Table 58; general effects of poverty from National Commission on Children, Beyond Rhetoric, 1993.



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Low Birthweight Rate:

In 1991, 6.9% of all babies born in Connecticut had a low birthweight (under 2500 grams, about 5 1/2 pounds). This translates to 3,349 of the almost 50,000 babies born that year. During the last part of the 1980s, there was a steady worsening of this rate. After some improvement in 1990, the rate worsened again in 1991.

Low birthweight is a measure of the immediate risk to a newborn; low birthweight babies account for about 60% of all infant deaths. It is also a measure of future risks to the child; low birthweight babies who survive are about three times more likely to experience serious health and developmental problems, such as sight and hearing deficiencies, chronic respiratory problems and learning difficulties. These children may require special medical and educational services throughout their lives.

Although researchers do not know all the factors that cause low birthweight, the health of the mother and the care she receives when pregnant are the two most important factors for a healthy baby. Smoking, inadequate nutrition, alcohol or other drug use, and stress during pregnancy all increase the likelihood that a mother will have a low birthweight baby. Similarly, mothers who receive late or infrequent prenatal care are also much more likely to have a low birthweight baby.

In our state, black babies are more than twice as likely to be born at a low birthweight (14.4%) as white babies (5.3%). Hispanic babies also have a higher percentage of low birthweight (8.2%) than non-Hispanics (6.6%).

Certain areas of the state have higher rates of low birthweight than the state as a whole. Connecticut's five major cities, as well as the Central II region, have rates higher than the state average. In Hartford, 12.7% of babies are born with low birthweight, nearly twice the state average. Not only are the rates higher than average in these regions, the rates also got worse during the late 1980s. Only nine of the 27 regions showed an improvement during this time period, most markedly in the Housatonic Valley and Naugatuck Valley regions.

Note: The annual average number used here is the total number of babies weighing less than 2500 grams born during a three-year time period, divided by three. The annual average rate is calculated by dividing the number of low birthweight births by the total number of births in that region over a three- year time period, then multiplying that by 1,000 to obtain a low birthweight rate per 1,000 births.



Low Birthweight Rate — 1984-86, 1989-91 (per 1,000 births)

	1984-1986		1989	9-1991	%	Better
REGION NAME	ANNUAL Number	AVERAGE Rate	ANNUAL Number	AVERAGE Rate	Change in Rate	or Worse
Northwest	102	49.9	130	55.0	10	_
Housatonic Valley	100	58.0	101	49.0	-16	+
Stamford	90	61.0	145	75.9	25	-
Southwest I	35	41.9	48	43.0	3	_
Southwest II	98	62.6	119	63.9	_ 2	
Bridgeport	248	89.9	296	98.3	9	
Southwest III	71	56.1	78	55.1	-2	+
Southwest IV	52	44.8	56	45.1	1	
Waterbury	139	81.7	175	83.6	2	
Naugatuck Valley	72	59.6	68	49.1	-18	+
South Central I	94	57.1	103	56.8	-1	+
New Haven	235	106.6	265	107.7	1	-
South Central II	89	55.8	104	64.0	15	_
South Central III	83	58.2	90	55.9	-4	+
South Central IV	59	51.7	66	49.5	-4	+
South Central V	99	56.5	110	54.5	-4	+
Central I	83	60.8	90	60.9	0	0
Central II	109	74.4	128	76.4	3	_
Hartford	332	116.2	404	127.4	10	_
Capitol I	77	59.3	89	61.4	4	_
Capitol II	68	55.2	73	54.1	-2	+
Capitol III	98	56.1	115	56.8	1	_
Capitol IV	58	47.5	76	53.1	12	_
Capitol V	83	50.9	89	51.9	2	_
Northeast	89	64.3	94	63.1	-2	+
Southeast	. 109	57.1	115	58.2	2	_
Southeast Shore	102	54.2	117	58.5	8	
CONNECTICUT	2,873	66.1	3,342	68.1	3	_

 $[\]square$ = Worse than state-wide rate.

Sources: Chart data from the Connecticut Department of Public Health and Addiction Services, unpublished data, and *Registration Reports*, 1983 through 1990. Text also includes information from the Institute of Medicine, *Preventing Low Birthweight*, 1985; Schorr, L.B., *Within Our Reach: Breaking the Cycle of Disadvantage*, 1988; National Commission on Children, *Beyond Rhetoric*, 1993.

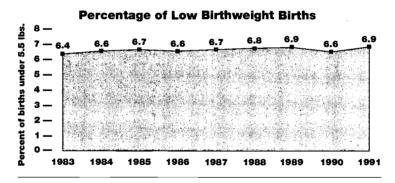


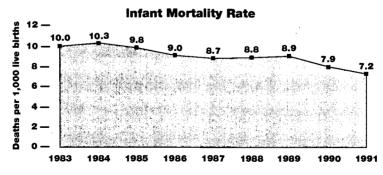
Infant Mortality

The infant mortality rate compares the number of children who die before their first birthday with the number of live births. In 1991, the infant mortality rate was 7.2 per 1,000 live births (or 0.72%).

This continues a steady but slow decline from 1983, when the rate was 10 per 1,000 births. State officials attribute this increase to improvements in expensive medical technologies used to keep premature and low birthweight babies alive, as well as to improvements in access to preventive health care for infants and prenatal care for women of child-bearing age.

However, this progress has not been even across the state. When compared to the mid-1980s, 22 of the 27 regions showed an improvement in infant mortality rates, but four regions became worse. The Southwest IV region had the largest improvement during this time period, with a 56% decease in rates. The Capitol IV region had the worst change in this period, with their infant mortality rates almost doubling.





Note: The annual average infant deaths shown here is the total number of babies who die before their first birthday over a three year period, divided by three. The annual average rate is the total number of infant deaths over three years, divided by the total number of live births over the same three years, then multiplied by 1,000 to obtain an infant mortality rate per 1,000 live births.



Infant Mortality Rate — 1984-86, 1989-91 (per 1,000 live births)

REGION NAME	1984- ANNUAL A Deaths		1989- ANNUAL / Deaths		% Change In Rate	Better or Worse
Northwest	12	6.0	13	5.6	-6	+
Housatonic Valley	11	6.1	12 .	5.9	-4	+
Stamford	12	7.7	13	6.8	-11	+
Southwest I	. 6	6.7	5	4.4	-34	+
Southwest II	13	7.9	13	6.5	-17	+
Bridgeport	37	13.4	41	13.5	1	
Southwest III	11	8.4	7	5.2	-38	+
Southwest IV	11	9.2	5	4.0	-56	+
Waterbury	20	11.8	20	9.7	-17	+
Naugatuck Valley	9	7.2	11	8.1	14	
South Central I	14	8.5	10	5.5	-35	+
New Haven	39	17.5	32	13.0	-26	+
South Central II	13	8.2	9	5.7	-30	+
South Central III	11	7.9	10	6.4	-19	+
South Central IV	. 7	6.1	10	7.2	18	_
South Central V	13	7.2	12	5.9	-18	+
Central I	9	6.3	9	6.3	0	0
Central II	18	12.3	14	8.4	-32	+
Hartford	52	18.0	48	15.1	-16	+
Capitol I	12	9.0	12	8.5	-5	+
Capitol II	8	6.5	8	5.9	-9	+
Capitol III	19	10.7	13	6.4	-40	+
Capitol IV	6	4.7	13	9.3	99	_
Capitol V	15	9.2	10	5.9	-36	+
Northeast	14	10.4	11	7.2	-31	+
Southeast	17	8.9	14	7.1	-20	+
Southeast Shore	19	. 10.3	19	9.3	-9	+
CONNECTICUT	425	9.7	396	8.0	-18	+

 $[\]square$ = Worse than state-wide rate.

Sources: Chart data from the Connecticut Department of Public Health and Addiction Services, unpublished data, and *Registration Reports*, 1983 through 1990.



Late or No Prenatal Care

More than one of every seven babies born in our state (13.7%) in 1991 were born to mothers who received late or no prenatal care (care beginning after the first three months, or trimester, of pregnancy). Yet early prenatal care is a cost-effective means to reduce problems later in life which are associated with early birth and health problems. The Institute of Medicine estimates that for every \$1 invested in prenatal care, \$3.38 will be saved in expenditures for the care of low birthweight babies in their first year of life.

The babies of women who receive early prenatal care have lower risks of low birthweight, infant illness, and infant mortality. Women who do not receive routine care are approximately three times as likely to deliver low birthweight infants as those who do. The positive effects of early care are greatest for those women who are at the highest risk of poor birth outcomes: black women, women of Hispanic origin, poor women, very young women, and poorly educated women. Unfortunately, these women are also the least likely to receive that care. Barriers to seeking prenatal care include a lack of knowledge about the importance of care and a lack of health care insurance and access.

Note: This is a new indicator this year, not included in last year's book. The annual average number shown here is the total number of births with late or no prenatal care over a three year period, divided by three. The annual average rate is the total number of births with late or no prenatal care over three years, divided by the total number of births where the status of prenatal care has been determined. The denominator in 1989 and 1990 in this chart was determined by multiplying the rate of late or no prenatal care by the number of births with late or no prenatal care. Because the rate was not calculated for towns with four or fewer such births, the denominator for these towns was determined based on the best possible estimate, based on county and state level totals. This method leaves the minute chance that the actual rate could vary up to 0.07 percent from the average rate shown here.



Births with Late or No Prenatal Care — 1989-91

	1989-1991					
		AVERAGE				
REGION NAME	Number	Percent				
Northwest	307	13.8				
Housatonic Valley	154	7.9				
Stamford	415	23.1				
Southwest I	82	7.9				
Southwest II	310	17.8				
Bridgeport	595	25.6				
Southwest III	97	8.2				
Southwest IV	65	6.0				
Waterbury	686	37.9				
Naugatuck Valley	189	14.8				
South Central I	196	12.3				
New Haven	572	31.9				
South Central II	176	12.5				
South Central III	221	15.0				
South Central IV	87	7.5				
South Central V	182	9.5				
Central I	137	10.4				
Central II	178	11.3				
Hartford	580	22.4				
Capitol I	128	9.7				
Capitol II	61	4.7				
Capitol III	124	6.4				
Capitol IV	55	4.0				
Capitol V	127	7.8				
Northeast	225	15.9				
Southeast	277	15.8				
_ Southeast Shore	391	20.2				
CONNECTICUT	6,617	15.1				

 $[\]square$ = Worse than state-wide rate.

Sources: Chart data from the Connecticut Department of Public Health and Addiction Services, unpublished data, and *Registration Reports*, 1989 and 1990. Text also includes information from the Institute of Medicine, *Preventing Low Birthweight*, 1985; and National Commission on Children, *Beyond Rhetoric*, 1993.



Births to Teenage Mothers

There are three important ways to look at teen pregnancy. One is to look at the absolute number of teen births. Another is to compare this number to the total number of births to mothers of all ages in that year — this would tell us something about the risks to that generation of babies. The third way to look at teen pregnancy is to compare the number of teen births to the number of teenage girls, the "teen birth rate" — this would tell us something about the sexual activity and risk of teen pregnancy among teenage girls.

The chart on the right displays the first two of these measures, which focuses on the risk to our youngest generation. Research indicates that children of teen mothers are more likely to grow up poor, relying on public assistance. They are also at greater risk of lower intellectual and academic achievement, behavior problems, and early childbearing than are children of older mothers.

Of most concern in this chart is the contrast between the increase in the total number of teen births during this time period and the actual decrease in the total number of teen-aged girls state-wide. This indicates that the percentage of all teen girls who give birth increased dramatically during this time period. This is consistent with recent studies that have shown increased sexual activity among teens.

Children are more likely to be born to teen mothers in urban and poor rural areas in Connecticut. The percentage of all births that are to teen moms is also racially disproportionate, with 24% of all Hispanic births being to teen age mothers, 18% of all black births, and 4% of all white births. Teen birth rates vary substantially by race and ethnicity in our state. In 1990, the teen birth rates for blacks and Hispanics were three times higher than the state-wide rate.

The teen birth rate is a function of teens' capacity and motivation to prevent pregnancy. If girls believe they have alternative life options such as college or a career, they are much more likely to delay parenthood. Thus, being poor and without these hopes increases the likelihood of teen pregnancy. Teens who exhibit problem behavior in school are more likely to end up teen mothers; girls whose friends and siblings are already mothers are also more likely to become teenage mothers.

Note: The annual average number of teen births shown here is the total number of babies born to mothers age 19 or younger over a three year period, divided by three. The annual average rate is the total number of teen births over three years, divided by the total number of births over the same three years, then multiplied by 100 to get a percentage. The percentage shown here measures the risks to the generation of babies being born today. The teen birth rate, which compares the number of teen births to the number of teenage girls, is not available at a local level. This is because of a lack of reliable data for the number of teenage girls to use as a denominator and estimates could not be made because of the narrow age range.



Percent of All Births That Are to Teenage Mothers — 1984-86, 1989-91

Pre-		-1986)-1991	%	Better
		AVERAGE		AVERAGE	Change	or
REGION NAME	Number	Percent	Number	Percent	in Rate	Worse,
Northwest	122	6.0	122	5.1	-14	+
Housatonic Valley	89	5.1	86	4.1	-20	+
Stamford	120	7.9	132	6.8	-15	+
Southwest I	11	1.2	14	1.2	-6	+
Southwest II	114	7.2	89	4.6	-36	+
Bridgeport	542	19.6	540	17.9	-9	+
Southwest III	59	4.6	51	3.6	-22	+
Southwest IV	23	2.0	19	1.5	-22	+
Waterbury	262	15.4	303	14.5	-6	+
Naugatuck Valley	49	4.0	53	3.8	-6	+
South Central I	74	4.5	82	4.5	0	0
New Haven	418	18.9	417	17.0	-10	+
South Central II	101	6.3	95	5.8	-8	+
South Central III	129	9.0	142	8.8	-2	+
South Central IV	43	3.8	41	3.1	-18	+
South Central V	111	6.3	95	4.7	-26	+
Central I	86	6.3	99	6.7	. 7	_
Central II	149	10.2	181	10.8	6	_
Hartford	656	22.9	730	23.0	0	0
Capitol I	82	6.4	96	6.7	5	_
Capitol II	41	3.3	44	3.3	-2	+
Capitol III	87	5.0	77	3.8	-23	+
Capitol IV	26	2.2	20	1.4	-37	+
Capitol V	90	5.5	74	4.3	-21	+
Northeast	163	11.8	158	10.6	-10	+
Southeast	174	9.1	163	8.3	-9	+
Southeast Shore	168	8.9	186	9.3	4	_
CONNECTICUT	3,990	9.1	4,110	8.3	-9	+

 $[\]square$ = Worse than state-wide rate.

Sources: Chart data from the Connecticut Department of Public Health and Addiction Services, unpublished data, and *Registration Reports*, 1989 and 1990. Text also includes information from National Research Council, *Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing*, 1987; and National Commission on Children, *Beyond Rhetoric*, 1993.



Child Deaths

The majority of deaths to children between the ages of one and fourteen are due to injuries. Most of these are unintentional. For example, in 1990, 50 of the 125 child deaths (40%) were caused by injuries, compared to 15 caused by cancer (12%).

The American Academy of Pediatrics believes that most childhood injuries are predictable and preventable. Almost 7,000 children under 18 in Connecticut are hospitalized from injuries each year. One in five children will suffer an injury in the next year that will require an emergency room visit.

Motor vehicle crashes account for more than half of the injury deaths to children, followed by drowning, homicide, fires, and suicide. The leading causes of hospitalizations for injuries are falls, motor vehicle occupant injuries, being struck by an object (including playground and sports injuries), and bicycle injuries.

The risk of injury-related deaths increases with age; for teens aged 15-19, injuries caused 78% of all deaths in 1990 (107 out of 137 deaths). These were four times more likely to be teen boys as teen girls.

Note: The annual average number of child deaths shown here is the total number of deaths to children ages 1 to 14 over a three year period, divided by three. The annual average rate is the total number of child deaths over three years, divided by the total number of children ages 1-14 in either 1985 or 1990, then multiplied by 100,000 to get a rate per 100,000 children in that age group.



Child Death Rate — 1984-86, 1989-91 (per 100,000 children ages 1-14)

REGION NAME	1984 ANNUAL A Deaths		1989 ANNUAL A Deaths		% Change in Rate	Better or Worse
Northwest	8	26.0	5	16.5	-36	+
Housatonic Valley	5	17.9	5	18.8	5	
Stamford ·	3	18.9	3	15.6	-17	+
Southwest I	2	11.1	4	21.4	93	_
Southwest II	. 7	32.9	4	18.8	43	+
Bridgeport	11	37.0	12	39.4	7	_
Southwest III	2	11.2	5	26.9	141	
Southwest IV	3	13.7	4	21.4	57	
Waterbury	8	41.3	7	34.5	-16	<u>+</u>
Naugatuck Valley	4	21.4	4	21.1	-1	+
South Central I	5	23.0	6	26.4	15	
New Haven	9	36.9	11	44.2	20	
South Central II	5	25.8	4	20.2	-22	+
South Central III	. 6	30.3	2	8.9	-71	+
South Central IV	3	18.4	2	13.1	-29	+
South Central V	4	16.2	7	28.5	76	_
Central I	4	18.1	3	15.5	-14	+
Central II	3	18.5	5	25.1	36	_
Hartford	9	28.8	12	38.0	32	_
Capitol I	6 ·	32.8	2	12.2	-63	+
Capitol II	4	21.0	4	21.4	2	_
Capitol III	5	17.7	5	17.6	0	0
Capitol IV	4	21.5	4	18.4	-14	+
Capitol V	4	19.0	3	11.6	-39	+
Northeast	7	32.3	· 4	20.5	-37	+
Southeast	6	23.0	4	16.6	-28	+
Southeast Shore	3	12.1	6	26.1	116	-
Connecticut	141	23.5	135	22.9	-3	+

 $[\]square$ = Worse than state-wide rate.

Sources: Chart data from the Connecticut Department of Public Health and Addiction Services, unpublished data, and Registration Reports, 1989 and 1990. Text also includes information from the Connecticut Department of Public Health and Addiction Services, "Childhood Injuries in Connecticut, Selected Statistics," and unpublished data; Connecticut Childhood Injury Prevention Center, "Connecticut Childhood Injury Fact Sheet" and "Motor Vehicle Occupant Fact Sheet"; American Academy of Pediatrics, "Injury Prevention: Things You Should Know."



Connecticut Mastery Test Results

Connecticut tests students on their reading, writing, and mathematical skills in the 4th, 6th and 8th grades using the Connecticut Mastery Tests. The State Department of Education has set two different standards by which they evaluate students' performance on these tests. The higher-level standard is the state goal; this is the level that ideally every student at that grade level is expected to achieve. The lower-level measure is the remedial standard; a student performing below this level receives further diagnosis to determine if extra help is needed.

In the 1993-94 school year, 23% of Connecticut's sixth graders met the state goal on all three subject tests. This signifies that only a quarter of our sixth graders are learning everything expected of them.

Currently, 62% of sixth graders are above remedial level in all three areas. This indicates that two of every five students are failing to learn the basics which are expected for their age group.

Performance on these tests varies tremendously by region, and differences between poor and wealthy areas of our state continue. In Connecticut's five largest cities, more than two-thirds of sixth graders are below remedial standards on at least one test, and, on average, only 5% of students in these cities met the state goal on all three tests.

Note: In 1993, the State Department of Education administered different mastery tests than given previously, so these results can not be compared to the data presented in last year's book. In next year's data update we will be able to provide comparisons to look at trends in each region.



Connecticut Mastery Test Results for Sixth Grade Students — 1993-94 School Year

REGION NAME	STUDENTS TESTED Number		E STATE GOAL IREE TESTS Percent	BELOW REMED ON ANY O Number	DIAL STANDARD NE TEST Percent
Northwest	1,919	526	27.4	534	27.8
Housatonic Valley	1,549	397	25.6	475	30.7
Stamford	820	109	13.3	421	51.3
Southwest I	934	331	35.4	202	21.6
Southwest II	1,145	268	23.4	443	38.7
Bridgeport	1,491	52	3.5	1,015	68.1
Southwest III	1,180	375	31.8	272	23.1
Southwest IV	1,186	397	33.5	274	23.1
Waterbury	883	54	6.1	599	67.8
Naugatuck Valley	1,482	463	31.2	389	.26.2
South Central I	1,239	309	24.9	354	28.6
New Haven	1,205	54	4.5	882	73.2
South Central II	1,152	373	32.4	281	24.4
South Central III	1,047	134	12.8	506	48.3
South Central IV	1,144	246	21.5	342	
South Central V	1,688	410	24.3	į.	29.9
Central I				514	30.5
i	1,265 906	355	28.1	387	30.6
Central II		114	12.6	478	52.8
Hartford	1,571	46	2.9	1,192	75.9
Capitol I	911	193	21.2	310	34.0
Capitol II	1,306	535	41.0	289	22.1
Capitol III	1,730	557	32.2	414	23.9
Capitol IV	1,393	492	35.3	296	21.2
Capitol V	1,533	447	29.2	380	24.8
Northeast	1,391	231	16.6	588	42.3
Southeast	1,637	369	22.5	493	30.1
Southeast Shore	1,208	244	20.2	499	41.3
CONNECTICUT	34,915	8,081	23.1	12,829	36.7

 $[\]square$ = Worse than state-wide rate.

Sources: Chart data from the Connecticut State Department of Education, Connecticut Mastery Test Results, 1993.



High School Dropouts

Each year, one in every 20 students (4.6%) in Connecticut drops out of high school. Three cities have dropout rates that are more than twice as high as the state average — Bridgeport (9.4%), Waterbury (11.7%), and Hartford (16.9%).

Applying the state average for each grade level to a hypothetical class of 100 students entering ninth grade, only 83 would graduate from high school in a typical Connecticut town. In Hartford, only 50 would graduate.

Minorities are more likely to drop out of high school. One out of every twelve black students (8.7%) and one in eight Hispanic students (12.4%) dropped out of high school in the 1992-93 school year, compared to one in twenty white students (4.6%).

Similarly, boys are more likely to dropout than girls, 5.1% compared to 4.0% respectively. Combining these two factors shows tremendous differences between groups. For example, black young men had a 9.8% high school dropout rate, compared to white young women with a 2.6% rate.

The consequences of dropping out of high school can be severe. For example, compared to families headed by individuals who are high school graduates but have no further education, families headed by high school dropouts are twice as likely to have incomes below the federal poverty level.

Note: Dropout rates used here are only for high school students. They do not include the number of children who drop out of school before ninth grade. The calculation of dropouts of a typical class in Hartford paints an optimistic picture of the dropout problem in Hartford because it does not take into account the high dropout rate for students in grades 7 and 8. The dropout figures calculated by the State Department of Education include students who officially withdraw from school, those who enter a non-educational program (e.g. truck driving school or GED classes), and those whose status is unknown. Students transferring to another school are not counted as dropouts.



High School Dropout Rate — 1992-93 School Year

				•	%	Better
		1-92	1992		Change	or
REGION NAME	Number	Percent	Number	Percent	in Rate	Worse
Northwest	291	4.2	243	3.5	-18	_
Housatonic Valley	171	2.8	206	3.4	20	+
Stamford	58	1.6	31	0.8	-49	_
Southwest I	. 80	2.0	46	1.1	-42	_
Southwest II	208	5.1	164	3.9	-22	
Bridgeport	430	9.3	447	9.4	0	0
Southwest III	84	2.0	80	1.9	-6	_
Southwest IV	70	1.7	64	1.5	-8_	
Waterbury	365	9.7	444	11.7	21	+
Naugatuck Valley	78	2.0	80	. 2.0	0	0
South Central I	205	3.4	203	3.3	-2	_
New Haven	454	12.5	325	8.8	-30	_
South Central II	228	5.8	232	6.1	6	+
South Central III	241	5.7	201	4.7	-17	_
South Central IV	80	2.0	72	1.8	-11	_
South Central V	171	3.5	154	3.2	-8	_
Central I	197	4.4	209	4.7	6	+
Central II	282	7.9	263	7.2	-9	_
Hartford	954	16.2	1,012	16.9	4	+
Capitol I	162	4.1	189	4.7	14	+
Capitol II	. 93	1.9	73	1.5	-21	_
Capitol III	195	3.4	166	2.9	-15	_
Capitol IV	66	1.4	84	1.8	27	+
Capitol V	149	3.0	147	2.9	-2	_
Northeast	211	4.2	232	4.6	9	+
Southeast	202	3.6	292	5.0	41	+
Southeast Shore	206	4.7	154	3.5	-26	• —
CONNECTICUT	5,931	4.7	5,813	4.6	-3	_

 $[\]square$ = Worse than state-wide rate.

Sources: Connecticut State Department of Education, A Profile of Our Schools, 1993 and Dropout Data Analysis on Public School Districts in Connecticut 1992-93 School Year, 1994; employment information from U.S. Bureau of the Census, Statistical Abstract of the United States 1993, Table 264.



Use of Tobacco, Alcohol and Drugs

Percent of Students Using Controlled Substances

	8th Grade	10th Grade
Tobacco	17.3	27.4
Alcohol	23.0	40.0
Marijuana	5.9	15.9
Cocaine, crack	1.0	1.4
Hallucinogens	1.4	2.8
Heroin	0.6	0.7
Pills (uppers or downers)	2.8	4.4
Steroids	1.0	0.8
Inhalants	3.2	3.4

In a 1993 survey of 8th and 10th grade students in Connecticut, 31% reported using alcohol within the 30 days prior to the survey, and 22% had used tobacco in the previous month. In this same survey, 11% reported using marijuana in the past 30 days. The average age of initiation to cigarettes is 11, and to alcohol, 13. Yet for many children, first use of these substances comes at a much younger age.

Contrary to popular perception, high school students residing in smaller cities and towns report higher levels of substance use than their counterparts in large cities. Bridgeport, Waterbury, New Haven and Hartford had among the lowest rates of alcohol and tobacco use of the 27 regions. Explanations for this include the high cost of tobacco and alcohol, higher dropout rate among youths in urban areas, and the fact that minority students, who are concentrated in urban areas, reported lower rates of drug use statewide.

Both the use of tobacco and alcohol by young people are public health concerns, but they are also signals of other types of problem behavior by youth. Adolescents who engage in one high-risk activity, whether it involves smoking, drinking, having unprotected sex, acting out violently or dropping out of school, are frequently engaged in others as well. Teenagers typically choose lifestyles, not isolated behaviors.

These findings are supported by other earlier, more in-depth studies of children in Connecticut. Of 10th graders, 9% had obtained drugs or alcohol at school in the last 30 days, 8% had come to school under the influence of alcohol or drugs, 21% had five drinks or more at a time, and 27% had ridden in a car with a driver who had been taking drugs or drinking alcohol shortly before driving.

Note: High school students from minority groups report lower or comparable rates of use in the month prior to the study for all types of substances, including the "harder" drugs, such as cocaine. These two measures are new to this year's book, but because the survey is not conducted annually, it will not be updated each year.



Self Reported Tobacco and Alcohol Use in Past 30 Days by 8th and 10th Grade Students — 1993

EGION NAME	Number Who Did Not Use	TOBACCO Number Who Used	Percent Who Used	Number Who	ALCOHOL Number Who Used	Percent Who Used
Northwest	2,302	756	24.7	2,077	988	32.2
Housatonic Valley	1,977	494	20.0	1,789	687	27.7
Stamford	1,086	266	19.7	932	412	30.7
Southwest I	1,191	394	24.9	1,029	558	35.2
Southwest II	1,242	444	26.3	1,101	581	34.5
Bridgeport	1,596	265	14.2	1,428	430	23.1
Southwest III	1,400	470	25.1	1,213	658	35.2
Southwest IV	1,277	524	29.1	1,191	611	33.9
Waterbury	1,147	254	18.1	1,005	398	28.4
Naugatuck Valley	1,586	436	21.6	1,426	593	29.4
South Central I	1,873	523	21.8	1,653	742	31.0
New Haven	1,070	262	19.7	937	389	29.3
South Central II	1,061	425	28.6	909	576	38.8
South Central III	1,304	404	23.7	1,128	583	34.1
South Central IV	1,252	483	27.8	1,098	638	36.8
South Central V	1,756	590	25.1	1,573	776	33.0
Central I	1,414	492	25.8	1,222	686	36.0
Central II	1,071	292	21.4	942	419	30.8
Hartford	1,654	162	8.9	1,463	355	19.5
Capitol I	1,150	293	20.3	1,021	420	29.1
Capitol II	1,717	395	18.7	1,516	600	28.4
Capitol III	2,132	609	22.2	1,938	801	29.2
Capitol IV	1,583	426 ·	21.2	1,366	640	31.9
Capitol V	1,785	456	20.3	1,539	704	31.4
Northeast	1,694	416	19.7	1,567	543	25.7
Southeast	1,980	528	21.1	1,697	807	32.2
Southeast Shore	1,341	440	24.7	1,232	545	30.7
ONNECTICUT	40,641	11,499	22.1	35,992	16,140	31.0

 $[\]square$ = Worse than state-wide rate.

Sources: Chart data from the Connecticut State Department of Education, Student Drug and Alcohol Survey, 1993. Text also includes information from National Commission on Children, Beyond Rhetoric, 1993; Student Substance Abuse in Connecticut, University of Connecticut Health Center, Alcohol Research Center, for the Connecticut Alcohol and Drug Abuse Commission (CADAC), 1990; Student Substance Abuse in Connecticut, Report No. 2: Characteristics of Users, Factors Related to Abuse and Implications for Action, Alcohol

orch Center, CADAC, 1991; and American Academy of Pediatrics, factsheet, "Substance Abuse Prevention: Things You Should Know,"

Juvenile Violent Crime

Arrests of children under 18 make up one in six arrests for violent crimes in Connecticut. More than 80% of children arrested are boys. Violent crimes are increasingly being committed by teenagers, although people ages 18 to 24 have the highest arrest rates.

However, only a relatively small percentage of youths are violent. The National Youth Study in 1992 found that 7% of youths were responsible for 79% of all the violent offenses by youths. Overall, offenders are primarily white, but members of racial and ethnic minority groups are offenders in numbers disproportionate to their share of the population. Nationally, the rate of murder committed by boys aged 14 to 17 in 1991 was eight times higher for blacks than for whites.

Most homicides committed by youth are committed with a firearm, occur during an argument, and occur among people who know each other. Although teenage boys have always had fights, the consequences of the violence have become more extreme. Guns turn what might have been a fist fight thirty years ago into a homicide today. In 1993, 967 arrests of people under the age of 18 were made in Connecticut on weapons charges, mostly guns. This represents an increase of 141 arrests compared with the year before, and twice as many arrests as in 1983. This occurred even though the number of teens actually decreased by a third during the 1980s.

Children are disproportionately the victims of violent crime. The National Victimization Study shows that teenagers are more than twice as likely to be victims of crime than people age 20 or older, and more than three times as likely to be victims of violent crime than adults. Many of these crimes take place in school buildings or on school grounds. For those aged 12 to 15, school was the most likely place in which to become a victim of a violent crime (37%), with the street coming in second (25%). For older teens, with greater mobility, the range of places where violent crimes took place was more varied. Still, 26% of those crimes took place on the street and 17% in schools or on school grounds.

Even children who are not direct victims of crime are still profoundly affected by it. Exposure to violence affects children's emotional stability, their ability to function in school, and their sense of hope about the future. A 1992 survey of sixth, eighth, and tenth grade students in New Haven found that over 40 percent had witnessed violence in the past year.

Note: Violent crimes include murder, rape, robbery and aggravated assault. Because of the large difference in the number of arrests each year, all three years' data are shown separately. The annual average number of arrests is a total for the three year period divided by three. The annual average rate is the annual average number divided by the number of children age 10-17 in the 1990 Census, multiplied by 100,000 to get a rate per 100,000 children of this age group. The number of arrests of children for violent crimes includes arrests made by local and state police. Unfortunately, the data is not reported identically for these agencies. Approximately 85% of all juvenile arrests for violent crimes are made by local police, and this data is reported by the town in which the arrest was made. The 15% of arrests made by the state police are reported by the town in which the arrest was made. State police arrests are important to include because many rural regions do not have municipal police departments, and the majority of the arrests in these regions are made by the state police. Therefore, one should exercise caution when using this data because the total number of juvenile arrests for each region includes data from these two sources. Despite these limitations, given the limited mobility of children ages 10-17, police experts believe that this data is still valid.



Juvenile Violent Crime Arrest Rate — 1991-93 (per 100,000 children ages 10-17)

EGION NAME	1991 Arrests	1992 Arrests	1993 Arrests	1991-1993 Arrests	ANNUAL AVERAGE Rate
Northwest	15	17	51	28	163.0
Housatonic Valley	56	65	47	56	409.6
Stamford	77	61	56	65	750.0
Southwest I	7	6	14	9	87.4
Southwest II	18	124	127	90	860.7
Bridgeport	127	121	125	124	839.1
Southwest III	24	31	26	27	243.4
Southwest IV	29	26	16	24	226.6
Waterbury	56	40	47	48	469.7
Naugatuck Valley	11	20	36	22	199.0
South Central I	45	21	42	36	301.8
New Haven	262	205	187	218	1,815.2
South Central II	21	15	25	20	194.4
South Central III	4	17	9	10	104.2
South Central IV	11	7	11	10	99.6
South Central V	29	32	67	43	325.4
Central I	11	16	29	19	180.2
Central II	62	60	62	61	664.1
Hartford	201	158	151	170	1,084.9
Capitol I	33	28	46	36	415.3
Capitol II	40	31	50	40	343.9
Capitol III	32	35	· 34	34	242.6
Capitol IV	43	22	11	25	228.0
Capitol V	16	31	48	32	264.4
Northeast	30	55	52	46	411.4
Southeast	62	59	77	66	478.7
Southeast Shore	43	55	52	50	490.5
ONNECTICUT	1,370	1,358	1,498	1,409	451.2

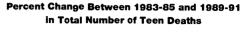
⁼ Worse than state-wide rate.

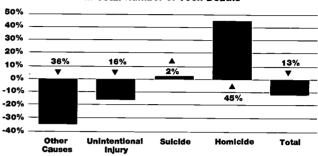
Sources: Chart data from the Connecticut Department of Public Safety, Crime in Connecticut, 1991, 1992 and 1993 Annual Reports, and unpublished data. Text also includes information from Connecticut Judicial Department, Superior Court — Juvenile Matters, Biennial Report, 1988-1990; Testimony of Gregory J. McDonald, Director of Human Services, Human Resources Division before the Senate Committee on Governmental Affairs, March 31, 1992; Connecticut Department of Public Safety, Crime in Connecticut, 1983 Annual Report, National Crime Victimization Study data from the U.S. Department of Justice, Bureau of Justice Statistics, Sourcebook of Criminal Justice Statistics 1991; Grove, B.M., et. al. "Silent Victims: Children Who Witness Violence," Journal of the American Medical Association, January 13, 1993; New Haven Public Schools, New Haven Public Schools Social Development Project: 1991-92 Evaluation Report, (Report on the Social and Health Assessment), December 1992.

Teen Deaths

Total Number of Deaths to Teens, age 15-19

	1983-85	1989-91	% Change
Other Causes	151	97	-36%
Unintentional Injury	255	214	-16%
Suicide	. 53	54	2%
Homicide	58	84	45%
TOTAL	517	449	-13%





The vast majority of teen deaths are caused by injury rather than disease. In most regions of the state, these injuries are unintentional. They are mostly due to car crashes, the leading cause of death. This is not true, however, in Connecticut's three largest cities, where at least half of the teen deaths are the result of homicides.

The risk of injury-related deaths increases with age — teens ages 15 to 19 are more likely to die of injuries than are children ages 1 to 14. Also, teen injury deaths are much more likely to occur to teen boys than teen girls.

Homicide and suicide are the second and third single leading causes of death for 15 to 19 year olds in our state. In 1991, 29 teenagers were homicide victims, accounting for one-fifth of all deaths for this age group. Twenty-one teens committed suicide in 1991.

Young males are more likely to be victims of homicide than females. Girls are more likely to attempt suicide than boys, but boys are more likely to be successful in their suicide attempts.

Guns play an increasing role in the deaths of Connecticut children. Between 1988 and 1992, 219 youth under age 20 died from gunshot wounds. Of these, 68% were homicides, 25% were suicides, 13% were unintentional shootings, and 1% were of undetermined cause.

Note: Because of the small number of teen deaths in any given year, the chart shows only three-year total numbers of death by cause, not an annual average as in the other charts. For the same reason, rates could not be calculated by region.



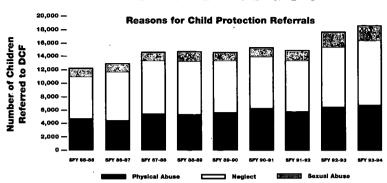
Teen Deaths by Cause — 1989-1991 (ages 15-19)

	19	89-1991 T h	ree Year Tota	al	
	Unintentional			All Other	Total
REGION NAME	Injury	Suicide	Homicide	Causes	Deaths
Northwest	15	8	2	5	30
Housatonic Valley	5	1	3	5	14
Stamford	6	2	1	1	10
Southwest I	3	3	0	4	10
Southwest II	- 3	1	5	4	13
Bridgeport	11	4	28	3	46
Southwest III	10	. 0	2	4	16
Southwest IV	7	2	0	3	12
Waterbury	11	1	4	2	18
Naugatuck Valley	4	1	1	3	9
South Central I	7	0	0	2	9
New Haven	8	0	16	2	26
South Central II	5	3	0	3	11
South Central III	9	3	0	7	19
South Central IV	6	1	0	4	11
South Central V	7	3	0	4	14
Central I	11	3	. 0	3	17
Central II	7	1	2	2	12
Hartford	6	1 .	18	11	36
Capitol I	4	2	0	1	7
Capitol II	7	1	0	3	11
Capitol III	14	3	0	3	20
Capitol IV	9	1	0	5	15 ·
Capitol V	11	1	0	3	15
Northeast	14	1	1	3	19
Southeast	7	4	0	3	14
Southeast Shore	7	3	1 1	4	15
CONNECTICUT	214 .	54	84	97	449

Sources: Chart data from the Department of Public Health and Addiction Services, unpublished data, and *Registration Reports*, 1989 and 1990. Text also includes information from the Department of Public Health and Addiction Services, *Connecticut Health Check*, school year 1992-93; American Academy of Pediatrics, "Gunshots the Leading Killer of Connecticut Children, Pediatric Advocates Warn," press release, February 22, 1994.



Child Abuse



Child abuse occurs in all socioeconomic groups and in all types of families. No town in Connecticut is left untouched. The number of children who are abused is considered to be substantially higher than the numbers which are reported to the authorities. In Connecticut, reports are received on 3.9% of all children, yet officials estimate that between 8% and 10% of all children may be seriously maltreated.

Over the last nine years, the number of referrals for child maltreatment has increased more than 50% in Connecticut. This reflects a nation-wide trend of increased reports. The chart on this page shows the increase in the number of children referred to the Department of Children and Families (DCF). Children may be referred to DCF for reasons other than those shown here, including abandonment, delinquency, addiction, or being at risk of abuse or neglect.

Child abuse has far-ranging effects. The Department of Children and Families found that 60 to 75% of current residents at Long Lane School, Connecticut's school for delinquent youths, have a history of being sexually abused.

People who were victims of child abuse or neglect are more likely than other adolescents or adults to be arrested for delinquent behavior, adult criminality, and crimes of violence. Recent research also suggests that the long-term consequences of childhood abuse may include poor educational performance, health problems, and low levels of achievement in adult life. Although most people who were abused as children do not grow up to abuse their own children, one characteristic that abusers have been found to share is a history of abuse in their own childhoods.

Although child abuse occurs in all racial, ethnic, cultural, and socioeconomic groups, physical abuse and neglect are more likely to occur among families living in poverty because of the additional stresses they face. Thus, because people from minority groups have higher rates of poverty, children from these groups enter the child protection system in disproportionately large numbers.

Note: The chart to the right shows the number of cases referred to the Department of Children and Families (DCF). The number of children involved is approximately 1.5 times higher because many referrals involve more than one child. These numbers represent referrals only; many referrals are not substantiated. On the other hand, because many of the incidents of child abuse are never reported, Connecticut officials believe that the number of abused children is higher than the number shown here. These figures were not used to calculate a rate and therefore cannot accurately be compared reen regions. This is for two reasons — one, because they represent referrals whether they were substantiated or not, and two, because they are a continuous control of the number of cases and not the number of children.

Child Abuse Referrals by Type of Abuse — SFY 1993-94

		CASES REFEI	RRED TO DC	
	Physical		Sexual	
REGION NAME	Abuse	Neglect	Abuse	Total
Northwest	219	203	55	477
Housatonic Valley	265	268	60	593
Stamford	145	175	43	363
Southwest 1	33	19	. 12	64
Southwest II	93	121	34	248
Bridgeport	236	436	63	735
Southwest III	76	68	32	176
Southwest IV	51	48	17	<u> </u>
Waterbury	148	206	37	391
Naugatuck Valley	81	49	. 19	149
South Central I	130	104	52	286
New Haven	263	472	120	855
South Central II	126	124	42	292
South Central III	193	181	57	431
South Central IV	104	60	29	193
South Central V	260	194	120	574
Central I	135	136	46	317
Central II	204	223	49	476
Hartford	489	605	144	1,238
Capitol 1	230	221	78	529
Capitol II	82	42	19	143
Capitol III	-133	115	99	347
Capitol IV	60	43	25	128
Capitol V	222	172	96	490
Northeast	302	315	175	792
Southeast	318	335	166	819
Southeast Shore	283	315	124	722
CONNECTICUT	4,881	5,250	1,813	11,944

Sources: Chart data from the Department of Children and Families. Text also includes information from the Children's Division of the American Humane Association, *Child Protection Leader*, March 1994; and National Center on Child Abuse and Neglect, *National Child Abuse and Neglect Data System (NCANDS)*, Working Paper 1, 1990.





Regional Indicators

Northwest	44
Housatonic Valley	45
Stamford	46
Southwest I	47
Southwest II	48
Bridgeport	49
Southwest III	50
Southwest IV	51
Waterbury	52
Naugatuck Valley	53
South Central I	54
New Haven	55
South Central 11	56
South Central III	57
South Central IV	58
South Central V	59
Central I	60
Central	61
Hartford	62
Capitol I	63
Capitol II	64
Capitol III	65
Capitol IV	66
Capitol V	67
Northeast	68
Southeast	69
Cauthorst Chara	70



Jorthwest



Barkhamstead Bridgewater Bethlehem Colebrook Canaan

Plymouth

44

Warren Washington Roxbury Salisbury Sharon Thomaston Winchester Woodbury Torrington Watertown North Canaan New Hartford New Milford Cornwall Goshen Harwinton Litchfield Norfolk Morris Kent

40,719	23.4 \$19.971	4.2%	%6.08
Total Number of Children40,719	Percent of total Population	Child Poverty 4.2%	Living With Two Parents 80.9%

Other Races 1.9% Black White Children's Racial/Ethnic Background

	Re	Region				State	d)			
Indicator	No.	Rate	Wors	se Than	Worse Than State Rate	Rate		Better Than State Rate	tate Ra	9
AFDC percent of all children, avg. 1992-94	1,901	4.7	%00L	75%	25% 25%	0 14.1	0	25% 50% 67%	75%	100%
Low Birthweight per 1,000 births, avg. 1989-91	130	55.0				.68.1		19%		
Infant Mortality per 1,000 live births, avg. 1989-91	13	5.6				. 8.0	30%	%		
Late or No Prenatal Care percent of all births, avg. 1989-91	307	13.8				15.1	%6 1			
Births to Teen Mothers percent of all births, avg. 1989-91	122	5.1				8.3		39%		
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	2	16.5				22:9	28%	8		
Meeting Mastery Test Goal percent of all sixth grade students, 1994	526	27.4				. 23.1		19%		
Below Mastery Test Remedial percent of all sixth grade students, 1994	534	27.8				36.7	24%			
High School Dropouts percent of all students grades 9-12, 1993	243	3.5				9.7	24%			
Tobacco Use percent of eighth and tenth grade students, 1993	756	24.7			12%	22.1	9 23.2			
Alcohol Use percent of eighth and tenth grade students, 1993	886	32.2				4% 31.0				
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	28	163.0				451.2		64%		_
រ គ	n a	CT LO	DEET CODY AVAIL ABLE	AII AB	L		56		_	

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Housatonic Valley

31,826 23.8 \$22,919 4.4% Total Number of Children Percent of Total Population

4.1%

Other Races 5.9%

Black

Hispanic (may be of any race)5.5%

White90.1%

Children's Racial/Ethnic Background

Bethel Brookfield Danbury

New Fairfield Ridgefield Sherman



Indicator	No.	. Rate	Wors	se Than	Worse Than State Rate	late	Rate	Better	Than State Rate	Rate	
			%001	75%	20%	25%	0	0 25%	%0 5)1 %5½	%001
AFDC percent of all children, avg. 1992-94	2,129	6.7	_	_			14.1		52%		
Low Birthweight per 1,000 births, avg. 1989-91	101	49.0	_				68.1	28%			
Infant Mortality per 1,000 live births, avg. 1989-91	12	5.9					8.0	%97			
Late or No Prenatal Care percent of all births, avg. 1989-91	154	7.9			_		15.1		48%		
Births to Teen Mothers percent of all births, avg. 1989-91	98	4.1	_	_			8.3		21%		
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	വ	18.8			,		22.9	18%			
Meeting Mastery Test Goal percent of all sixth grade students, 1994	397	25.6			_		23.1	11%	_		
Below Mastery Test Remedial percent of all sixth grade students, 1994	475	30.7	-		,		36.7	16%	_	_	
High School Dropouts percent of all students grades 9-12, 1993	206	3.4					4.6	76%	-		
Tobacco Use percent of eighth and tenth grade students, 1993	494	20.0					22.1	10%			
Alcohol Use percent of eighth and tenth grade students, 1993	289	27.7	1		_		31.0	11%			
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	56	409.6					451.2	%6 			
57 43			BE	ST CO	BEST COPY AVAILABLE	AILAB	LE			58	00







Stamford

46

21,773	20.1	\$27,092	%6.6	%6.79
Total Number of Children21,773	Percent of Total Population 20.1	Per Capita Income\$27,092	Child Poverty 9.9%	Living With Two Parents67.9%

Children's Racial/Ethnic Background

White 64.9% Black 27.1% Other Races 7.9% Hispanic (may be of any race) 12.8%

	Re	Region					State				
Indicator	No.	Rate	Wor	se Thai	Worse Than State Rate	late	Rate	Bette	Better Than State Rate	e Rate	
AFDC			%001	75%	%0 5	25 %	0	0 25%	%0S	75%	% 001
percent of all children, avg. 1992-94	3,035	13.9					7	14.1			
Low Birthweight per 1,000 births, avg. 1989-91	145	75.9				11%	8				
Infant Mortality per 1,000 live births, avg. 1989-91	13	8.9					e state 25	15%			
Late or No Prenatal Care percent of all births, avg. 1989-91	415	23.1			23%		5				
Births to Teen Mothers percent of all births, avg. 1989-91	132	6.8					0	18%			
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	က	15.6					Sir Annulus	32%			
Meeting Mastery Test Goal percent of all sixth grade students, 1994	109	13.3			45%		8				
Below Mastery Test Remedial percent of all sixth grade students, 1994	421	51.3			40%		298				
High School Dropouts percent of all students grades 9-12, 1993	31	9.0					4.6			82%	
Tobacco Use percent of eighth and tenth grade students, 1993	266	19.7					22	11%			
Alcohol Use percent of eighth and tenth grade students, 1993	412	30.7					31.0	1%		_	
Juvenile Violent Crime Arrests per 100,000 children ages 10.17, avg. 1991-93	65	750.0		%99	9,		451.2			į	
59	BES	T COP	BEST COPY AVAILABLE	ILABL	ш		09	. 0	-		

22.0 Child Poverty 2.5% Living With Two Parents 86.6% Per Capita Income Total Number of Children Percent of Total Population

1.9%

White.....93.1%

Children's Racial/Ethnic Background

Black Other Races

Greenwich New Canaan

Weston Wilton



Indicator	N C	region 2. Rate	Worse Than State Bate	State Ra	ate	Rate	Better T	Better Than State Rate	Rate	
			100% 75%	50%	J 76%		<i>7</i> 656 U	%U5		100%
AFDC percent of all children, avg. 1992-94	276	1.2				14.1			%	
Low Birthweight per 1,000 births, avg. 1989-91	48	43.0				68.1	37%			
Infant Mortality per 1,000 live births, avg. 1989-91	5	4.4				8.0	45%	9		
Late or No Prenatal Care percent of all births, avg. 1989-91	82	7.9				15.1	48%	%		
Births to Teen Mothers percent of all births, avg. 1989-91	14	1.2				8.3			%98	
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	4	21.4				22.9	%2			
Meeting Mastery Test Goal percent of all sixth grade students, 1994	331	35.4				23.1		53%		
Below Mastery Test Remedial percent of all sixth grade students, 1994	202	21.6				36.7	41%		·	
High School Dropouts percent of all students grades 9-12, 1993	46	1.1			,	4.6		75%		
Tobacco Use percent of eighth and tenth grade students, 1993	394	24.9			13%	22.1				
Alcohol Use percent of eighth and tenth grade students, 1993	558	35.2		_	14%	31.0				
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	6	87.4				451.2		8	81%	
· · · · · · · · · · · · · · · · · · ·		1						•	89	



Darien Norwalk

Westport

Total Number of Children25,128	Percent of Total Population20.8	Per Capita Income\$31,966	Child Poverty6.1%	Living With Two Parents 76.0%
Total Numb	Percent of	Per Capita	Child Pove	Living With

Indicator	No.	Rate	Wors	Worse Than State Rate	State Ra	ite	Rate	Bet	Better Than State Rate	te Rate	
			2 %001	75% 50	25% 25%	0 %		0 2	25% 50%	75%	%00l
AFDC percent of all children, avg. 1992-94	2,323	9.5					14.1	36			
Low Birthweight per 1,000 births, avg. 1989-91	119	63.9					68.1	%9			
Infant Mortality per 1,000 live births, avg. 1989-91	13	6.5					8.0		19%		
Late or No Prenatal Care percent of all births, avg. 1989-91	310	17.8		,		9	15.1				
Births to Teen Mothers percent of all births, avg. 1989-91	89	4.6					8.3		45%		
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	4	18.8					22.9		18%		
Meeting Mastery Test Goal percent of all sixth grade students, 1994	268	23.4					23.1	1%			
Below Mastery Test Remedial percent of all sixth grade students, 1994	443	38.7				2%	36.7				
High School Dropouts percent of all students grades 9-12, 1993	164	3.9					4.6	14%	%		
Tobacco Use percent of eighth and tenth grade students, 1993	444	26.3			19%	9	22.1				
Alcohol Use percent of eighth and tenth grade students, 1993	581	34.5				11%	31.0				
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	90	860.7	91%				451.2				

Bridgeport

tal Number of Children 36,992 recent of Total Population 26.1 recent of Total Population 26.1 recent of Total Population 26.1 recent of Total Population 26.0% rind Poverty 29.0% ring With Two Parents 47.0%	6,992	. 26.1	3,156	29.0%	47.0%
of Children tal Population come wo Parents	6				,
of Children tal Populatic		JN			
	f Children	Il Populatic	оте		vo Parents

Children's Racial/Ethnic Background	White45.0%	Black34.1%	Other Races 20.9%	Hispanic (may be of any race)38.2%
Children's Racial/E	White	Black	Other Races	Hispanic (may be

	Re	Region					State					i
Indicator	No.	Rate	Wors	e Than	Worse Than State Rate		Rate	Bei	Better Than State Rate	n State	Rate	
			%001	5 %Š/	20% 25%	0 %		. 0	25% 5	%os	1 %5/	%00L
AFDC percent of all children, avg. 1992-94	13,563	36.7	160%				14.1					
Low Birthweight per 1,000 births, avg. 1989-91	296	98.3			44%		68.1			_		
Infant Mortality per 1,000 live births, avg. 1989-91	41	13.5	:	%69			8.0					
Late or No Prenatal Care percent of all births, avg. 1989-91	595	25.6		%69			15.1		-			
Births to Teen Mothers percent of all births, avg. 1989-91	540	17.9	116%				8.3	•				
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	12	39.4		72%			22.9	_				
Meeting Mastery Test Goal percent of all sixth grade students, 1994	52	3.5	ω	85%			23.1					_
Below Mastery Test Remedial percent of all sixth grade students, 1994	1,015	68.1	8	%98			36.7				•	
High School Dropouts percent of all students grades 9-12, 1993	447	9.4	104%				4.6		_			
Tobacco Use percent of eighth and tenth grade students, 1993	265	14.2					22.1		36%		,	
Alcohol Use percent of eighth and tenth grade students, 1993	430	23.1					31.0	25%				
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	124	839.1	98	%98 			451.2		_			

Shelton Stratford

Trumpull

Total Number of Children 25,325 Percent of Total Population 21.7 Per Capita Income 320,855
Child Poverty33%
Living With Two Parents

Children's Racial/Ethnic Background White

 White
 91.0%

 Black
 5.8%

 Other Races
 3.2%

 Hispanic (may be of any race)
 4.0%

Indicator	No.	Rate	Wors	se Than	Worse Than State Rate	ate	Rate	Better T	Better Than State Rate	Rate	
AFDC percent of all children, avo. 1992-94	1,106	4.4	%001	. 75%	50% 2	25% 0		25%	%69 90%	1 5%	100%
Low Birthweight per 1,000 births, avg. 1989-91	78	55.1					68.1	19%			
Infant Mortality per 1,000 live births, avg. 1989-91	7	5.2					C	35%			
Late or No Prenatal Care percent of all births, avg. 1989-91	97	8.2					1.0	45%		_	
Births to Teen Mothers percent of all births, avg. 1989-91	51	3.6					8.3		27%		
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	S	26.9			17	17%	22.9				
Meeting Mastery Test Goal percent of all sixth grade students, 1994	375	31.8					23.1	38%			•
Below Mastery Test Remedial percent of all sixth grade students, 1994	272	23.1					36.7	37%			
High School Dropouts percent of all students grades 9-12, 1993	80	1.9					4.6		29%		
Tobacco Use percent of eighth and tenth grade students, 1993	470	25.1			1	14%	22.1				-
Alcohol Use percent of eighth and tenth grade students, 1993	658	35.2				14%	31.0				
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	27	243.4					451.2	46%	Vo		

23,864 22.7 \$26,388 2.4% Per Capita Income \$26,388 Child Poverty 2.4% Living With Two Parents 86.9% Total Number of Children Percent of Total Population

Black1.0% White.....96.6%

Children's Racial/Ethnic Background

Easton Fairfield Monroe

Newtown Redding



	Re	Region					State				
Indicator	No.	Rate	Wors	e Inan	Worse Inan State Kate	fare	rate	peller	beller Inan State nate		
			%00l	75%	%05	25%		0 25%	20%	_	<u>~</u>
AFDC percent of all children, avg. 1992-94	349	1.5					14.1			86%	
Low Birthweight per 1,000 births, avg. 1989-91	26	45.1					68.1	34%	-		
Infant Mortality per 1,000 live births, avg. 1989-91	ည	4.0					8.0		20%		
Late or No Prenatal Care percent of all births, avg. 1989-91	65	0.9	,	_			15.1		% 09		
Births to Teen Mothers percent of all births, avg. 1989-91	19	1.5	_	_			8.3			82%	
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	4	21.4	_				22.9	%/	_		
Meeting Mastery Test Goal percent of all sixth grade students, 1994	397	33.5			_	_	23.1	4	45%		
Below Mastery Test Remedial percent of all sixth grade students, 1994	274	23.1					36.7	37%			
High School Dropouts percent of all students grades 9-12, 1993	64	1.5					4.6		%99		
Tobacco Use percent of eighth and tenth grade students, 1993	524	29.1				32%	22.1				
Alcohol Use percent of eighth and tenth grade students, 1993	611	33.9		_		%6	31.0				
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	24	226.6	_				451.2		20%		
69				<u>.</u> ;					20	0	

SINGLE PORTS



Waterbury

52

Total Number of Children 25,561
Percent of Total Population 23.5
Per Capita Income \$14,209
Child Poverty 20.6%
Living With Two Parents 59.5%

Children's Racial/Ethnic Background White

Indicator	No.	. Rate	Worse	Worse Than State Rate	State Ra	ate	Rate	Bet	Better Than State Rate	n State	Rate	
			100%	75% 51	50% 25	25% 0		0	25% 50	20%	75%	300
AFDC percent of all children, avg. 1992-94	8,035	31.4	3%				14.1					<u> </u>
Low Birthweight per 1,000 births, avg. 1989-91	175	83.6				23%	68.1					
Infant Mortality per 1,000 live births, avg. 1989-91	20	9.7				21%	8.0					
Late or No Prenatal Care percent of all births, avg. 1989-91	989	37.9	151%				15.1	-				
Births to Teen Mothers percent of all births, avg. 1989-91	303	14.5		75%			8.3					
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	7	34.5			51%		22.9					
Meeting Mastery Test Goal percent of all sixth grade students, 1994	54	6.1		74%			23.1					
Below Mastery Test Remedial percent of all sixth grade students, 1994	599	8.79	85%	%			36.7					_
High School Dropouts percent of all students grades 9-12, 1993	444	11.7	156%				4.6					
Tobacco Use percent of eighth and tenth grade students, 1993	254	18.1					22.1	18%				
Alcohol Use percent of eighth and tenth grade students, 1993	398	28.4					31.0	8%			·	_
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	48	469.7				4%	451.2					

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Naugatuck Valley

Total Number of Children 26,146	Percent of Total Population24.1	Per Capita Income\$20,010	Child Poverty2.8%	Living With Two Parents84.5%
Total Num	Percent of	Per Capita	Child Pove	Living Witl

 White
 96.0%

 Black
 1.7%

 Other Races
 2.3%

 Hispanic (may be of any race)
 2.4%

Children's Racial/Ethnic Background

Cheshire Middlebury Naugatuck Oxford

oury uck

Prospect Southbury Wolcott



Indicator	No.	Rate	Wors	e Than	Worse Than State Rate	ate	Rate	Bett	Better Than State Rate	ate Rate	
			100%	75%	50% 2	25% 0		0 25%	%05 %	15%	%00L
AFDC percent of all children, avg. 1992-94	910	3.5					14.1			75%	
Low Birthweight per 1,000 births, avg. 1989-91	89	49.1	_				68.1	28%			
Infant Mortality per 1,000 live births, avg. 1989-91	=	8.1			_	1%	8.0				
Late or No Prenatal Care percent of all births, avg. 1989-91	189	14.8					15.1	2%			
Births to Teen Mothers percent of all births, avg. 1989-91	53	3.8					8.3		54%		
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	4	21.1			į		22.9	%8			
Meeting Mastery Test Goal percent of all sixth grade students, 1994	463	31.2					23.1	35%	%		
Below Mastery Test Remedial percent of all sixth grade students, 1994	389	26.2					36.7	29%			
High School Dropouts percent of all students grades 9-12, 1993	80	2.0					4.6		27%		
Tobacco Use percent of eighth and tenth grade students, 1993	436	21.6					22.1	2%			
Alcohol Use percent of eighth and tenth grade students, 1993	593	29.4					31.0	2%		:	
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	22	199.0					451.2		26%		

53



Outh Central I



Ansonia Beacon Falls Bethany Derby

Hamden North Haven Seymour Woodbridge

Children's Racial/Ethnic Background

White	Black 7.0%	Other Races	Hispanic (may be of any race)
White	Black	Other	Hispar

	Indicator	No.	Rate	Worse Than State Rate	n State Raf		Rate	Better	Better Than State Rate	e Rate	
	AFDC percent of all children avor 1992-94	2,115	7.4	%00L %00L	50% 25%	0	0 7,1	25%	50%	75%	100 _/
_ <u></u>	Low Birthweight per 1,000 births, avg. 1989-91	103	56.8				289	17%			
	Infant Mortality per 1,000 live births, avg. 1989-91	10	5.5				9	31%			
<u>I</u>	Late or No Prenatal Care percent of all births, avg. 1989-91	196	12.3				13	19%			
	Births to Teen Mothers percent of all births, avg. 1989-91	82	4.5				8	4	46%		
_	Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	9	26.4		- 12 - 32	2%	83				
L	Meeting Mastery Test Goal percent of all sixth grade students, 1994	309	24.9				8	%8		_	
<u> </u>	Below Mastery Test Remedial percent of all sixth grade students, 1994	354	28.6				1	22%			
	High School Dropouts percent of all students grades 9-12, 1993	203	3.3				9	28%			_
	Tobacco Use percent of eighth and tenth grade students, 1993	523	21.8				22.1	1%			
	Alcohol Use percent of eighth and tenth grade students, 1993	742	31.0				31.0	%0			
	Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	36	301.8				451.2	33%			
I	The state of the s										-

75



New Haven

30,936	23.7	\$12,968	33.8%	38.6%		34.0%	51.6%	14.3%	21.6%
					puno				
Total Number of Children	Percent of Total Population	Per Capita Income\$12,968	Child Poverty	Living With Two Parents	Children's Racial/Ethnic Background	White 34.0%	Black51.6%	Other Races	Hispanic (may be of any race)21.6%
Total Number	Percent of Tota	Per Capita Inc	Child Poverty.	Living With Tw	Children's Rac	White	Black	Other Races	Hispanic (may

		Re	Region						State						
Indicator		No.	Rate		Worse	Than	Worse Than State Rate	ate	Rate	Bet	ter Th	Better Than State Rate	te Ra	te	
				%00Î	15%		20% 2	75% 0		0 2	25%	%os	75%	%001	\o
AFDC percent of all children, avg. 1992-94		13,891	44.9	2	218%				14.1						
Low Birthweight per 1,000 births, avg. 1989-91		265	107.7			28	28%		68.1						25
Infant Mortality per 1,000 live births, avg. 1989-91		32	13.0			63%			8.0						1
Late or No Prenatal Care percent of all births, avg. 1989-91		572	31.9	7	112%				15.1						
Births to Teen Mothers percent of all births, avg. 1989-91		417	17.0	13	105%				8.3						Т
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	_	11	44.2		93%				22.9						
Meeting Mastery Test Goal percent of all sixth grade students, 1994	Te .	54	4.5		81%	%			23.1						1
Below Mastery Test Remedial percent of all sixth grade students, 1994	edial	882	73.2	0)	%66				36.7						
High School Dropouts percent of all students grades 9-12, 1993		325	8.8		91%				4.6						
Tobacco Use percent of eighth and tenth grade students, 1993	93	262	19.7		_		. *		22.1	11%					
Alcohol Use percent of eighth and tenth grade students, 1993	83	389	29.3						31.0	2%				-	
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	rests	218	1,815.2	8	302%				451.2		_				



Outh Central II

Milfofd Orange

West Haven

Total Number of Children25,131	Percent of lotal Population	Child Poverty 5.8%	Living With Two Parents
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Black 8.9%

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פלק		
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וואף מווא ווא של פיווא ומכים ו		
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Indicator	Re.	Region o. Rate	Worse	• Than	Worse Than State Rate		State Rate	Bette	Better Than State Rate	ate Ra	ıte
AFDC	2,603	10.4	100%		50% 25%	0 %	14.1	0 25% 26%	20%	75%	300 1
Low Birthweight per 1,000 births, avg. 1986-91	104	64.0					68.1	%9			
Infant Mortality per 1,000 live births, avg. 1989-91	တ	5.7		,			8.0	79%			
Late or No Prenatal Care percent of all births, avg. 1989-91	176	12.5					15.1	17%			
Births to Teen Mothers percent of all births, avg. 1989-91	95	5.8					8.3	30%			İ
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	4	20.2				1	22.9	12%			
Meeting Mastery Test Goal percent of all sixth grade students, 1994	373	32.4					23.1	40%	%		
Below Mastery Test Remedial percent of all sixth grade students, 1994	281	24.4					36.7	34%		;	
High School Dropouts percent of all students grades 9-12, 1993	232	6.1			35%	%	4.6	-			-
Tobacco Use percent of eighth and tenth grade students, 1993	425	28.6			<u>~~~</u>	29%	22.1				
Alcohol Use percent of eighth and tenth grade students, 1993	576	38.8		,		25%	31.0				
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	20	194.4					451.2		57%		

ERIC.

Total Number of Children 23,517
Percent of Total Population 23.4
Per Capita Income \$\$16,684
Child Poverty 8.6%
Living With Two Parents 73.7%

Children's Racial/Ethnic Background
White 88.6%
Black 4.3%
Other Races 7.1%
Hispanic (may be of any race) 11.9%

Meriden	Wallingford
2	S

Indicator	No.	o. Rate	Wors	e Than	Worse Than State Rate	ate	Rate	Bet	ter Tha	Better Than State Rate	Rate	
			%001	15%	50% 2	Z5% 0		0 2	. Z5% Si	20%	15%	%00L
AFDC percent of all children, avg. 1992-94	3,673	15.6				11%	14.1					
Low Birthweight per 1,000 births, avg. 1989-91	90	55.9					68.1	18%				
Infant Mortality per 1,000 live births, avg. 1989-91	10	6.4					8.0	20%				
Late or No Prenatal Care percent of all births, avg. 1989-91	221	15.0					15.1	%0				
Births to Teen Mothers percent of all births, avg. 1989-91	142	8.8				%9	8.3					
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	2	8.9	•				22.9		9	61%		
Meeting Mastery Test Goal percent of all sixth grade students, 1994	134	12.8			45%		23.1					
Below Mastery Test Remedial percent of all sixth grade students, 1994	506	48.3			က	32%	36.7					
High School Dropouts percent of all students grades 9-12, 1993	201	4.7				3%	4.6			_		
Tobacco Use percent of eighth and tenth grade students, 1993	404	23.7				4.	22.1					

57

451.2

104.2

10

Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93

8

34.1

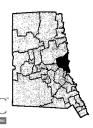
583

Alcohol Use percent of eighth and tenth grade students, 1993

31.0

10%

outh Central IV



Branford East Haven Guilford

Madison North Branford

Total Number of Children 22,606	Percent of Total Population	Child Poverty2.9%	Living With Two Parents82.2%
Total Number of Children	Percent of Total Population Per Capita Income	Child Poverty	Living With Two Parents .

Children's Racial/Ethnic Background

 White
 97.2%

 Black
 1.0%

 Other Races
 1.8%

 Hispanic (may be of any race)
 1.9%

Indicator	No.	Rate	Wors	Worse Than State Rate	State	Rate	Rate	Better T	Better Than State Rate	Rate	
AFDC percent of all children, avg. 1992-94	1881	3.9	% ——	75%	%0 -	25%	0	25%	50% 72%	01 %5/	% ——
Low Birthweight per 1,000 births, avg. 1989-91	99	49.5					3	27%			
Infant Mortality per 1,000 live births, avg. 1989-91	10	7.2	•		_		0.8	10%			
Late or No Prenatal Care percent of all births, avg. 1989-91	87	7.5		,			191	20	20%		
Births to Teen Mothers percent of all births, avg. 1989-91	41	3.1		•			8		63%		
Child Deaths per 100,000 children ages 1 · 14, avg. 1989-91	2	13.1					22.9	43%			
Meeting Mastery Test Goal percent of all sixth grade students, 1994	246	21.5			·	%2	23.1				
Below Mastery Test Remedial percent of all sixth grade students, 1994	342	29.9					36.7 19	19%			
High School Dropouts percent of all students grades 9-12, 1993	72	1.8					4.5		61%		
Tobacco Use percent of eighth and tenth grade students, 1993	483	27.8				26%	22,1				
Alcohol Use percent of eighth and tenth grade students, 1993	638	36.8				19%	018				
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	10	9.66					451.2		78%	. 0	

59

South Central V

31,401	\$19,660	%9.5	77.2%
Total Number of Children 31,401 Percent of Total Population 21.9	Per Capita Income\$19,660	Child Poverty 5.6%	Living With Two Parents77.2%

Black6.4%

Children's Racial/Ethnic Background White

Old Saybrook Portland Killingworth Middlefield Middletown Haddam East Haddam East Hampton Deep River Chester Clinton Cromwell Durham



H	Westhrook

Indicator	No.	Rate	Worse Than State Rate	State Rate		Rate	Better Than State Rate	State Rate	a	
		•	100% 75% 51	50% 25%	0	0	75%	9 75%	%00I	
AFDC percent of all children, avg. 1992-94	2,001	6.4				14.1	55%			L
Low Birthweight per 1,000 births, avg. 1989-91	110	54.5				68.1	20%			<u> </u>
infant Mortality per 1,000 live births, avg. 1989-91	12	5.9				8.0	26%			
Late or No Prenatal Care percent of all births, avg. 1989-91	182	9.5				15.1	37%			
Births to Teen Mothers percent of all births, avg. 1989-91	95	4.7				8.3	43%			
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	7	28.5		Ž	24%	22.9	-	,		_
Meeting Mastery Test Goal percent of all sixth grade students, 1994	410	24.3				23.1	2%			
Below Mastery Test Remedial percent of all sixth grade students, 1994	514	30.5				36.7	17%			
High School Dropouts percent of all students grades 9-12, 1993	154	3.2				4.6	30%			
Tobacco Use percent of eighth and tenth grade students, 1993	590	25.1		14%	8	22.1			•	
AICOHOI USO percent of eighth and tenth grade students, 1993	776	33.0			%9	31.0				
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	43	325.4			7	451.2	28%			
85			·	-				8.6		







Bristol Burlington

Southington

Total Number of Children 24,524	Percent of Total Population23.1	Per Capita Income\$18,747	Child Poverty4.3%	Living With Two Parents
Total Nu	Percent	Per Cap	Child Po	Living M

Children's Racial/Ethnic Background

Indicator	No.	region). Rate	Worse Than	Worse Than State Rate	Rate	Better Than State Rate	Rate	
			%5Z %U1	%56 %05	0	2 %05 %56 0	75% 100%	35
AFDC percent of all children, avg. 1992-94	1,860	7.6			14.1	46%		
Low Birthweight per 1,000 births, avg. 1989-91	06	6.09			68.1	11%		
Infant Mortality per 1,000 live births, avg. 1989-91	6	6.3			0. 8	21%		
Late or No Prenatal Care percent of all births, avg. 1989-91	137	10.4			.	31%		
Births to Teen Mothers percent of all births, avg. 1989-91	66	6.7			8	19%		
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	3	15.5			22.9	32%		
Meeting Mastery Test Goal percent of all sixth grade students, 1994	355	28.1			23.1	22%		
Below Mastery Test Remedial percent of all sixth grade students, 1994	387	30.6			36.7	17%		
High School Dropouts percent of all students grades 9-12, 1993	209	4.7			1% 4.6			
Tobacco Use percent of eighth and tenth grade students, 1993	492	25.8			17% 22.1			
Alcohol Use percent of eighth and tenth grade students, 1993	686	36.0		1	16% 31.0			
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	19	180.2			451.2	9,09		
\$ Q	a	CT CO	RECT CODY AVAILABLE	L.	∞ •	, 5 80 80 80		

REST CODY AVAILABLE



Total Number of Children 23,375
Percent of Total Population 21.3
Per Capita Income \$\$15,916
Child Poverty 18.3%
Living With Two Parents 64.9%

White 76.6% Black 8.3%

Black

Children's Racial/Ethnic Background

Berlin New Britain

Plainville



्Îndicator सन्दर्भ	No.	Rate	Wor	Worse Than State Rate	State Ra		Rate		Better Than State Rate	State	Rate	
			100%	75%	50% 25	25% 0		0 25%	%05	7	75%	88
AFDC percent of all children, avg. 1992-94	5,661	24.2	-	72%			14.1					
Low Birthweight per 1,000 births, avg. 1989-91	128	76.4				12%	68.1					
Infant Mortality per 1,000 live births, avg. 1989-91	14	8.4				2%	8.0					
Late or No Prenatal Care percent of all births, avg. 1989-91	178	11.3					15.1	- 25%				
Births to Teen Mothers percent of all births, avg. 1989-91	181	10.8			Sel	30%	8.3					
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	5	25.1				10%	22.9					
Meeting Mastery Test Goal percent of all sixth grade students, 1994	114	12.6			AB %	₩	23.1					
Below Mastery Test Remedial percent of all sixth grade students, 1994	478	52.8			66%	And the second s	36.7					
High School Dropouts percent of all students grades 9-12, 1993	263	7.2					4.6	,				
Tobacco Use percent of eighth and tenth grade students, 1993	292	21.4					22.1	3%				
Alcohol Use percent of eighth and tenth grade students, 1993	419	30.8					31.0]1%				
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	61	664.1			<i>47%</i>		451.2					





al/Ethnic Background	
Racii	
Children's	

Children's Inacial Ething Dacing Control	White24.7%	Black	Other Races31.1%	Hispanic (may be of any race)46.7%
	White	Black	Other Races	Hispanic (m

	Re	Region					State					
Indicator	No.	Rate	Wor	Worse Than State Rate	State Ra		Rate	Bett	Better Than State Rate	tate F	Rate	**
			%00[75%	50% 25%	0 %		0 25%	%0S %	15%		160%
AFDC percent of all children, avg. 1992-94	23,017	0.09	326%				14.1					
Low Birthweight per 1,000 births, avg. 1989-91	404	127.4	8	87%			68.1					
Infant Mortality per 1,000 live births, avg. 1989-91	48	15.1	%68	%			8.0					
Late or No Prenatal Care percent of all births, avg. 1989-91	580	22.4			49%		15.1					
Births to Teen Mothers percent of all births, avg. 1989-91	730	23.0	%221				8.3			:		
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	12	38.0		%99)			22.9					
Meeting Mastery Test Goal percent of all sixth grade students, 1994	46	2.9	(©	87%			23.1					
Below Mastery Test Remedial percent of all sixth grade students, 1994	1,192	75.9	%//01/	107%			36.7					
High School Dropouts percent of all students grades 9-12, 1993	1,012	16.9	%897				4.6					
Tobacco Use percent of eighth and tenth grade students, 1993	162	8.9					22.1		%09			
Alcohol Use percent of eighth and tenth grade students, 1993	355	19.5		·			31.0	_c_	37%			
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	170	170 1,084.9	140%				451.2					
					-			0				



East Hartford Manchester

Total Number of Children	Living With Two Parents	Children's Racial/Ethnic Background	Wnite	Other Races 5.7%	Hispanic (may be of any race)6.7%

			%001	75%	20%	25% 0		0 25%	20%	75%	<u>8</u> -
AFDC percent of all children, avg. 1992-94	3,043	14.5	-			3%	4.				
Low Birthweight per1,000 births, avg. 1989-91	68	61.4					68.	%01	_		
Infant Mortality per 1,000 live births, avg. 1989-91	12	8.5			_	%9	0.8				
Late or No Prenatal Care percent of all births, avg. 1989-91	128	9.7					15.1	36%			
Births to Teen Mothers percent of all births, avg. 1989-91	96	6.7	_				⊗	19%	.0		
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	2	12.2					22.9		(F)		
Meeting Mastery Test Goal percent of all sixth grade students, 1994	193	21.2			·	%8	23.				
Below Mastery Test Remedial percent of all sixth grade students, 1994	310	34.0					36.7	%2			
High School Dropouts percent of all students grades 9-12, 1993	189	4.7				5%	4.6				
Tobacco Use percent of eighth and tenth grade students, 1993	293	20.3					22.1	%8			
Alcohol Use percent of eighth and tenth grade students, 1993	420	29.1					31.0	%9			
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	36	415.3					451.2	%8		· .	
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Avon Bloomfield Canton

Simsbury West Hartford

Children's Racial/Ethnic Background

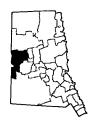
White	Black10.4%	Other Races 4.4%	Hispanic (may be of any race)3.6%
White	Black	Other Ra	Hispanic

	Re	Region					State				
Indicator	No.	Rate	Wors	Worse Than State Rate	State	Rate	Rate	Better Th	Better Than State Rate	Rate	1. 11
AFDC percent of all children, avg. 1992-94	1,101	4.2	 	75%	%O	25% 0	14.1	0 25%	50% 7)1	300L
Low Birthweight per 1,000 births, avg. 1989-91	73	54.1					68.1	21%			
Infant Mortality per 1,000 live births, avg. 1989-91	8	5.9					8.0	26%			
Late or No Prenatal Care percent of all births, avg. 1989-91	61	4.7					15.1		%59		
Births to Teen Mothers percent of all births, avg. 1989-91	44	3.3					8.3		90%		
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	4	21.4					22.9	%2			
Meeting Mastery Test Goal percent of all sixth grade students, 1994	535	41.0				ŕ	23.1		 % <u> 17</u> 		
Below Mastery Test Remedial percent of all sixth grade students, 1994	289	22.1					36.7	%07			
High School Dropouts percent of all students grades 9-12, 1993	73	1.5					4.6		%89		
Tobacco Use percent of eighth and tenth grade students, 1993	395	18.7				,	22.1	15%			
Alcohol Use percent of eighth and tenth grade students, 1993	909	28.4					31.0	%8			_
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	40	343.9					451.2	%56			

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Total Number of Children 33,495 Percent of Total Population 23.1 Per Capita Income \$19,233 Child Poverty 2.3%
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lotal Number of Children	East Granby	South Windsor
Percent of Total Population	East Windsor	Suffield
Per Capita Income\$19,233	Enfield	Windsor
Child Poverty 2.3%	Granby	Windsor Locks
Living With Two Parents	Hartland	
Children's Racial/Ethnic Background		
White91.0%		,
Black5.7%		
Other Races		
Hispanic (may be of any race)		

Indicator	Re No.	Region o. Rate	Wors	Worse Than State Rate	State R	ate	Statė Ratė	Beit	Better Than State Rate	e Prate	À	68007777 FEE EE
AFDC percent of all children, avg. 1992-94	1,405	4.2	% 001		%0 5	25%	14.1	0 25%	\$0% 20%		190%	я я
Low Birthweight per 1,000 births, avg. 1989-91	115	56.8					68.1	17%	.0			
Infant Mortality per 1,000 live births, avg. 1989-91	13	6.4					8.0	20%				1
Late or No Prenatal Care percent of all births, avg. 1989-91	124	6.4					12.1		57%			
Births to Teen Mothers percent of all births, avg. 1989-91	77	3.8					8.3		<i>₹</i> 70,75			1
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	2	17.6					22.9	26%				1
Meeting Mastery Test Goal percent of all sixth grade students, 1994	557	32.2					23.1	_8_	<i>986</i> 38			_
Below Mastery Test Remedial percent of all sixth grade students, 1994	414	23.9					36.7	92%	%			
High School Dropouts percent of all students grades 9-12, 1993	166	2.9				•	4.6	9618	96			1
Tobacco Use percent of eighth and tenth grade students, 1993	609	22.2					22.1	%0				,
Alcohol Use percent of eighth and tenth grade students, 1993	801	29.5					31.0	%9				
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	34	242.6				•	451.2		9399			





Farmington Glastonbury Marlborough

Newington Rocky Hill Wethersfield

ewington	ocky Hill	1-37-11-

Total Number of Children25,583	Percent of Total Population	Per Capita Income \$23,426	Child Poverty2.3%	Living With Two Parents84.2%
Total Numbe	Percent of T	Per Capita I	Child Pover	Living With

Children's Racial/Ethnic Background	hite
Children's Racial/Et	White

•	White94.7%	Black	Other Races	Hispanic (may be of any race)
	5	മ	O	

			noiseu						. 1				
	Indicator	No.	Rate	Worse 1	Worse Than State Rate	e Rate	•	Rate	Bette	r Than	State		
				100% 75%	20%	75%	0	0	75%	20%	% 15%		8
	AFDC percent of all children, avg. 1992-94	641	2.5					14.1			88		
99	Low Birthweight per 1,000 births, avg. 1989-91	9/	53.1					68.1	25%				
	Infant Mortality per 1,000 live births, avg. 1989-91	13	9.3			-1e% 		8.0					
	Late or No Prenatal Care percent of all births, avg. 1989-91	55	4.0		_			15.1			73%		
	Births to Teen Mothers percent of all births, avg. 1989-91	20	1.4			_	_	8.3			83%	\ 0	
	Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	4	18.4			_		22.9	20%				
	Meeting Mastery Test Goal percent of all sixth grade students, 1994	492	35.3	-				23.1		53%			
	Below Mastery Test Remedial percent of all sixth grade students, 1994	296	21.2			_		36.7		42%			
	High School Dropouts percent of all students grades 9-12, 1993	84	1.8					4.6		9	61%		
	Tobacco Use percent of eighth and tenth grade students, 1993	426	21.2					22.1	4%				
	AIcohol Use percent of eighth and tenth grade students, 1993	640	31.9	-			3%	31.0					
	Juvenile Violent Crime Arrests. per 100,000 children ages 10-17, avg. 1991-93	25	228.0					451.2		46%			

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Per Capita Income \$17,849 Child Poverty 4.3% Living With Two Parents 82.0%	Children's Racial/Ethnic Background White	Outer races
Per Capita Child Pove Living Witl	Children's White Black	Hispanic (

Somers	Stafford	Tolland	Union	Vernon	Willington	
Andover	Bolton	Columbia	Coventry	Ellington	Hebron	Mansfield

7	3	H	
			-

	No	Rate	WOR	se Than	Worse Than State Bate	ate	Rate	Better Than State Bate	e Bate	
			100%	75%	20%	0 %5% U	P. E	ሕሀ <u>ን</u> ሕንሪ ሀ	75% 100%	
AFDC percent of all children, avg. 1992-94	1,423	4.9	<u> </u>	Š			14.1	9/7		[
Low Birthweight per 1,000 births, avg. 1989-91	88	51.9					68.1	24%		67
Infant Mortality per 1,000 live births, avg. 1989-91	10	5.9					8.0	9/97		
Late or No Prenatal Care percent of all births, avg. 1989-91	127	7.8					15.1	48%		
Births to Teen Mothers percent of all births, avg. 1989-91	74	4.3					8.3	9/87		
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	က	11.6				•	22.9	966		
Meeting Mastery Test Goal percent of all sixth grade students, 1994	447	29.2					23.1	# 25%		
Below Mastery Test Remedial percent of all sixth grade students, 1994	380	24.8					36.7			
High School Dropouts percent of all students grades 9-12, 1993	147	2.9					4.6	3888		
Tobacco Use percent of eighth and tenth grade students, 1993	456	20.3					22.1	%8		
Alcohol Use percent of eighth and tenth grade students, 1993	704	31.4				%	31.0			
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	32	264.4					451.2	41%		
101				•					102	1 42 2



lortheast SINS



Ashford Brooklyn

Canterbury
Chaplin
Eastford
Hampton
Killingly
Plainfield

Putnam Scotland Sterling Thompson Windham

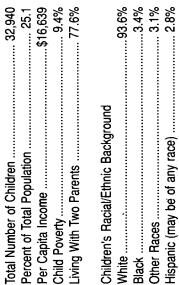
Total Number of Children26,363	Percent of Total Population	Per Capita Income	Living With Two Parents73.4%
Total Number of Children	Percent of Total Population	Per Capita Income	Living With Two Parents

Children's Racial/Ethnic Background

White	Black1.3%	Other Races5.0%	Hispanic (may be of any race) 6.8%
White	Black	Other Races	Hispanic (may

Columbration Colu		Indicator	No.	Rate	Wors	Worse Than State Rate	ate Ra	ıte	Rate	Bett	ter Thai	Better Than State Rate	Rate	
AFDC Parcent of all children, ang. 1992-94 3,199 12.1 14.1 1							25						.2%	100%
Low Birthweight 94 63.1 68.1 7% Infant Mortality 11 7.2 8.0 1.1 Late or No Prenatal Care 225 15.9 8.0 15.1 Late or No Prenatal Care 225 15.9 8.3 15.1 Earth so troe an Morthers 158 10.6 28% 8.3 15.1 Births to Tean Morthers 4 20.5 16.6 28% 8.3 16.1 Child Deaths age 1 - 14 agg 1989-91 4 20.5 20.5 22.9 17 Meeting Mastery Test Remedial 588 42.3 46.5 8.3 16.6 Below Mastery Test Remedial 588 42.3 46.5 8.0 17 Below Mastery Test Remedial 588 42.3 46.5 8.0 15.6 8.0 Below Mastery Test Remedial 588 42.3 4.6 9.0 15.0 16.0 16.0 16.0 16.0 16.0 16.0 16.0 17.0 17.0 17.0 17.0		AFDC percent of all children, avg. 1992-94	3,199	12.1					14.1	14%	%			
In Care 11 7.2 8.0 10 Hers 15.1 5% 15.1 11 Hers 15.8 10.6 5% 15.1 17 Hers 158 10.6 28% 8.3 17 est Goal 231 16.6 28% 23.1 17 ist Remedial 588 42.3 15% 4.6 0% 1.934 4.6 19.7 4.6 0% 2. 1933 416 19.7 22.1 11 students, 1993 543 25.7 31.0 22.1 rime Arrests 46 411.4 451.2 99	89	Low Birthweight per 1,000 births, avg. 1989-91	94	63.1					68.1	%2				
In Care 225 15.9 5% 15.1 15.1 15.1 15.1 15.1 15.1 15.1 15.1 15.1 15.1 15.1 15.1 15.1 15.1 15.1 15.1 15.1 15.1 15.2 15.1 15.1 15.1 15.2 <th< td=""><td></td><td>Infant Mortality per 1,000 live births, avg. 1989-91</td><td>11</td><td>7.2</td><td></td><td></td><td></td><td></td><td>8.0</td><td>10%</td><td></td><td></td><td></td><td></td></th<>		Infant Mortality per 1,000 live births, avg. 1989-91	11	7.2					8.0	10%				
hers 158 10.6 28% 8.3 avg. 1889-91 4 20.5 8.3 10.6 est Goal 231 16.6 28% 23.1 1934 42.3 45.3 46.6 36.7 st Remedial 588 42.3 46.6 36.7 uts 232 4.6 19.7 46.0 students, 1993 543 25.7 31.0 rime Arrests 46 411.4 451.2 99		Late or No Prenatal Care percent of all births, avg. 1989-91	225	15.9				2%	15.1					
tery Test Goal 231 16.6 22.9 10 tery Test Goal 231 16.6 23.1 23.1 students, 1994 42.3 42.3 46 46 46 Dropouts 232 4.6 4.6 4.6 6.8 Inth grade students, 1993 416 19.7 22.1 11 ent Crime Arrests 46 411.4 411.4 451.2 99		Births to Teen Mothers percent of all births, avg. 1989-91	158	10.6			- 5	%8;	8.3					
sial 588 42.3 15% 23.1 4.6 4.6 4.6 0% 543 25.7 31.0 19 ests 46 411.4 451.2 99		Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	4	20.5					22.9	10%	:			
dial 588 42.3 15% 36.7 32 4.6 4.6 0% 3 416 19.7 22.1 11 3 543 25.7 31.0 10 rests 46 411.4 451.2 9%		Meeting Mastery Test Goal percent of all sixth grade students, 1994	231	16.6			- N	%8:	23.1					
3 4.6 4.6 4.6 4.6 0% 3 543 25.7 31.0 19.7 31.0 19.9		Below Mastery Test Remedial percent of all sixth grade students, 1994	588	42.3			- 15 	%.	36.7	•				
3 543 25.7 31.0 11.4 25.1 11.4 22.1 11.1 22.1 11.1 11.1 22.1 11.1 22.1 11.1 11.1 22.1 11.1		High School Dropouts percent of all students grades 9-12, 1993	232	4.6		.*			4.6	%0				
31.0 Tests 46 411.4 31.0 9 9		Tobacco Use percent of eighth and tenth grade students, 1993	416	19.7					22.1	11%				
rests 46 411.4 451.2		AIcohol Use percent of eighth and tenth grade students, 1993	543	25.7					31.0	17	%			
		Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	46	411.4					451.2	%6				

Southeast



Lyme	Montville	North Stonington	Norwich	Old Lyme	Preston	Salem
Bozrah	Colchester	Franklin	Griswold	Lebanon	Ledyard	Lisbon



Sprague	Voluntown
Sprag	Volun

Indicator	No.	o. Rate	Worse	Than §	Worse Than State Rate	ate	Rate	Bet	ter Tha	Better Than State Rate	Rate	
			100% 75%		50% 2.	25% 0		0 2	25% 5	20%	75% 1	% <u>0</u>
AFDC percent of all children, avg. 1992-94	2,685	8.2					14.1		2%			
Low Birthweight per 1,000 births, avg. 1989-91	115	58.2					68.1	15	15%			
Infant Mortality per 1,000 live births, avg. 1989-91	14	7.1					8.0	11%				
Late or No Prenatal Care percent of all births, avg. 1989-91	772	15.8				2%	15.1					
Births to Teen Mothers percent of all births, avg. 1989-91	163	8.3					8.3	%0				
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	4	16.6					22.9	28%	. 0			
Meeting Mastery Test Goal percent of all sixth grade students, 1994	369	22.5				3%	23.1		_			
Below Mastery Test Remedial percent of all sixth grade students, 1994	493	30.1				i	36.7		-18 %			
High School Dropouts percent of all students grades 9-12, 1993	292	5.0				%6	4.6			·		
Tobacco Use percent of eighth and tenth grade students, 1993	528	21.1					22.1	2%		·		
Alcohol Use percent of eighth and tenth grade students, 1993	807	32.2				4%	31.0			_		
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	66	478.7				%9	451.2					_
										€	8	



Southeast Shore



East Lyme Groton New London

Stonington Waterford

Total Number of Children 27,066	Percent of Total Population21.8	Per Capita Income\$16,768	Child Poverty9.2%	Living With Two Parents75.2%
Total Nun	Percent c	Per Capit	Child Po	Living Wi

Children's Racial/Ethnic Background

State

Indicator	No.	Rate	Wor	se Thar	Worse Than State Rate	late	Rate	Bel	Better Than State Rate	State F	3ate	
CGL			%00L	75%	%0 5	25% 0			25% 50%	¥5 <u>/</u>		100 ₋
AFEC percent of all children, avg. 1992-94	3,019	11.2					14.1	21%				
Low Birthweight per 1,000 births, avg. 1989-91	. 117	58.5					68.1	14%	_%_			
Infant Mortality per 1,000 live births, avg. 1989-91	19	9.3			•	16%	8.0					
Late or No Prenatal Care percent of all births, avg. 1989-91	391	20.2	:		<u>ω</u>	34%	15.1	-				
Births to Teen Mothers percent of all births, avg. 1989-91	186	9.3				12%	8.3				:	_
Child Deaths per 100,000 children ages 1 - 14, avg. 1989-91	9	26.1			-	14%	22.9				!	
Meeting Mastery Test Goal percent of all sixth grade students, 1994	244	20.2				13%	23.1	·			:	
Below Mastery Test Remedial percent of all sixth grade students, 1994	499	41.3				13%	36.7		_			
High School Dropouts percent of all students grades 9-12, 1993	154	3.5				·	4.6	24%				
Tobacco Use percent of eighth and tenth grade students, 1993	440	24.7				12%	22.1					
Alcohol Use percent of eighth and tenth grade students, 1993	545	30.7				,	31.0	1%			:	_
Juvenile Violent Crime Arrests per 100,000 children ages 10-17, avg. 1991-93	50	490.5				%6	451.2					
							4	(

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Terms

Children:

Throughout this book, we have used the term "children" to apply to persons younger than the age of 18. Where the data available uses a different age grouping, it is so noted.

Race/ethnicity:

We have reported race and ethnicity using the categories established for the 1990 U.S. Census and used by state agencies providing the data. People of Hispanic origin may be of any race.

Fiscal year data:

Most data presented here is for calendar years. Where data collected by state or federal authorities was available only by fiscal years, it is noted as SFY (state fiscal year, July 1 to June 30) of FFY (federal fiscal year, October 1 to September 30).

Methodology

Number:

For each indicator, we include the number of "events" for a given time period, for example, the number of high school students who dropped out during the 1992-93 school year.

Rate:

For fourteen of the sixteen child well-being indicator tables, we include rates as well as numbers. A rate is a measure of the likelihood of an event, and is calculated by dividing the number of events by the number of persons that are "eligible" for that event. For example, the high school dropout rate is the number of students who dropped out in a given year by the number of students enrolled. A percentage is a rate per 100. Other rates included here are per 1,000 or 100,000. Rates can be used to compare between regions for a specific indicator. Rates were not calculated if the number of "events" was less than 5. The regions with rates worse than the state-wide rate are highlighted on each table. Two measures shown in the Child Well-Being Indicator section, teen deaths and child abuse, do not include rates and therefore these measures are not included in the regional tables.

Rounding:

For the purpose of improving readability, percentages are rounded to the nearest whole number in the text, except in rare cases where smaller differences were deemed crucial. Some of the statistics cited in the text were only available rounded to the nearest whole number. Those who are interested in a particular statistic at a more detailed level should call CAHS for more information. Please note that because of this rounding, percentages may not always add up to exactly one hundred percent.

In the charts, all rates are calculated to the nearest tenth of a percent for greater accuracy. The percent change in rates over time are rounded to the nearest whole number.



Sources:

Sources for all data are listed on each page in the order in which they appear in the text.

Notes:

When necessary, we have included technical information from the text as notes at the bottom of the page referenced. The formula used for calculating the data in the charts, and any limitations of the data, are included there as well.

Selection of indicators:

In this year's data book, we have updated the information included on every chart, except for those which are based on the 1990 Census. These charts are reprinted in this year's book without any additional explanatory text, for the purposes of making this book self-contained. We have also introduced four new indicators as data and space became available. These include: Children Receiving AFDC Benefits, Births with Late or No Prenatal Care, and Student Use of Alcohol and Tobacco.

Many different indicators could have been used to measure the well-being of children. The compilation of these indicators was a function of 1) the results of a survey of members of the Children's Future Panel (a group of more than forty individuals who have advised this project), 2) relation to national KIDS COUNT indicators, 3) how directly the indicator measured children's well-being, and 4) availability of data.

Regions:

For the purposes of this report, we have divided Connecticut into 27 regions (towns or groups of towns) based on the public use microdata areas established by the Census Bureau. The use of regions allowed us to calculate rates where the population would have been too small at the town level. Each region has a population of more than 100,000, and no town is split between two regions. The five largest cities, Bridgeport, Hartford, New Haven, Stamford, and Waterbury, are regions unto themselves. The raw data for the tables was collected originally for each town, and then towns were grouped into regions. Regional school districts sometimes enrolled students from more than one of the regions used in this report; a list of the regions to which these school districts were assigned can be found on page 13. Indexes to towns and regions and a map are located on pages 10-13.

Comparing regions to state-wide rate:

On the regional tables, the rate for each indicator is shown as a percent better or worse than the state-wide rate. Because this percentage varies on the measure, one should look at the child well-being indicator tables to see how your region compared to others on that measure. For example, a region could have an infant mortality rate that is worse the state-wide rate, but looking at the child well-being table could show us that the rate in that region has improved over time.

Comparing regions to one another:

This report makes no attempt to combine indicators into an overall score for any region. Given the diversity of the indicators and their measurement, and the wide diversity of demographics across regions, we felt it best to view the indicators individually and form a more holistic view of how well children in each region were doing.



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