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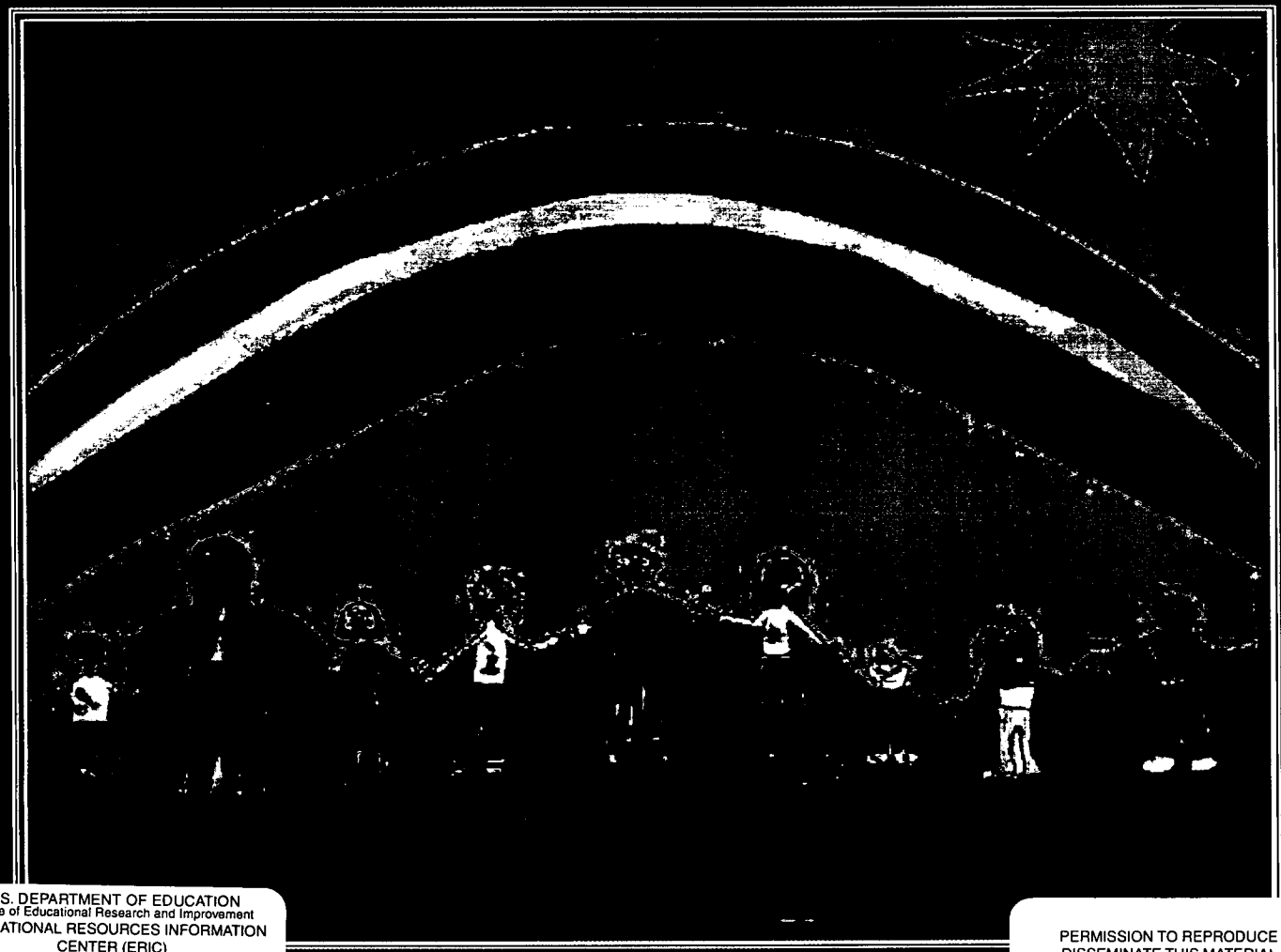
ABSTRACT

This guide for Connecticut policymakers and advocacy groups provides instructions for conducting a community assessment--gathering and analyzing data on child well-being, using social indicators. The guide first details the steps for a community assessment: create goals and objectives, identify outcomes and indicators, develop a plan, find resources, collect data, analyze data, and release the data. The guide next defines indicators as they are used in a community assessment, and lists the most commonly used indicators in the areas of demography, economic security, health, early care and education, and safety. The guide then defines each specific indicator, describes how it is measured, and lists World Wide Web sites to find existing data on that indicator for Connecticut. The guide concludes with directions for accessing United States census data and Connecticut vital statistics, as well as listing additional on-line resources. (HTH)

Gathering Data for Connecticut Towns: A Primer

Volume 1. Birth to 8 years



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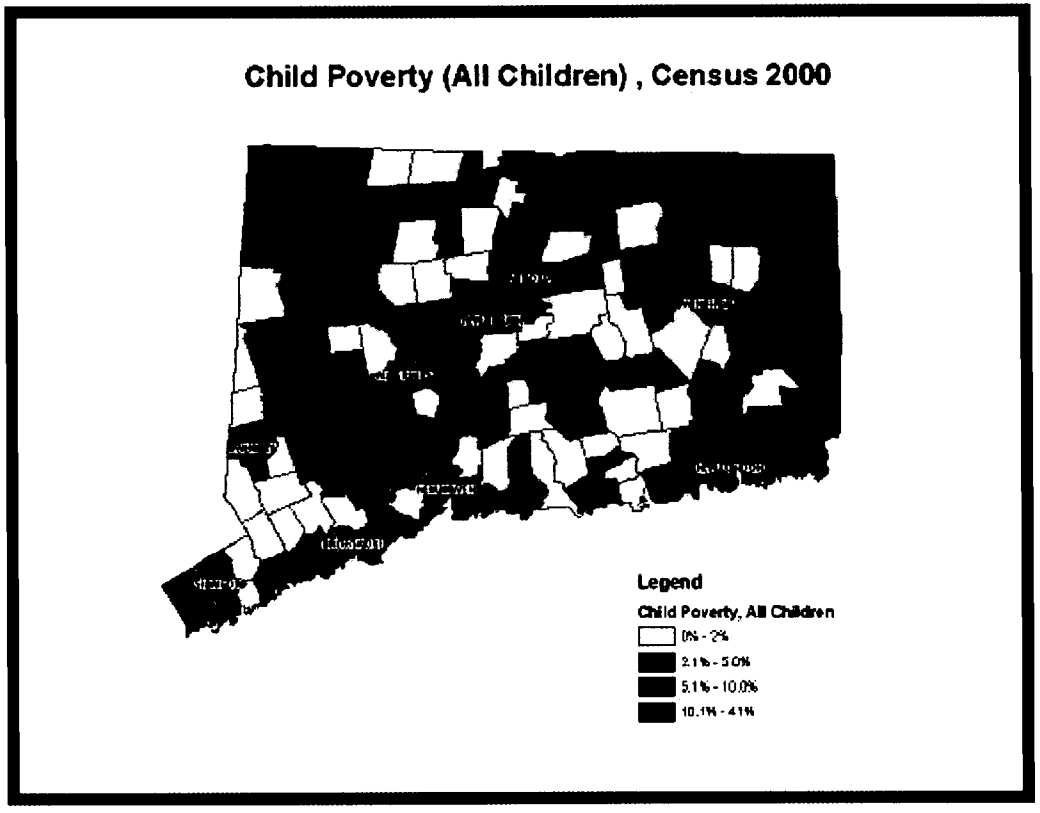

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The Importance of Teamwork

Conducting a community assessment takes teamwork. Bringing together a team of community stakeholders not only makes the task of actually collecting and analyzing data less daunting, it ensures that the results of the assessment will be put to work by those who make decisions in your community.

Forming the Assessment Team includes three steps: identifying key community stakeholders, recruiting members, and developing a plan for the assessment.

Stakeholders are all those whose agreement is needed to move forward with your assessment and all those who can block its progress. Stakeholders also include the ultimate beneficiaries of the team's work—youth and parents.

The recruitment of stakeholders is often an ongoing process. Once a core team of 10-15 groups or individuals is identified, a stakeholder analysis—a review of who is at the table and who needs to join the effort—should be conducted on a routine basis. Once the Assessment Team is established, goals, objectives and an action plan should be developed to guide the remainder of the assessment process.

The Planning Process

1. Create Goals and Objectives
2. Identify Outcomes and Indicators
3. Find Resources
4. Collect Data

Creating Goals and Objectives

Creating goals and objectives means determining where, and how, to begin the assessment. The best way to do this is by setting some simple goals and objectives for the data collection process. In other words, think about what questions to ask and what the team hopes to accomplish through the assessment.

For instance, the team may be interested in the overall goal of improving the well-being of children in their town. One objective to this end may be to identify ways of enhancing school readiness. Another objective could be to improve the safety of the environment in which these children live.

Remember to keep objectives SMART: simple, measurable, achievable, realistic, and time-targeted. Set deadlines for achieving each of the objectives.

Identifying Outcomes and Indicators

Once a set of objectives is established, the team can begin to specify what outcomes must be measured. When selecting outcomes, it is important to remember that the assessment serves two purposes: planning and evaluation. Be certain to identify outcomes that will aid in the identification and planning of specific interventions and programs to further the goals of the team. In addition, include outcomes in the assessment that can be used to monitor the impact or success of the team's efforts.

Indicators are the data that are used to measure progress toward specific outcomes. For instance, if your outcome is "all children are healthy," measurable indicators would include infant mortality and child health insurance rates. This report focuses on indicators of economic security, health, early care and education, and safety.

Developing a Plan

At this point, the team should develop a specific action plan for conducting the community assessment. Action steps can be developed for each of the team's objectives. Like the objectives themselves, each step in the action plan should be clear, simple, achievable, realistic and time-oriented.

Securing the Resources

Before beginning the data collection process, develop an estimate of the resources that will be needed to conduct the assessment. These resources can include human resources (person-power, expertise and influence), financial resources and physical resources (meeting rooms, computers, etc.).

Next, determine what resources are already available and what additional resources will be needed to complete the assessment process. The identification of additional resources, if needed, should be included in the assessment objectives and methods for obtaining these resources should be among the initial steps in the action plan.

Collecting the Data

The team can include a variety of data collection options in its assessment plan. The simplest types of data to collect are those that are readily available to the public. Most of the data described in this report are readily available, although some data may be more accessible through already published documents or websites. Other data can be obtained by contacting state or local agencies and placing specific requests.

Often, available information is limited in its scope and ability to accurately describe the population or issue at hand. Therefore, many communities may wish to collect their own, more focused, data on particular topics. For instance, data are not readily available on certain indicators related to school readiness, such as schools' readiness for children and family and community supports that contribute to children's readiness to learn. To measure such indicators, teams will need to collect new data through focus groups, surveys or personal interviews with key stakeholders.

Releasing the Data

The team will want to decide whether to release the data to the public or maintain the report as a planning tool. If the team chooses to make its report publicly available, some points to consider are:

- If mailing the report, consider a tri-fold format that fits into a #10 envelope.
- If the report will be hand-delivered or published online, consider a glossy, color version.
- Always include pictures to connect the report to local children and your community.
- You may want to consider a meeting with key local leaders and government officials prior to formally releasing the report.
- A press conference is an efficient way to educate local media about the report's major findings.

Data sources include:
Existing data
Focus Groups
Surveys
Personal Interviews with key Stakeholders

Analyzing the Data

Step 1: "Count" Your Data

In most cases, this "counting" step will already be done for you by the agency or organization that reports the data. However, there may be times when you need to add or subtract a few numbers to obtain the exact figure you are interested in.

For example, you may want to calculate the number of children ages 3 and 4 years in your town. However, the Census does not report on this specific age group. To calculate:

Follow Census instructions on page 29 to table P14:

Ex. # children ages 3-4 years= male (3 years + 4 years) + female (3 years + 4 years)

Step 2: Compute Your Data

While data on many of the outcomes described in this report are already calculated, there are times when you will need to perform a few minor calculations to obtain the type of information you need. For instance, you may need to calculate a rate from raw numbers. In such cases, the calculations that will help make your data meaningful are described in detail in the text.

For example, to calculate a three-year average infant mortality rate, add the infant mortality rates for the three individual years and divide by three.

Ex. Infant Mortality Rate (IMR) three-year average = (IMR Year One + IMR Year Two + IMR Year Three)/3

To calculate changes over time, such as a change in the overall number of children in a particular town over the course of a decade, perform the following calculation: [(Newer Year Number—Older Year Number)/Older Year Number] X 100%

Ex. [(# children in 2000 - # children in 1990)/#children in 1990] X 100% = percent change in child population between 1990 and 2000

To calculate the percent difference between two numbers, such as the difference in the rate of adequate prenatal care between two towns, use the following computation:
Ex. [(% women receiving adequate prenatal care in town A - percent of women receiving adequate prenatal care in town B)/% of women receiving adequate prenatal care in town A] X 100%

Step 3. Compare Your Data

In order to add meaning to the data you have collected , it is often helpful to compare your town with other Connecticut towns or with the state as a whole. While sometimes simply stating the number is enough—
...30 of every 1,000 children are abused or neglected...
—often a comparison is helpful—
...compared to 49 of every 1,000 children in a town of similar size and demographics.
When making such comparisons, try to compare you town with either nearby towns or towns of a similar size, economic or demographic profile.

Analyzing the Data (cont'd)
Step 4. Present Your Data
There are a few things to consider when preparing your data to present to others.

First, *know your audience*. Before you begin to plan your presentation, think about who you will be presenting to, such as potential funders, town officials or parents, and what level of information would interest them. For example, the general public may be interested in simple charts and graphs describing the issue, while experts might want more detail.

Next, *know your data*. It is important for you to understand the data you are presenting. Be prepared to discuss the source and any caveats or limitations of the information you are presenting.

Finally, *know how to display your data*. Throughout this report you will find examples of charts and graphs that can be used to display your data.

Step 5: Use Your Data Responsibly
It is critical that you use your data responsibly. Data that are used irresponsibly will reduce your credibility as an information resource. When using data, remember to always...
...use official data sources. If you are uncertain about where the data came from, or if the source of the data is of questionable credibility, don't use it.

...cite your sources. Always provide your audience with information on the source of your data. Be sure to give credit to the agency, group or individual who supplied you with the data.

...use caution when dealing with small numbers. Calculating rates and percentages when you only have small numbers of events or individuals is problematic. These figures may be unstable from one year to the next and can be very misleading. In such cases, it is recommended that you use averages over several years (typically three or five years) rather than data from a single year alone. A good rule of thumb is if the number is less than 10 (such as fewer than 10 infant deaths) or the population is less than 100, you should not calculate a rate. Instead, add up numbers over several years and calculate a multi-year average. Alternatively, you can increase your overall population by calculating a rate for a whole region or county, rather than for a single town.

...keep in mind that definitions and formulas can change over time. These changes need to be recognized when you are looking at trends in conditions over time. For example, the definition of child abuse continues to evolve as time progresses. Failing to mention such changes when presenting your data could prove misleading. Changes in the way data are defined should always be noted.

INDICATORS OF CHILD WELL-BEING

What are Indicators?
Indicators are data that are monitored over time to help track progress toward, or away from, important local, state and national goals. Economic measures, such as unemployment and stock market fluctuations, were the first types of indicators monitored nationally. The Great Depression stimulated interest in these indicators as a way of predicting, and perhaps preventing, major economic downturns. Interest in social indicators, on the other hand, is relatively new. Social indicators are data that can be used to describe or quantify a community's status on social issues, such as poverty, health, safety, and education.

During the last decade, researchers, policymakers and the public have begun to focus more on a specific class of social indicators—indicators of child well-being. Well-being encompasses all aspects of a child's life, including physical and mental health, social and emotional development, and education and skills. The choice of which social indicators are the most important to track within each of these domains is informed by existing scientific research and also by the values of the community in which they are to be used.

Conducting an assessment of child indicators can help us to:

- provide a snapshot of the current status of children;
- monitor trends in child well-being over time or by age, race or geography;
- set goals and priorities; and
- foster dialogue among researchers, the media, policy makers, and others in the community.

Local, State and National Efforts
Three national leaders in the development of child well-being indicators are Child Trends, the Federal Interagency Forum on Child and Family Statistics and the Annie E. Casey Foundation. Two of these organizations issue annual reports, *America's Children: Key National Indicators of Well-being* (www.childstats.gov) and *KIDSCOUNT* (www.kidscount.org). Together, these reports describe child well-being indicators by state and for the nation as a whole. Child Trends maintains an online database of indicators of child well-being at www.childtrendsdatabank.org.

On the state level, the Connecticut KIDSCOUNT report can be found at http://www.cahs.org/publications/. Several communities in Connecticut have also issued reports on child well being, including New Haven, Bridgeport, New Britain, Danbury, Meriden, Middletown and New London.

State and national projects are also underway to help define the best indicators of school readiness (www.gettingready.org) and positive youth development.

Over the last decade, there has been a marked shift in the content of public discussions about children and families. Discussions are now much more likely to be based on *research and statistical facts rather than ideology and rhetoric. News stories are more likely to rely on objective facts regarding the status of children. Policy discussions are now more likely to be laced with objective information on various dimensions of child and family well-being.*

William O'Hare, KIDSCOUNT, 1999

INDICATORS OF CHILD WELL-BEING

Specific Indicators
This report describes the most commonly used indicators of well-being for children ages birth to 8 years. These indicators include:

- Population measures
  - Demographics
  - Single-parent households
- Economic measures
  - Child poverty
  - Economic security
  - Self sufficiency standard
  - Unemployment
- Health measures
  - Prenatal care
  - Infant mortality
  - Low birthweight
  - Teen births
  - Asthma
  - Lead poisoning
  - Childhood obesity
  - Insurance
- Early care and education measures
  - Capacity, Cost and Quality
  - Public financing
  - School readiness
- Safety measures
  - Child abuse and neglect

Importantly, these are not the only indicators available to communities interested in monitoring the well-being of their children (ages birth to 8 years). Depending on the needs and interests of a particular community, other indicators worth examining may be:

- Population measures
  - Parental educational attainment
  - English as a second language
  - Children raised by grandparents
- Economic measures
  - Temporary Family Assistance
  - Affordable housing
- Health measures
  - Families receiving WIC (Women, Infants and Children) benefits
  - Children with special health care needs
  - Immunizations
  - Causes of death
  - Parental substance abuse
  - Mental health
  - Access to health care
- Early care and education measures
  - Training and experience of caregivers and early childhood education teachers
  - Developmental assessments of children
  - Special education
  - Early literacy
- Safety measures
  - Child injuries
  - Family violence
  - Community crime rates

Additional indicators are available for monitoring the well-being of older children and adolescents, of families, or of communities as a whole.

Resources on indicators:

- Child and Youth Well-Being Indicators: www.childtrendsdatabank.org
- School Readiness Indicators: www.gettingready.org
- Child, Adolescent and Community Indicators: www.mainemarks.org
- Adolescent Indicators:
  - www.secapt.org/science2naarch.html (Hawkins and Catalano)
  - www.search-institute.org/assets

POPULATION: DEMOGRAPHICS

Demographics: Demographic data are used to describe the "vital statistics" of a population. This type of data describes the age, gender and racial/ethnic composition of a given population. Demographic data are the most common type of information associated with the US Census, the primary source of these data in the US.

How is it measured?

The population of a geographic area can be characterized by its overall size, age distribution, gender distribution or racial/ethnic composition. Information on each of these outcomes is available through the US Bureau of the Census, as described elsewhere in this report.

- Population size: the actual number of individuals residing in a particular town, state or other geographic area.
- Age distribution: the proportion of individuals living in a particular geographic area who are of a particular age, eg. how many children or elders reside in a particular town.
- Gender distribution: the proportion of male and female members of the population.
- Racial/ethnic composition: the proportion of residents who characterize themselves according to predefined racial/ethnic classes. The US Census uses the following races:
  - White
  - Black or African American
  - American Indian and Alaska Native
  - Asian
  - Native Hawaiian and Other Pacific Islander

In addition to race, the US Census also collects information on Hispanic ethnicity. Individuals are asked to identify themselves according to the racial categories above (plus "other," more than one category may be selected) *and* by Hispanic or non-Hispanic ethnicity.

Population Demographics: New London, 2000

Population Size	*<18 years*	5,857
	>18 years	19,814
*Race**	*White*	64%
	Black/African American	19%
	American Indian/Alaska Native	1%
	Asian	2%
	Native Hawaiian/Pacific Islander	<1%
	Some other race	9%
	Two or more races	6%
Ethnicity	*Hispanic/Latino (of any race)*	20%

Source: US Census
*sums to more than 100% due to rounding

Expressing the data: Demographic data are generally best expressed simply, such as in a short table as shown above. However, graphs are often helpful for describing population changes over time, such as increases in racial/ethnic diversity or an overall aging of the population.

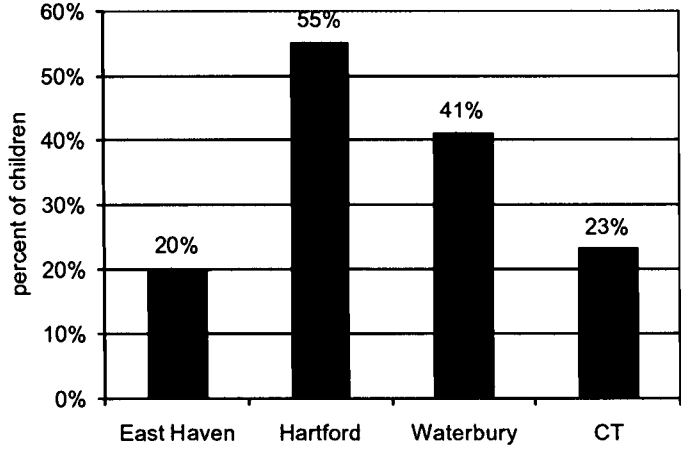
POPULATION: SINGLE-PARENT HOUSEHOLDS

Single-parent households: Children who live in single-parent households may have fewer financial resources and opportunities than children living with two parents. Research shows that children living in divorced and single-parent households are at greater risk than other children of academic failure, dropping out of high school, early childbearing, and depression. In Connecticut, more than 1 in 5 children (almost 200,000) lived in single-parent households in 2000.

How is it measured?

Several Census tables include measures of household characteristics, including single-parent households. Table 34 (SF1) provides the number of single parent families with "own" children. Table 35 gives the number of single parent families with "related" children. Table P36 shows the number of children living in single parent families.

Percent of Children Living in Single-Parent Households: 2000



Source: US Bureau of the Census

Where are the data?

To find data on single-parent households for Connecticut towns:

- Go to Annie E. Casey Kids Count website at http://www.aecf.org/kidscount/
- Click on "New! Kids Count Census Data Online"
- Click "Profiles"
- Click the + next to "Connecticut" to expand the options for the state
- Click the + next to "New England Towns" to reveal a menu of Connecticut Towns
- Select your town
- In the pull down menu under "View more data for *your town*, Connecticut" select "Living Arrangements"
- Data are presented as a total, by age group, and by race

ECONOMIC SECURITY: FAMILY INCOME

Economic security: Economic security means having enough income to meet basic family needs: food, shelter, and clothing. It also means that families have the financial resources for safe homes in safe communities, quality early care and schools for their children, and adequate health care. In addition, economic security means having sufficient financial reserves to feel protected against unforeseen financial demands.

How is it measured?

Measures of economic security include median family income, per capita income, unemployment rates, number of single parent households, the self-sufficiency standard and children in poverty.

Median Family Income: Median family income is the amount of income that is in the middle of all incomes in the town: half of the incomes are above this figure and half are below. In other words, median family income is the "typical" income, not the average income, in a population.

Per Capita Income: Per capita income is the average income in a town for every man, woman and child. It is computed by totaling all incomes in the town and dividing this total by the total population of the town.

Per capita income is less useful in describing the real income situation of a town because very high incomes (or very low incomes) can distort the average. However, it is useful for comparisons and often ii is the only data available between census years.

Economic Measures: CT and Six Towns, 2000

	Median Family Income	Per Capita Income
CT	$65,521	$28,766
New Canaan	$175,331	$82,049
Darien	$173,777	$77,519
Weston	$162,032	$74,817
Bridgeport	$39,571	$16,306
New Haven	$35,950	$16,393
Hartford	$27,051	$13,428

Source: CT Department of Economic and Community Development

Where are the data?

For Median Family Income, go to http://www.aecf.org/kidscount/

- Click on "New! Kids Count Census Data Online"
- Click "Profiles"
- Click the + next to "Connecticut" to expand the options for the state
- Click the + next to "New England Towns" to reveal a menu of Connecticut Towns
- Select your town
- In the pull down menu under "View more data for *your town*, Connecticut" select "Income and Poverty"

For Per Capita Income, go to http://www.state.ct.us/ecd/research/census2000

- Click on "DP-3"

ECONOMIC SECURITY: CHILDREN IN POVERTY

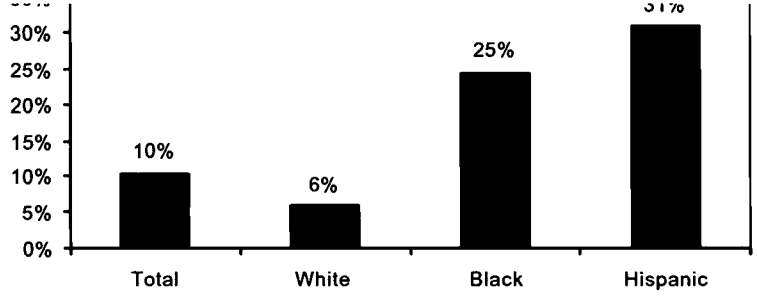
Children in poverty: Children are living in poverty if their family's income is below the federal poverty level (see below). Living in a family with an income below the poverty level places children at risk of a wide range of adverse outcomes. These include impaired health and development, lower school achievement and increased participation in adolescent risk behaviors, including teen pregnancy, exposure to violence and dropping out of high school. Child poverty is a widely used indicator of the overall well-being of children.

How is it measured?

Each year the Census sets the poverty threshold for different family sizes. For example, in 2001, a family of two adults and two children is described as "living in poverty" or "below the poverty line" when annual family income is below $17,960. Annual updates can be found at the Census site by clicking on "Poverty" and then on "Poverty thresholds".

Because data on children in poverty by town are released only every 10 years by the Census, when it is more than 2 or 3 years after the Census we must find "proxy" data to help us understand the economic condition of children. In Connecticut, the best proxy, released annually by the State Department of Education, is the percent of children eligible for free or reduced priced meals. Family income must be below 185% of poverty for children to be eligible.

Percent of Children Below Poverty By Race and Ethnicity: Connecticut 2000 Census



Where are the data?

Data on child poverty by town can be found at three locations: the Census website, the Kidscount website and the State of Connecticut Economic and Community Development website (see page 29).

Data on eligibility for free and reduced priced meals can be found at the State Department of Education website. Go to://www.state.ct.us/sde

- Click on "school/district data"
- Click on "regular education by district" or "regular education by school"
- Click on town of interest
- Data are on first page under "District Need"

Note: The US Department of Health and Human Services also publishes federal poverty *guidelines*, which are distinct from poverty *thresholds*, and can be found at http://aspe.hhs.gov/poverty/01poverty.htm.

ECONOMIC SECURITY: SELF SUFFICIENCY STANDARD

Self sufficiency standard: The self sufficiency standard is the amount of money a family needs to meet their "basic necessities," including housing, food, child care, and health care without reliance on government assistance. The self sufficiency standard for Connecticut is viewed as a significant improvement over the poverty threshold as a measure of family economic security.

How is it measured?

Unlike the federal poverty level, which was developed 40 years ago, the self sufficiency standard takes into account regional differences in the cost of living, includes expenses incurred by working families that are ignored by the poverty threshold (most notably child care) and more accurately reflects the proportion of family income that is spent on basic necessities.

Example of a Self Sufficiency Standard
(adjusted to 2000)

New Haven Area: 2 parents, one infant, and one school age child (per month)

Housing	$806
Child Care	$928
Food	$524
Transportation	$298
Health Care	$260
Miscellaneous	$281
Taxes	$614
Federal Earned Income Tax Credit	0
Federal Child Care Tax Credit	-$85
Federal Child Tax Credit	-$71
Monthly Self-Sufficiency Income	***$ 3,552***
Annual Self-Sufficiency Income	***$42,624***

The self-sufficiency standard illustrates well the shortcomings of the federal poverty guidelines. For instance, while the federal poverty threshold estimates food expenses as one third of a household budget, food actually accounts for only 15% of the average family's budget. In addition, although child care is one of the largest living expenses of a family with young children, this expense is not even taken into account in calculations of the federal poverty threshold.

Note that the self sufficiency standard in the box at left, $42,624 for a family of 4, is more than double the poverty threshold ($17,463 in 2000).

Where are the data?

Data on the self-sufficiency standard can be found at the following web site:

- http://www.sixstrategies.org/files/Resource-StandardReport-CT.pdf
- These data are available for 12 different regions of the state, with 70 different types of family constellations within each region.
- This report was published in 1999 and has not been updated.

ECONOMIC SECURITY: UNEMPLOYMENT

Unemployment: A child's economic security depends on his or her parents' ability to provide for basic material needs. Secure parent employment reduces the risk that a child will be raised in poverty and increases the likelihood of having health insurance. Secure parental employment may also enhance children's psychological well-being and improve family functioning by reducing parental stress and other negative effects of unemployment.

How is it measured:

The unemployment rate is the share (percentage) of people in the labor force who are unemployed. In Connecticut, unemployment is defined by the Department of Labor as the "number of people who, during the survey week, had no employment but were available for work and:

a. had engaged in any specific job seeking activity within the past four weeks, such as registering at a public or private employment office, meeting with prospective employers, checking with friends or relatives, placing or answering advertisements, writing letters of application, or being on a union or professional register;
b. were waiting to be called back from a job from which they had been laid off; or
c. were waiting to report to a new wage or salary job within 30 days."

People who have given up on looking for a job, are retired, or are not interested in being employed in the paid workforce are not classified as unemployed. The Connecticut unemployment rate is calculated on a seasonal basis (see note).

Note: Seasonal adjustment is the adjustment of time-series data to eliminate the effect of intrayear variations that tend to occur each year in approximately the same manner. Examples include: school terms, holidays, and yearly weather patterns.

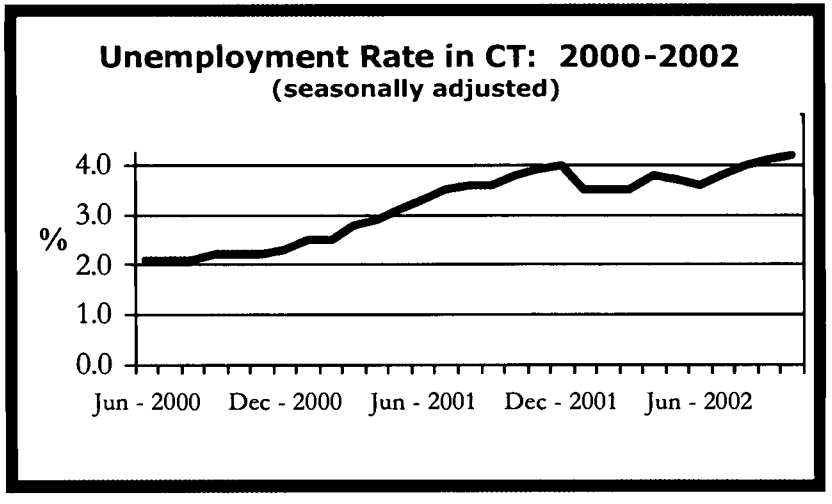
Where are the data?

Unemployment rates can be found at the State of Connecticut Department of Labor, Labor Market Information (LMI) web site:

- Go to http://www.ctdol.state.ct.us/lmi/index.htm
- Click on "Unemployment rates"
- Click on "Connecticut by Town"

To find monthly and annual data for your town

- Go to http://www.ctdol.state.ct.us/lmi/index.htm
- Go to the "Data" pull down menu
- Select "Local Area Unemployment Statistics (LAUS)"
- Select "Town" below the heading "Data for the years 1994-2002 by"



HEALTH: PRENATAL CARE

Prenatal Care: Early prenatal care allows women and their health care providers to identify, and when possible, treat or correct health problems and health-compromising behaviors that can be particularly damaging during the initial stages of fetal development.

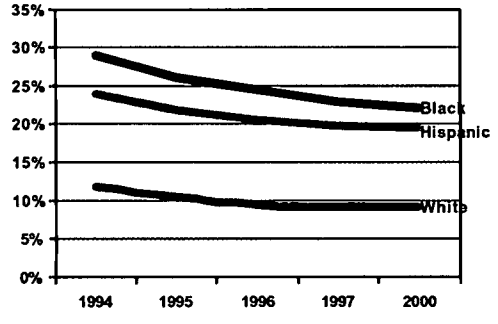
How is it measured?

Inadequate prenatal care is defined as either late or non-adequate.

- Late prenatal care: Prenatal care is considered "late" when the first prenatal visit takes place after the first trimester of pregnancy.
- Non-adequate prenatal care: Prenatal care is defined as "non-adequate" using the Adequacy of Prenatal Care Utilization (APNCU) Index, which is based on the time of initiation of prenatal care and the total number of prenatal care visits.

Note: Prior to 1999, the adequacy of prenatal care in Connecticut was defined using the Kessner Index, which is based on the timing of the first prenatal visit, the total number of prenatal visits and the length of gestation.

Non-Adequate Prenatal Care by Race: 1994-2000 State of Connecticut



Source: State of CT Department of Public Health

Where are the data?

Data on prenatal care can be found online at the Connecticut Department of Public Health internet site.

- Go to http://www.dph.state.ct.us/
- Click on "Publications/Statistics"
- Click on "Registration Reports," of the appropriate year
- Click on Table 4, "Resident Births—Births to Teens, Low Birthweight and Prenatal Care by Health Districts, Counties and Towns by Mother's Race and Hispanic Ethnicity"
- The table gives both the number and percent of infants born to mothers who received *non-adequate prenatal care* by town and mother's race (white non-Hispanic, black non-Hispanic, other non-Hispanic, unknown non-Hispanic and Hispanic).
  - Since the number of pregnant women cannot be easily determined, the denominator for measures of prenatal care is the number of live or still born infants.
  - Percent women who receive adequate prenatal care = 100% - percent of women who receive non-adequate prenatal care

Expressing the data: When measuring prenatal care, it may be of interest to look at changes over time or differences by race. The chart above shows that the proportion of babies born to mothers who receive adequate prenatal care is improving among all racial and ethnic groups, but that large disparities among these groups persist.

HEALTH: INFANT MORTALITY

Infant Mortality Rate: The infant mortality rate (IMR) is a key indicator of the health of a population, closely associated with maternal health, prenatal care, and access to quality health care. In 1998, the leading causes of infant deaths in Connecticut were: 1) disorders related to short gestation and unspecified low birth weight, 2) congenital anomalies, and 3) sudden infant death syndrome (SIDS).

How is it measured?

The IMR is defined as the number of infant deaths under one year of age per 1,000 live births per year.

- Numerator: Infant deaths per year (by race).
- Denominator: Live births per year (by mother's race).

Connecticut calculates the IMR based upon two race-specific components: *births,* which reflect the race of the mother; and *deaths,* which reflect the race of the child.

Infant Mortality Rate by Race: 1996-1998
Infant deaths per 1,000 live births
State of Connecticut

	1996	1997	1998
White, non-Hispanic	5.3	6.4	5.5
Black, non-Hispanic	15.3	14.9	17.7
Hispanic	6.8	7.9	9.4

Source: State of CT Department of Public Health

Where are the data?

Data on infant mortality can be found online at the Connecticut Department of Public Health internet site.

- Go to http://www.dph.state.ct.us/
- Click on "Publications/Statistics"
- Click on "Registration Reports," of the appropriate year
- Click on Table 2B, ""Vital Statistics - Residential Births, Deaths, Fetal Deaths, and Infant Deaths (Number and Rates) by Race and Hispanic Ethnicity for Counties, Health Districts, and Towns."
- The table gives both the number of infant deaths and infant mortality rates by race and ethnicity and by Connecticut county and town or city.

When calculating IMR for small populations, such as an individual city or town, small fluctuations in numbers by year can lead to large fluctuations in the overall IMR (see table, left). For this reason, it is best to use 3-year averages when looking at time trends in IMR by town.

- Ex.: Average IMR for 1996-1998, White non-Hispanic = (5.3 + 6.4 + 5.5)/3 = 5.7 deaths per 1,000 live births
- IMR should be reported to at least one decimal point.

Expressing the data: When calculating the IMR for a particular town, it may be interesting to look at changes over time, as well as differences by race. Changes in IMR and disparities in IMR by race can be important indicators of poverty, poor housing conditions, unemployment, and lack of access to prenatal and preventative care.

HEALTH: LOW BIRTHWEIGHT

Low Birthweight: Low birthweight is associated with a number of long-term adverse outcomes, including serious health problems and delays in cognitive and motor development. Low birthweight is closely related to prenatal care, since the better care a mother receives while she is pregnant, the less likely she is to deliver a low birthweight infant. Low birthweight is also common with multiple births, such as twins or triplets.

How is it measured?

A child is considered to be born at low birthweight if it weighs less than 5.5 pounds (2500 grams) at birth. The Connecticut Department of Public Health collects data on low birthweight and publishes them in their annual vital statistics, or Registration Reports.

Percent of Infants Born LBW in 1999: State of Connecticut, by Race

Race/Ethnicity	% Low Birthweight
All	7.6%
White non-Hispanic	6.2%
Black non-Hispanic	13.5%
Other non-Hispanic	7.8%
Unknown non-Hispanic	13.8%
Hispanic	9.1%

Source: CT Department of Public Health

Where are the data?

Data on low birthweight can be found online at the Connecticut Department of Public Health internet site.

- Go to http://www.dph.state.ct.us/
- Click on "Publications/Statistics"
- Click on "Registration Reports," of the appropriate year
- Click on Table 4, "Resident Births—Births to Teens, Low Birthweight and Prenatal Care by Health Districts, Counties and Towns by Mother's Race and Hispanic Ethnicity"

Expressing the data: Like other child health outcomes, it may be of interest to observe changes in low birthweight over time. Because they are closely linked, it is sometimes useful to plot trends in low birthweight and prenatal care side-by-side to demonstrate the interactions between these two outcomes. Often, improvements in low birthweight can be explained in large part by increases in the proportion of women who receive early and adequate prenatal care.

HEALTH: TEEN BIRTH RATE

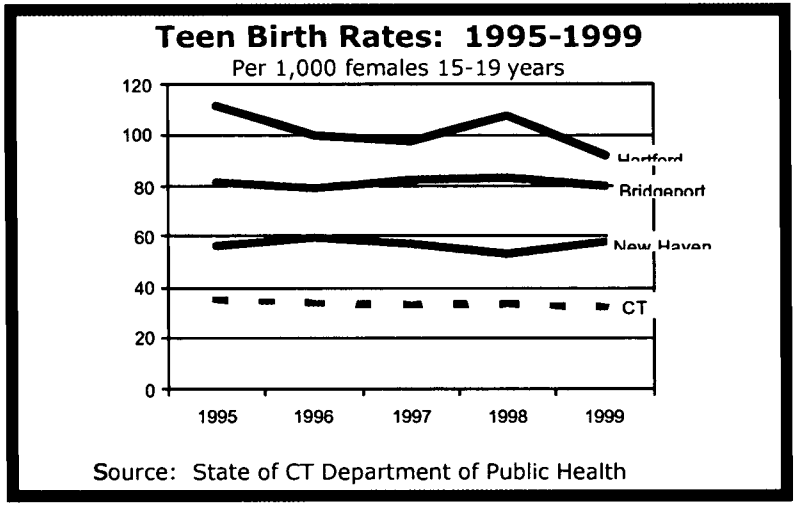
Teen Birth Rate: The teen birth rate has an important impact on the health of a population. Children of teen mothers are at increased risk of premature birth, low birthweight, and infant mortality, as well as poor cognitive and behavioral development. Becoming a teen parent often has an adverse impact on the mother's academic achievement and income earning potential, placing teen parents and their children at increased risk of living in poverty.

How is it measured?

The teen birth rate is defined as the number of births to teens aged 15-19 years per 1,000 females in this age group.[1]

- Numerator: number of births to teens aged 15-19 years.
- Denominator: population estimate of females aged 15-19 years.

[1]teen births are also expressed among females age 15 to 17 years



Source: State of CT Department of Public Health

Where are the data?

Data on teen births can be found online at the Connecticut Department of Public Health internet site.

- Go to http://www.dph.state.ct.us/
- Click on "Publications/Statistics"
- Click on "Registration Reports," of the appropriate year
- Click on Table 4
- To find the number of teen births and the percentage of births that are to teen mothers by town, select Table 4
  - Teen births for 15-19 year olds = Teen births <20 years - Teen births <15 years
- To calculate the teen birth rate, you will need to know the population of girls, ages 15-19 years, for the town and year of interest. This number can be found using the US Bureau of the Census' American Fact Finder, described later in this report. Go to "Table P12. Sex by Age [Total Population]" and scroll down to the female population.
  - Teen birth rate = (# teen births to 15-19 year olds / # females age 15-19 years) X 1,000
  - For smaller towns with relatively few teen births, 3-year averages should be calculated (see "Getting Started" for explanation).

Expressing the data: In Connecticut, teen births are reported as the percentage of all births that are to teen mothers (in Table 4 of the Registration Reports). *It is important not to confuse this percentage with the actual teen birth rate, which must be calculated manually.* The teen birth rate is an accurate reflection of the proportion of teens who give birth each year, while the percentage of births to teens is a reflection of both teen births and the overall birth rate in a given time and place.

HEALTH: ASTHMA

Asthma: Asthma is a chronic lung disease that causes obstruction and inflammation of the airways, affecting 4-6 million children nationwide and more than 80,000 children in CT. Asthma can be exacerbated by exposure to common air pollutants, such as pollen, dust, and animal dander, as well as by unsanitary living conditions. Asthma that is not controlled can cause school absences, emergency department visits, hospitalization, and death.

How is it measured?

One way to measure the prevalence of asthma is by using data on emergency department visits for asthma episodes. While raw data (the actual numbers of emergency department visits) are not available in Connecticut, asthma rates and prevalence are calculated and published by the Connecticut Department of Public Health in the report, "Asthma in Connecticut." This report allows comparisons across individual towns and the state as a whole. Because asthma data are complied differently in some states, interstate and national comparisons are not advised.

Asthma Emergency Room Visit Rates: 1992-1998
visits per 10,000 children age 0-14 years

Town	1992-1993	1997-1998
Bridgeport	202.3	199.6
Hartford	351.3	256.0
Westport	21.5	22.8

Source: State of CT Department of Public Health

Where are the data?

Connecticut does not routinely collect data on asthma prevalence by town. A report published in 2001 can be found at:

- Go to http://www.dph.state.ct.us
- Click on "Agency Service Directory"
- Click on "Asthma "
- Click on "Asthma Epidemiology"
- Click on "Asthma in Connecticut"

The following tables are of particular interest:

- **Tables 2 and 3** provide data on asthma prevalence for children continuously enrolled in Husky A (1997-1999)
- **Tables 5-9** provide data on hospitalization and emergency room visits for asthma for children ages 0-14 years (1992-1998)

Expressing the data: It is important to remember that asthma emergency department visits provide information only on children with severe asthma. The true prevalence of childhood asthma in a particular town is likely higher than these numbers would suggest. At the state level, a more accurate estimate of childhood asthma prevalence is calculated using emergency department data along with data from the Husky A Medicaid plan. Such estimates are not available for individual towns and are not reported annually.

HEALTH: LEAD POISONING

Lead Poisoning: Lead poisoning can have serious harmful effects on a child's physical growth, intellectual development, hearing and kidney function, even at low levels of exposure. In extreme cases, lead poisoning can cause convulsions and even death.

How is it measured?

The normal blood lead level for children is zero micrograms per deciliter (µ/dl). The State of Connecticut defines lead poisoning as blood lead level at or above 10 µg/dl, in accordance with The Center for Disease Control and Prevention guidelines.

Where are the data?

The Connecticut Department of Public Health compiles data on childhood lead poisoning through its Childhood Lead Poisoning Prevention Program. Each year, the department publishes raw numbers and percents of children screened for lead exposure and those with valid blood lead levels at or above 10 µg//dl. To obtain these data for a particular town or the state as a whole:

- Contact the Connecticut Department of Public Health's Lead Surveillance office at: 860-509-7745.

Childhood Lead Poisoning in Three Towns: FY 1999

Town	Children <6 years	% Children Screened	% Children with Positive Test
Hartford	14,245	44%	5.3%
New Haven	12,076	39%	9.7%
Cheshire	1,943	11%	0.0%

Source: CT Department of Public Health

Points to consider: Houses built prior to 1950 are more likely than newer homes to contain lead-based paint. Since poor children are more likely than other children to live in homes that contain deteriorated lead paint, they are at an increased risk of lead exposure.

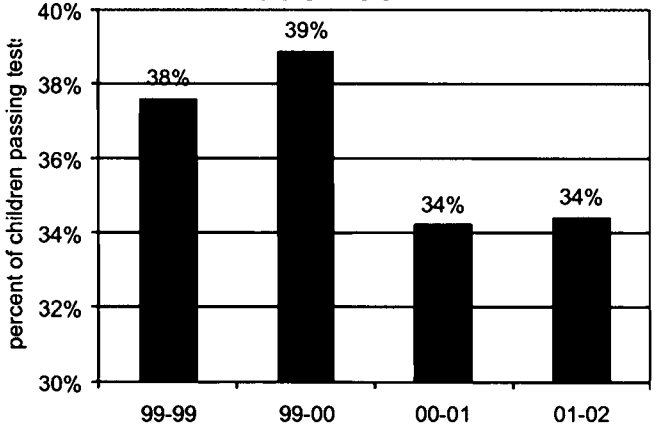
HEALTH: CHILDHOOD OBESITY

Childhood Obesity: The Surgeon General has declared childhood obesity a major public health problem. Nationally, more than one in seven children are overweight. This proportion has tripled in the past 30 years. Obese children are at increased risk for diabetes, sleep apnea, cardiovascular and orthopedic problems, social discrimination, and premature death. Children who are Black, Hispanic or in poverty are at an increased risk for obesity. Reduced physical activity is one factor responsible for the increase in childhood obesity.

How is it measured?

Body mass index (BMI) is the most commonly used measure of obesity in children. BMI is based on the child's height and weight ratio, as compared to norms. BMI is best used as a general population measure of obesity for children, rather than as a measure of body fatness in an individual child.

Percent of Connecticut Students Passing the Presidents Physical Fitness Tests: 1998-2002



Source: Connecticut Department of Education

The Connecticut Physical Fitness Assessment (CPFA) is administered to children in grades 4, 6, 8, and 10 who participate in physical education during the testing period.

Where are the data?

The state does not collect nor publicly report BMI for children. Possible sources for this information include:

- School nurses
- Pediatricians

The percent of students passing all four parts of the CPFA by town can be found in the Department of Education's Strategic School Profiles:

- Go to: www.state.ct.us/sde
- Select the "School/District Data" button
- Select the year of interest and the type of profile you would like to view (district or school)
- Select the district or individual school of interest

Points to Consider: Nationally, the percentage of students who attended daily physical education classes dropped from 42% in 1995 to 29% in 1999. A Center for Disease Control report shows fewer than 10% attend daily physical education classes; the average elementary student gets less than 40 hours a year of physical education instruction.

HEALTH: INSURANCE

Health Insurance: Children without health insurance are less likely to receive regular medical care or use prescription medicines, and more likely to receive late or no health care, increasing their risk for hospitalization. Hospitalization related to preventable illness is far more costly than the provision of preventative health care. Uninsured children under 3 are also at an increased risk of not being vaccinated or screened for developmental disorders.

Points to Consider

Since 1998, the Husky Program has provided free or low cost health care to children and youth in Connecticut, regardless of income. Husky A (Medicaid/Title 19) is offered to all children under age 19 in families with incomes below 185% of poverty. Husky A is also available to some qualifying parents and caregivers. Husky B, or Children's Health Insurance Program (CHIP), is a low cost program for uninsured children in higher income levels.
From July 1998 to July 2002, enrollment of children under 19 in Husky A grew by 38,312 (24%) from 158,277 to 196,589. Compared with other states, Connecticut fares well: only 3.3% of children are uninsured.

Husky A Enrollment: January 2003

Town	Total Enrollment
Meriden	6,833
New Britain	9,527
Middletown	2,795
Hartford	25,584
CT	203,313

Source: Children's Health Council

Where are the data?

To find Husky enrollment data for your town:

- Go to http://www.childrenshealthcouncil.org and click on "Reports"
- Click "Town Enrollment Data"
- Select Husky A or Husky B, as well as the month of interest

The Children's Health Council also collects data on the proportion of Husky-enrolled children who attend their well-child physician visits "on time" (within a prescribed period of time). These visits, which are part of the Early Period Screening, Diagnosis and Treatment (EPSDT) program, are an indicator of access to preventive care for children.

- For more information go to: http://www.childrenshealthcouncil.org and click on "Reports"
- Click "Well Child Care"
- For data on a specific town, contact the Children's Health Council at 860-548-1661

HEALTH: DISABILITY

Disability: The term "disability" covers a large spectrum of physical, emotional, cognitive, and social impairments. The U.S. Census defines "disability status" in children aged 5- to 15-years old as one or more of the following: (a) blindness, deafness, or a severe vision or hearing impairment; (b) a substantial limitation in the ability to perform basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying; (c) difficulty learning, remembering, or concentrating; or (d) difficulty dressing, bathing, or getting around inside the home.

Points to Consider

The definition of disabled varies throughout a child's development, as defined by the Individuals with Disabilities Education Act (IDEA), affecting a child's access to services. Infants and toddlers aged 0- to 2-years old are defined as disabled if they are in need of early intervention services because they have a diagnosed mental condition that is likely to result in delay or are experiencing developmental delays in one or more areas: cognitive, physical (including vision and hearing), communication, social/ emotional, adaptive development. Children aged 3 to 9 years experiencing physical, cognitive, communication, social/emotional, or adaptive delays may be defined as "developmentally delayed."

Table 32. Disability Status of Noninstitutionalized Children Ages 5 to 15 in the 2000 Census

	Number	Percent of Children Ages 5 to 15
Noninstitutionalized children ages 5 to 15	531,404	100.0
Children with no disability (1)	502,414	94.5
Children with one disability (1)	23,638	4.4
Sensory disability	2,736	0.5
Physical disability	1,816	0.3
Mental disability	18,333	3.4
Self-care disability	753	0.1
Children with two or more disabilities (1)	5,352	1.0
Includes a self-care disability	3,450	0.6
Does not include a self-care disability	1,902	0.4

Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2000

Note: Copied from the Kids Count Census pages for Connecticut

Where are the data?

A variety of data exist on children with disabilities:
To find the number of children 5-15 years old with disabilities, use Census data:

- Go to http://www.aecf.org/kidscount/census/
- Select "Profiles"
- Click on the "+" next to Connecticut
- Click on the "+" next to New England Towns
- Choose your town and scroll down to the "Disability" category
- Clicking on the "More detail on Disability" link will provide a breakdown by type of disability.

Data on children with disabilities from birth to three years is available in Connecticut's Birth to Three System's Annual reports: http://www.birth23.org/Publications/default.asp

For data on children 3– to 21 years of age and utilization of special education resources:

- http://www.state.ct.us/sde/
- Select "School/District Data"
- Select the year of interest and the category "Special Education by District."
- The report includes a detailed breakdown of the numbers and types of disabilities, as well as gender and racial data.

EARLY CARE AND EDUCATION : CAPACITY, COST AND QUALITY

Licensed Early Care Capacity, Cost and Quality: In Connecticut, the number of young children that require child care because their parents are in the labor force is growing. Of children under age 6 in Connecticut, 62% have both parents, or the only parent, in the workforce (2000 Census). Quality early care provides a safe and nurturing learning environment for young children, facilitating school readiness while enabling parents to work. With annual fees for licensed early care ranging from $7,000 to $15,000 per child (2002), many families find that purchasing care for their young children absorbs a substantial part of the family income.

How is it measured?

Capacity and Cost: Connecticut's Department of Social Services, through United Way INFOLINE, maintains a database of the number of licensed and exempt centers, group homes, and family child care centers in each town in the state. The number of actual spaces, as well as the cost, within these settings is also available by child age. There is no method for collecting data on the availability or cost of *unlicensed* family child care.

Quality: The best measures of quality early care and education are teacher education level, turnover and wages. However, because data on these indicators are not routinely available in Connecticut, center accreditation is used as an alternative.

Centers may work to meet standards set by regulating organizations such as the National Association for the Education of Young Children (NAEYC) in order to attain accreditation. Connecticut's Department of Education requires that all School Readiness sites be accredited.

Points to consider: Infoline collects information on "actual" spaces in a center, which may be different from "licensed" spaces.

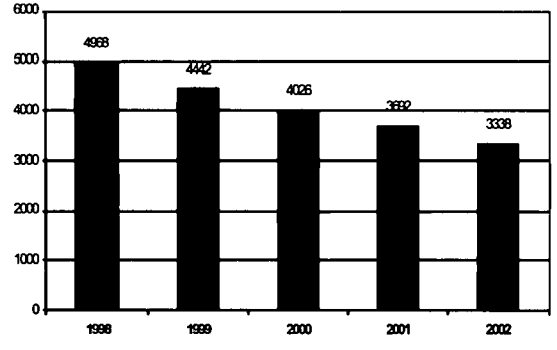
Where are the data?

Information on the number of licensed child care centers and actual spaces can be obtained from INFOLINE's "Capacity/Availability" report. Information on child care fees can be obtained from INFOLINE's "Fees by Age and Facility Type" report. For either report:

- Call: INFOLINE at 211
- E-mail: tracyz@ctunitedway.org

Information on accredited child care centers and spaces in your town can be obtained by calling the INFOLINE at 211, or your local Department of Social Services office.

Number of Licensed Family Day Care Homes in CT 1998-2002



Source: INFOLINE

EARLY CARE AND EDUCATION : PUBLIC FINANCING

Child Care Subsidy: Care4Kids, Connecticut's Child Care Subsidy Program, provides financial aid for child care to eligible low income families. Connecticut state policy makes child care subsidy benefits available to low-income parents who are working or enrolled in an approved training program.

CT School Readiness Initiative: Established in 1997, this legislation established a grant program to provide partial reimbursement for spaces in accredited or approved early care and early learning programs for eligible 3- and 4-year old children in Connecticut's most needy communities.

Where are the data?

Child Care Subsidy: The data on utilization of Care4Kids, the child care subsidy, are kept by Connecticut's Department of Social Services. The Department can provide data on the number of children receiving the subsidy by age of the child and by exempt and licensed setting. Unfortunately, data on the proportion of eligible children who are actually served by the program are difficult to calculate, and not readily available.

Information on the number of children receiving the child care subsidy, and the number on the wait list, can be obtained from the Department of Social Services:

- Call the CT State Department of Social Services (1-800-842-1508) or your local DSS office

Information on eligibility levels by family size can be found on the DSS website:

- www.dss.state.ct.us/ccare/ccare.htm
- Go to : Care4Kids Income Guidelines

CT School Readiness Initiative: Information on the number of School Readiness spaces that are funded within each community is kept by Connecticut's State Department of Education, and can be most easily obtained from your town's local School Readiness Coordinator.

School Readiness Spaces Available

Location	*# of spaces 2002*	*# of spaces 2003*
New London	114	106
Middletown	164	453
Danbury	215	206
New Haven	837	815
Hartford	940	893
CT	5,685	5,754

Source: CT State Department of Education

Points to Consider: It is useful to compare the number of available School Readiness spaces in your town to the total number of 3- and 4-year-old children to estimate the percentage of need being served. One measure of unmet need is the number of children currently on the wait list for entry into the child care subsidy program for moderate and low income families not receiving Temporary Family Assistance.

EARLY CARE AND EDUCATION: SCHOOL READINESS

School Readiness: The National Education Goals Panel defines school readiness in three parts: (1) readiness in the child; (2) schools' readiness for children; and (3) family and community supports and services that contribute to children's readiness. Assessments of school readiness in the child should include five dimensions: physical well-being and motor development; social and emotional development; approaches to learning; language development; and cognition and general knowledge.

How is it measured?

Some Connecticut towns routinely assess school readiness during the kindergarten year. Individual communities use a wide range of instruments and protocols to conduct these assessments. The state does not systematically collect and analyze these data, nor is there a uniform statewide tool or agreed upon time in the year for assessing kindergarteners.

The Connecticut State Department of Education keeps a record of parental reports of the number of children entering kindergarten with preschool experience.

Note: Connecticut is part of an ongoing national effort to develop indicators for school readiness. Information on this initiative can be found at www.gettingready.org.

Where are the data?

Possible sources of information on school readiness assessments include:

- Local School Readiness Councils
- Local School Districts

Data on the number of children entering kindergarten with some preschool experience can be obtained from the Department of Education's Strategic School Profiles:

- Go to: www.state.ct.us/sde
- Select the "School/District Data" button
- Select the year of interest and the type of profile you would like to view (district or school)
- Select the district or individual school of interest

Note: these data are parental reports, rather than official administrative records.

Percent of Students who Enter Kindergarten with Preschool Experience: 2001-2002

*ERG**	*A*	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*
% of Students	90%	89%	84%	76%	76%	73%	78%	74%	57%

Source: CT State Department of Education
*For a definition of ERG (Educational Reference Groups), go to http://www.csde.state.ct.us/public/der/ssp/terms.pdf

Points to Consider: Keep in mind that there are different goals for assessing school readiness that require different types of tools and analyses. Assessments may be used to shape individual instruction or identify children who need special services, to monitor trends and evaluate programs and services in order to inform decisions, and to assess learning in order to hold individual students, teachers and schools accountable for desired outcomes.

SAFETY: CHILD ABUSE AND NEGLECT

Child Abuse and Neglect: Child abuse and neglect have short- and long-term physical, emotional and social effects on a child. Children who are abused are more likely than others to experience academic failure and take part in risky behaviors during adolescence, including delinquency, violence and substance use. The major indicators associated with child abuse are family economic stress, difficulties in handling parental responsibilities and parental substance abuse.

How is it measured?

The Connecticut Department of Children and Families reports annually on the number of child abuse cases that are reported and confirmed by town. Importantly, reported cases are based on households, while substantiated (confirmed by investigation) cases are based on individual children. Therefore, one child abuse report can result in more than one confirmed case of abuse or neglect.

Substantiated Child Abuse and Neglect: Rates for Four Towns, FY 2002

City	# Substantiated Children	Population <18 years	Rate (per 1,000)
Middletown	216	9,364	23
Bridgeport	1,105	39,672	28
Hartford	1,132	36,568	31
Waterbury	915	28,454	32

Source: CT Department of Children and Families

Where are the data?

To access data on child abuse and neglect by Connecticut town:

- Go to http://www.state.ct.us/dcf/townpages.htm
  - This page includes definitions of the terms used in Department of Children and Families Town Pages.
- Scroll to the bottom of the page
- Select the year of interest
- Select the town of interest

To calculate the rate of substantiated abuse, divide the number of children substantiated as abused, neglected or uncared for by the population of youth younger than 18 years of age. This calculation yields the percent of all children and youth in a particular town who have been substantiated as abused or neglected in a particular year. Population information can be obtained from the US Census web site or Kids Count, as described later in this report.

Points to Consider: Because administrative data on child abuse and neglect are based on cases actually reported and investigated, they likely underestimate the true prevalence of this problem. Better measures, such as sample surveys, are needed.

SOURCES OF DATA: US CENSUS

The most accurate source of demographic data for Connecticut communities is the 2000 US Census. The Census offers information on population size and composition, family composition, income and poverty, and housing, among other issues.

How do I access the data?

Data from the 2000 Census are available from many sources. The easiest source for data on children is the Kidscount website (www.kidscount.org). Data are also available at the Census site and the Ct State Department of Economic and Community Development.

Kidscount

Go to the Annie E. Casey Foundation's Kids Count Census page at : http://www.aecf.org/kidscount/census.

- Click on "Profiles." This will provide a combination of demographic and socioeconomic data for individual states and the nation as a whole.
- Click on the "+" sign next to Connecticut
- Click on New England Towns

-OR-

Census (see also next page)

Go to http://www.census.gov/

- Click on "American Factfinder"
- Select "population and housing" for a "city or town"
- Select "Connecticut" then select *your* city or town

-OR-

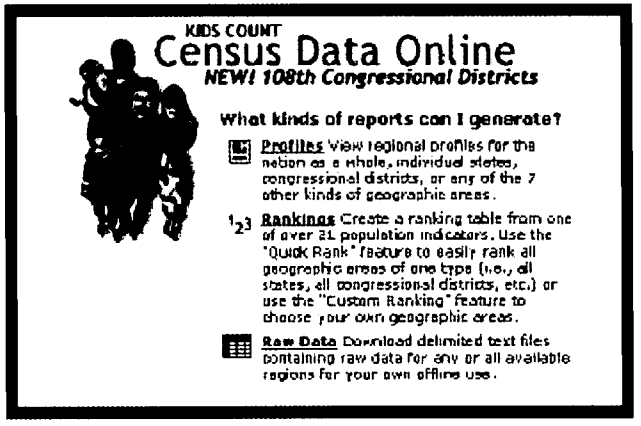
Department of Economic and Community Development

Go to the State Department of Economic and Community Development's Census page at : http://www.state.ct.us/ecd/research/census2000/.

- Click on the table of interest:
  - DP-1. General Demographic Characteristics
  - DP-2. Selected Social Characteristics
  - DP-3. Selected Economic Characteristics
  - DP-4. Selected Housing Characteristics

Note: When using the " Town Profiles," always check to ensure that data are the most recent available.

Of these sources, the Kids Count website is the easiest to navigate. Try it first!



Selected Demographic Characteristics for Children - Geographic Comparison

	Connecticut		United States	
	Number	Percent	Number	Percent
Age & Sex (More detail on Age & Sex)				
Population under age 18	841,688	100.0	72,293,812	100.0
Males under age 18	431,089	51.2	37,059,196	51.3
Females under age 18	410,599	48.8	35,234,616	48.7
Children under age 5	223,344	26.5	19,175,798	26.5
Children ages 5 to 17	618,344	73.5	53,118,014	73.5

Living Arrangements (More detail on Living Arrangements)				
Population under age 18	841,688	100.0	72,293,812	100.0
Children living in households	838,201	99.6	71,970,901	99.6
Children living in group quarters	3,487	0.4	322,911	0.4
Own children living in single-parent households	192,938	22.9	16,812,254	23.3
Own children living in married-couple households	579,852	68.9	47,682,383	66.0
Households with own children	421,780	100.0	34,819,260	100.0
Renter occupied households with own children	128,827	30.5	11,629,950	33.4
Grandparents living with own grandchildren	55,489	100.0	5,771,671	100.0
Grandparents responsible for own grandchildren	18,898	34.1	2,426,730	42.0

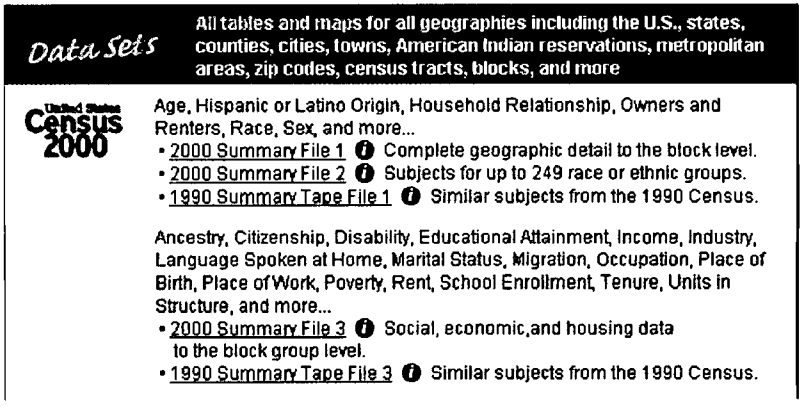
SOURCES OF DATA: US CENSUS

It is important to remember to select "county subdivision" as the geographic type to access town-level data for Connecticut using the Census.

How do I access the data?

Step 1:
Go to American Factfinder at the Census site
Step 2:
Under "data sets," select Summary File (SF) 1, 2 or 3

1. **SF1=detailed population information (100% data)**
   - For detailed population data:
     1. Click on "Detailed Tables"
     2. Selection method=list
     3. **Geographic type=county subdivision (required step to get towns in CT)**
     4. Select a state=Connecticut
     5. Select a county=your county
     6. Geographic areas=highlight all towns of interest and click "add"
     7. Click "next"
     8. Select the data you are interested in. For example, if you would like to know the number of female children ages 15 to 19 years in your town:
        - Select "P14. Sex by Age for the Population Under 20 Years"
        - Click "add"
        - Click "show table"
2. **SF2=detailed population information by race and ethnic group (100% data)**
   - Follow steps 1-8, above, to select the town(s) of interest
     - Select the data you are interested in. For example, if you would like to know number of single-parent households with children in your town by race
       - Select "PCT11. Households by Age of Householder by Householder Type [including Living Alone] by Presence of Own Children"
       - Click "add"
       - Click "show table"
3. **SF3=social and economic indicators (1 in 6 sample data weighted to represent total population)**
   - Follow steps 1-8, of SF1, to select the town(s) of interest
   - Select the data you are interested in. For example, if you would like to know the number of adults in your town who have a college education:
     - Select "P37. Sex by Educational Attainment for the Population 25+ Years"
     - Click "add"
     - Click "show table"



SOURCES OF DATA: CONNECTICUT VITAL STATISTICS

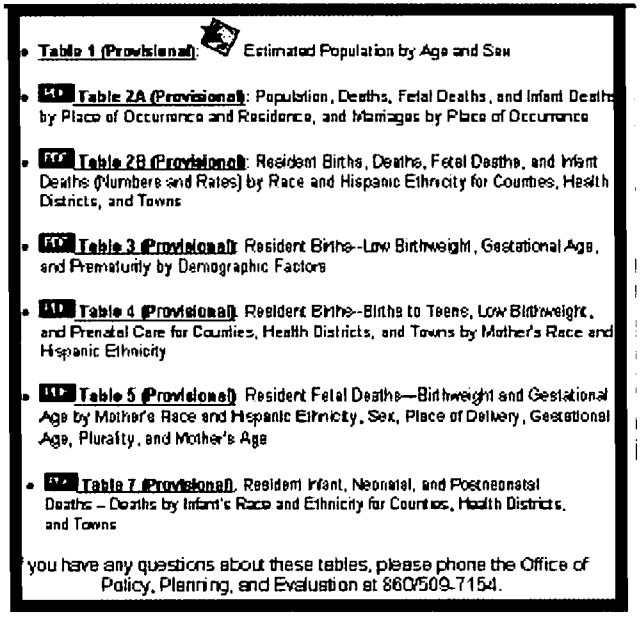
Each year, the State of Connecticut Department of Public Health publishes vital statistics—births and deaths—in its Annual Registration Reports.

How do I access the data?

Go to the Connecticut Department of Public Health web site: http://www.dph.state.ct.us/

- Scroll down and click on "Publication/Statistics"
- Scroll down to "Registration Reports" and select the year of interest
- Click on the table of interest, as described at right

Note: the most up-to-date Registration Reports are generally two to three years old.



- Table 1 (Provisional): Estimated Population by Age and Sex
- PDF Table 2A (Provisional): Population, Deaths, Fetal Deaths, and Infant Deaths by Place of Occurrence and Residence, and Marriages by Place of Occurrence
- PDF Table 2B (Provisional): Resident Births, Deaths, Fetal Deaths, and Infant Deaths (Numbers and Rates) by Race and Hispanic Ethnicity for Counties, Health Districts, and Towns
- PDF Table 3 (Provisional): Resident Births--Low Birthweight, Gestational Age, and Prematurity by Demographic Factors
- PDF Table 4 (Provisional): Resident Births--Births to Teens, Low Birthweight, and Prenatal Care for Counties, Health Districts, and Towns by Mother's Race and Hispanic Ethnicity
- PDF Table 5 (Provisional): Resident Fetal Deaths—Birthweight and Gestational Age by Mother's Race and Hispanic Ethnicity, Sex, Place of Delivery, Gestational Age, Plurality, and Mother's Age
- PDF Table 7 (Provisional): Resident Infant, Neonatal, and Postneonatal Deaths – Deaths by Infant's Race and Ethnicity for Counties, Health Districts, and Towns

If you have any questions about these tables, please phone the Office of Policy, Planning, and Evaluation at 860/509-7154.

The Registration Reports use the same table numbers and titles each year:

Table 1	Connecticut YEAR; Estimated population by age and sex
Table 2A	Population, births, deaths, fetal deaths, and infant deaths by place of occurrence and residence; and marriages by place of occurrence
Table 2B	Resident births, deaths, fetal deaths, and infant deaths by race and Hispanic ethnicity, for counties, health districts, and towns
Table 3	Connecticut resident births, YEAR: Birthweight and gestational age by mother's race and Hispanic ethnicity; infant's sex; place of delivery; plurality; birth order; mother's presumptive marital status, education, and age; initiation and adequacy of prenatal care; and smoking and alcohol use during pregnancy
Table 4	Connecticut resident births, YEAR: Births to teenagers, low birthweight births, and prenatal care for counties, health districts, and towns by mother's race and Hispanic ethnicity
Table 5	Connecticut resident fetal deaths, YEAR: Birthweight and gestational age by mother's race and Hispanic ethnicity, sex, place of delivery, gestational age, plurality, and mother's age
Table 6	Connecticut resident fetal deaths, YEAR: Cause of death by mother's race and Hispanic ethnicity, and gestational age
Table 7	Connecticut resident infant, neonatal, and postneonatal deaths, YEAR: Deaths by infant's race and Hispanic ethnicity, for counties, health districts, and towns
Table 8	Connecticut resident infant, neonatal, and postneonatal deaths, YEAR: Cause of death by infant's race and ethnicity
Table 9	Connecticut resident deaths, YEAR: Cause of death by decedent's age, race, Hispanic ethnicity, and sex
Table 10	Connecticut resident deaths, YEAR: Top five leading causes of death by age and sex
Table 11	Connecticut resident hospitalizations, YEAR: Selected leading causes by sex and age

ONLINE RESOURCES

General Resources

America's Children 2002
www.childstats.gov/ac2002/

Annie E. Casey Foundation, KidsCount
www.kidscount.org

Child Trends Data Bank
www.childtrendsdatabank.org

Community Toolbox
ctb.ku.edu

Future of Children
www.futureofchildren.org

Indicators of Youth Development
www.secapt.org/science2naarch.html

KidsCount Rhode Island
www.rikidscount.org

Let's Invest in Families Today (LIFT)
www.lift.nccp.org

Maine Marks: Social Indicators Report
www.mainemarks.org

National Center for Children in Poverty
www.nccp.org

School Readiness Indicators Initiative
www.gettingready.org

Search Institute—Assets for Youth Development
www.search-institute.org/assets

US Surgeon General
www.surgeongeneral.gov

Data Resources:

Annie E. Casey Foundation, KidsCount
www.kidscount.org

Children's Health Council
www.childrenshealthcouncil.org

Connecticut Association of Human Services
www.cahs.org

State of Connecticut for links to state agencies:
www.ct.gov
Department of Children and Families
Department of Economic and Community Development
Department of Education
Department of Labor
Department of Public Health
Department of Social Services
Office of Policy and Management

US Bureau of the Census
www.census.gov

CT Voices for Children Reports for CT Towns:

Community Concerns Report 2002 (Greater Waterbury)
www.unityinourcommunity.com/waterbury_report.pdf

New Britain Children and Youth: 2000
info.med.yale.edu/chldstdy/CTvoices/kidslink/kidslink2/reports/PDFs/nbreportpdf.pdf

New Haven Children and Youth: 1999 Update
info.med.yale.edu/chldstdy/CTvoices/kidslink/kidslink2/welfare/1999update.PDF

New Haven Children and Youth: 1998
info.med.yale.edu/chldstdy/CTvoices/kidslink/kidslink2/welfare/1998nhchild.pdf

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