



New Haven Children & Youth: 1998



We would like to extend our special thanks to the following groups and individuals for their contributions to this report...

Cover Photos, clockwise from top left: WK Sacco, Michelle Anderson, Sven Martson, Paul Duda, Sven Martson.

The Community Foundation for Greater New Haven

The Seymour L. Lustman Memorial Fund

The Wellspring Trust, Inc.

...for funding this project.

Jan Weiswasser and the Child Health Advocacy People

Roslyn Meyer
Anne Calabresi

...for their early support of this project.

Laura Altshul
Michelle Anderson and LEAP
Nancy Apfel
Ben Barnes
Georgine Burke
Marcia Cavacos
Johanna Davis
Catherine Sullivan DeCarlo
Barbara Edinberg
Henry Fernandez
Michael Kluger
Nick Lavorata
Mary Alice Lee
John Leventhal
Swapnil Maniar
Jan Miller
Mark Mitchell
Julie Moore
Marnie Mueller and CHILD Council, Inc.
Barbara Nordhaus
Karen O'Connell
Nancy Paley
Stefan Pryor
Mary Schwab-Stone
Michael Stears
Deborah Stewart
Phoebe Styron
Zella Tinson
...for their generous contributions of information and advice.

Cynthia Farrar

...for her invaluable expertise and review of this report.

Julie Herbst

...for creating the geographic maps of child population and child poverty.

Michelle Anderson and LEAP

Cheryl Barrett
Paul Duda
Foote School
Barbara Kleutsch
Michael Marsland
Sven Martson
WK Sacco
Chris Volpe

....for the beautiful photographs.

Shelley Geballe

Janice Gruendel
All of Connecticut Voices for Children Staff
...for their dedication to Connecticut's children and youth.

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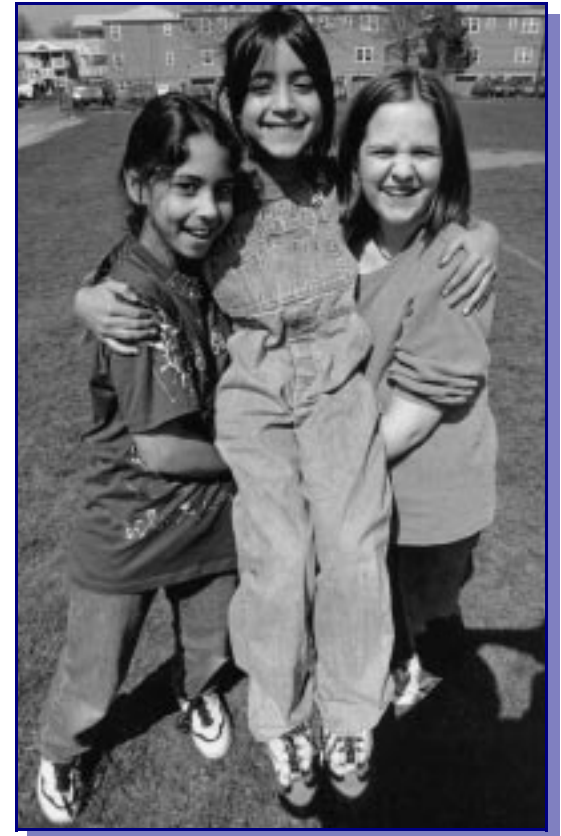
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“The truth is, we have the knowledge, resources, and capacity to meet these challenges. The open question is whether we have the resolve...to ensure that more American families can provide for their children in a manner that sustains both dignity in the present and hope for the future.”

-Douglas Nelson, The Annie E. Casey Foundation



Photos, clockwise starting from top left: Michelle Anderson, Cheryl Barrett, Sven Martson, Michelle Anderson, WK Sacco

I. Introduction

Supported by the Seymour L. Lustman Fund and the Community Foundation for Greater New Haven, we at Connecticut Voices for Children, Inc., embarked on this project with two goals in mind.

First, we wanted to begin to paint a picture of the current status of New Haven children and youth within the larger framework of the state and the nation. Second, we hoped to create a report on New Haven children and youth that would be comparable to *The State of the Child in Bridgeport*, published annually by the Bridgeport Child Advocacy Coalition, and *Hartford Children's Health: A Report Card*, published in 1997 by the Child Council of Hartford. Since children across Connecticut's major urban areas have much in common, we thought we could learn by comparing each other's experiences.

During the preparation of this report, some groups urged us to create a "report card," to grade New Haven's performance on behalf of its children. While the data presented within this report clearly indicate that there is much room for improvement, we have chosen to offer the report as a baseline from which we must all look to the future rather than as a report card on how we have done in the past.

We hope that *New Haven Children and Youth: 1998* will now serve as a basis for stimulating community dialogue about:

- the well-being of New Haven's children and what we can do, collectively, to enhance it;
- our shared goals for our children on each of the fundamental indicators of child well-being;
- how we can all work together to accomplish these shared goals; and
- how we will, together, produce the next report on *New Haven Children and Youth* to document our progress.

This report, begun as an exciting challenge in data gathering and analysis,

was completed as a labor of love by Dr. Priscilla Canny, Director of Research for Connecticut Voices for Children, Michelle Beaulieu, a Connecticut Voices 1998 Health Policy Intern, and Jennifer McGrady Heath, former Assistant Director of Connecticut Voices. The research was time consuming, as were the editing and revision. Those who were consulted on the project offered many different ideas and opinions on what the report should include. We have accommodated as many of these ideas as possible, given the available data and time frame.

We are honored to have had the opportunity to produce this first report. We are pleased to present it to the citizens of New Haven. May the dialogue begin.

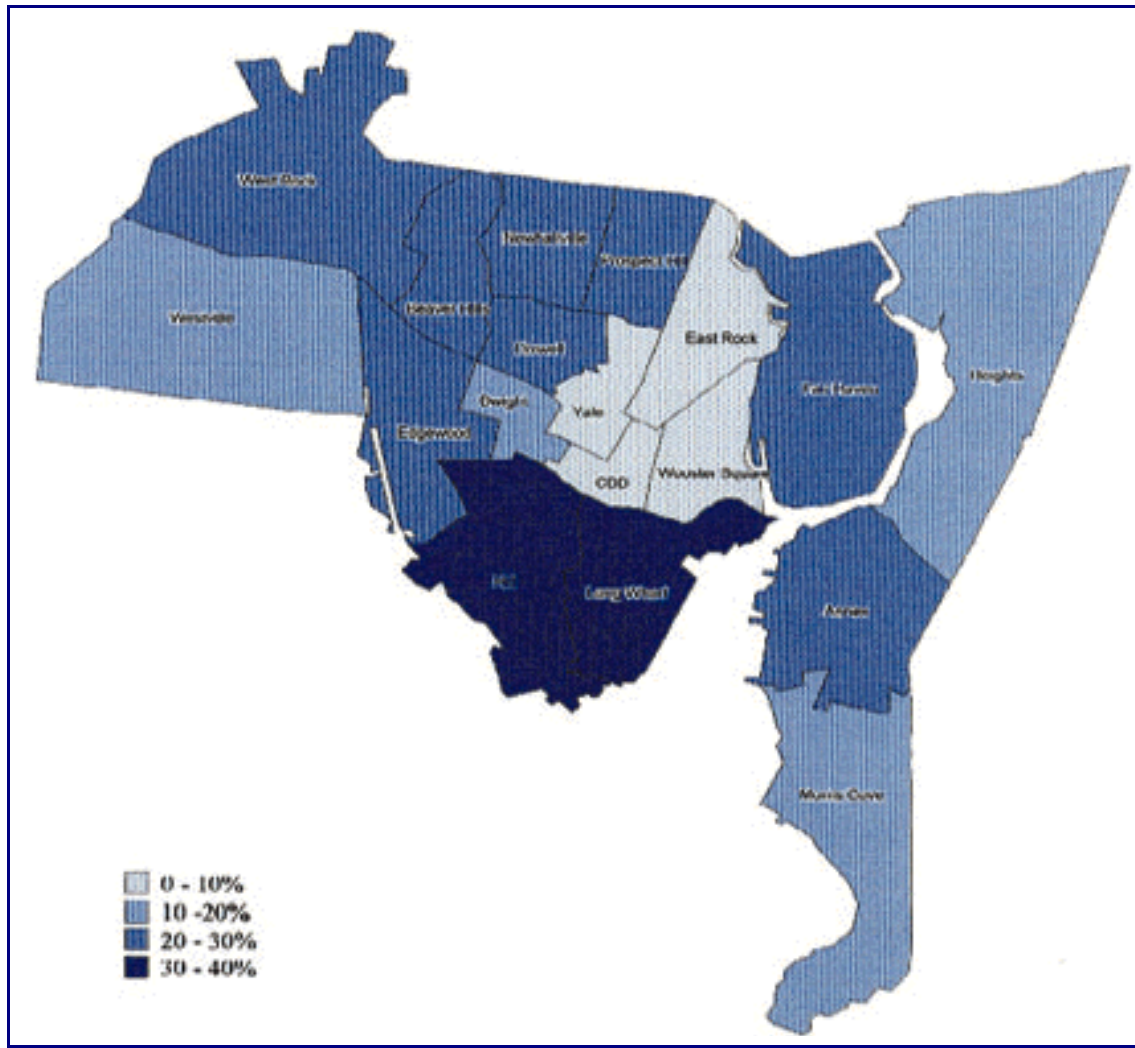
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Connecticut Voices for Children, Inc.

September, 1998

New Haven Child Population By Neighborhood



Child Population: 1996 New Haven and Suburbs

| | Number of Children (<18 years) |
|-------------------|-----------------------------------|
| New Haven | 29,390 |
| West Haven | 11,099 |
| Hamden | 9,810 |
| Branford | 5,377 |
| East Haven | 5,339 |
| Woodbridge | 1,935 |

Source: US Bureau of the Census, State of Connecticut Department of Public Health
 Note: adjusted from 1990 Census statistics using 1996 population estimates

Almost three times as many children live in New Haven compared with its highest populated suburb. New Haven's children are not evenly dispersed throughout the city—the Hill and Long Wharf neighborhoods are home to the highest number of children in New Haven. These neighborhoods are also two of the poorest in the city.

II. Child Population

Thirty thousand children younger than 18 years of age live in New Haven, comprising nearly one quarter of the city's population.

- One half of these children are black, one third are white and one seventh are classified as "other" races. More than one fifth of the children living in New Haven are of Hispanic origin.¹
- The overall population in New Haven decreased by 5.3% between 1970 and 1990. This decline includes a 14% drop in the number of families with children in the city, resulting in a 21% decrease in the number of children living in New Haven.
- By comparison, during the same period the number of children living in Connecticut as a whole decreased by 27%.
- The State of Connecticut Department of Public Health estimates that the New Haven population declined by 5% between 1990 and 1996.

As the graph to the right shows, demographic changes in New Haven's child population have varied considerably by racial and ethnic groups. The decrease in the child population in New Haven between 1970 and 1990 reflects mainly a 52% decline in the number of white children living in the city. During this period, the number of black children in New Haven remained about the same while the number of children of Hispanic origin nearly tripled between 1970 and 1990.

¹ "Hispanic" is not a racial classification in the US Census.

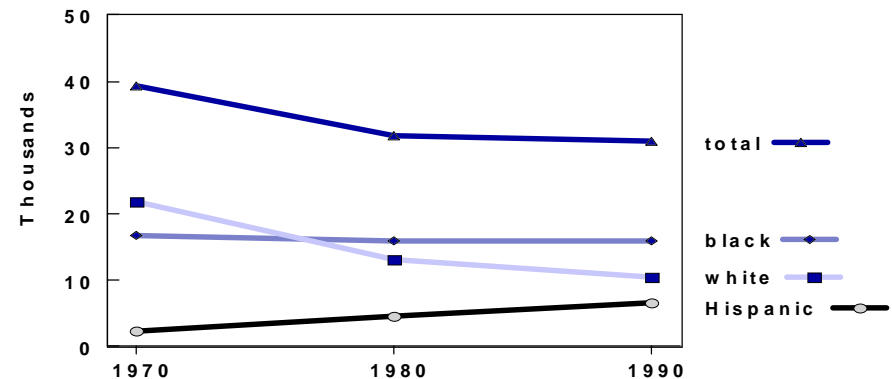
New Haven Children By Age: 1990 & 1996

| age (years) | <5 | 5 - 9 | 10 - 14 | 15 - 17 | <18 |
|-------------|--------|-------|---------|---------|--------|
| 1990 | 10,221 | 8,705 | 7,762 | 4,248 | 30,936 |
| 1996 | 9,710 | 8,270 | 7,374 | 4,036 | 29,390 |

Source: US Bureau of the Census

Note: 1996 population calculated based on estimated 5% decrease 1990-1996

New Haven Children by Race/Ethnicity: 1970-1990



Source: US Bureau of the Census

| Child Population (1990) | New Haven | Connecticut | United States |
|---|------------------|--------------------|----------------------|
| % population children (<18 years) | 23.7% | 22.9% | 25.7% |
| % children white | 34.0% | 81.3% | 68.9% |
| % children black | 51.6% | 11.4% | 24.0% |
| % children Hispanic origin (of any race) | 21.6% | 10.3% | 12.0% |
| % children "other" races | 14.3% | 7.3% | 7.1% |

Source: US Bureau of the Census



Photos, clockwise from top left: Michael Marsland, Cheryl Barrett, Microsoft, Cheryl Barrett

III. Children in Poverty

More than one in every three children in New Haven lives in poverty. Poverty is at the heart of almost every health and social ill Americans face today. Children living in poverty are at an increased risk of low birthweight, delayed immunizations, lead poisoning and teenage pregnancy. Poor children are also less likely to achieve academic success, often experiencing delayed cognitive and emotional development and school failure. In addition, poverty increases the likelihood that a child will be a witness to or victim of violence in the home and the community.

There are several ways to measure child poverty. The most popular of these measures is the child poverty rate, which is calculated as the proportion of children living in families with incomes below the federal poverty level.

- The child poverty rate in New Haven in 1990 (34%) was more than three times the rate for the state as a whole.
- In 1997, the federal poverty level for a family of three was \$13,330; for a family of four it was \$16,050.
- For a family of four to achieve an income equal to the federal poverty level, one adult in the household must work 40 hours per week at \$7.72 per hour.
- Currently, the minimum wage in New Haven is only \$5.18—one adult must work about 60 hours a week at this wage to earn enough money to meet the federal poverty level for a family of four.

Participation in programs for low-income families, such as Temporary Assistance for Needy Families (TANF, formerly Aid to Families with Dependent Children, or AFDC) and free or reduced-price meals at school, is also a measure of poverty. Children attending public schools qualify for free meals if their families' incomes are at or below 130% of the federal poverty level. Reduced-price meals are available to students whose families have incomes above this amount but below 185% of the federal poverty level.

- During the 1996-1997 school year, two thirds of children enrolled in New Haven public schools received free or reduced-price school meals; this proportion was the third highest in the state, following Hartford and Bridgeport (79.5% and 69.5%, respectively).
- As of May 1998, more than one in every three children in New Haven (10,786) lived in a family receiving Temporary Assistance for Needy Families.
- In 1995-1996, almost half (47%) of the children in New Haven lived in families who received Aid to Families with Dependent Children. This proportion was three times the state average, and second only to the rate in Hartford (59%).

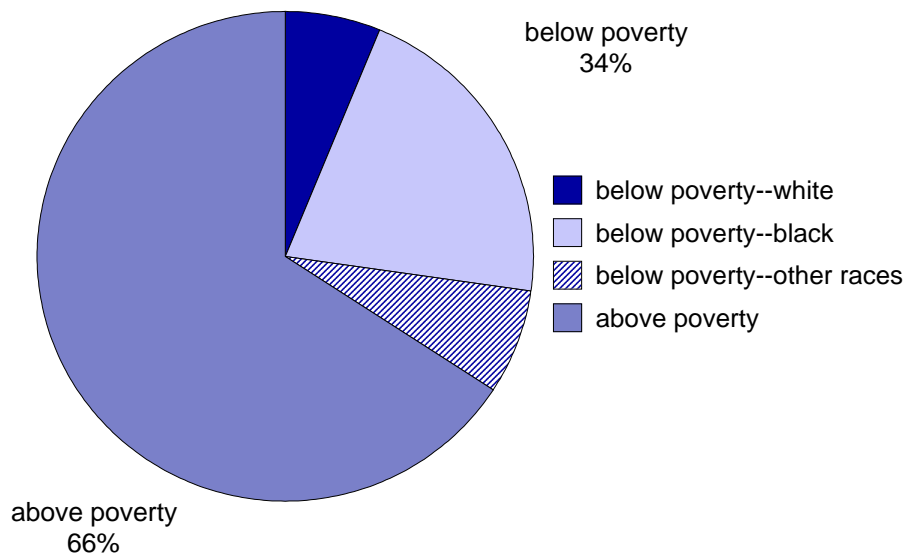
| <i>Children in Poverty</i> | New Haven | Connecticut |
|--|------------------|--------------------|
| <i>child poverty rate (1990)</i> | 34 % | 10 % |
| <i>free and reduced price meals (1996-1997)</i> | 66 % | 24 % |
| <i>Aid to Families with Dependent Children (1995-1996)</i> | 47 % | 15 % |

Sources: US Bureau of the Census; State of Connecticut Department of Education; Connecticut Association for Human Services

III. Children in Poverty

Minority children are disproportionately affected by poverty in New Haven. In 1990, almost two thirds of the children in poverty in the city were black, another 20% were classified as “other races” and 18% were white.

New Haven Children in Poverty, By Race: 1990



Source: US Bureau of the Census

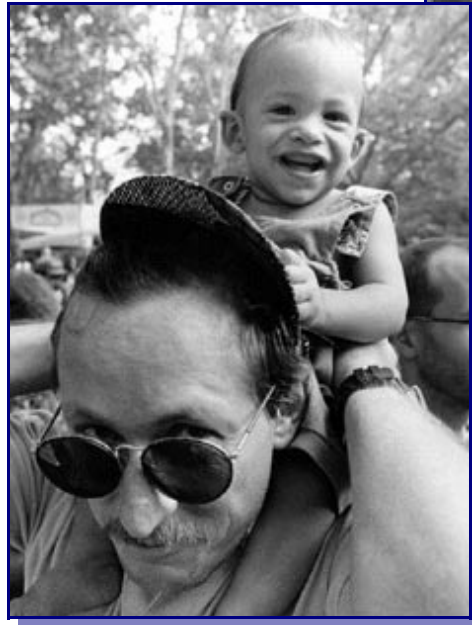
Children living with a single parent, particularly a single mother, are more likely than those living with both parents to live in poverty.

- There were 28,583 families living in New Haven in 1990, of which 18% had incomes below the federal poverty level; in most (83%) of these families, the head of household was a single woman.
- In 1990, 40.8% of families in which a single woman was designated head of household had incomes below the federal poverty level, compared with only 4.3% of married couple families—an almost tenfold difference.

“The harshness of the lives [of children living in poverty] and their tenuous hold on tomorrow cannot be countenanced by a wealthy nation, a caring people, or a prudent society. America’s future depends on these children too.”

National Commission on Children, 1991

At least one out of every three children in New Haven lives in a family with income below the poverty level. Regardless of the way in which it is measured, poverty is a serious problem for New Haven’s children.



Photos, center: Cheryl Barrett clockwise from top left: Cheryl Barrett, Cheryl Barrett, Sven Martson, Paul Duda

IV. Infant and Child Health

A healthy child is a child ready to grow, learn and develop into a healthy adult. An unhealthy child, on the other hand, may face delays in intellectual, physical, emotional and social development, placing the child at risk of future adverse outcomes.

This section offers evidence of improvements in prenatal care, infant mortality and immunization rates in New Haven. Despite these improvements, there remains much work to be done to improve health outcomes for New Haven's children.

As with all of the important aspects of children's lives discussed in this report, there are great disparities in child health in New Haven by race, income and neighborhood. The infant mortality rate for black infants was 2.5 times that for white infants in 1996, and the infant mortality rate in Newhallville was four times the rate for the city overall. At least twice as many black and Hispanic mothers received prenatal care late or not at all in 1995.

New programs like HUSKY, which is designed to offer health care insurance to children currently uninsured in the state, open great opportunities to ensure access to health care for all children in New Haven and potentially reduce child health disparities within the city. Hopefully, many other equally aggressive efforts to improve the health of New Haven's children will follow.

In this section...

- ***Prenatal Care***
- ***Infant Mortality***
- ***Low Birthweight***
- ***Low Birthweight and Infant Mortality***
- ***Access to Health Care***
- ***Immunization***
- ***Child and Adolescent Mortality***
- ***Physical Fitness***
- ***Lead Poisoning***

| <i>Infant and Child Health</i> | New Haven | Connecticut | United States |
|---|------------------|--------------------------|---------------------------|
| <i>infant mortality rate (1996)¹</i> | 10.0 | 6.4 | 7.2 |
| <i>low birthweight (1996)</i> | 10.4 % | 7.3 %² | 7.4 % |
| <i>late or no prenatal care (1996)</i> | 23.3 % | 11.9 % | 18.1 % |
| <i>adequate immunization by age two years (1995)</i> | 69 % | 86 % | 75 % |
| <i>child death rate (1995)³</i> | 22.5 | 20 | 28 |
| <i>lead poisoning (1996)</i> | 13.6 % | 4.7 % | data not available |

Sources: State of Connecticut Department of Public Health; City of New Haven Health Department; National Center for Health Statistics; Annie E. Casey Foundation; Hartford CHILD Council, Inc.

¹rate is per 1,000 live births

²National Center for Health Statistics value is 7.2%

³rate is per 100,000 children aged 1-14 years

IV. Infant and Child Health

Prenatal Care

Early and adequate prenatal care promotes healthy pregnancies through the timely detection of existing or potential maternal and fetal health problems and by providing health behavior advice. A healthy pregnancy improves the chances of having a healthy baby.

Incomplete prenatal care is defined as either late or non-adequate. Prenatal care is considered late if the first prenatal visit takes place after the first trimester of pregnancy. Prenatal care is defined as non-adequate using an index based on timing of the first prenatal visit, the total number of prenatal visits and the length of gestation.

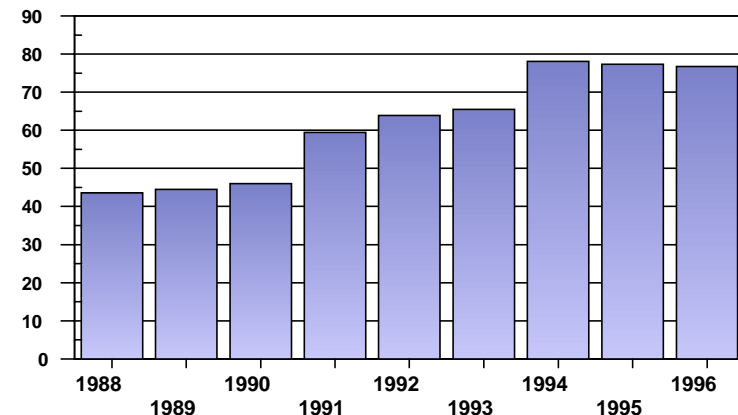
- In 1996, almost one third (30.5%) of infants born in New Haven received *non-adequate* prenatal care; this was nearly twice the rate in the state as a whole (15.6%).
- In 1996, the proportion of infants born to mothers who received *late or no* prenatal care in New Haven (23.3%) marked a 28% improvement since 1989-90 (32.5%).
- The proportion of babies born in New Haven to mothers who received *late or no* prenatal care in 1996, however, was twice the state rate and exceeded only by the rates in Waterbury and New Britain.
- The percentage of mothers seeking prenatal care in the first trimester almost doubled during the past decade in New Haven, from 43.6% in 1988 to 76.7% in 1996.
- By comparison, 81.9% of pregnant women in the US and 88.1% of those in Connecticut received prenatal healthcare during the first trimester of pregnancy in 1996.

Measures of late or no prenatal care differ widely by race and age in New Haven:

- In 1996, the proportion of pregnant black women in New Haven who received *late or no* prenatal care (29.2%) was nearly 2.5-fold higher than this proportion in white women (11.8%). The same year, 21.1% of pregnant Hispanic women in New Haven received late or no prenatal care.

- The rates of *late or no* prenatal care in minority groups in New Haven are comparable to these rates at the state and national levels. In 1996, 28.5% of black, non-Hispanic women in the US and 22.4% of black women in Connecticut received *late or no* prenatal care. The same year, 27.8% of Hispanic women in the US and 22.9% statewide received *late or no* prenatal care.
- More than one quarter (27.2%) of New Haven mothers aged 19 years or younger did not receive timely prenatal care in 1995 compared with 17.8% of mothers 20 years of age and older.

**Percent of Women Seeking First Trimester Prenatal Care
New Haven: 1988-1996**



Source: Nancy Paley, City of New Haven Health Department; State of Connecticut Department of Public Health

Note: rate is percent of pregnancies with first trimester prenatal care

IV. Infant and Child Health

Infant Mortality

The infant mortality rate (IMR) is a key indicator of the health status of a city, state or country. This rate reflects the mother's access to health care as well as her own health status.

Less than a decade ago, New Haven had the highest IMR for any US city of its size. The IMR declined markedly in New Haven around 1990, mirroring similar decreases throughout Connecticut and the US. Much of this nationwide decline in infant mortality has been attributed to the development of surfactant, a product that reduces the risk of respiratory distress syndrome in premature infants. Reported increases in the utilization of prenatal care by high-risk populations in New Haven between 1989 and 1992 also played an important role in this decline.

- There were 18 infant deaths in New Haven in 1996, of which three quarters occurred during the prenatal period (the first 28 days of life).
- The IMR in New Haven in 1996 (10.0 deaths per 1,000 live births) was higher than both the state (6.4) and national (7.2) rates.

Infant mortality varies widely by race and socioeconomic status. Since 1985, the IMR in New Haven's nonwhite population has consistently exceeded this rate among the white population in the city.

- During the years 1993-1995 the IMR for white infants in New Haven was 9.7 and for nonwhite infants, 13.5.¹

The IMR is improving at a faster rate among nonwhite infants than among white infants in New Haven. Between 1985-1987 and 1993-1995, the IMR declined by 28% in white infants and by 44% in nonwhite infants in New Haven, narrowing the racial gap in this important health indicator.

- In 1996, the IMR for black infants in New Haven (14.3) was lower than that for black infants in the state (15.3) and similar to that for black infants in the nation (14.2).²

¹ The New Haven Health Department uses the racial classifications white and nonwhite; since 1989 the State of Connecticut Department of Public Health has used the classifications white non-Hispanic, black non-Hispanic and Hispanic

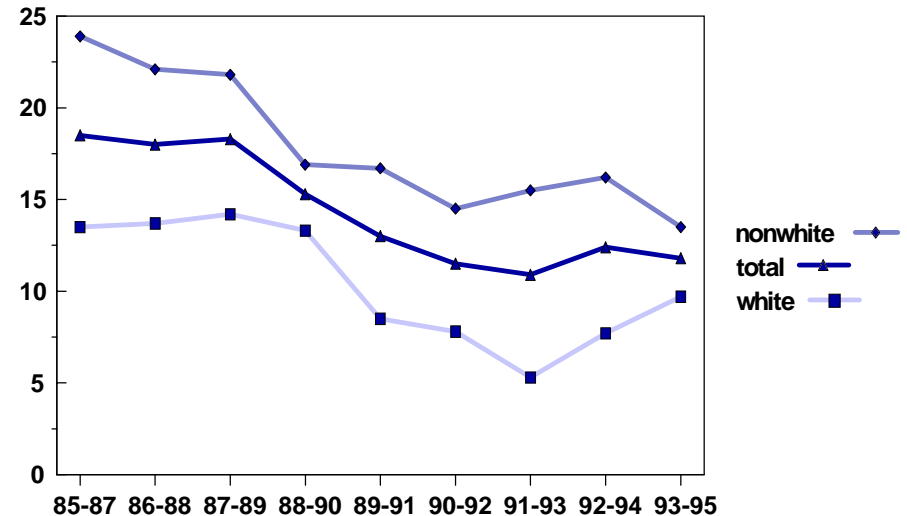
² 1996 data from the State of Connecticut Department of Public Health and the National Center for Health Statistics

Infant Mortality Rates: 1989-1996

| three-year average | 1989-1991 | 1994-1996 | % change |
|--------------------|-----------|-----------|----------|
| New Haven | 12.9 | 12.2 | Y 5.4% |
| Hartford | 15.1 | 16.4 | X 8.6% |
| Bridgeport | 13.4 | 11.5 | Y 14.2% |
| Connecticut | 8.0 | 7.2 | Y 10.0% |
| US | 9.3 | 7.6 | Y 18.3% |

Source: Hartford CHILD Council, Inc.; State of Connecticut Department of Public Health; National Center for Health Statistics

New Haven IMR By Race: 1985-1995
Three-Year Averages



Source: City of New Haven Health Department

IV. Infant and Child Health

Low Birthweight

Low birthweight places infants at risk of serious health problems and developmental delays. Low birthweight is strongly related to the use of maternal preventive health care services and health promoting behaviors. In fact, low birthweight may actually be a better indicator than infant mortality of improvements in maternal health, while infant mortality remains a better measure of technological improvements in the care of premature infants.

Children born smaller than 5.5 pounds (2500 grams) are considered to be of low birthweight. The overall proportion of babies born at low birthweight in New Haven has remained essentially unchanged over the past decade, and remains much higher than that in the state and the nation as a whole.

- The low birthweight rate in New Haven in 1996 (10.4%) was second only in the state to Hartford's rate (12.1%).
- The percentage of black women who gave birth to low birthweight babies in New Haven in 1996 was 14.4%, compared with 12.1% among Hispanic women and 8.0% among white women.
- The proportion of black women in New Haven who gave birth to low birthweight infants in 1996 is comparable to the low birthweight rates for black women at the state and national levels, both approximately 13%.

While the overall low birthweight rate has remained essentially unchanged in New Haven, individual racial groups have experienced changes in this health indicator.

- Between 1985-1987 and 1993-1995, the low birthweight rate among white women increased slightly while the low birthweight rate among nonwhite women *decreased* significantly from 15.2 to 12.2 low birthweight infants per 100 live births.

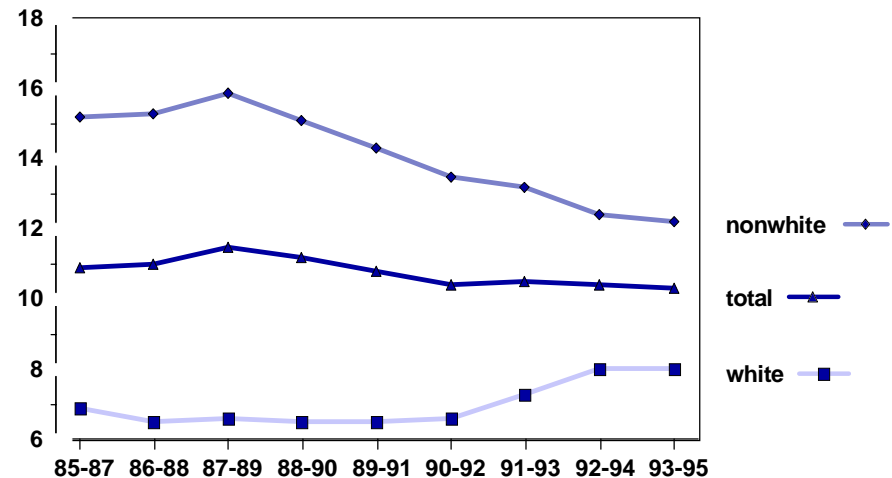
Although the upward trend in low birthweight in white women is not a positive sign, the gradually decreasing gap in birth outcomes between nonwhite and white infants is an indicator of the success of interventions designed to improve prenatal care in minority populations.

Low Birthweight Rates: 1989-1996

| | 1989-1991 | 1994-1996 | % change |
|--------------------|-----------|-----------|----------|
| New Haven | 10.7 | 10.4 | Y2.8% |
| Hartford | 12.8 | 12.7 | Y0.8% |
| Bridgeport | 9.9 | 9.4 | Y5.1% |
| Connecticut | 6.8 | 7.1 | X4.4% |
| US | 7.0 | 7.3 | X4.3% |

Sources: Hartford CHILD Council, Inc.; State of Connecticut Department of Public Health; National Center for Health Statistics

New Haven Low Birthweight Rates
1985-1995



Source: City of New Haven Health Department

IV. Infant and Child Health

Low Birthweight and Infant Mortality

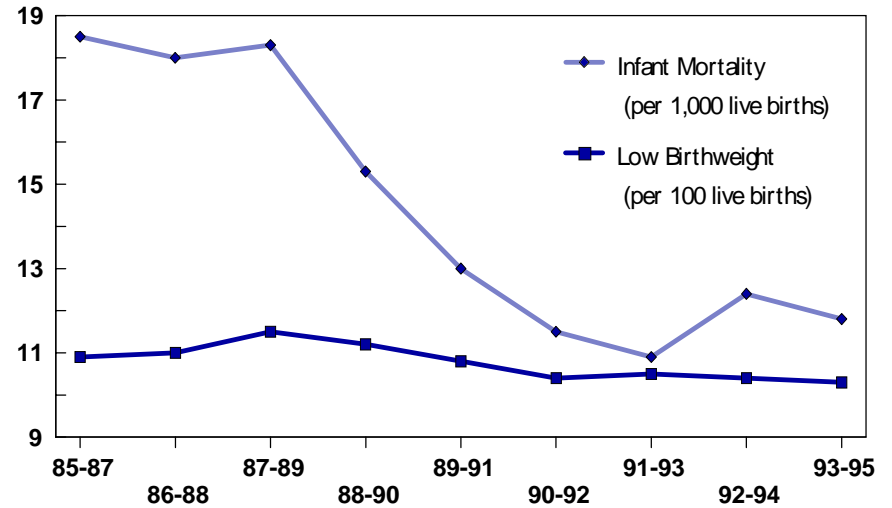
The chart at right is an illustration of how interventions designed to improve infant mortality do not necessarily affect low birthweight. In New Haven, the infant mortality rate declined dramatically between the periods 1985-1987 and 1991-1993, with a slight increase over the proceeding few years. Low birthweight, on the other hand, has remained relatively steady in the city over the past decade.

Although the improvements in infant mortality mean that low and very low birthweight infants born in New Haven now have an improved chance of survival, the lack of a comparable decline in low birthweight means that maternal health has not improved at the same rate.

Why is maternal health important? Early and adequate prenatal care improves the chances that an infant will be born at term and at normal birthweight and reduces the risk that an infant will be exposed to cigarette smoke or alcohol *in utero*.

Some studies show long-term delays in physical and intellectual development in children born at very low birthweight compared with their normal birthweight peers. Other studies demonstrate an increased risk of asthma, upper respiratory infections and sudden infant death syndrome in children exposed to cigarette smoke both *in utero* and during the postnatal period. Exposure to alcohol in the womb can lead to the development of fetal alcohol syndrome with its potentially devastating effects on physical, social, emotional and intellectual development.

New Haven
Low Birthweight and Infant Mortality



Source: City of New Haven Health Department

| | Infant Mortality (per 1,000 live births) | | | Low Birthweight (per 100 live births) | | |
|--------------------------|---|-----------|----------|--|-----------|----------|
| | 1985-1989 | 1990-1995 | % change | 1985-1989 | 1990-1995 | % change |
| five-year average | | | | | | |
| white | 13.9 | 8.7 | Y37.4% | 6.7 | 7.2 | X 7.5% |
| nonwhite | 21.9 | 14.1 | Y35.6% | 15.8 | 12.9 | Y18.4% |
| total | 18.0 | 11.6 | Y35.6% | 11.4 | 10.3 | Y9.6% |

Source: City of New Haven Health Department

IV. Infant and Child Health

Access to Health Care

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a component of the federal Medicaid program that provides preventive and follow-up health services to poor children. The proportion of children who attend on time the series of required health screenings that comprise EPSDT is a measure of health care accessibility for children who live in poverty.

- In the third quarter of 1997, only 26.0% of New Haven children enrolled in Medicaid attended their required screenings “on time” (within a window period), compared with 32.2% in New Haven County and 34.9% in the state.

The number of children without health insurance is another important measure of child access to health care. Children qualify for Medicaid coverage if their families have incomes up to 185% of the federal poverty level.

- In 1990, there were approximately 90,000 uninsured children (<18 years of age) in Connecticut, of whom 3,000 lived in New Haven.
- In 1995, the proportion of children without insurance in the state was 9%, with the majority of these children living in low-income working families. Nationally, this rate was 14% in 1995.
- As of June 1998, there were 16,907 children enrolled in Medicaid Managed Care plans in New Haven.

The newly implemented HUSKY (Healthcare for Uninsured Kids and Youth) plan is designed to provide insurance for all of Connecticut's children and youth. HUSKY includes the Medicaid program and extends this coverage to children and families with higher incomes, potentially offering health insurance to thousands of children and youth aged 18 years and younger in the state. As of September 1998, it is too early to assess the impact this program will have on access to health care among New Haven's children and youth.

Immunization

In order to be classified as appropriately immunized, a child must receive four diphtheria/pertussis/tetanus immunizations, three polio immunizations and one immunization for measles/mumps/rubella by the age of two years (4:3:1 schedule). When administered according to recommended guidelines, vaccines can prevent childhood diseases and their long term negative consequences. The proportion of children who are appropriately immunized reflects patterns in access to health care by children in the state.

- The proportion of New Haven children who are adequately immunized by two years of age appears to be increasing, according to a series of studies commissioned by the New Haven Health Department Pediatric Immunization Unit.
- Based on these studies (conducted using differing methodologies), the proportion of New Haven children who were adequately immunized by age two years in 1991 was 50%,
 - in 1993, less than 50%,
 - in 1994, 62%,
 - and in 1995, 83%.
- Data collected in New Haven's *public health care clinics* also indicate that immunization rates are rising in the city; 61% of children seen in these clinics were adequately immunized by age two years in 1993 compared with 69% in 1995.
- According to the National Immunization Survey, 78% of children in the US were adequately immunized in 1996-1997; in Connecticut, this rate was 91%, the highest in the country.

IV. Infant and Child Health

Child and Adolescent Mortality

The leading causes of death among children ages 1 to 19 years in Connecticut are classified as unintentional and intentional injuries: motor vehicle accidents, drowning, homicide and suicide.

The child death rate is calculated as the number of children ages 1 to 14 years who die each year per 100,000 children in this age group. In New Haven in 1995, there were six deaths in this age group, calculating to a child death rate of 22.5 deaths per 100,000 children ages 1 to 14 years:

- One death was the result of a birth defect, two were associated with infectious diseases, two were classified as homicides and one death was attributed to unintentional injury.

In 1995, nine New Haven adolescents ages 15 to 19 years died.

- Two of these deaths resulted from motor vehicle accidents, one was a suicide and the remaining six were classified as homicides.

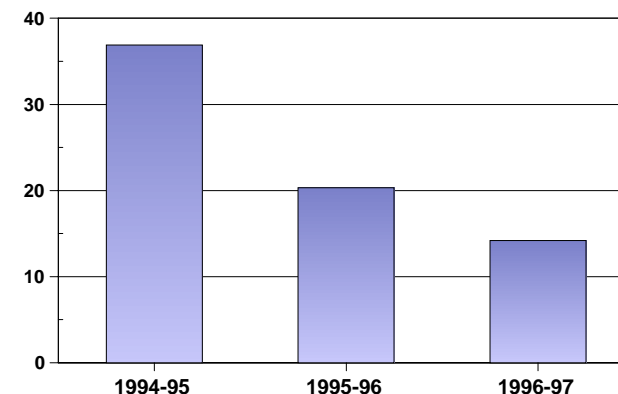
Among children ages 1 to 19 years in New Haven, more than half of the deaths in 1995 were the result of homicides.

Physical Fitness

The President's Physical Fitness Test is taken annually by children throughout the country in grades 4, 6, 8 and 10. The test consists of four parts: sit and reach, sit-ups, pull-ups and a one-mile run. To pass the tests, students must meet or exceed the national standards of performance established for boys and girls based on age.

- The proportion of students in New Haven passing all four tests declined in the 1996-1997 school year compared with the prior year.
- In 1996-1997, only 14.2% of New Haven girls and boys passed all four physical fitness tests compared with 31.4% of boys and 24.6% of girls in the state as a whole.
- The proportion of New Haven students who pass all four fitness tests has decreased steadily since the 1994-1995 school year.

**President's Physical Fitness Test
Percent of New Haven Students Passing 4 Tests**



Source: State of Connecticut Department of Education

IV. Infant and Child Health

Lead Poisoning

Lead poisoning can have 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.

Children typically ingest lead from paint dust, soil and water. Lead dust can also be inhaled by children, causing the same harmful effects as lead ingestion.

Houses built prior to 1950 are most likely to contain lead-based paint. More than half (57.1%) of New Haven's housing was built prior to this year; this is the fourth highest proportion in the state. Because poor children are more likely than those in wealthier families to live in older homes that are in deteriorating condition, poor children are at a two to three times greater risk of lead poisoning compared with children from higher income families. Since greater than one third of New Haven children live in families with incomes below the poverty line, lead poisoning is an important issue among New Haven's children.

The normal blood lead level for a child is zero micrograms per deciliter (mcg/dL). Blood lead levels exceeding 10 mcg/dL are considered to be elevated. Children with blood lead levels above 20 mcg/dL are required by law to be removed from the source of lead; if the source is the child's residence, lead abatement must occur before the child can return home.

- Thirty-three New Haven children were hospitalized for lead poisoning in 1996. This number was the highest for any city in the state and comprised nearly 40% of the lead poisoning hospitalizations statewide that year.
- The proportion of New Haven children younger than six years of age newly diagnosed with elevated blood levels (10 mcg/dL or higher) decreased by almost one third between 1994 and 1996, from 19.5% to 13.6% .
- During the same period, the proportion of children diagnosed with elevated blood lead levels in the state as a whole also decreased by almost one third, from 6.5% to 4.7%.
- Somewhat fewer children were screened for lead poisoning in 1996 in New Haven (40% of all children <six years) compared with 1995 (44.7%). The same decrease was observed statewide, from 27.8% in 1995 to 24.9% in 1996.
- As of 1996, the lead poisoning rate in New Haven remained nearly three times higher than the state rate.

**Percent of Children With Elevated Blood Lead Levels
1994-1996**

| | 1994 | 1995 | 1996 |
|--------------------|-------|-------|-------|
| <i>New Haven</i> | 19.5% | 18.0% | 13.6% |
| <i>Connecticut</i> | 6.5% | 6.1% | 4.7% |

Source: State of Connecticut Department of Public Health; Hartford CHILD Council, Inc.

The lead poisoning rate in New Haven in 1996 remained far above the rate for the state as a whole.

V. Adolescent Health

Adolescents face unique health risks that include early pregnancy, sexually transmitted diseases, drug and alcohol use and violence. Many of the major public health problems our country faces today stem from social health problems linked to these adverse health behaviors, which often begin during adolescence and continue into adulthood.

Teens represent an important target population for public health interventions designed to reduce morbidity and mortality both in their age group and in the US population as a whole. It is easier and more cost effective to prevent the onset of behaviors such as drug and alcohol abuse and risky sexual activity in adolescents than it is to attempt to change these behaviors and treat their consequences in adults.

With the exception of teen pregnancy, the chart below paints a relatively positive picture for New Haven adolescents when compared with teens nationwide. The proportion of New Haven youths participating in adverse health and social behaviors is nevertheless unacceptably high. Each of the behaviors listed—smoking, drinking, drug use and unprotected sex—places adolescents at risk of a variety of long-term negative outcomes including developmental delays, violence, poverty, chronic health problems and death.

In this section...

- **Social and Health Assessment (SAHA)**
 - Attitudes Toward School and the Future
 - Attitudes Toward Racial Diversity
 - Smoking
 - Drug and Alcohol Use
 - High-Risk Sexual Activity
- **Births to Teen Mothers/Teen Pregnancy**
- **Sexually Transmitted Diseases**

| Adolescent Health (1996) | New Haven | Connecticut | United States |
|--|-------------------|--------------------|----------------------|
| smoking (once or more last 30 days) | 22 % | 20 % ¹ | 36 % ² |
| alcohol use (once or more last 30 days) | 35 % | 22 % ¹ | 51 % |
| marijuana use (once or more last 30 days) | 15 % | 16 % ¹ | 26 % |
| condom use (last intercourse) | 75 % | 65 % | 57 % ² |
| teen birth rate (births per 1,000 females aged 15-19 years) | 64.6 ³ | 37.4 | 54.4 |

Sources: New Haven Public Schools; Connecticut State Department of Public Health; City of New Haven Health Department; Centers for Disease Control and Prevention; National Center for Health Statistics

¹rate is percent of students who report monthly, weekly or daily use in the past year

²rate is for 1997

³rate equals 326 births among 5,309 (-5%) females aged 15-19 years (1990 Census population decreased by 5%)

V. Adolescent Health

Social and Health Assessment (SAHA)

The Social and Health Assessment (SAHA), commissioned by the New Haven Public Schools in conjunction with the Yale Child Study Center, is a survey administered every two years to New Haven students in grades 6, 8 and 10. The first administration of the survey was in 1992, and follow-up surveys have been conducted in 1994, 1996 and 1998¹.

The purpose of SAHA is to examine attitudes, activities and behaviors affecting the social health of adolescents in New Haven, particularly those that promote or detract from personal and academic success. These indicators include:

- attitudes toward school
- attitudes toward the future
- attitudes toward racial diversity
- alcohol and drug use
- participation in high-risk sexual activities
- sense of safety
- exposure to violence

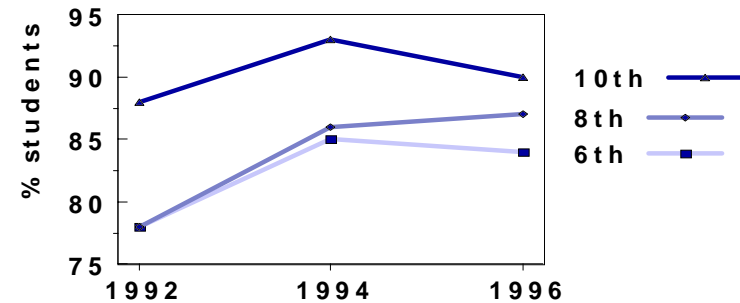
One of the goals of SAHA is to provide valuable information on student needs to be used in planning and evaluating programs designed to meet these needs.

Attitudes Toward School and the Future

- In 1996, more than 95% of 6th, 8th and 10th grade students in New Haven believed that it is important to maintain at least a B average and have good enough grades to get into college. However, only about half of these students said they looked forward to going to school in the morning, a sentiment that was expressed most often by younger students.
- Most students in New Haven believe that they will eventually graduate from high school. Improvements since 1992 in the proportion of students who believe they will graduate have been most dramatic among 8th grade students.

¹1998 data was not yet available at the time of publication

Perceived Chances of Graduating High School



Source: New Haven Public Schools

- More than one in every five students in 1996 reported feeling hopeless about the future. This proportion is down 35% since 1992.
- The majority of students rate their chances of having a happy family life in the future as high or very high. In 1996, 80% of 6th graders, 75% of 8th graders and 71% of 10th graders reported this belief.

Attitudes Toward Racial Diversity

Relations between adolescents of different ethnic backgrounds appear to be improving in New Haven.

- The proportion of 8th and 10th grade students who reported being involved in activities with students of other races in 1996 (73% and 71%, respectively) marked an increase since 1992 (70% and 58%, respectively).
- More students in these grades also reported having frequent positive interactions with students of other races in 1996 compared with 1992: 69% of 8th graders and 71% of 10th graders in 1992 compared with 73% and 74%, respectively, in 1996.

V. Adolescent Health

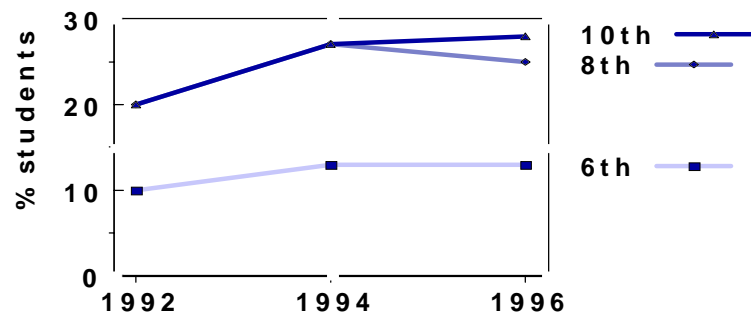
Social and Health Assessment (cont'd)

Smoking

- The proportion of students who smoke increases by almost 50% between the 6th and 8th grades.
- In 1996, 13% of 6th graders, 25% of 8th graders and 28% of 10th graders reported smoking at least one cigarette in the past 30 days.
- The proportion of students smoking increased in all grades between 1992 and 1994, but remained relatively stable between 1994 and 1996.
- Overall, almost one quarter (22%) of New Haven 6th, 8th and 10th grade students reported smoking in 1996, compared with one fifth (20%) of 7th, 9th and 11th graders statewide (Voice of Connecticut Youth Survey).¹
- In 1996, nearly one third (31%) of New Haven students surveyed for SAHA reported that some, most or all of their friends smoke on a regular basis—this proportion is increased from 21% in 1994.

¹smoking was measured as monthly, weekly or daily use in the VCY survey and as one or more times in the past 30 days for SAHA

Cigarette Smoking in Past 30 Days



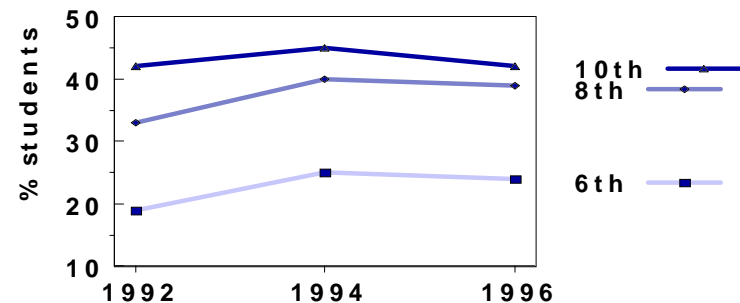
Source: New Haven Public Schools

Drug and Alcohol Use

Like smoking, student reports of alcohol use in the past 30 days show a strong correlation with grade in New Haven, with the greatest increase in student drinking rates occurring between the 6th and 8th grades. In 1996, almost one quarter (24%) of New Haven 6th graders reported drinking in the past 30 days compared with 39% of 8th graders and 42% of 10th graders.

- In New Haven in 1996, more than one third (35%) of 6th, 8th and 10th grade students reported having had an alcoholic drink in the past 30 days.
- The same year, 22% of 7th, 9th and 11th grade students statewide reported drinking alcohol on at least a monthly basis during the prior year.
- In New Haven, the proportion of 6th, 8th and 10th graders who reported having had at least one drink in the past 30 days increased between 1992 (31%) and 1994 (36%), but has remained steady at slightly more than one third since 1994.
- Binge drinking is also common in New Haven's youth—in 1996, 6% of 6th graders, 13% of 8th graders and 18% of 10th graders reported drinking five or more drinks in a row at least once in the past month.

Alcohol Use in Past 30 Days



Source: New Haven Public Schools

V. Adolescent Health

Social and Health Assessment (cont'd)

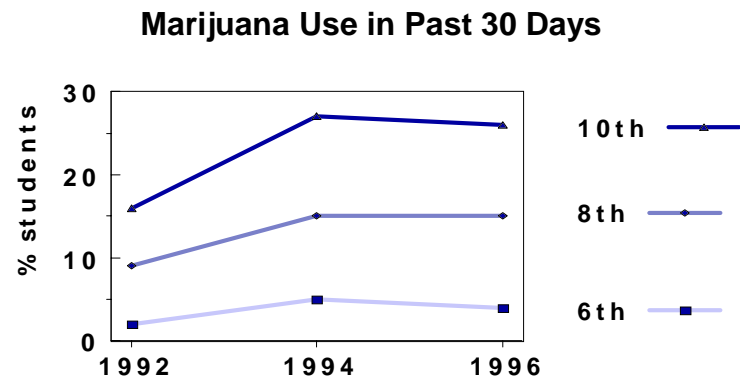
Drug and Alcohol Use (cont'd)

The rate of adolescent marijuana use was similar in New Haven and Connecticut as a whole in 1996. In the state, 15% of students reported using marijuana at least once a month during the past year. In New Haven, 15% of students reported having smoked marijuana in the past 30 days.

- Rates of marijuana use in New Haven increased between 1992 and 1994, but remained essentially stable from 1994 to 1996.

Like other drug use behaviors, marijuana use in New Haven increases considerably between the 6th and 8th grades. But unlike cigarette smoking and alcohol use, student reports of marijuana use take another considerable jump between the 8th and 10th grades.

- In 1996, almost four times as many 8th graders (15%) as 6th graders (4%) reported having smoked marijuana once or more in the past 30 days; this rate increased another 73% between the 8th and 10th grades (26%).



Source: New Haven Public Schools

More than half of New Haven students surveyed for SAHA in 1996 said they could easily get some marijuana, and more than one third thought it would be very or sort of easy to get cocaine. Fortunately, the proportion of students who reported actually using cocaine was only 1% among those surveyed.

Other drugs students reported using in 1996 include:

- 4% of all students said they had sniffed things (paint, glue, etc.) to get high,
- 3% of students reported using chewing tobacco or snuff,
- 3% of students had used uppers, downers or tranquilizers,
- 1% of students had used LSD/acid, mushrooms or ecstasy,
- 1% of students reported they had taken steroids, and
- <1% of students said they had used crack cocaine, heroin or illegal injectable drugs.

The proportion of students in New Haven who believe that there are *no* risks associated with using cigarettes, cocaine, alcohol or inhalants has grown slightly over the past few years.

The data presented on student use of and attitudes toward cigarettes, alcohol and drugs point to the sixth grade as a particularly critical period for intervention. These findings suggest a need to target younger students for drug and alcohol use prevention.

V. Adolescent Health

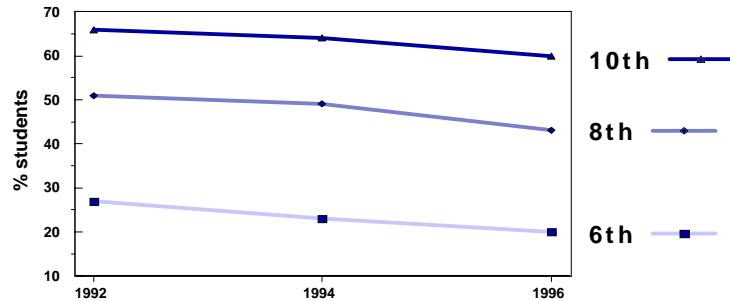
Social and Health Assessment (cont'd)

High-Risk Sexual Activity

In 1996, 41% of New Haven 6th, 8th and 10th grade students reported that they had had sexual intercourse, continuing the small but steady decrease in adolescent sexual activity since 1992.

- In 1996, 20% of 6th graders, 43% of 8th graders and 60% of 10th graders in New Haven reported ever having had sexual intercourse.
- Statewide, 15% of 7th graders, 32% of 9th graders and 49% of 11th graders reported having had sexual intercourse (1996).

Experience with Sexual Intercourse



Source: New Haven Public Schools

The proportion of New Haven students engaging in sexual intercourse more than doubles between the 6th and 8th grades, and increases again by about 50% between the 8th and 10th grades. This same trend is observed at the state level, although in 1996 the rates of reported sexual activity in Connecticut as a whole were much lower than those in New Haven.

Also in 1996, 75% of sexually active 6th, 8th and 10th grade students surveyed for SAHA reported using condoms during their last sexual intercourse, a slight increase over past years. Statewide, only 54% and 65% of sexually active girls and boys, respectively, in the 9th and 11th grades reported using a condom during their last sexual intercourse.

The proportion of New Haven students who worry about contracting AIDS (63% of 6th graders, 50% of 8th graders and 40% of 10th graders in 1996) has decreased dramatically since 1992. According to a 1996 report on trends in SAHA, this decline appears to be a consequence of improved education about the disease and how it is transmitted. The percentage of students who worry about AIDS in New Haven is consistent with statewide data from the Voice of Connecticut Youth Survey.

V. Adolescent Health

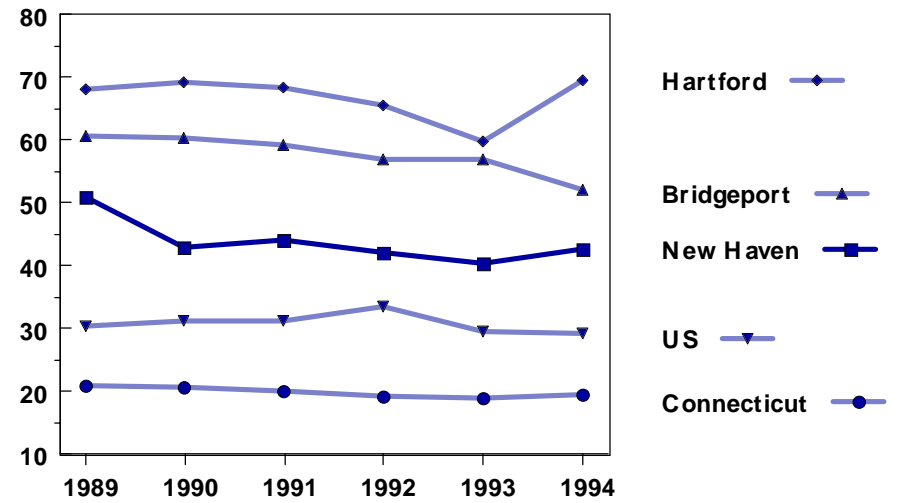
Births to Teen Mothers/ Teen Pregnancy

Teen parents are less likely than their peers to complete high school and are more likely to live in poverty, thereby placing two generations at risk of adverse health, social and developmental outcomes. Teen parents are often ill-equipped to provide effective parenting, and are therefore at increased risk of abusing or neglecting their children. Pregnant teenagers are less likely than older pregnant women to receive appropriate prenatal care.

- In 1996, 7% of New Haven adolescents surveyed for SAHA reported that they either had been pregnant or had gotten someone pregnant.
- In 1996, there were 326 births to young women aged 15 to 19 years in New Haven, calculating to a teen birth rate of 64.6 births for every 1,000 females aged 15 to 19 years in New Haven.
- This rate was almost double the rate at the state level (37.4 births per 1,000 females aged 15 to 19 years) and 18% higher than the national average (54.4).
- The birth rate among teens aged 10 to 19 years is decreasing faster in New Haven than it is in Hartford, Bridgeport, Connecticut or the US as a whole.
- Between 1989 and 1994, the birth rate in this age group dropped 16.6% in New Haven, compared with 14.2% in Bridgeport, 6.7% in Connecticut and 4.3% in the US as a whole; the rate increased by 2% in Hartford during this period.

In 1996, 41% of students surveyed for SAHA believed that people their age do not use birth control when they have sexual intercourse, yet only 4% reported not using any method of birth control themselves the last time they had sex.

Births To Teen Mothers: 1989-1994



Source: Adapted from Hartford Children's Health: A Report Card, with permission
 Note: Rate calculated as number of births per 1,000 females aged 10-19 years.

- Of the sexually active students surveyed for SAHA, 6% reported using birth control pills, 70% condoms, 3% withdrawal and 3% another method of birth control the last time they had sexual intercourse.
- The vast majority of students (84%) believed that it would be very easy or sort of easy to get a condom, but 14% said it would be difficult to get their partner to use a condom each time they had sex.
- One third of students surveyed for SAHA in 1996 said it would be sort of or very hard to refuse to have unsafe sex.

V. Adolescent Health

Sexually Transmitted Diseases

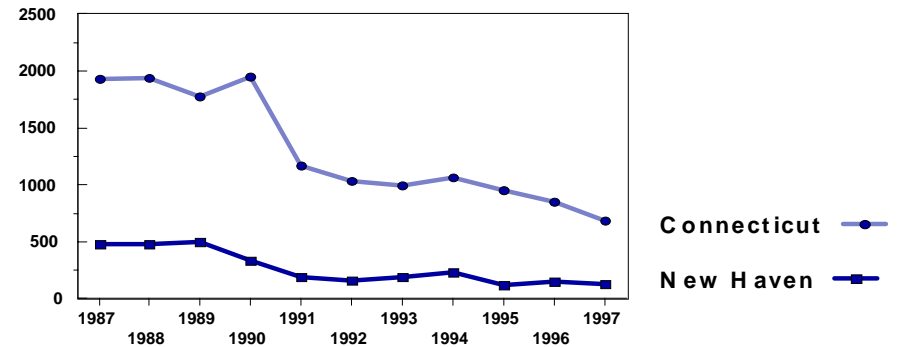
Adolescents aged 15 to 18 years comprise the highest risk age group in New Haven for sexually transmitted diseases. In 1997, 35% of the chlamydia cases reported in New Haven occurred in 15 to 18 year olds, as did 19% of the reported cases of gonorrhea.

The charts opposite and below show trends in the actual number (not rates) of reported cases of three reportable sexually transmitted diseases among youth aged 10 to 18 years over the past decade in New Haven and Connecticut.

Gonorrhea and syphilis cases are rapidly declining in New Haven youth, while reported chlamydia rates have increased by 25% since 1991 (253 cases in 1991, 317 cases in 1997). Males are underscreened for chlamydia in New Haven; 85%-95% of the reported cases occur in females.

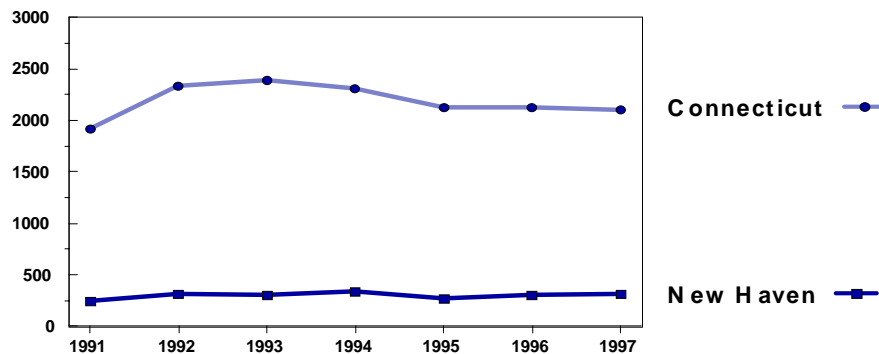
The most recent widespread syphilis epidemic occurred during the early 1990's in Connecticut and throughout the US. There have been no reported cases of early syphilis in New Haven among 10 to 18 year olds since 1995.

Reported Cases of Gonorrhea in Adolescents (10-18 years): 1987-1997



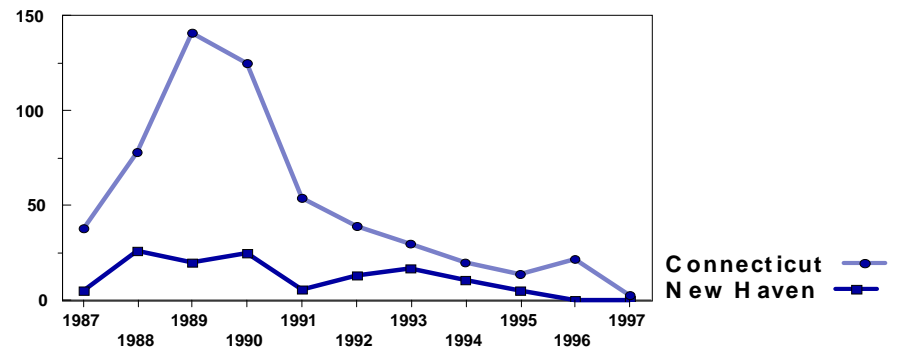
Source: State of Connecticut Department of Public Health

Reported Cases of Chlamydia in Adolescents (10-18 years): 1990-1997



Source: State of Connecticut Department of Public Health
 Note: chlamydia became reportable in Connecticut on 7/1/90

Reported Cases of Early Syphilis in Adolescents (10-18 years): 1987-1997



Source: State of Connecticut Department of Public Health



“Childhood is a period of special protection and rights. Our concept of childhood hinges on safety...When children feel safe at home they are ready to grow. When safe in the neighborhood, children are ready to play, explore and form relationships with other children. When they are safe at school, they are ready to learn.”

-Dr. James Garbarino



Photos, clockwise from top left: LEAP, Patsy A. Recchia, Cheryl Barrett, Cheryl Barrett

VI. Safety and Security

Exposure to violence can have a wide range of acute harmful effects on children. A lack of safety also has important and unique chronic effects on children. A safe environment is essential for a child to develop trust, self-confidence and effective interpersonal skills—all critical developmental steps.

As the following pages show, New Haven youth face daily threats to their safety at home, in their neighborhoods and in school. Children who are the victims of violence are more likely than other children to have poor academic, social and emotional outcomes, to become perpetrators of violence and to suffer depression or other psychiatric disorders. Children who witness violence, either personally or through the mass media, also experience serious harmful effects such as sleep disturbances, attention disorders, aggressive behaviors, depression and academic problems.

In a study conducted in 1996 by the Safe Schools and Communities Coalition, a program of DRUGS DON'T WORK, the vast majority of those surveyed—public school principals and superintendents and officials at police departments, health departments and youth service bureaus—reported the belief that student violence had increased somewhat or significantly in Connecticut during the previous five years. Among the main reasons cited for this change were exposure to violence in the media, exposure to violence in the family, societal tolerance for violence and a lack of skills for coping with conflict and stress.

New Haven public schools are taking steps to reduce violence among youth through the use of promising interventions such as peer mediation, conflict resolution and social skills training. In the Safe Schools Coalition Survey, New Haven school officials specifically reported the use of the Social Development Program, a K-12 program designed to guide students in the development of positive social and emotional skills.

In this section...

- *Child Abuse and Neglect*
- *Exposure to Violence*
- *Teen Deaths due to Violent Causes*
- *Youth Criminal Activity*

| Safety and Security | New Haven | Connecticut | United States |
|--|-------------------|--------------------|----------------------|
| <i>confirmed child abuse/neglect (1995-1996)</i> | 11.6% | 4.3% | data not available |
| <i>teen (15-19 years) deaths by accident, homicide or suicide (1995)¹</i> | 90.3 ² | 47 | 65 |
| <i>juvenile violent crime arrest rate (1995)³</i> | 2062 | 555 | 507 |

Sources: State of Connecticut Department of Children and Families; City of New Haven Health Department; The Annie E. Casey Foundation; Connecticut Association for Human Services

¹rate is per 100,000 teens aged 15 to 19 years

²denominator equals 1990 Census population minus 5.2% (estimated change 1990-1995)

³rate is per 100,000 teens aged 10 to 17 years

VI. Safety and Security

Child Abuse and Neglect

The effects of child abuse are not limited to the immediate physical and emotional pain inflicted on a child. Child abuse and neglect increase the chances that a child will have poor social, emotional and academic outcomes. When abused children reach adolescence, they become more likely to participate in risky behaviors such as delinquency, crime, early and unprotected sexual activity and drug and alcohol use. Adult victims of child abuse may suffer emotional and mental health disorders, and are more likely than other adults to abuse their own children.

- The number of child abuse reports received by the New Haven Department of Children and Families (DCF) annually has been on the rise for the past three years.
- The number of children confirmed as abused or neglected increased 8% between 1994-1995¹ and 1995-96, from 3,164 to 3,408².
- The rate of confirmed child abuse/neglect in New Haven in 1995-1996 (11.6%) was nearly three times the rate for the state as a whole (4.3%).
- The rate of sexual abuse reported by 7th, 9th and 11th grade students in New Haven's Educational Reference Group (ERG)³ group is 11%—higher than the rate in other ERG groups.

¹ One-year period from June 30th through July 1st

² This count includes all children who were reported and confirmed as abused or neglected in one year. If a child was confirmed twice, the child was counted twice.

³ New Haven is part of ERG I, which has the lowest average household income and educational attainment level in the state.

Exposure to Violence

Exposure to violence has a profound impact on a child's social, emotional and educational development. In 1996, nearly 40% of students surveyed for SAHA had seen someone shot or shot at.

- The same year, close to one third (29%) reported having seen someone being attacked or stabbed with a knife.
- Also in 1996, about half of New Haven students said that they had seen someone being chased by a gang or individual, threatened with physical harm, beaten or mugged or seriously wounded.
- However, *fewer* New Haven students in 1996 reported *exposure* to severe violence compared with previous years.

Trends in SAHA from 1992 to 1996 show an *increase* in the proportion of students who *feel safe* in their neighborhoods and at school. In 1996, at least half of students in all grades reported feeling safe in the following settings:

- on the school bus or while walking to school (71%),
- while standing in front of the school building (67%),
- at after-school activities (75%), and
- in school restrooms (60%).

The proportion of New Haven students who are *victims* of violence has remained essentially *unchanged* since 1992.

- In 1996, 19% of 6th, 8th and 10th grade students reported that they had been threatened with physical harm, 8% had been beaten up or mugged, 10% had been shot or shot at, 6% had been attacked or stabbed with a knife and 17% had been chased by gangs or individuals.

VI. Safety and Security

Teen Deaths due to Violent Causes

In the US, the top three causes of death in adolescents and young adults ages 15 to 24 years are classified as injuries, both intentional and unintentional. In Connecticut, intentional and unintentional injuries were the cause of nearly two thirds (65.4%) of the deaths among 15 to 19 year olds in 1995.

- In New Haven in 1995, there were nine deaths recorded for adolescents aged 15 to 19 years, all of which were the result of violent injuries. Two of these deaths were caused by motor vehicle accidents, one was a suicide and six were classified as homicides.
- There were seven deaths recorded among young adults ages 20 to 24 years in New Haven in 1995. Two of these deaths resulted from motor vehicle accidents, one was a suicide and one a homicide.

All deaths in 15 to 24 year olds in New Haven in 1995 were due to violent causes.

Youth Criminal Activity

Although the proportion of children who are victims of violence in New Haven has declined, the number of youth *perpetrating* violence appears to be on the rise. While crime rates overall in New Haven are reportedly declining, the juvenile violent crime arrest rate appears to have increased consistently since 1991.

- In 1996, youth younger than 18 years of age were arrested for 257 violent crimes (murder, rape, robbery and aggravated assault) committed in New Haven, calculating to a juvenile violent crime arrest rate of 2,252 arrests per 100,000 youth aged 10 to 17 years (based on 1996 population estimate).
- The 1994-1995 juvenile violent crime arrest rate in New Haven was higher than in any other town or region in the state; this rate was four times the state average and twice the average juvenile violent crime arrest rate in Hartford the same year (1,255).

| Juvenile Violent Crime Arrest Rates | | |
|-------------------------------------|-----------|-------------|
| | New Haven | Connecticut |
| 1991-1992 | 1,968 | 437 |
| 1994-1995 | 2,056 | 506 |

Source: Connecticut Association for Human Services
 Note: rates are per 100,000 youth aged 10 to 17 years

- Although the juvenile violent crime arrest rate appears to be *increasing* in New Haven, recent SAHA data indicates that the proportion of students who are perpetrating violence in the city is *decreasing*.

| SAHA | started a fight | hurt someone badly in a fight | involved in gang fight | carried a gun | carried a knife, blade or gun in school |
|------|-----------------|-------------------------------|------------------------|---------------|---|
| 1992 | 41% | 22% | 22% | 18% | 30% ¹ |
| 1996 | 33% | 20% | 13% | 9% | 22% |

Source: New Haven Public Schools
¹rate is for 1994



“Tell me and I forget,
Teach me and I remember,
Involve me and I learn.”

-Benjamin Franklin



Photos, clockwise from top left: Michael Marsland, Sven Martson, Michael Marsland, Chris Volpe

VII. Education

Education has been called the “great equalizer” because an educated child, regardless of his or her background, has an opportunity to become a successful adult. When the opportunity for an adequate education does not exist, neither does this equal opportunity for future success. For this reason, providing all New Haven students with the tools required for academic success will be a critical step in closing the gaps in social and health outcomes between races and socioeconomic classes in the city.

New Haven students have demonstrated improvements in Connecticut Mastery Test (CMT) scores and dropout rates during the past few years. Despite these gains, the city’s students continue to score lower on the CMT and Scholastic Assessment Test compared with students statewide. In addition, the annual dropout rate in New Haven is more than twice the state rate, and two times as many high school students are absent from school on a given day in New Haven compared with the state overall.

In this section...

- **Enrollment**
- **Preschool Experience**
- **Attendance/Absenteeism**
- **Special Needs**
- **Education Spending**
- **Academic Achievement**
 - Connecticut Mastery Test (CMT)
 - Scholastic Assessment Test (SAT)
- **Dropouts**
- **Post-graduation Activities**

| Education | New Haven | Connecticut |
|--|------------------|--------------------|
| <i>enrollment in public schools (1996-1997)</i> | 88.6% | 86.7% |
| <i>kindergartners with preschool experience (1996-1997)</i> | 64.2% | 69.2% |
| <i>proportion of students with special needs (1996-1997)</i> | 12.9% | 13.8% |
| <i>SAT verbal/math (1996)</i> | 404/386 | 503/499 |
| <i>CMT: percent of students achieving at or above state goals on math/reading/writing (1997)</i> | 20/22/22 | 56/60/52 |
| <i>annual high school dropout rate (1995-1996)</i> | 10.3% | 4.6% |
| <i>cumulative high school dropout rate (1997)</i> | 29.5% | 15.7% |
| <i>percent of seniors attending higher education (1997)</i> | 71.3% | 75.6% |

Sources: State of Connecticut Department of Education; Connecticut Association for Human Services

VII. Education

Enrollment

There are currently 45 public schools and 15 private schools in New Haven. The percentage of children in New Haven who are enrolled in the city's public schools has increased 6.6% during the last five years.

| Public School Enrollment | | | |
|----------------------------|-----------|-----------|-----------|
| | 1994-1995 | 1995-1996 | 1996-1997 |
| <i>number enrolled</i> | 18,483 | 18,777 | 19,131 |
| <i>% children enrolled</i> | 87.3% | 88.1% | 88.6% |

Source: State of Connecticut Department of Education

- Of the children enrolled in New Haven public schools in 1996-1997, 87.3% were minorities.

Preschool Experience

Goal 1 of the National Educational Goals states that by the year 2000, "All children will have access to high-quality and developmentally appropriate preschool programs that help prepare children for school." Quality early educational experiences help to ensure that young children enter school ready to learn.

Increasing numbers of New Haven students are entering kindergarten with previous school experience.

- In 1996-1997, 64.2% of children entering New Haven kindergartens had preschool, nursery school or Head Start experience, compared with 69.2% in the state and 48.9% in New Haven's ERG group.

Attendance/Absenteeism

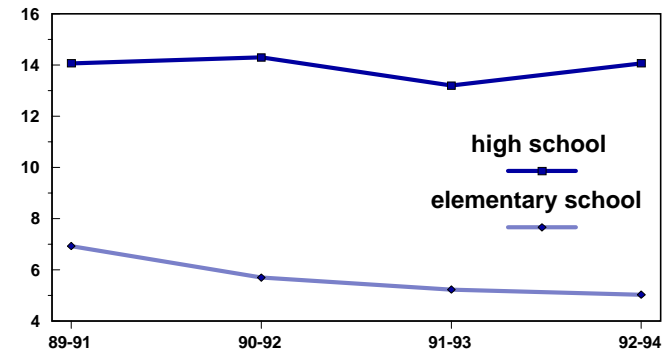
Attendance is a necessary ingredient for academic success. The absentee rate at the elementary level in New Haven public schools has shown steady improvement since 1989—more students are now attending school on a regular basis. However, the percentage of high school students who are absent has remained at consistently high levels over the past decade.

- For both elementary and high schools, the rate of absenteeism is higher in New Haven than across the state as a whole.

| | Percentage of Students Absent on a Selected Day | | | |
|---------------------------|---|-----------|-------------------|-----------|
| | High School | | Elementary School | |
| <i>three-year average</i> | 1991-1993 | 1992-1994 | 1991-1993 | 1992-1994 |
| <i>New Haven</i> | 13.20% | 14.07% | 5.23% | 5.03% |
| <i>Connecticut</i> | 6.83% | 7.07% | 3.70% | 3.67% |

Source: State of Connecticut Department of Education

Percent of Students Absent on a Selected Day New Haven: 1989-1994



Source: State of Connecticut Department of Education

VII. Education

Special Needs

Children need special education services for a variety of reasons not limited to diagnosed learning disabilities. In Connecticut in 1996-1997, 49.6% of special needs children were classified as learning disabled, 5.6% as mentally retarded, 14.1% as having serious emotional disturbances, 17.9% as speech impaired and 13.0% of these children were in need of special education services for other reasons.

- According to a recent report prepared by the State Department of Education, 12.9%¹ of students enrolled in the New Haven public school system required special education services in 1996-1997—a proportion that is essentially unchanged since 1993-1994 (13.2%).
- In 1996-1997, the need for special education services was lower in New Haven than in Hartford (17.4%) and the state as a whole (13.8%), but higher than in Bridgeport (10.5%).

Children who come from homes where the primary language spoken is not English may also require special education services. Approximately one quarter of New Haven students come to school from homes where English is not the primary language spoken. This proportion is considerably lower than that in other urban districts in the state, such as Hartford (53%) and Bridgeport (40.1%).

Percent Special Education: New Haven and Suburbs 1996-1997

| | |
|-------------------|------|
| Woodbridge | 19.1 |
| West Haven | 17.3 |
| Branford | 16.8 |
| Hamden | 16.0 |
| New Haven | 13.2 |
| East Haven | 12.7 |

Source: State of Connecticut Department of Education

¹value from Strategic School Profiles is 13.2%

Education Spending

In 1996-1997, New Haven spent a total of \$176.4 million on education, including regular and special education programs, transportation, debt service and capital expenditures.

- At \$9,068 per pupil, New Haven was in the highest spending quartile (41st of 169) in the state.
- In order to support this level of spending, New Haven levied the eighth highest school tax in the state, 14.02 equalized mills.
- This is nearly three times higher than the lowest rate, only 5 mills.

In 1996-1997, New Haven also relied on \$100 million in state aid through the Equalized Cost Sharing (ECS) program, the primary vehicle for state support of public education in Connecticut. Without state aid, New Haven's school tax rate would have been over 40 mills. The state aid that New Haven received was substantially less than it would have received if the state had not made a series of cutbacks in the grant, including capping the ECS grant in 1995.

- Fully funded, New Haven would have received an additional \$50 million in state aid in 1996-1997.
- This would have enabled the city to lower its school tax rate, to increase spending or both.

Although New Haven's per-pupil expenditures are high, the city is prevented by the State's Minimum Expenditure Requirement from spending any less. For the last two years, New Haven has been within 2% of this state-mandated minimum.

*A special report from Ben Barnes,
Connecticut Conference of Municipalities*

VII. Education

Academic Achievement

Connecticut Mastery Tests (CMT)

The CMT measures academic preparation in three subject areas: reading, writing and mathematics. These tests are administered annually to Connecticut students in grades 4, 6 and 8.

- The proportion of New Haven students in grades 4, 6 and 8 meeting state goals on the CMT in 1996-1997 was about three, six and five times lower, respectively, than the state average.
- Only 39.4% of students in New Haven scored above the remedial level on the CMT in October 1997.
- A recent analysis using a weighted index showed that New Haven students scored second to lowest in the state on the CMT in 1997—New Haven held the same rank in 1996.

Although in 1996-1997 New Haven students demonstrated their greatest improvements on the CMT in four years, CMT scores in New Haven remain far below state averages in every grade and on every component of the test.

Connecticut Academic Performance Test (CAPT)

The CAPT was developed to measure math, language arts, science and interdisciplinary academic skills in Connecticut high school students.

Scholastic Assessment Test (SAT)

The SAT (formerly the Scholastic Achievement Test) is administered voluntarily to students in their junior or senior years of high school. The test is required for admission to most colleges and universities and includes sections on mathematics and verbal reasoning, with a maximum score of 800 on each section.

- In the New Haven class of 1996, almost 65.5% of 12th grade students took the test, up from 60.0% in 1989.
- Average SAT scores in New Haven, though improving, remain far below the average scores for the state.

Connecticut Mastery Tests

| Percent of Students Meeting All Three CMT Goals | | | | | | | | | |
|---|-----------|------|------|-----------|------|------|-----------|------|------|
| | 1994-1995 | | | 1995-1996 | | | 1996-1997 | | |
| Grade | 4 | 6 | 8 | 4 | 6 | 8 | 4 | 6 | 8 |
| New Haven | 5.1 | 3.4 | 4.9 | 6.1 | 2.8 | 3.2 | 9.0 | 5.0 | 7.0 |
| Connecticut | 24.3 | 24.6 | 26.6 | 28.3 | 25.0 | 29.6 | 30.1 | 30.0 | 36.5 |

Source: State of Connecticut Department of Education

Connecticut Academic Performance Test

| Percent of Students At or Above State CAPT Goals: 1997 | | | | |
|--|------|---------------|---------|-------------------|
| Subject | Math | Language arts | Science | Interdisciplinary |
| New Haven | 10 % | 13 % | 8 % | 11 % |
| Connecticut | 35 % | 42 % | 35 % | 38 % |

Source: State of Connecticut Department of Education

Scholastic Assessment Test

| Average SAT Scores: 1994-1996 | | | | | | |
|-------------------------------|--------|------|------|------|------|------|
| | Verbal | | | Math | | |
| | 1994 | 1995 | 1996 | 1994 | 1995 | 1996 |
| New Haven | 340 | 342 | 404 | 369 | 370 | 386 |
| Connecticut | 421 | 425 | 503 | 466 | 470 | 499 |

Source: State of Connecticut Department of Education

VII. Education

Dropout Rates

Earning potential is directly related to the years of education an individual achieves; students who drop out of school are at an increased risk of living in poverty. In addition, high school dropouts are more likely to have poor social outcomes including delinquency, drug and alcohol abuse and early pregnancy, compared with their peers who graduate.

The high school dropout rate is measured in three ways. The first is the annual dropout rate (also known as the event dropout rate), or the percentage of students who drop out of school in a given year. The second is the cumulative or cohort rate—the percentage of students who drop out of a particular graduating class over the course of four years. Finally, the third rate is the proportion of all teens who are high school dropouts, known as the status rate. Although the annual dropout rate is most often reported in the press, the cumulative rate may be a better indicator of school completion rates.

- In New Haven, the *annual* dropout rate was 10.3% in 1995-1996, more than twice the average for the state (4.6%).
- This same year, the *annual* dropout rate for Connecticut was the lowest in the nation.
- The *cumulative* dropout rate for New Haven's class of 1997 was 29.5%—the 8th highest rate in the state.
- In 1997, the *cumulative* dropout rate for the state was 15.7% .
- An anti-truancy program established in New Haven in 1994 has led to steady improvements in *annual* dropout rates in the district, from 15.5% in the school year ending in 1995 to 9.4% in 1997.

One in every three public school students in New Haven's class of 1997 did not complete high school.

Post-Graduation Activities

An increasing percentage of New Haven high school graduates are pursuing higher education, including both two-year and four-year programs.

- In 1996-1997, a substantial percentage of New Haven high school graduates (71.3%) went on to higher education than in almost half of the towns in Connecticut.

| | New Haven | | | Connecticut | | |
|--------------------------|-----------|-------|------|-------------|-------|------|
| | 1995 | 1996 | 1997 | 1995 | 1996 | 1997 |
| <i>higher education</i> | 79.6% | 76.3% | 71.3 | 75.4% | 75.8% | 75.6 |
| <i>employed/military</i> | 12.3% | 12.1% | 12.3 | 18.5% | 18.7% | 18.5 |
| <i>unemployed</i> | 1.2% | 4.7% | na | 1.6% | 1.4% | na |

Source: State of Connecticut Department of Education
na: data not available

New Haven is one of few school districts in the state that fund student trips to colleges and universities throughout the nation.

- Through Project MOST, the New Haven school district is able to underwrite visits by many of its students to in-state colleges and universities.
- Funding from the Project is also used to send about 500 juniors and seniors from New Haven schools to visit out-of-state colleges each year.

**Connecticut Voices for Children
1997 Spirit Award Winner**

Amy Brown



***"I believe in empowering youth to
reclaim their neighborhoods."***

**Connecticut Voices for Children
1997 Spirit Award Winner**

Julius Stone



***"It's not that hard to solve problems.
If kids really try - think, talk, and
plan - anything is possible."***

VIII. Resilient Youth

As the preceding pages show, New Haven children and youth face many challenges in their daily lives. Yet amidst the violence, pressures to take part in risky behaviors and academic challenges, many New Haven youth find academic, social and personal success. These “resilient youth” are characterized by a variety of factors, including participation in extracurricular activities, high self-esteem, optimism about the future and access to positive adult and peer role models.

In the 1996 administration of SAHA, more than half of New Haven students in the 6th, 8th and 10th grades reported involvement in one or more school clubs or organizations.

- Sixty-two percent of students reported participating in community service or volunteer work a few times or more during the past year.
- More than 80% of those surveyed attended religious services.
- Over 70% of students reported involvement in the arts, such as music, creative writing or arts and crafts.
- Approximately 60% of students reported participation in an after-school program.
- More than three quarters (77%) of students said they participated in sports, athletics or exercise.
- Nearly 40% of students surveyed belonged to a community youth group.
- Almost one third (32%) of students reported working one or more hours per week at a job.
- Eighty percent of students reported spending up to 10 hours per week helping out around the house.
- The vast majority (86%) of students expected to live to age 60 years or older.
- About three quarters (72%) of students said that an adult is often or almost always home when they arrive home from school.

Almost all students surveyed for SAHA in 1996 said that getting a B average or better is somewhat or very important to them; 88% thought it was somewhat or very important to be perceived as bright by their teachers and 70% wanted to be thought of as smart by their peers.

- Forty-two percent of students reported spending two or more hours per day on homework.
- Four of every five students (80%) said they spend one or more hours per day reading books, magazines or newspapers.
- More than three quarters (76%) of students surveyed in 1996 hoped to eventually obtain a college or graduate degree.

Most New Haven students who completed the SAHA survey in 1996 appeared to have strong social skills and a high sense of self-esteem.

- Almost all students (96%) reported having one or more close friend.
- More than 9 of every 10 students (91%) felt they were good at making new friends.
- The vast majority of students (94%) reported that they like who they are; 90% said that they are liked by others; 86% reported being respected by others; and 92% said that others find them “fun to be with.”
- The majority of students (86%) classified themselves as dependable, 80% as easy to talk to and 91% as someone who can be relied on.
- Most students (83%) had confidence in their decision-making skills; 91% reported that their parents provide help when they ask for it.

IX. Making a Difference

New Haven has many of the same problems larger cities face today: poverty, abandoned buildings, crime and unemployment. Either directly or indirectly, the negative effects of these problems can be felt by children living in the city. Yet New Haven also has rich assets that contribute to the resilience of the city's youth, offering them enhanced opportunities for positive growth and success. These assets include two major hospitals, an Ivy League university as well as other colleges and universities, a diverse population, good housing stock, distinctive neighborhoods and, most importantly, citizens who are engaged in the community through neighborhood management teams and other programs.

"There is a growing feeling that people's voices are making a difference, encouraging even greater participation at the neighborhood level" in New Haven, according to the city's application for the All-America City Award, which it received in June 1998. Catherine Sullivan DeCarlo of the City of New Haven and other leaders in the city say this is evidence of a "change" taking place in New Haven, in which "people, from business leaders to church groups to residents, see new hope in small but solid successes," according to the application.

There are many examples of such "small but solid successes" in New Haven. A few illustrations of programs that have made a difference in the lives of New Haven's children and youth are described below.

Poverty

-Many community activists have made strides in providing economic justice for New Haven's poorer citizens, including the **Enterprise Community Teams**, **Mothers for Justice** and the **Elm City Congregations Organized**.

-Another example of individuals working to promote economic justice is **Bill Battle's** work with the **Enterprise Community** in Newhallville. Through this collaboration, Battle helped provide new job opportunities for local residents in the Omni Hotel. In concert with the **Literacy Volunteers of America**, the **New Haven Public Library**, the **Public Education Fund** and the **City of New Haven Police Department**, Battle is also increasing parent participation in public schools in Newhallville.

Child Health

-For the past decade, the **Community Foundation for Greater New Haven** and its **Commission on Infant and Child Health**, in partnership with the **City of New Haven**, have coordinated community-wide efforts to improve the health of children in the city. These efforts have increased the availability of early and regular preventive health care and health education for pregnant and parenting women, children and families in the city. As a result of this work, the group was recently awarded a **Healthy Start Phase II** \$4.5 million grant that will fund a community driven approach to reducing infant mortality. The neighborhoods to be targeted by these efforts—Dixwell, Dwight, Fair Haven, Newhallville and West Rock—had infant mortality rates in 1995 as high as 53.7 deaths per 1,000 live births, low birthweight rates as high as 18% of all births and high rates of teen pregnancy and late prenatal care. This program will support efforts already in place by enhancing existing maternal and child health services, increasing access to these services, and supplementing available resources with additional services.

Adolescent Health

-The **Polly T. McCabe Center**, a public school for pregnant teens in New Haven, has demonstrated improvements in teen birth outcomes by increasing rates of prenatal care and improving maternal health and education. The program has been successful in promoting the postponement of subsequent childbearing among adolescent mothers and has helped reduce the proportion of teen mothers who become dependent on the welfare system.

-The **Social and Health Assessment (SAHA)** is a 130+ item questionnaire developed to assess attitudes and perceptions, positive school and community involvement and high risk behavior among 6th, 8th and 10th grade students in New Haven. In conjunction with the **New Haven Public Schools**, **Dr. Mary Schwab Stone**, administered the survey in 1992, 1994, 1996 and 1998. The survey's findings have been used to assess student needs, aid in program planning and evaluate programming efforts. The SAHA offers those working to improve youth outcomes in New Haven a unique opportunity to quantify and understand the daily challenges and successes facing adolescents in the city.

IX. Making a Difference

Safety and Security

-The **Yale Child Development-Community Policing Program** is a coordinated effort between the **Yale Child Study Center** and the **New Haven Department of Police Services**. Initiated in 1991, the program educates police officers about child development and the effects of violence on youth, and provides a consultation and referral service targeting youth witnesses and victims of violence. The project has served more than 600 children and is a model for similar initiatives begun elsewhere in Connecticut and throughout the US. The 26% drop in crime in New Haven between 1990 and 1996 has been in part attributed to this unique community-based intervention.

Education

-**Footbridge**, a collaboration between **Foot School** and the **New Haven Public Schools**, offers a comprehensive summer literacy program for kindergartners and first grade students as well as training for New Haven teachers in curriculum development, classroom management and all aspects of literacy instruction. Weekly parent meetings are also an important component of the program.

-Another literacy intervention, **America Reads**, matches **Yale University** undergraduates as reading tutors with third grade students at the **Timothy Dwight Elementary School**. The pairs meet three afternoons each week and spend time in the library together on Saturdays.

-Both Footbridge, active since 1996, and America Reads, started in 1997, have demonstrated promising results in early reviews.

-The **New Haven School District** continues to model its school development process after the child-centered program pioneered by **Dr. James Comer** of the **Yale Child Study Center**. The **School Development Program** is now active at 18 schools in the district, including 16 schools with site-based management. The Program offers assistance in the assembly of Student-Parent Management teams and helps give parents, students, teachers and administrators a voice in managing their schools.

Resilient Youth

-There may be no better example of a program that's "making a difference" in the lives of children and youth in New Haven than **Leadership, Education and Athletics in Partnership**, better known as **LEAP**. This intervention, developed in 1992, is a year-round academic and social development program serving more than 530 children ages 7 to 14 years living in five of New Haven's public housing developments and low-income neighborhoods.

Each day after school and throughout the summer, LEAP children read aloud to their peers, complete their homework, write in their journals, learn to resolve conflict, take overnight camping trips, engage in art and science projects and travel to distant cities such as Chicago and Atlanta. Through LEAP, New Haven children also attend classes at the program's two Computer Learning Centers, where they're engaged in multimedia technology projects that stimulate reading, writing and research skills.

LEAP runs on the energy and commitment of more than 120 New Haven public high school and college students who serve as counselors, making the program the largest employer of teenagers in the city. Each summer, LEAP's college student counselors move into donated public housing units where they can experience the neighborhoods that LEAP children live and play in each day. This highly regarded and nationally recognized mentoring program has had a profound impact on New Haven's children and youth, including increases in social competency, reductions in peer conflicts and improved scores on academic tests. Participation in LEAP is also associated with reductions in neighborhood crime and increases in children's hope for the future.

Examples of hundreds of additional programs designed to improve the lives of New Haven's youth can be found in the **New Haven Directory of Youth Services**, created by the City of New Haven's Youth Service Bureau.

X. Notes

Technical Notes:

- A challenge in a report like this is determining the best way to illustrate where New Haven children and youth stand with respect to various indicators of well-being. In some instances, it was important to present New Haven's progress over time. In other cases, New Haven was compared with two other large cities in the state, Hartford and Bridgeport, and on other indicators New Haven was compared with its suburbs. Also for most indices, state and national data were presented.
- In order to facilitate comparisons, it would be helpful if all statistics were reported using the same categories for race: the categories that the State Department of Public Health (and NCHS) uses are White non-Hispanic, Black non-Hispanic, Other non-Hispanic and Hispanic.
- SAHA is an invaluable resource for data on adolescent behavior. We strongly encourage the support of this project. On the state level, it is important to either re-administer the Voice of Connecticut Youth Survey, conducted in 1996, and/or release the statistics from the Youth Risk Behavior Survey.
- We encourage those who report statistics on teen births to express these data as a percentage of teenage girls, not only as a percentage of all births. It is important to note that, because teen births do not reflect the number of teen pregnancies (for which data are unavailable), teen birth statistics reflect only those teens who carry their pregnancies to term and may be biased in terms of socioeconomic status or other variables.
- Child abuse statistics are inconsistent and difficult to interpret. We have chosen to publish data on "substantiated reports" and not "reports" of child abuse. The advantage of "substantiated reports" is that they have been reviewed by professionals; the disadvantage is that reports that have been substantiated represent an agency "filter" and the agency's capacity to handle all the reports, and thus may be subject to certain biases. In addition, the number of substantiated reports in Connecticut in 1995 reported by the National Child Abuse and Neglect Data System is much lower than that reported by DCF in the Connecticut Association for Human Services (CAHS) report, *Connecticut's Children: A Cause for Hope*.
- For many of the indicators presented in this report, current data were often unavailable. Data were often two to three years out of date. In the current technological age, it would seem that more current data reporting would be feasible.
- Whenever possible, all reports and public data should be published on the Internet for easy accessibility.

Useful Internet Sites (Click on the link to visit the site):

City of New Haven

http://www.state.ct.us/MUNIC/NEW_HAVEN/new_haven.htm

<http://www.cityofnewhaven.com>

New Haven Census Data

<http://biscu.its.yale.edu/cityroom/test/data/census/index.html>

<http://statlab.stat.yale.edu/cityroom/test/data/census/lookup>

<http://statlab.stat.yale.edu/nhol/home.html>

New Haven Public Library

<http://www.nhfpl.lib.ct.us/>

New Haven Public Schools

<http://www.nhps.com>

New Haven's Health

<http://www.med.yale.edu/newhavenhealth/about/>

Strategic School Profiles

<http://www.state.ct.us/sde/ssp.htm>

Connecticut Vital Statistics, 1996

<http://www.state.ct.us/dph/rrtoc96.html>

Voice of Connecticut Youth Survey, 1996

<http://www.ctkidslink.org>

US Census, 1990

<http://www.census.gov>

National Center for Education Statistics

<http://www.nces.ed.gov>

National Educational Goals

<http://www.negp.gov>

The Annie E. Casey Foundation

<http://www.aecf.org>

Connecticut Voices for Children

<http://www.ctkidslink.org>

See our Connecticut's Promise Special Reports at:

<http://statlab.stat.yale.edu/cityroom/kidslink2/promise/newindexside.html>

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