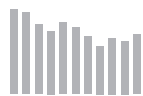


The Social State of Connecticut 2005



Institute for Innovation in Social Policy

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Institute for Innovation in Social Policy

Vassar College
Box 529
Poughkeepsie, NY, 12604

To the Governor and the Members of the General Assembly of the State of Connecticut:

We are pleased to submit *The Social State of Connecticut 2005*.

Twelve years ago, the Connecticut State Legislature and the William Caspar Graustein Memorial Fund launched a pioneering public/private initiative to monitor the social well-being of the state. This was intended to be not just a project, but a state strategy, a civic tool that would measure how well the state was faring. The approach was designed to encourage public dialogue and provide a new form of public accountability. The first *Social State of Connecticut* appeared in 1994; a new volume has been released each year since that time.

Since its inception, *The Social State of Connecticut* has become established as an accepted source of information on the social health of Connecticut's residents. With the consistent support of the William Caspar Graustein Memorial Fund and the state legislature, this initiative has established Connecticut as a national leader in monitoring the conditions of social health and in promoting public dialogue.

The centerpiece of each year's report is the Connecticut Index of Social Health, which tracks the state's social performance since 1970. The Index has shown significant improvement in recent years. However, it declined slightly last year, and this year's report shows another small decline. It is our hope that social conditions in Connecticut can begin to improve again in the years ahead.

This year's report contains a new special section entitled *Young People and the Law: A Brief Overview*, which was both initiated and supported by the Tow Foundation. This special section is designed to identify social indicators and track social trends on the way young people interact with the law in Connecticut.

We owe particular thanks to several people who helped to make this year's report possible: Elaine Zimmerman, Executive Director of the Connecticut Commission on Children; David Nee, Executive Director of the William Caspar Graustein Memorial Fund; and Emily Tow Jackson, Executive Director, and Diane Sierpina, Senior Program Officer, of the Tow Foundation.

Sincerely,
Marque-Luisa Miringoff, Ph.D.
Sandra Opdycke, Ph.D.
William Hoynes, Ph.D.

State of Connecticut
GENERAL ASSEMBLY



COMMISSION ON CHILDREN

January 2006

Dear Citizens of Connecticut:

Connecticut is the only state in the nation to report to the public on its social state and quality of life. Annually, the public is objectively apprised through data analysis on how we are faring in key subject areas that cross age and region. From wages to health care to housing, we can observe how Connecticut residents are doing. We can see the safety and learning patterns of our children.

Data is collected for thirty years and placed in graph form. No data that might emerge as a one time problem is offered, ensuring trend analysis rather than a dramatic spike with little long-term significance. Bullet points highlight key findings. Eleven indicators are offered separately, as well as integrated into a single digit number, so that we can trace our overall direction and success as a state.

The enclosed report reveals that our state is significantly improving in average weekly wages, the number of students who complete high school, reduction of infant deaths and the reduction of teen parents. However, child abuse is at its worst level since 1970 and health care costs have skyrocketed to their highest level.

There are unexpected findings such as an increase in hate crimes and in reported AIDS cases. Other data informs us of serious patterns that have not significantly changed over the last decade including large racial disparities in social and economic outcomes. This report also offers a comprehensive section on youth and the law. The indicators transparently reveal how we are treating our youth at-risk of lifelong difficulties.

This index is timely in a state that has decided to lead on results based accountability. Certain trends are offered here. The public and elected leadership can decide which trends should race to the top and which should be turned around. An index is only as good as its use by the public and policy leaders. The data offered here is a civic tool for leadership.

Respectfully Submitted,


Elaine Zimmerman
Executive Director
Connecticut Commission on Children

WILLIAM CASPAR GRAUSTEIN
M E M O R I A L F U N D

February 2006

To the People of Connecticut:

David Nee
Executive Director



The storyteller figure symbolizes the values of the Memorial Fund—educating, supporting and inspiring our children.

The Social State of Connecticut gives us each year another look at the social health of this state where we live and work, raise families, educate ourselves, build businesses, and participate in the civic life of our communities. This report offers us a clear look at the environment in which we live our lives, individually and collectively, and helps us to understand whether key elements of that environment are getting better or not.

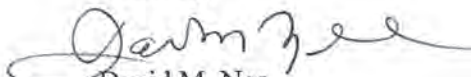
The Social Health Index, a composite of eleven carefully chosen indicators, shows the overall story in one graph. In 2003, the latest year for which data is available, the index tells us that the improvements of the late 1990s are continuing to erode. The impact of this fact is not confined to those touched directly by child abuse, unemployment or health care costs – three of the five indicators that worsened in the last year. All of us are affected by both the gains and losses recorded here. For example, the high school dropout rate has improved steadily since its worst rate of 22 percent in 1980 to a record breaking 2003 low of 9.5 percent. This is a positive sign for Connecticut's youth, economy and families. The report also invites us to look more closely at the disparities, in this example, between the dropout rates of cities and suburbs and among students of different races. There is obviously much more work to be done to keep all young people in school and learning.

The 2003 social health index shines a bright light on two areas. Child abuse rates and health care costs continue to climb and set new records. Indeed, both are national issues that deserve serious attention. In our communities and in the lives of families, these two indicators highlight issues that are often interconnected and give us ample reason to reflect on how well we are supporting families, particularly in difficult times.

The report's special section, an overview on how young people interact with the law, marks the first time that the *Social State of Connecticut* has taken a very deep look at this arena. The very people who have experienced the poorest aspects of our state's social health too often find themselves engaged with the justice system.

As far as we know, Connecticut remains the only state that consistently publishes a social health index. This report again asks us all to stop and reflect, look more deeply, ask probing questions, and work together on solutions that will improve life for all of Connecticut's residents. We thank our partners – the Governor's Office, the Legislature, the Tow Foundation and the Commission on Children.

Sincerely,


David M. Nee
Executive Director

THE TOW FOUNDATION

43 DANBURY RD. WILTON, CT 06897 TEL 203.761.6604 FAX 203.761.6605 WWW.TOWFOUNDATION.ORG

February 2006

To our Connecticut neighbors, colleagues and partners:

Juvenile justice is often a forgotten issue when social policies are discussed, even though it impacts all of us. If our most vulnerable children and families have slim prospects for a successful future, then we are all at risk. Communities of all types suffer when such social issues are given low priority. We are tremendously gratified that the authors and public/private partners responsible for the highly-respected *Social State of Connecticut* report recognized the value of measuring how our state treats young people who get in trouble with the law. The information found here should inspire us to improve our response to the needs of these youth.

As the data indicates, fewer juveniles are being arrested in Connecticut and across the nation compared to the mid-1990s, but more and more of these young people are being referred to the courts even when evidence shows that this is not an effective way to address their problems. The indicators show that most youth are arrested for minor crimes, that a disturbingly high percentage are arrested for school violations and that arrests and incarceration of youth of color remain highly disproportionate to their percentage of the general population. We should be alarmed by these numbers.

Thankfully, Connecticut has taken several positive steps toward addressing the over-incarceration of youth by, among other things, convening stakeholders to evaluate policies and practices, closing ineffective programs, and implementing evidence-based services, more of which are community and home-based. We hope state and local policymakers, police, schools, families, and the general public will consider what the data provided in this report are telling us about the state's practices and will support an even stronger commitment to a strategy that more fairly, effectively and cost-efficiently serves these troubled youth.

Sincerely,



Emily Tow Jackson
Executive Director

The Social State of Connecticut 2005

Institute for Innovation
in Social Policy

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We would like to thank the Connecticut State Legislature,
the William Caspar Graustein Memorial Fund, and the
Tow Foundation for their generous support of this document.

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Institute for Innovation in Social Policy

Acknowledgments

We would like to express our thanks to David Nee, Executive Director of the William Caspar Graustein Memorial Fund, and Elaine Zimmerman, Executive Director of the Connecticut Commission on Children, for their many years of support for this project. We also appreciate the assistance of the numerous Connecticut state officials who have helped us to assemble the data we need for each year's report. We are grateful, as well, to the Social State of Connecticut Advisory Committee.

This year's special section on young people and the law would not have been possible without the support of the Tow Foundation. For this, we are particularly grateful to Emily Tow Jackson, the foundation's Executive Director, and Diane Sierpina, Senior Program Officer. In addition, we gratefully acknowledge the help and counsel we received from many other people, including individuals from the Court Support Services Division of the State Judicial Branch, the Department of Children and Families, the Department of Correction, the Department of Education, the Department of Public Safety, and the Connecticut Juvenile Justice Alliance.

Many Vassar College colleagues have helped to make this report possible: William Hoynes, Special Consultant, for his exceptional work on the text; George Laws for his always elegant design work; James Olson, Director of Corporate, Foundation, and Governmental Relations, for his unfailing assistance and helpful information; and Dean of the Faculty Ronald Sharp for his support. At Fordham University, we would like to thank Peter Vaughan, Dean of the Graduate School of Social Service, and Jane Edwards, Assistant Dean, for their generous assistance during the past year.

Our founding director, Dr. Marc L. Miringoff, provided inspired leadership for *The Social State of Connecticut* project throughout its first decade. We are proud to continue the important work he started.

Executive Summary

This document seeks to inform public policy and heighten public awareness about social conditions in Connecticut. If we are to understand what shapes the quality of life in Connecticut, regular monitoring of the State’s social performance is as important as the regular monitoring of its economic performance.

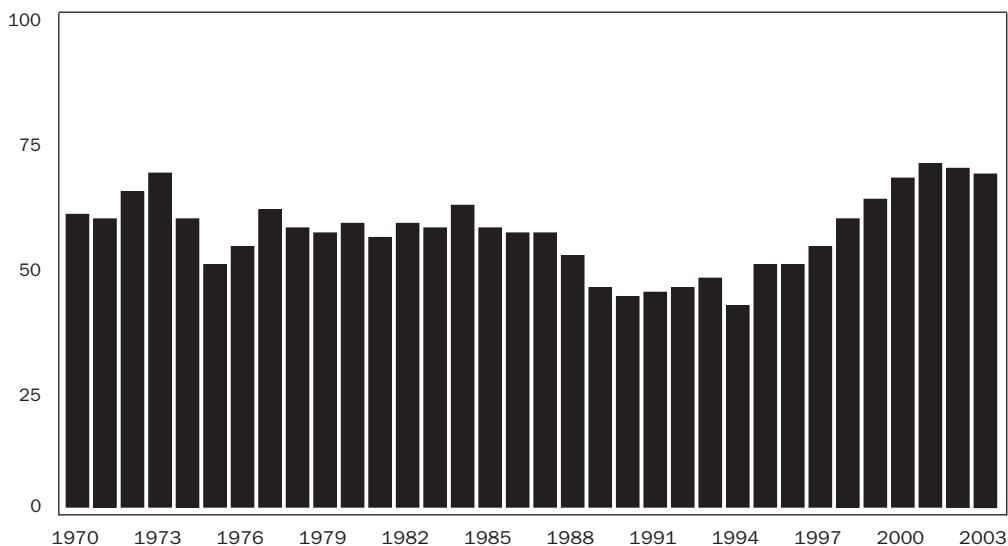
The Connecticut Index of Social Health

The Connecticut Index of Social Health provides an overview of the social performance of the State since 1970. Each indicator of the Index represents an important area of social well-being: health, employment, income, education, and security. The performance on each indicator also reflects the relative strength of the state’s social institutions: its communities, schools, and families. Taken together, they tell us much about the quality of life in Connecticut.

The Connecticut Index of Social Health includes the following indicators:

<i>Children and Youth:</i>	<i>Adults:</i>	<i>All Ages:</i>
Infant mortality	Unemployment	Violent crime
Child abuse	Average weekly wages	Affordable housing
Youth suicide	Health care costs	Income variation
High school dropouts		
Teenage births		

Connecticut Index of Social Health, 1970-2003



Source: Institute for Innovation in Social Policy

The Index of Social Health of Connecticut worsened slightly in 2003, dropping one point to a score of 66 out of a possible 100. This is the second consecutive year of modest decline in the Index, following consistent improvement between 1995 and 2001.

Between 2002 and 2003:

- Five of the eleven indicators improved: infant mortality, youth suicide, high school dropouts, average weekly wages, and violent crime.
- Five of the eleven indicators worsened: child abuse, unemployment, health care costs, affordable housing, and income variation.
- One indicator, teenage births, remained the same.

Since 1970:

- Six of the eleven indicators improved: infant mortality, youth suicide, high school dropouts, teenage births, unemployment, and average weekly wages.
- Four of the eleven indicators worsened: child abuse, health care costs, violent crime, and income variation.
- One indicator, affordable housing, remained the same.

Notable trends:

- **Best:** Infant mortality, high school dropouts, and average weekly wages reached their best levels since 1970. Teenage births equaled its best performance of 2002.
- **Worst:** Child abuse and health care costs reached their worst levels. Income variation was very close to its worst performance.
- **Worsening:** Unemployment and health care costs worsened for the third year in a row. Child abuse, affordable housing, and income variation all worsened for the fourth time in the past five years.

Young People and the Law: A Brief Overview

This year's report includes a special section on young people and the law in Connecticut. The section includes data on arrests, court referrals, detention, court outcomes, and incarceration.

The indicators in this section present a mixed picture. Arrests have declined over the past decade, and fewer of Connecticut's young people are in large institutions. At the same time, court referrals for delinquency and for status offenses have increased in recent years, as have total detention admissions. This special section, supported by a grant from the Tow Foundation, takes a first step toward creating a consistent set of indicators that can be used to regularly monitor the way young people in Connecticut interact with the law.

Conclusion

The Connecticut Index has shown considerable variation over the past thirty-four years, moving from a strong performance in the 1970s, to a sharp drop-off in the late 1980s, to notable improvement in the late 1990s. As we track these changes, it is important to remember that they are much more than abstract numbers.

When the Index rises, this change represents tangible improvement in the quality of life. When the Index falls, this change also has meaning. It is, therefore, important to reverse the slight decline in the Index seen in the past two years, and to resume the state's upward progress, so as to ensure a better life for all Connecticut residents.

Part I

Social Policy and Social Health: Social Reporting at the State Level

In order to make effective social policy, citizens and policy makers need information about the well-being of their communities. Because much of the responsibility for social policy has shifted from the federal government to the states over the past two decades, it has become increasingly important to develop tools for monitoring social health at the state as well as national level. The regional diversity within the United States, and the varying approaches by state government to social policy, suggest the value of regular social reporting by the states.

News reports and political speeches about our national well-being generally focus on the world of economics and business. The portrait they draw typically includes the Dow Jones Industrial Average, the Index of Leading Economic Indicators, the Gross Domestic Product, the balance of trade, and other similar measures. In the economic realm, daily, weekly, monthly, and quarterly reports monitor fluctuations in a broad range of measures; indexes combining several key indicators are issued monthly to facilitate comparison, detect change, and provide information for policy-making. In all, we have more than one hundred economic indexes and indicators that tell us how the economy is doing.

However, economic indicators alone provide a limited perspective on social health. When we ask, “How are we doing?” we need information that is not only economic, but goes further to explore the full range of what constitutes a good society. We need to broaden our framework for evaluating the quality of life in our communities and create a multi-faceted approach to social monitoring. A richer kind of social reporting would include other elements in the portrait of the nation’s health to give us a deeper view of our social well-being. These elements include the welfare of our children, the quality of education, the accessibility of health care, the affordability of housing, and our sense of community, security, and citizenship. In short, we need timely social reporting that will allow us to judge the social health of our nation. The continuing challenge is to connect the regular monitoring of social health to public dialogue and the policy-making process.

When we ask, “How are we doing?” we need information that is not only economic, but goes further to explore the full range of what constitutes a good society.

For more than a decade, Connecticut has been a national leader in the evaluation of social health, with an annual social report and a state government that takes social reporting seriously.

Social Indicators and Social Health

For more than a decade, Connecticut has been a national leader in the evaluation of social health, with an annual social report and a state government that takes social reporting seriously. Social reporting in Connecticut is part of a larger trend; across the country, many cities and towns have developed methods to evaluate the quality of life in their communities. This kind of social reporting, at the state and local levels, facilitates an analysis of the strengths and weaknesses of various policies, and permits the development of a comparative framework for assessing social performance.

At the national level, however, social reporting is much less developed than economic reporting. Social indicators appear more sporadically and are generally released and assessed in isolation, with little or no context or connection. They are rarely reported more frequently than on an annual basis and often there is a lag time of months and even years. Poverty, for example, is reported only once a year. Data on infant mortality, child abuse, and youth suicide are often more than two years old by the time they are released. There are no reliable measures for such persistent problems as homelessness and illiteracy. And there is no officially recognized index of agreed upon indicators that monitors the improvement or worsening of social conditions facing the nation.

Because indicators of social health are published infrequently and with little context, problems are often portrayed as crises, arising suddenly and often disappearing just as quickly. As a result, social problems seem less amenable to intervention and social policy can seem ineffective. The absence of regular social reporting hinders the possibility of pragmatic social policy based on a rational assessment of objective data.

The state of Connecticut has moved forward by developing standards against which the current performance of key social indicators can be judged in order to assess social well-being in the state. Such indicators can help us to identify our most pressing social problems, set goals for improving these problems, and give us a framework for assessing our progress.

What is most important is to continue to build a foundation for an ongoing public discussion about the quality of life at the local, state, and national level, based on analyzing indicators of social performance. This analysis can ground the discussion, giving it a consistency that is not present when politics and ideology predominate. If we look carefully at key indicators of social health, and can forge some agreement about which indicators we need to monitor most closely, we can build the framework for a new dialogue about the social health of our communities.

The Index of Social Health of the United States

In seeking to contribute to the improvement of social reporting, The Institute for Innovation in Social Policy, for the past 19 years, has published an annual Index of Social Health for the United States. Each year's Index monitors the nation's social performance in terms of sixteen key social indicators.

The Index includes issues that affect the well-being of children, such as infant mortality and children in poverty; youth, including high school dropouts and substance abuse; adults, such as average weekly wages and access to health insurance; and the aging, such as poverty among senior citizens and out-of-pocket health care costs. In addition, some indicators are included that affect people of all ages, such as crime and the affordability of housing.

Like the Index of Leading Economic Indicators, the Index of Social Health compiles multiple indicators into a single number that can be tracked over time. The Index monitors social patterns and trends going back more than three decades. As the only instrument of its kind, the Index has gained a broad following in the academic and policy-making communities. It has been included in numerous books and articles and has received significant national media attention.

Since 1970, the Index of Social Health of the United States has fallen 23 percent. After declining fairly steadily from the late 1970s to the early 1990s, the Index increased between 1994 and 2001, nearing levels last achieved in the late 1970s. However, the national Index dropped slightly in both 2002 and 2003. Regularly monitoring social performance trends in this way gives the public and officials crucial information that can inform debate, discussion, and possible action about persistent social problems.

The Social State of Connecticut

The Social State of Connecticut, now in its twelfth year, represents the only application of the Index approach to be initiated by state government. *The Social State of Connecticut*, established through a partnership of the state legislature and a private foundation, provides a model of social reporting for other states in the nation.

As its name implies, this document constitutes a broad source of data about a significant number of conditions that affect the social well-being of Connecticut's citizens. The report provides both an overall assessment of trends affecting the social health of the state as a whole, and an examination of how each individual indicator contributes. This differs from a more narrow focus on the conditions of a single sector of society, a single problem, or a specific community. The report also

The Social State of Connecticut, established through a partnership of the state legislature and a private foundation, provides a model of social reporting for other states in the nation.

Each year, The Social State of Connecticut presents an annual assessment of social conditions within the state, mapping social trends, identifying both positive and negative developments, and providing an overall assessment of the state's social health.

presents a framework for how to evaluate the current performance of each of the indicators in relation to its past performance. In addition, this year's *Social State of Connecticut* provides a special section on young people and the law, including indicators of arrests, court referrals, detention, court outcomes, and incarceration that can serve as baseline data for monitoring the way young people in Connecticut interact with the law.

When *The Social State of Connecticut* was first published in 1994, it was intended to be part of an ongoing process of monitoring the social performance of the state. Each year, *The Social State of Connecticut* presents an annual assessment of social conditions within the state, mapping social trends, identifying both positive and negative developments, and providing an overall assessment of the state's social health.

While the report provides newly updated information each year, and presents data that show the changes from year to year, the goals of social reporting in Connecticut remain the same. *The Social State of Connecticut* is intended to help link the perspectives and integrate the efforts of the many groups, both public and private, who work toward the improvement of social problems in the state. It is also intended to contribute to a continuing dialogue among citizens and policy-makers about the quality of life in the state of Connecticut.

Part II

The Connecticut Index of Social Health: The Overall Social Performance of the State

The Connecticut Index of Social Health offers a view of the social well-being of Connecticut as a whole. For this reason, the focus of the Connecticut Index is not primarily on separate problems, but on the way in which they interact to create a social climate.

Each of us, at different times in our lives, experiences a whole range of social conditions. The Index, therefore, includes social indicators associated with our different stages of life, as well as some that can affect any age or socioeconomic group.

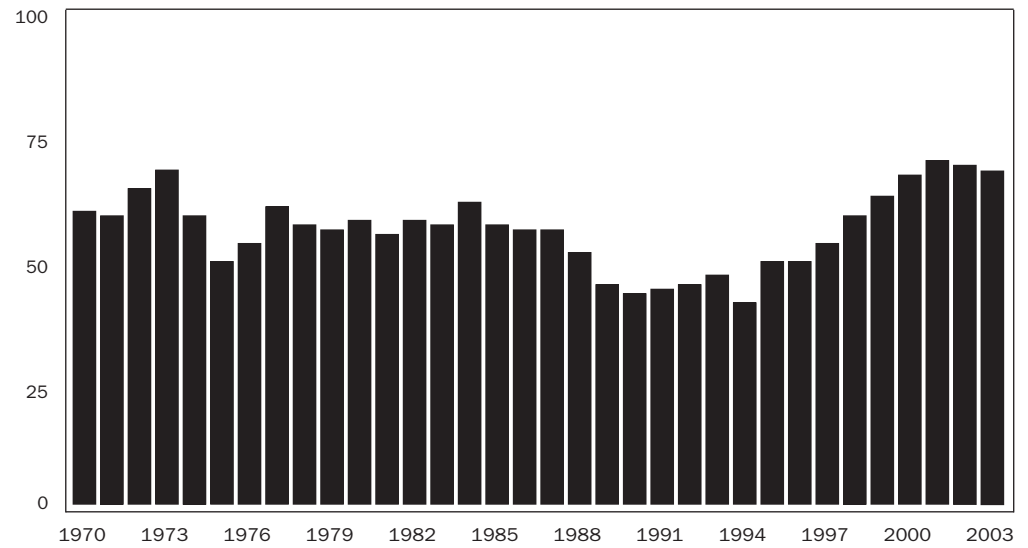
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Youth suicide	Health care costs	Income variation
High school dropouts		
Teenage births		

Taken together, Connecticut's performance on these eleven social indicators provides a comprehensive view of the social health of the state. Each indicator represents an important area that affects quality of life: health, employment, income, education, and security. The performance on each indicator also reflects the strength of the state's social institutions: its communities, schools, and families.

These indicators are social, in that they do not occur in isolation, nor is their impact confined solely to individuals directly represented by each statistic. Changes in the rate of child abuse or high school dropouts, crime or average wages, touch wider and wider circles of the population, as their cumulative consequences are realized. Monitoring these indicators, both individually and in concert, tells us much about the social health of Connecticut.

Connecticut Index of Social Health, 1970-2003



Source: Institute for Innovation in Social Policy

The Index of Social Health of Connecticut worsened slightly in 2003, dropping one point to a score of 66 out of a possible 100. This is the second consecutive year of modest decline in the Index, following consistent improvement between 1995 and 2001.

Between 2002 and 2003:

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- One indicator, affordable housing, remained the same.

Connecticut’s social health has improved markedly over the past decade. The Index now stands seven points above where it was in 1970. This is good news. But it is also clear that more can be achieved.

The present Index score of 66 is just two-thirds of the way to a perfect score, and certain indicators show a clear need for improvement, as the discussion in Part III makes clear. After modest slippage in each of the past two years, it is to be hoped that progress will resume in the years ahead.

Comparison by Time-Period

An analysis of the social health of Connecticut by time-period over the past 34 years helps to clarify the pattern of recent trends.

<i>Period</i>	<i>Starting Score</i>	<i>Ending Score</i>	<i>Change During Period</i>
1970-1980	59.2	56.0	-5%
1980-1990	56.0	43.2	-23%
1990-2000	43.2	65.4	+51%
2000-2003	65.4	66.3	+1%

Connecticut had high performance levels in the 1970s, with most years’ scores in the high 50s, and only a slight decline (5 percent) between 1970 and 1980. The following decade showed much less positive results: there was a sharp decline in the second half of the decade that left the Index 23 percent lower in 1990 than it had been in 1980. The 1990s brought a dramatic change for the better, and by 2000 the Index climbed to 65.4—its highest score since the early 1970s, and a 51 percent improvement over 1990.

The most recent four-year period for which data are available (2000-2003) represents excellent performance, with an Index average far higher than that of the three previous decades. The only cause for concern lies in the fact that the Index peaked in 2001 and has declined slightly in the two years since then.

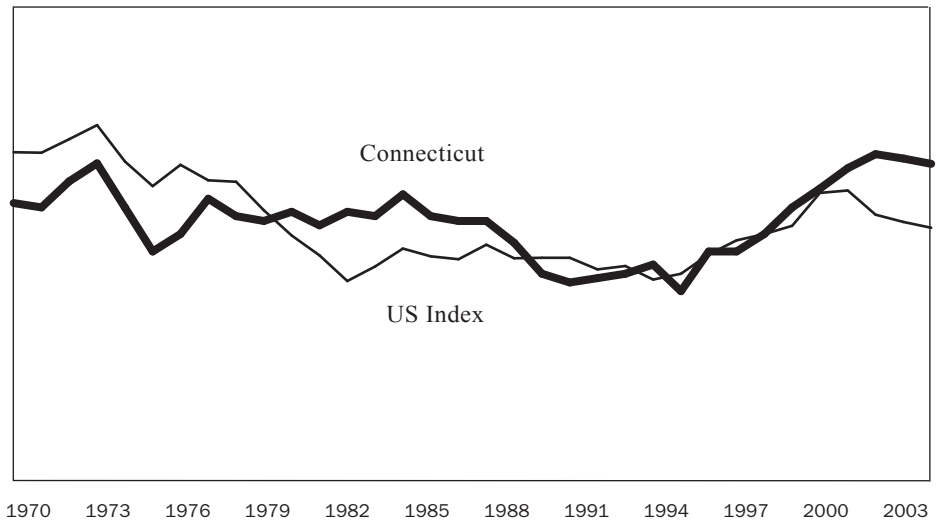
National Comparison

The Connecticut Index and the Institute’s national Index of Social Health are not precisely comparable, because some of the indicators are different. Nevertheless, certain patterns are clearly identifiable.

The social health of Connecticut and that of the nation followed roughly similar paths during the 1970s. They diverged slightly during the 1980s, then showed nearly identical levels again during most of the 1990s.

Between 1999 and 2001 there was again a change. Connecticut's Index jumped seven points, while the national Index fell by five. Since that time, neither Index has shifted by more than a point or two, and in 2003 they remained 13 percentage points apart.

Index of Social Health
Connecticut and United States, 1970-2003



Source: Institute for Innovation in Social Policy

Conclusion

The Connecticut Index has shown considerable variation over the past thirty-four years, moving from a strong performance in the 1970s, to a sharp drop-off in the late 1980s, to notable improvement in the late 1990s. As we track these changes, it is important to remember that they are much more than abstract numbers.

Each year's Index represents a summary of social conditions that profoundly affect daily life in Connecticut. It reflects, among other things, the physical well-being of the state's children, the educational success of its young people, the economic security of its families, and the access of everyone in the state to affordable housing, safe streets, and adequate health-care.

When the Index rises, this change represents tangible improvement in the quality of life. When the Index falls, this change also has meaning. It is, therefore, important to reverse the slight decline in the Index seen in the past two years, and to resume the state's upward progress, so as to ensure a better life for all Connecticut residents.

Part III

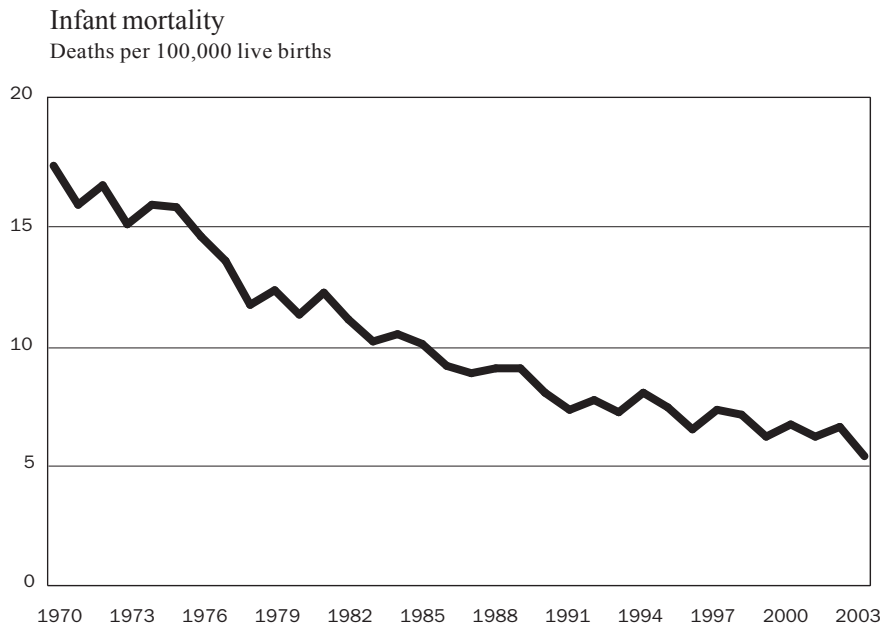
A Closer Look

A Social Profile of Connecticut

The eleven indicators of the Index
in greater detail, with a presentation of
important social conditions related to each

Infant Mortality

- Connecticut has shown substantial improvement in its infant mortality rate since 1970.
- In 2003, the Connecticut infant mortality rate was 5.3 infant deaths per 1,000 live births, the best rate on record since 1970.
- In 2003, the infant mortality rate among Blacks improved for the second year in a row, but black infant mortality remains more than double the rate of white infant mortality.



Sources: Connecticut Department of Public Health; U.S. National Center for Health Statistics

The infant mortality rate, the number of infant deaths in the first year of life for each thousand live births, has improved substantially over time in Connecticut. Advances in prenatal care, respiratory care, and early intervention have enabled more infants to survive during this critical first year.

Connecticut's infant mortality rate has improved from a high of 17.2 deaths per 1,000 live births in 1970 to 5.3 deaths in 2003. This year's infant mortality rate is the best on record, and is a substantial improvement over last year's rate of 6.5.

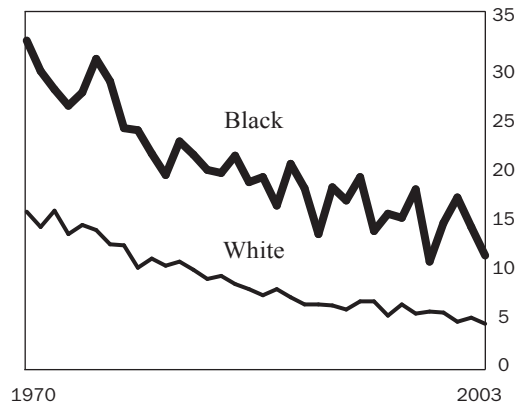
With the statewide infant mortality rate improving this year, the persistent racial disparity in infant mortality lessened modestly. The black infant mortality rate improved, dropping from 14.0 in 2002 to 11.2 in 2003, the lowest rate among Blacks since 1999. The white infant mortality rate also improved in 2003, dropping to an all time best of 4.5. Despite this year’s improvement in both white and black infant mortality, black infant mortality remains more than double the white rate.

The proportion of low birthweight infants, those less than 5 pounds 8 ounces, improved slightly in 2003, dropping to 7.5 percent of births from the previous year’s rate of 7.8 percent. Racial and ethnic disparities show up in low birthweight infants as well. Among white infants, 6.9 percent were born under 5 pounds 8 ounces in 2003, the same as the previous year. Among Hispanics, the proportion of low birthweight infants worsened in 2003, rising to 8.6 percent from 8.0 percent in 2002. Among Blacks, the proportion of low birthweight infants improved this year, after worsening the previous two years, dropping to 11.9 percent in 2003 from 12.6 percent in 2002. Significant racial disparities in low birthweight infants are persistent, but these disparities narrowed slightly in 2003.

The provision of timely prenatal care, an important factor in reducing infant mortality, improved slightly this year. In 2003, 88.6 percent of mothers in Connecticut began prenatal care in the first trimester, up from 88.3 percent in 2002. Among white mothers, 89.8 percent had timely prenatal care, compared with 81.0 percent of black mothers and 78.2 percent of Hispanic mothers.

Over the past three decades, Connecticut has shown substantial progress in the survival of infants. The 2003 infant mortality rate was the best on record, and there were small improvements this year in the percentage of low birthweight babies and the provision of timely prenatal care. However, significant racial and ethnic disparities remain. Long-term disparities in infant mortality, in the proportion of low birthweight infants, and in the provision of early prenatal care indicate that the state faces continuing challenges in maternal and infant health care.

Infant mortality by race
Deaths in the first year of life per 1,000 live births

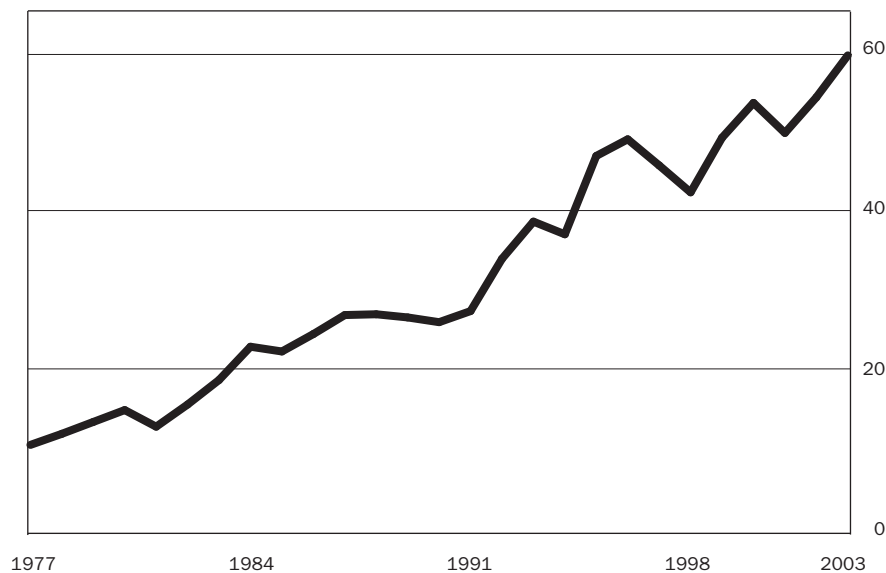


Sources: U.S. National Center for Health Statistics;
Connecticut Department of Public Health

Child Abuse

- Child abuse rates have worsened substantially since the 1970s.
- In 2003, more than 59 out of every 1,000 Connecticut children were referred in cases of child abuse, the worst child abuse rate on record in Connecticut.
- There were six child maltreatment fatalities in 2003.

Child abuse
Reports of abuse per 1,000 children under 18



Sources: American Humane Association; Connecticut Department of Children and Families; U.S. Department of Health and Human Services, Administration for Children and Families

Child abuse is among the most serious problems facing the nation today. In Connecticut, as in the nation, reports of child abuse increased steadily throughout the 1970s and 1980s, then grew worse in the 1990s and early 2000s. Between 1990 and 2003, reports of child abuse in Connecticut more than doubled, increasing by 130 percent in a thirteen-year period.

In 2003, the state's child abuse rate worsened for the fourth time in the last five years. A total of 50,115 children were referred in cases of child abuse, an increase of more than 4,400 children from the previous year. This year's child abuse rate, 59.6

reports per 1,000 children under 18, is 10 percent worse than last year's rate of 54.3. The 2003 child abuse rate is the worst on record since reporting began in the 1970s.

“Physical neglect” was the most common form of child maltreatment, representing 59 percent of substantiated reports. Another 22 percent of substantiated reports cited “emotional neglect.” “Physical abuse” was cited in 7 percent of the cases, while “educational neglect” was cited in 4 percent and “sexual abuse” was cited in 3 percent of substantiated reports. A total of 1,531 child victims were removed from their homes as a result of child abuse or neglect in 2003, accounting for 12.5 percent of the victims in substantiated cases.

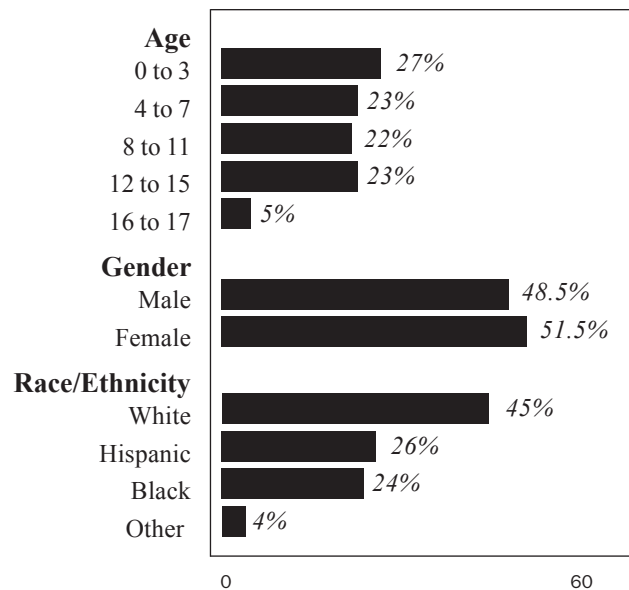
Following a national pattern, the highest number of abuse cases in 2003 occurred among the youngest children. Twenty-seven percent of child abuse victims were age three and under, and another 23 percent were children between four and seven. More than 48 percent of the victims were male and 51.5 percent were female. By race, 45 percent of child maltreatment victims were white, 26 percent were Hispanic, and 24 percent were black.

The number of deaths from child abuse has remained relatively low over time, but even a few cases are tragic. In 2003 there were six fatalities in Connecticut attributed to child maltreatment, a decrease from eleven such fatalities in 2002. None of the victims had lived in households that received family preservation services in the previous five years.

Preventive services play an important role in limiting the occurrence of child abuse. Federal data indicate that Connecticut responds quickly to child maltreatment reports, with an average of 19 days between the start of an investigation and the provision of services. Among the 39 states reporting response time data, only seven states provided services faster than Connecticut. However, only 29 percent of the state's child maltreatment victims received post-investigation services, which places Connecticut 41st among the 45 states reporting.

Child abuse can be prevented with intervention, education, and child protective services. Data from 2003 indicating the worst child abuse rate on record suggest that child abuse in Connecticut remains a serious concern that requires the state's continuing attention and resources.

Child abuse victims by age, gender, race, and ethnicity
Percent of substantiated cases, 2003

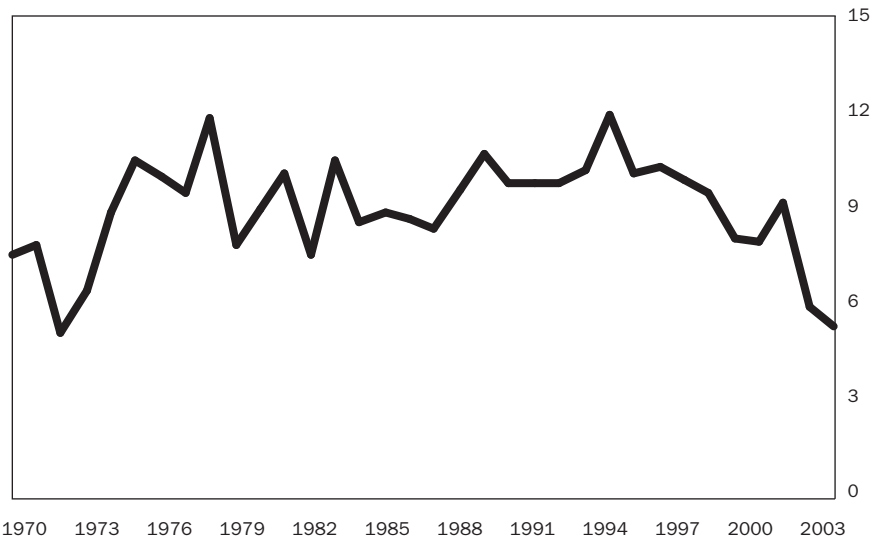


Source: U.S. Department of Health and Human Services, Administration for Children and Families

Youth Suicide

- The suicide rate among young people, ages 15-24, has fluctuated for the past three decades.
- The 2003 youth suicide rate in Connecticut, of 5.3 deaths per 100,000, is the lowest since 1972.
- The vast majority of youth suicide victims are white and male.

Youth suicide
Per 100,000 population, ages 15-24



Sources: U.S. National Center for Health Statistics;
Connecticut Department of Public Health; U.S. Bureau of the Census

Suicide rates among the nation's youth increased through much of the 1970s and remained high in the 1980s. Over the past several years, national youth suicide rates stabilized and have begun to drop.

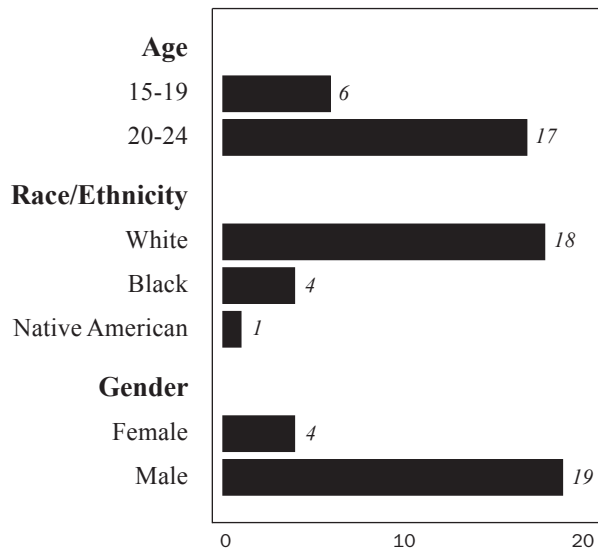
In Connecticut, the suicide rate among young people ages 15-24 has fluctuated since 1970, when the rate was 7.5 deaths per 100,000. The worst years on record were 1993 to 1996, when the youth suicide rate exceeded 10 for four consecutive years, peaking in 1994, when the rate was 11.8 deaths per 100,000. In 2003, the

suicide rate stood at 5.3 deaths per 100,000, an improvement for the second year in a row and the lowest youth suicide rate since 1972.

There were 23 deaths attributed to suicide among 15-24 year olds in Connecticut in 2003. The vast majority of these suicide victims, as in past years, have been white and male. Males accounted for 83 percent (19 of 23) of the youth suicides, and whites made up 78 percent of these deaths (18 of 23).

Youth suicide rates have improved in recent years in both the 15-19 and 20-24 year old age groups. At the same time, the Connecticut School Health Survey indicates that a considerable number of high school students think about, plan, or attempt suicide. The 2003 survey found that 16.2 percent of high school students had seriously considered suicide in the past twelve months, while 13.5 percent of high schoolers said they had made a plan about how they would attempt suicide. A smaller proportion, 10.3 percent, indicated that they had attempted suicide one or more times in the previous 12 months.

Youth suicide by age, race, ethnicity, and gender
Number of cases, 2003



Source: Connecticut Department of Public Health

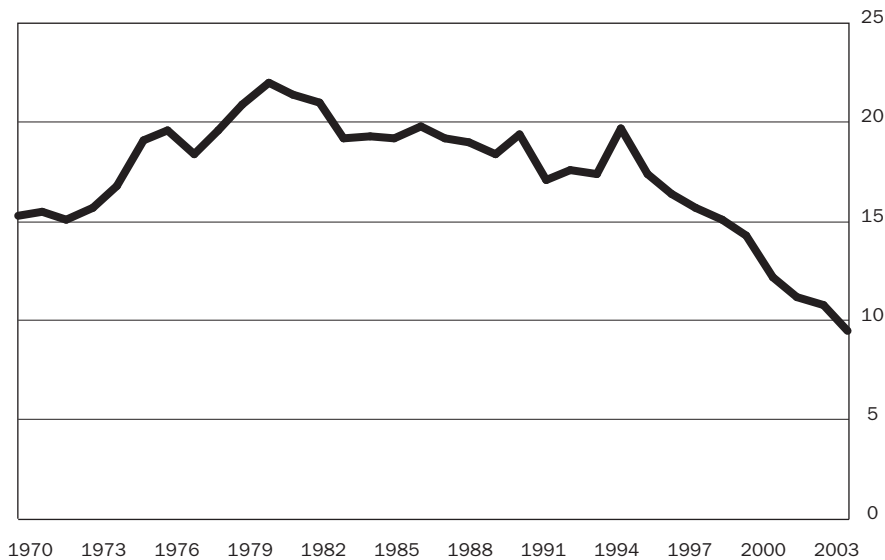
The youth suicide rate in Connecticut improved in 2003 for the sixth time in the past seven years. This important measure of youth well-being needs to be monitored regularly. Youth suicide remains a serious issue that requires the continuing attention of educators, service providers, and policy makers in the state.

High School Dropouts

- In 2003, the high school dropout rate improved to its best on record since 1970.
- The cumulative four-year high school dropout rate of 9.5 percent achieved by the graduating class of 2003 represented the ninth consecutive year of improvement.
- In 2003, the annual high school dropout rate among black and Hispanic students was more than double the rate among white students.

High school dropouts

Four-year cumulative dropout rate, by graduating class year



Source: Connecticut Department of Education

Connecticut's high school dropout rate is an important indicator of the performance of the state's educational system and the prospects for the next generation. During the 1970s, the dropout rate worsened substantially, rising from 15.3 percent in 1970 to 22 percent in 1980. During the 1980s and 1990s, the rate improved fairly steadily.

This year, Connecticut's high school dropout rate improved for the ninth year in a row, reaching a new best for the fifth consecutive year. In 2003, the four-year cumulative high school dropout rate, which measures the percentage of students in the graduating class who have dropped out between grades 9 and 12, improved to 9.5 percent. The current rate is better than the 2002 rate of 10.8 percent and is a 52

percent improvement from the rate of 19.7 percent only nine years ago. This year's dropout rate is the best in Connecticut since 1970.

During the 2002-2003 school year, a total of 3,473 students dropped out of high school, 418 fewer dropouts than in 2001-02. In addition, the percentage of total dropouts who were in 9th grade improved again this year, dropping from 28 percent of the total in 2001 to fewer than 25 percent in 2003. Since 9th and 10th graders have been the majority of dropouts in recent years, this small decline in the percentage of 9th grade dropouts highlights the importance of prevention efforts with students in the early years of high school.

The high school dropout rate improved in 2003 for all racial groups and for both male and female students. However, the dropout rate continues to be higher among students of color. While the overall annual dropout rate (the percentage of students who drop out in a single school year) was 2.1 percent in 2002-03, the rates among black students (3.2 percent) and Hispanic students (5.2 percent) were more than double the 1.5 rate among white students.

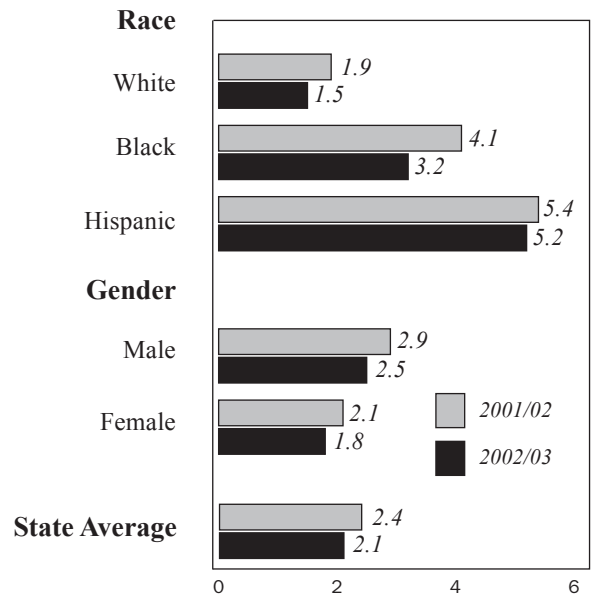
However, the dropout rate among black and Hispanic students has improved substantially in recent years. The rate among black students has improved from 5.6 percent in 1998-99 to 3.2 percent this year and the rate among Hispanics has improved from 8.3 percent in 1998-1999 to 5.2 percent. As a result of these improvements, racial disparities in high school dropouts narrowed again this year.

Male students have had a consistently higher dropout rate than female students. In 2002-03, the annual dropout rate among males was 2.5 percent, compared with a rate of 1.8 percent for female students.

While the statewide cumulative dropout rate continues to improve, moving below 10 percent for the first time, there are persistent disparities in dropout rates across the state. Some of Connecticut's school districts have rates far above the state average, including: Bridgeport (35.1%), Hartford (21.7%), New Britain (23.7%), New Haven (17.7%), and Windham (19.2%).

Connecticut continues its strong performance in the effort to provide a high school education for its young people. The 2003 dropout rate, the best performance on record, is a very positive sign for Connecticut's youth. But the persistence of high dropout rates in several of Connecticut's cities is an indication that there remains room for continuing improvement.

Annual dropout rate by race, ethnicity, and gender
2001/02 and 2002/03 school years

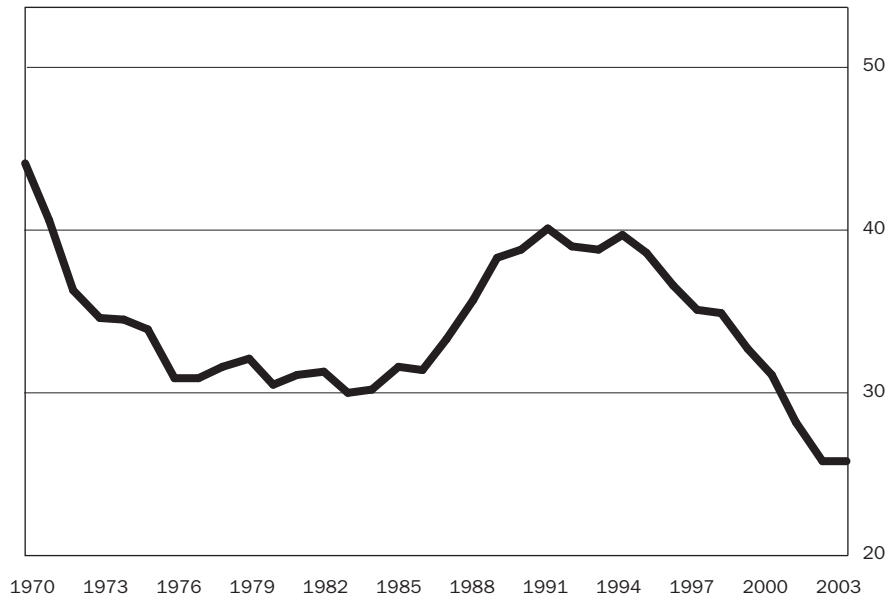


Source: Connecticut Department of Education

Teenage Births

- The teenage birth rate fell during the 1970s and rose during the 1980s, then declined sharply again during the 1990s and early 2000s.
- In 2003, the birth rate among women, ages 15-19, remained stable, matching last year's record low of 25.8 births per 1,000.
- In 2003, the number of births to women under age 15 improved for the third year in a row, dropping to 39.

Teenage births
Births per 1,000 women, ages 15-19



Sources: Connecticut Department of Public Health; U.S. Bureau of the Census; U.S. National Center for Health Statistics

The teenage birth rate, an issue of national concern, has shown substantial improvement in recent years. Connecticut's teenage birth rate has followed the national pattern. While births to teenagers increased dramatically during the late 1980s, they leveled off in the early 1990s and have been declining steadily since the mid-1990s.

In 2003, the teenage birth rate in Connecticut remained stable, following eight consecutive years of improvement. This year's teenage birth rate of 25.8 births per 1,000 women age 15 to 19 matches last year's best-on-record rate. The teenage birth rate has improved 36 percent since 1991. The total number of births to women between the ages of 15 and 19 in 1970 was over 5,700; in 2003 there were 2,842 such births.

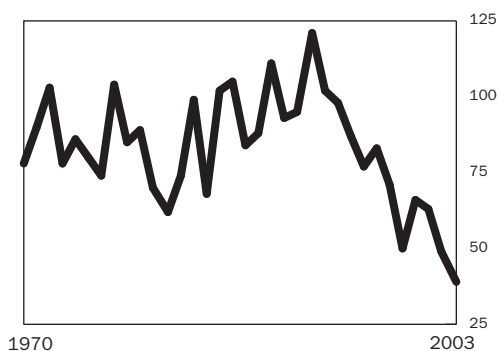
Connecticut's teenage birth rate continues to vary substantially by race. In 2003, the teen birth rate among whites was 11.1 per 1,000 women age 15-19; among black women the rate was 49.7, four times as high as the white rate. Among Hispanic women age 15-19, the birth rate was 82.3 per 1,000 in 2003, almost double the black rate and more than seven times the white rate.

Infants born to the youngest mothers, those under fifteen, typically run the greatest risk of physical problems. The number of births to mothers under age fifteen decreased in 2003 for the third year in a row, dropping to 39 births from 49 in 2002. The number of under-15 births has decreased in nine of the past eleven years, and 2003 saw the fewest under-15 births on record since 1970.

Teenage births are often associated with poverty and the disruption of schooling. They can create very difficult situations for young people. School and work plans may be disrupted and the health and well being of infants born to the youngest mothers may be jeopardized.

Teenage births constitute only a small proportion of the total number of births in Connecticut, but they often represent a large cost in financial, medical, and social support. The consistent improvement in the state's teenage birth rate and the declining number of under-15 births, both of which stood at record lows in 2003, are very positive signs. Continuing racial and ethnic disparities in teenage birth rates suggest that there remains room for further improvement.

Births to women under age 15
Number of births per year



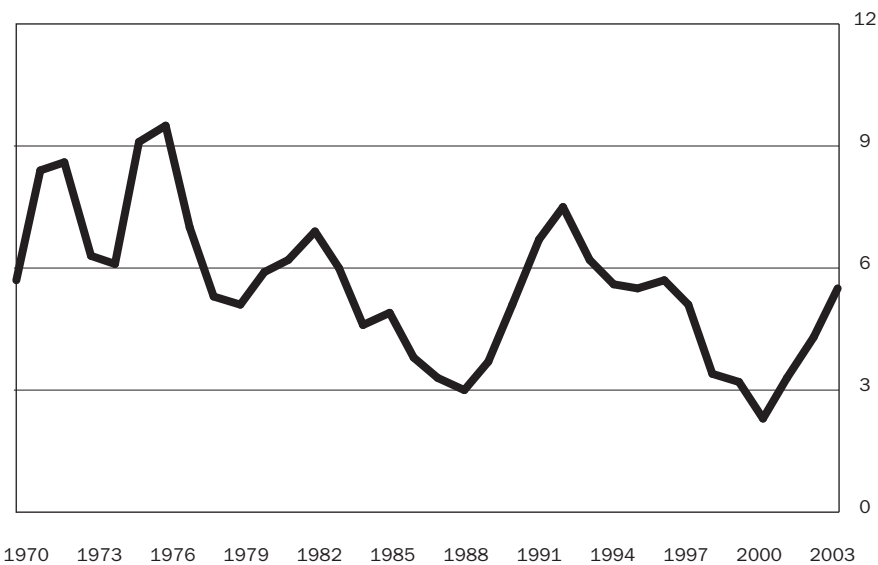
Source: U. S. National Center for Health Statistics

Unemployment

- Unemployment rates declined in the 1980s, increased between 1989 and 1992, then declined again through the rest of the 1990s. In 2003, the unemployment rate increased for the third year in a row.
- In 2003, the unemployment rate in Connecticut was 5.5 percent, worse than the 2002 rate of 4.3 percent.
- Unemployment rates remain disproportionately high among blacks, Hispanics, and youth.

Unemployment

Unemployed workers as percent of civilian labor force



Source: U.S. Department of Labor

The unemployment rate in Connecticut has fluctuated over the past three decades. Relatively high levels of unemployment in the 1970s gave way to record-low rates in the late 1980s, with unemployment dropping to 3 percent in 1988. During the early 1990s recession, the unemployment rate rose sharply, peaking at 7.5 percent in 1992. Between 1992 and 2000, unemployment rates declined steadily, reaching a new record low rate of 2.3 percent in 2000, but began rising again in 2001.

In 2003, the unemployment rate increased for the third consecutive year, rising to 5.5 percent from 4.3 percent in 2002. The statewide unemployment rate has more than doubled since the record-low year of 2000.

With the employment situation worsening in Connecticut in 2003, unemployment rates increased for both men and women, as well as among white, black, and Hispanic workers. Male unemployment increased from 4.7 percent to 6.1 percent, while female unemployment increased from 3.9 percent to 4.8 percent.

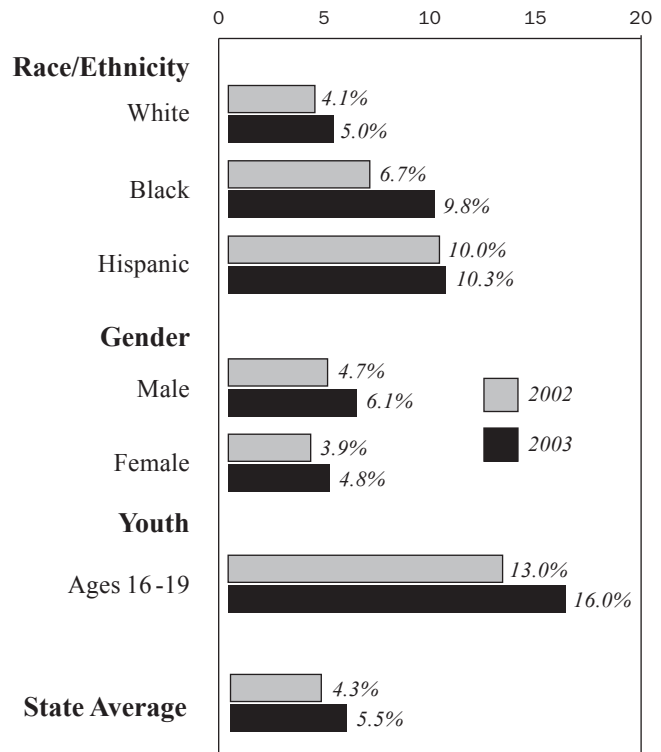
Unemployment among whites worsened from 4.1 percent in 2002 to 5.0 percent in 2003. Black unemployment increased from 6.7 percent to 9.8 percent, while unemployment among Hispanics increased only slightly, from 10.0 percent to 10.3 percent. For both blacks and Hispanics, the 2003 unemployment rates represent a third consecutive year of worsening unemployment, after several years of improvement in the late 1990s.

Unemployment among young people ages 16 to 19 increased for the second year in a row, rising from 13.0 percent in 2002 to 16.0 percent in 2003. Young men face a particularly difficult employment situation; the unemployment rate among 16 to 19 year old men was 17.9 percent in 2003.

Connecticut’s unemployment rate varies by county. Three of Connecticut’s counties – Hartford, New Haven, and Windham – had 2003 unemployment rates at or above 6 percent. In contrast, unemployment in Fairfield, Middlesex, New London, and Tolland Counties stood below 5 percent. The highest unemployment rates were concentrated in the larger urban areas of the state. Three of Connecticut’s largest cities had exceptionally high unemployment rates in 2003: Bridgeport (10.0%), Hartford (11.5%), and Waterbury (9.2%)

The employment picture in Connecticut worsened in 2003, as it did in both 2001 and 2002. Unemployment rates increased among youth, among both male and female workers, and across race and ethnicity; Black workers and young workers were hit the hardest. Increasing unemployment in the early 2000s represents a continuing concern for the state.

Unemployment by race, ethnicity, gender, and age
Percent of civilian labor force unemployed,
2002 and 2003

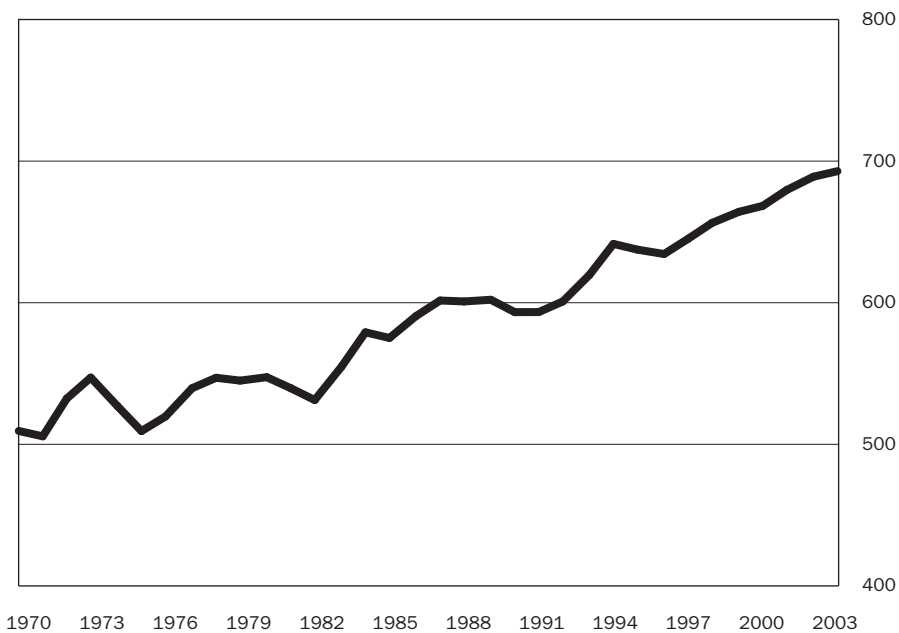


Source: U.S. Department of Labor

Average Weekly Wages

- After stagnating in the 1970s, wages among production workers have increased fairly steadily since the early 1980s.
- Average weekly wages among factory production workers, measured in constant dollars, increased slightly in 2003.
- The manufacturing sector continues to shrink as a proportion of the state's work force.

Average weekly wages of factory production workers
In 2000 dollars



Sources: Connecticut Department of Labor; U.S. Department of Labor; Economic Report of the President

One important indicator of the income levels in the state is the average wage of factory production workers. In earlier decades, these workers formed the foundation of the labor force, representing the most typical wages.

This year, the average weekly wages of factory production workers in Connecticut increased a small amount. In 2003, the average weekly wage, measured in 2000 constant dollars, was \$692.88, up \$3.89 from the previous year. Real wages have

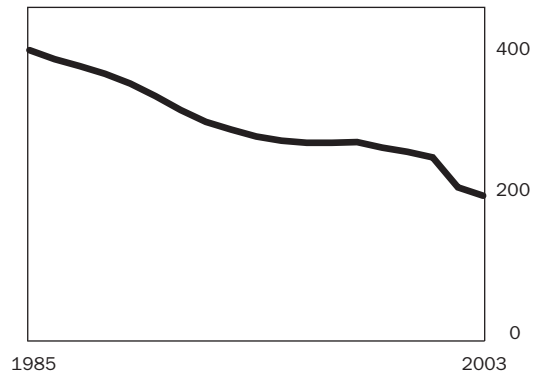
increased in Connecticut in nine of the last eleven years. As a result of this consistent wage growth, average weekly wages in 2003 (measured in constant dollars) were the highest on record since 1970.

While average wages in manufacturing increased this year, the number of jobs in the manufacturing sector continued to shrink. During the 1950s, the majority of jobs were in the manufacturing sector; today, these jobs employ only 12 percent of the work force, accounting for fewer than 200,000 jobs among the 1.625 million workers in the state.

Connecticut lost 21,700 non-farm jobs in 2003, the third year in a row of declining employment in the state. Between 2000 and 2003, the state lost a total of 50,000 non-farm jobs. The manufacturing sector, which lost nearly 12,000 jobs in 2003, experienced the most severe job cuts, but both the professional and business service sector and the trade, transportation, and utilities sector also lost jobs in 2003. Wages in the manufacturing sector, where job losses are the highest, remain well above the state average. In 2003, manufacturing jobs paid annual wages that were, on average, 20 percent higher the statewide annual wage.

Manufacturing employment

Number of jobs in thousands



Source: Connecticut Department of Labor

The industries that experienced significant job growth in 2003 have annual wages that are far below the manufacturing sector. For example, Connecticut added more than 2,000 new jobs in health care and social assistance, a sector that is now the largest non-governmental employer in Connecticut. However, jobs in health care and social assistance pay annual wages that are, on average, 33 percent lower than jobs in the manufacturing sector. Similarly, the accommodation and food services industry grew by more than 1,800 jobs in 2003; jobs in this sector have average annual wages that are 72 percent lower than manufacturing jobs.

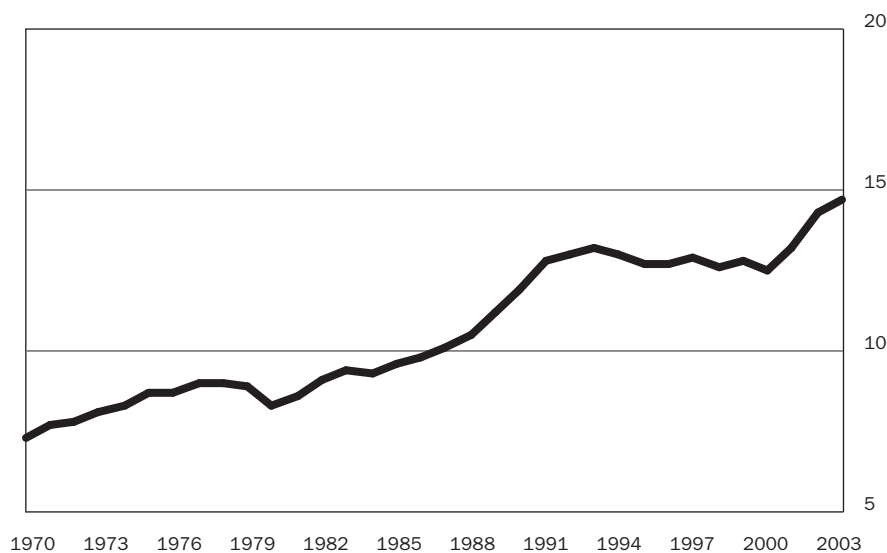
The growth in factory production wages is a positive sign for those in manufacturing jobs. But the manufacturing sector continues to shrink and new jobs are concentrated in lower-wage industries. In this climate, Connecticut's workers continue to face new economic challenges amidst the changing labor market.

Health Care Costs

- The proportion of personal income spent on health care increased during the 1970s and 1980s, leveled off during the 1990s, and has been increasing steadily since 2001.
- The proportion of personal income spent on health in 2003 was 14.7 percent, establishing a new worst on-record level, surpassing the costliest years of the early 1990s.
- The percentage of the state's non-elderly population without health insurance decreased slightly in 2003 to 12.0 percent.

Health costs and income

Estimated expenditures for personal health care as percent of per capita personal income



Sources: U.S. Centers for Medicare & Medicaid Services; U.S. Department of Commerce

Concerns over cost and access to health care have been a national issue for more than a decade, as citizens face an expensive and often difficult-to-access health care system. In Connecticut, both of these problems have worsened since the 1970s.

The burden of paying for health care in Connecticut increased steadily between 1970 and 1993. As a proportion of personal income, the percentage rose from 7.3 in 1970 to 13.2 percent in 1993, an 81 percent increase. In the late 1990s, the health care burden declined slightly, dropping to 12.5 percent of personal income in 2000. However, health costs have increased again over the past three years, reaching a

new worst on-record level of 14.7 percent in 2003. The health care cost-burden for Connecticut's residents in 2003 was more than twice as high as it was in 1970.

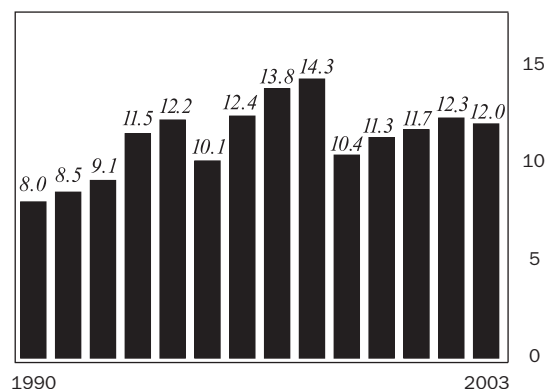
In addition to health costs, Connecticut's citizens, like other Americans, face the problem of access to health care. For those who lack health insurance, appropriate health care may be difficult or impossible to obtain. In Connecticut, the proportion of the population under age 65 who lacked health insurance increased 79 percent between 1990 and 1998, rising from 8 percent to 14.3 percent. After improving in 1999, the percentage of state residents without health insurance worsened between 2000 and 2002, before improving slightly in 2003 to 12.0 percent of the non-elderly population. Halting the upward growth in the uninsured population is a positive sign, but the proportion of the state's residents without health insurance remains far worse than in the early 1990s.

An important contributing factor to health care costs and the demand for services is the prevalence of tobacco use in the state. According to the U.S. Centers for Disease Control (CDC), 18.6 percent of Connecticut's adult residents (age 18 and over) smoked cigarettes in 2003. Connecticut's 2003 smoking rate is lower than the national rate of 22 percent and an improvement from 1995, when 20.9 percent of residents smoked. While fewer Connecticut residents are smoking, the youngest adults remain the most frequent smokers. The CDC reports that 32.4 percent of those age 18 to 24 are smokers, compared to fewer than 22 percent in every other age group. More 18 to 24 year olds were smokers in 2003 than in 1995, when 20.4 percent of 18 to 24 year olds were smokers. The overall decrease in tobacco use is good news for public health in Connecticut, but the rising levels of cigarette smoking among young adults deserves continuing monitoring.

Another factor affecting health costs and the need for services is the number of HIV/AIDS cases in the population. The state's HIV/AIDS Surveillance Program indicates that there were 725 new AIDS cases in 2003. This number is far below the numbers of new AIDS cases in the early 1990s. However, there were more newly reported AIDS cases in 2003 than any year since 1997. With an increase in AIDS cases this year, it will be important for the state to continue to monitor the prevalence of AIDS and AIDS prevention efforts in Connecticut.

Connecticut's health care picture, measured by the cost of health care, worsened in 2003, as the health care burden reached the highest levels on record. This is a troubling sign for the social health of the state. With rising expenditures on health care, it will be increasingly important to seek ways of making health care affordable and accessible for the state's residents.

Persons under age 65 without health insurance
Percent of population



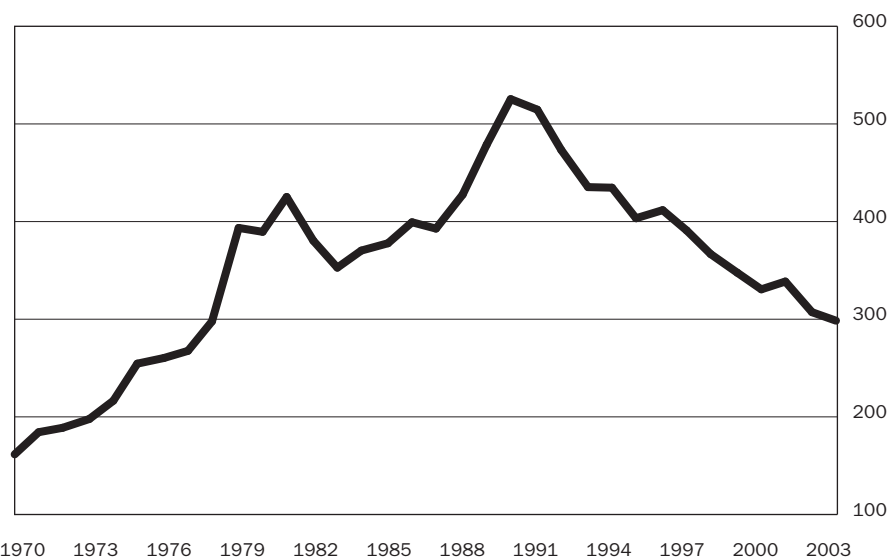
Source: U.S. Bureau of the Census

Violent Crime

- Violent crime in Connecticut increased sharply during the 1970s and again in the late 1980s, but has declined steadily since the early 1990s.
- The violent crime rate in Connecticut improved in 2003 for the sixth time in the last seven years.
- The number of hate crimes increased by 49 percent between 2002 and 2003.

Violent crime

Violent crimes per 100,000 population



Source: Connecticut Department of Public Safety

For much of the 1990s, violent crime decreased across the nation. Crime in the state of Connecticut followed a similar pattern. The violent crime rate in Connecticut—which includes the offenses of murder, rape, robbery, and aggravated assault—has declined for most of the past decade.

In 2003, the rate of violent crime in Connecticut improved for the second year in a row. This year's improvement was the sixth time in the last seven years that violent crime rates in Connecticut have improved. Overall, the 2003 rate of 298.5 violent

crimes per 100,000 population represents an improvement of 43 percent from the worst year of 1990. In 2003 the violent crime rate in Connecticut represented the best performance since 1978.

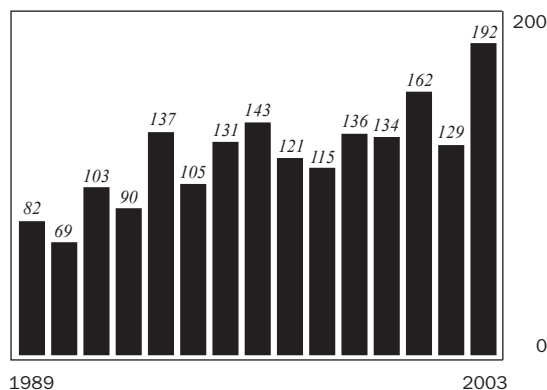
In 2003, the number of murders in Connecticut increased to 117 (including 16 victims of a nursing home arson in Hartford), up from 88 the previous year. This represents a 33 percent increase from 2002, and is the largest number of murders on record in Connecticut since 1998.

The majority of murders (51%) were committed with firearms, generally a handgun. Young people continue to account for a disproportionate number of murder victims and perpetrators. More than two-fifths (42%) of murder victims in 2003 were under the age of 30, as were the majority (51%) of known offenders. While the rape rate was down 4 percent and the aggravated assault rate dropped 6 percent, the robbery rate increased 3 percent in 2003. These mixed results are indicative of the complexity of the crime situation in the state.

Hate crimes, those motivated by bias in reference to race, religion, disability, sexual orientation, or ethnicity/national origin, have fluctuated over the past fifteen years, from a low of 69 offenses in 1990 to a high of 192 offenses in 2003. The number of hate crimes in 2003 represents an increase of 49 percent from the 129 offenses in 2002, and is the worst on record by a significant margin. More than half of the hate crimes in 2003 (63%) were motivated by racial or ethnic bias. An additional 20 percent of the cases were motivated by religious bias, while 16 percent of the hate crimes were motivated by sexual orientation bias.

Violent crime has declined in Connecticut over the past decade, and the violent crime rate hit a 25-year low in 2003. The continuing improvement in the overall violent crime rate is a positive sign. However, the increasing murder rate this year and the rise in the number of hate crimes suggest the need for continuing attention to this important indicator.

Hate crimes
Number of offenses reported per year



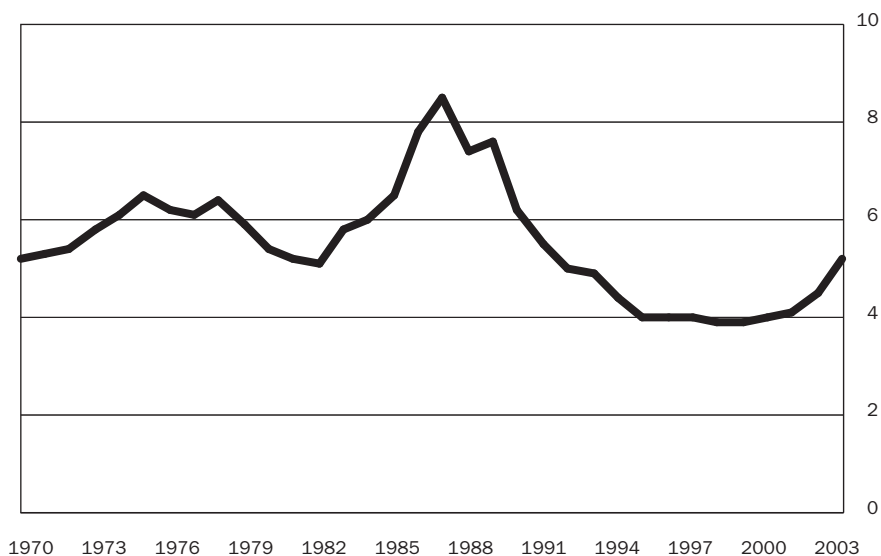
Sources: Federal Bureau of Investigation; Connecticut Department of Public Safety

Affordable Housing

- After rising sharply in the early 1980s, the cost burden of paying for single-family housing in Connecticut declined throughout the 1990s, but has been rising again since 2000.
- In 2003, a single-family home cost 5.2 times the state per capita personal income, an increase for the fourth year in a row.
- Connecticut's rental market remains among the most expensive in the nation.

Housing costs in relation to income

Estimated median sale price, single-family home, as a multiple of per capita personal income



Sources: Commercial Record; U.S. Department of Commerce

The affordability of housing is an issue with serious and wide-ranging implications. When housing costs are disproportionately high, residents often have to sacrifice other needs to pay their rent or mortgage. In the worst cases, people may have to make very difficult choices among housing, health care, food, transportation, childcare, and other necessary household items.

In Connecticut, single-family homes became increasingly affordable throughout the 1990s. Although housing prices rose from 1995 on, per capita income grew even faster, thus making housing costs more manageable. In 1987, the average

single family home cost more than eight times the per capita personal income in the state. During the 1990s, the relative cost burden of paying for a single-family home improved consistently, dropping to a record low 3.9 in 1998 and 1999.

Since 2000, however, the cost burden of single-family home has been increasing again. In 2003, the housing burden increased for the fourth year in a row, rising to 5.2, a worsening of 33 percent since 1999. The relative cost of housing in Connecticut was higher in 2003 than in any year since 1991.

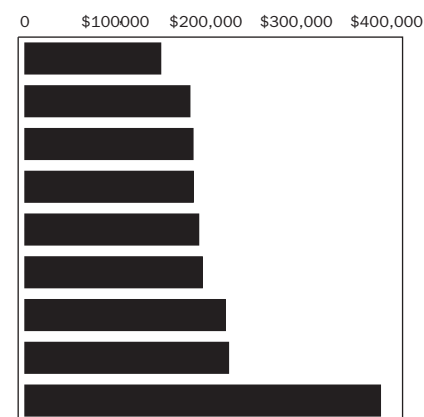
The cost of a Connecticut home can vary substantially by location. In Fairfield County, the median selling price has continued to climb, and by 2003 was more than \$393,000, 77 percent higher than the state median price of \$221,525. Middlesex County, at \$225,000, was the only other county with a median sales price above the state median. Every other Connecticut county had prices below the state median, ranging from \$196,000 in Litchfield County to \$150,000 in Windham County.

The rental housing market in Connecticut remains among the most expensive in the nation. According to a national study, Connecticut has the sixth least affordable rental housing market among the 50 states. Rental housing in Stamford-Norwalk is the second least affordable of any metropolitan area in the country, trailing only San Francisco. The fair market monthly rent for a one-bedroom apartment in Connecticut in 2003 was \$766 and a two-bedroom apartment was \$931. In order to afford a two-bedroom apartment at the fair market rent, a full-time worker in Connecticut would have to earn \$17.90 per hour, more than 250 percent of the state’s minimum wage of \$7.10 per hour. With more than 430,000 reenter households in Connecticut, equal to one-third of all households in the state, regularly monitoring the affordability of rental housing remains a significant task.

This year’s increase in the relative cost of single-family homes, the fourth consecutive year of increasing housing costs, continues to erode the long-term improvement in the affordability of single-family homes that characterized Connecticut’s housing situation in the 1990s. In addition, the rental housing market continues to be among the most expensive in the nation. It will be important to keep a careful eye on the cost of housing in the state in the coming years.

Windham	\$150,000
New London	\$182,250
Tolland	\$185,700
Hartford	\$186,000
New Haven	\$192,000
Litchfield	\$196,000
State Median	\$221,525
Middlesex	\$225,000
Fairfield	\$393,000

Median housing price by county
Single-family homes, 2003



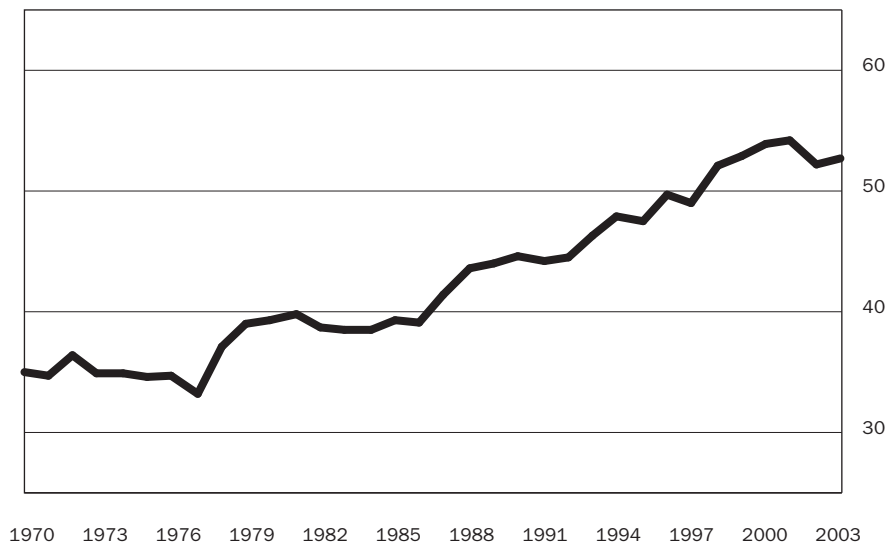
Source: The Commercial Record

Income Variation

- Disparities in income in Connecticut have grown steadily for the past two decades.
- In 2003 the distance between the income of the state's highest income county and its lowest income county increased for the fifth time in the past six years
- The state's population living below the poverty level improved slightly, dropping to 8.1 percent in 2003.

Income variation

Percentage of difference between highest income county and lowest income county



Source: U.S. Department of Commerce

Increasing inequality, the growing gap between the rich and the poor, is a continuing national phenomenon. Throughout the 1990s, the incomes of the wealthiest households rose steadily, while the incomes of the least well-off households stagnated or declined.

In Connecticut, inequality, measured as the percentage difference in per capita income between the richest county in the state and the poorest county, grew steadily between 1991 and 2001, worsening by 24 percent in that ten-year period. In 2002, the gap between the richest and the poorest county decreased slightly, improving for the first time in five years.

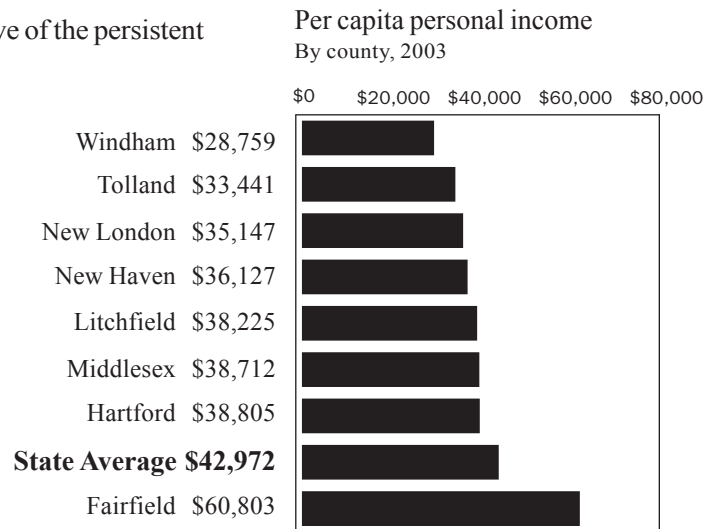
This year, the income gap increased again, worsening for the fifth time in the past six years. Income inequality has worsened by 51 percent since 1970. In 2003, for the sixth year in a row, the per capita income of the poorest county was less than half the per capita income of the richest county. The richest county in the state, Fairfield County, has had the highest per capita personal income over time. In 2003, the lowest income county, Windham County, had a per capita personal income that was 47.3 percent of Fairfield's, down from 47.8 percent the previous year. This stands in sharp contrast to the 1970s, when Windham's income was nearly two-thirds of Fairfield's.

Fairfield's per capita personal income in 2003, at \$60,803, was significantly higher than the income of any other county in the state. Among the 3,111 counties in the United States, Fairfield's income ranked 6th highest in 2003, and was almost double the national per capita personal income. As in previous years, Fairfield was the only Connecticut county with a per capita personal income above the state average of \$42,972. Hartford County had the next highest per capita income, at \$38,805, while Windham County had the lowest, at \$28,759. This long-term pattern is indicative of the persistent geographic inequality in the state.

Between 2002 and 2003, per capita personal income in Connecticut grew only one percent, but per capita personal income grew even more slowly in the lowest income counties – New London County (0.8%), Windham County (0.7%), and Tolland County (zero income growth). This below-average growth in the lowest income counties is the source of the worsening inequality in Connecticut this year.

In 2003, the poverty rate in Connecticut improved slightly, decreasing to 8.1 percent from 8.3 percent the previous year. The poverty rate for children under age 18 also improved slightly in 2003, dropping to 10.1 percent this year from 10.7 percent in 2002. The poverty rate for people in female-headed households with children improved slightly as well, dropping from 27.1 percent last year to 26 percent in 2003, although this rate remained more than three times the overall poverty rate in the state.

Income inequality exists across the country; it is not unusual throughout history or unique to Connecticut. Nevertheless, it is cause for concern that the gap between the state's highest income and lowest income counties increased again this year. Poverty rates improved slightly, but one in ten children in Connecticut continue to live in poverty, as do more than one-quarter of the residents of female-headed households with children. This persistent inequality and continuing child poverty requires the ongoing attention of policy makers.



Source: U.S. Department of Commerce

Part IV

A Summary Review:
Current Social Indicators
in Historical Context

Part IV

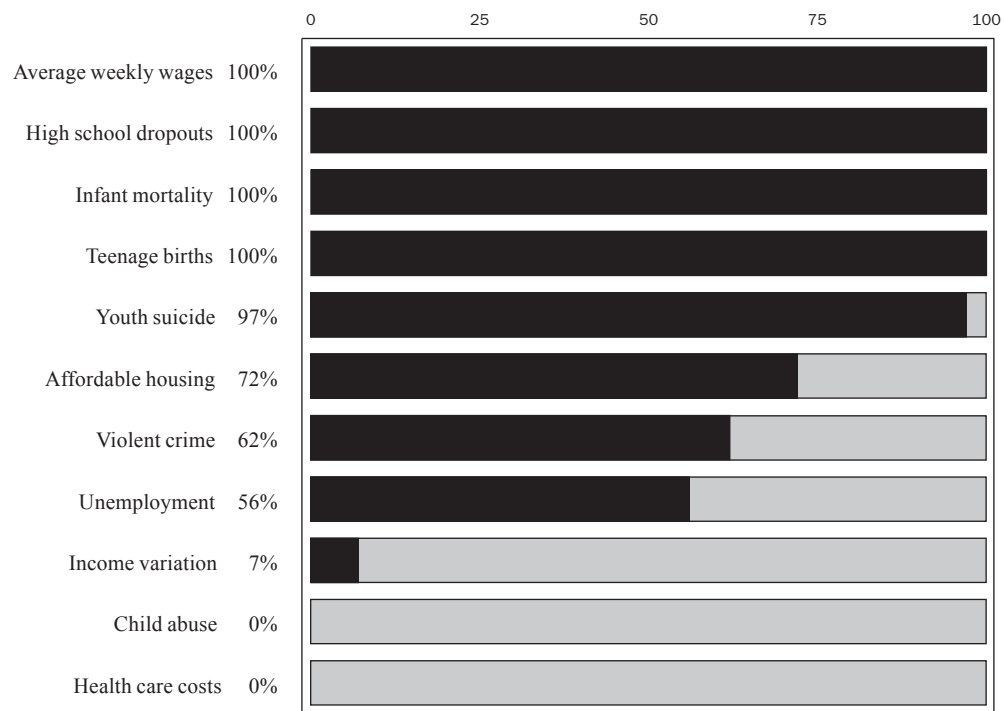
A Summary Review: Current Social Indicators in Historical Context

In order to evaluate social health, we need to develop a set of standards against which current social performance can be judged. One useful approach is to compare the current performance of each indicator with its best performance in the past. Using the best performance as a standard does not necessarily point to where we would want the indicator to be or where our values suggest it should be. But it offers a reasonable standard for current performance. Past achievement provides a benchmark against which to evaluate current performance and begin to assess future potential.

The following chart provides a graphic illustration of the performance of each of the eleven indicators that comprise the Connecticut Index of Social Health. Looking at the current level of these eleven indicators against their previous best tells us much about how the state is doing and where it is headed. It tells us more than just whether a given indicator is up or down in a single year, but places current performance in relation to the past three decades, showing how each indicator stands compared to its own best.

The graph that follows places each indicator's 2003 performance on a continuum between its worst and best recorded levels since 1970. A score of 0 indicates that the 2003 performance is the worst on record; a score of 100 indicates that the 2003 performance is the best on record. This year four of the eleven indicators—average weekly wages, high school dropouts, infant mortality, and teenage births—are at their best levels, and one other indicator—youth suicide—is very near its best. In these five areas, where the state is making positive strides, Connecticut's current performance can be judged to be very impressive.

Indicator performance in 2003 as a percentage of best recorded performance
(best on record = 100%; worst on record = 0%)



Source: Institute for Innovation in Social Policy

At the opposite end of the continuum, two indicators—child abuse and health care costs—are currently at their worst level, and one indicator (income variation) is near its worst. Connecticut’s social performance in these three areas can be judged to be rather poor.

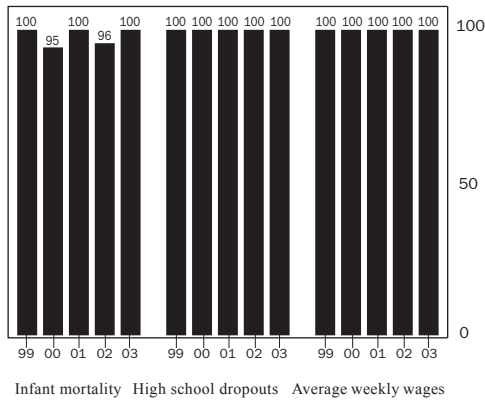
Three indicators—unemployment, violent crime, and affordable housing—fall in the middle range, somewhere between the best and the worst. It is important to look at where these indicators stand on the performance continuum, for it clarifies the meaning of recent changes. Unemployment worsened for the third year in a row and now stands at 56 percent of its best on record performance in 2000. Violent crime has improved for 11 of the last 13 years; the state’s current performance on this indicator now represents 62 percent of its best level achieved in the early 1970s. Affordable housing has worsened the past four years and now stands at 72 percent of its best on record performance in 1999. This analysis of social performance suggests that we need to pay attention to multi-year trends and be cautious about the way we interpret short-term changes in any single indicator.

Five-year trends, 1999-2003

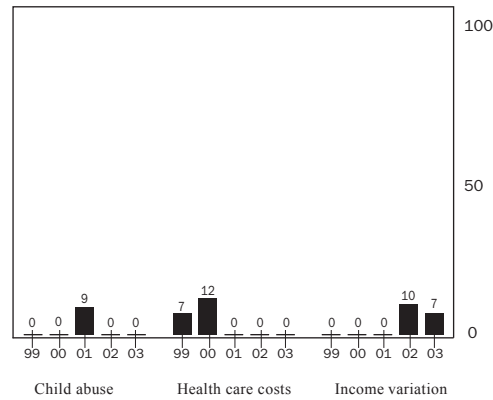
Annual indicator performance as a percentage of best recorded performance
(best on record = 100; worst on record = 0)

Among the 11 indicators that comprise the Connecticut Index of Social Health, six have been relatively stable for the past five years. Three of these (infant mortality, high school dropouts, and average weekly wages) have shown consistently strong performance, reaching or nearing their best levels for the past five years. In contrast, three indicators (child abuse, health care costs, and income variation) have shown consistently weak performance, hovering around their worst levels for the past five years.

Strong Performance

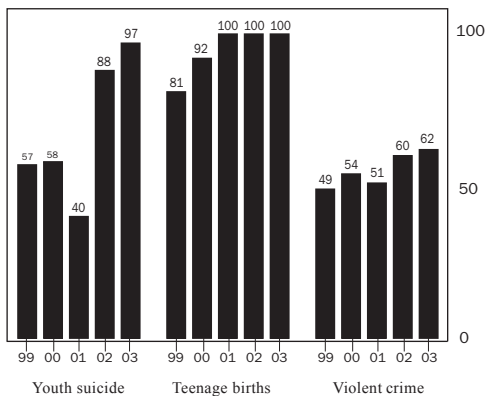


Weak Performance

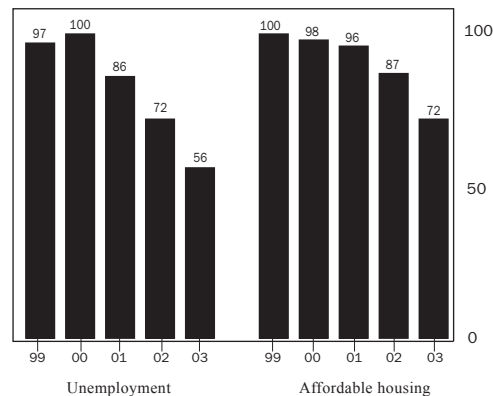


Five of the eleven indicators fluctuated between 1999 and 2003. Three indicators (youth suicide, teenage births, and violent crime) showed relatively steady improvement over the five-year period, with teenage births reaching record best levels. In contrast, two indicators (unemployment and affordable housing) declined relatively steadily between 1999 and 2003, dropping from their best levels to several years of worsening performance.

Improving Performance



Declining Performance



SPECIAL SECTION

Part V

**Young People and the Law:
A Brief Overview**

Part V

Young People and the Law: A Brief Overview

Each year, *The Social State of Connecticut* includes a special section that examines a particular topic of interest to the Connecticut community. This year, the special section focuses on young people and the law. This subject has been widely discussed by Connecticut residents and public officials during the past several years. Recently, there have been numerous initiatives to address areas of pressing concern.

Purpose of this section: Our intent, in this first look at the issue, is to begin to develop a set of social indicators that can be used to track major ways that young people interact with the law, to summarize recent trends, and to present the material in a way that is helpful to the public.

Scope of this section: The section presents social indicators for some of the most important phases of young people’s involvement with the law: arrests, juvenile court referrals, juvenile court outcomes, detention, and incarceration. It is not a comprehensive report or a policy analysis, but rather an introductory overview. We hope that in future editions, specific aspects can be explored in greater detail. The scope of this section also is limited to some extent by the data available, but within those constraints we have made every effort to select indicators that seemed most informative.

Age-Groups Covered. The majority of tables presented in this section provide data on children under age 16. In Connecticut, the law distinguishes between “children,” defined as persons under age 16, and “youth,” who are 16 and 17 year olds. Connecticut is one of only three states in the country that sets the juvenile court age-limit at 16; most states set it at 17 or 18. In some cases, in order to present comparative data or to provide more information, we have included additional statistics that cover young people up to age 18.

Overall Trends. This overview shows that arrests of young people in Connecticut have declined significantly over the past decade, both for all crimes

and for violent crimes. This pattern is observable both among children under 16 and in the larger under-18 age-group. The number of young people in the Connecticut Juvenile Training School and in the state's correctional facilities also has declined. Alternatively, referrals to juvenile court and total detention admissions have both increased during the past decade.

In recent years, Connecticut has been going through a period of deliberation about the process of dealing with young people who get into trouble with the law. It is our hope that this brief overview can contribute to the continuing dialogue about this vital subject.

Acknowledgments

We would like to thank The Tow Foundation of Connecticut, which both initiated and supported this special section. We also would like to thank the Graustein Memorial Fund and the Connecticut Commission on Children for encouraging this new effort.

We are especially grateful to the following individuals who provided essential information and consultation as we prepared this special section:

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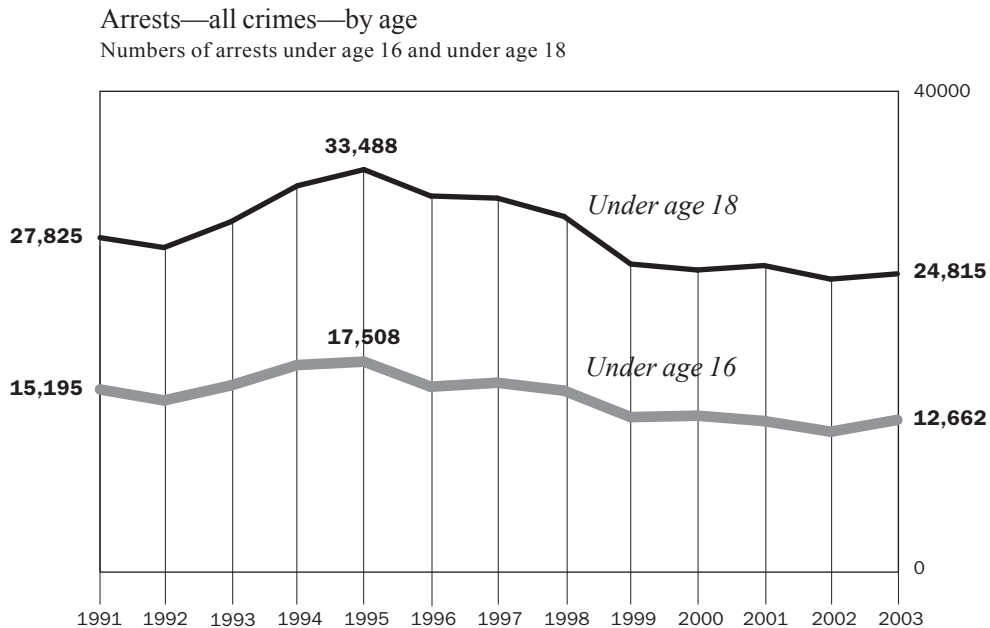
Fernando Muniz, Executive Director

YOUNG PEOPLE AND THE LAW

Arrests—All Crime

A key starting point in assessing young people's interactions with the law is the number of arrests. These figures portray how much crime by young people there has been in Connecticut, and the degree to which it has changed over time.

Total arrests of children under age 16 have declined markedly over the past decade. After rising from 1992 through 1995, arrests then dropped fairly consistently from 1995 to 2002. There was a slight increase in 2003 (the most recent year for which data are available). Overall, arrests under age 16 declined from their peak of 17,508 in 1995 to 12,662 in 2003, a reduction of 28 percent. When 16 and 17 year olds are added in, the pattern for the whole under-18 age-group looks very similar; arrests declined from a peak of 33,488 in 1995 to 24,815 in 2003, a reduction of 26 percent.

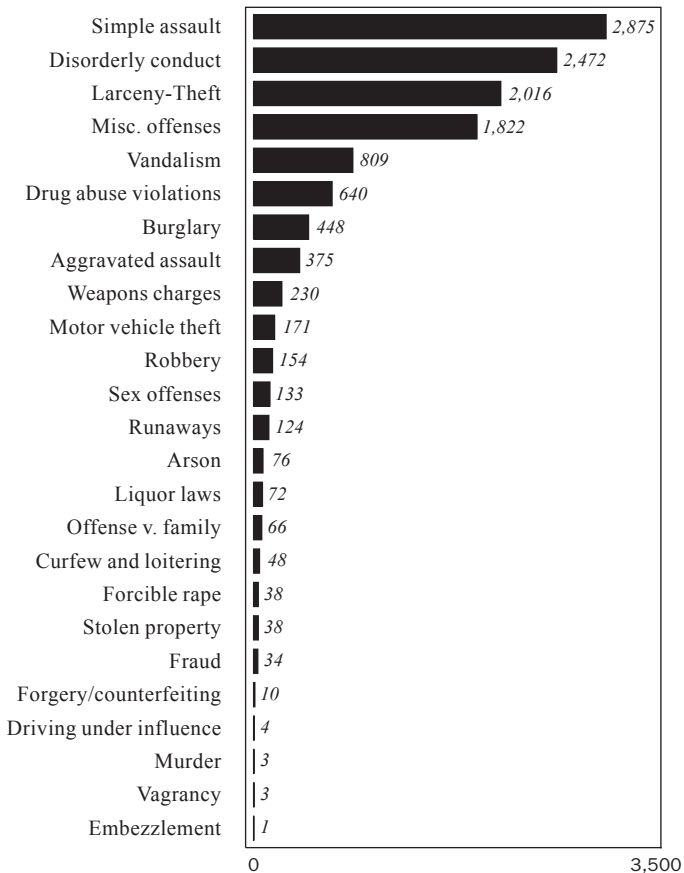


Source: Connecticut Department of Public Safety

Children under age 16 are arrested most frequently for the following crimes: simple assault, disorderly conduct, and larceny-theft. In 2003, there were over two thousand arrests in each of these categories. Though all three of these types of crimes show high numbers, simple assaults have increased most dramatically over time, more than doubling since 1991.

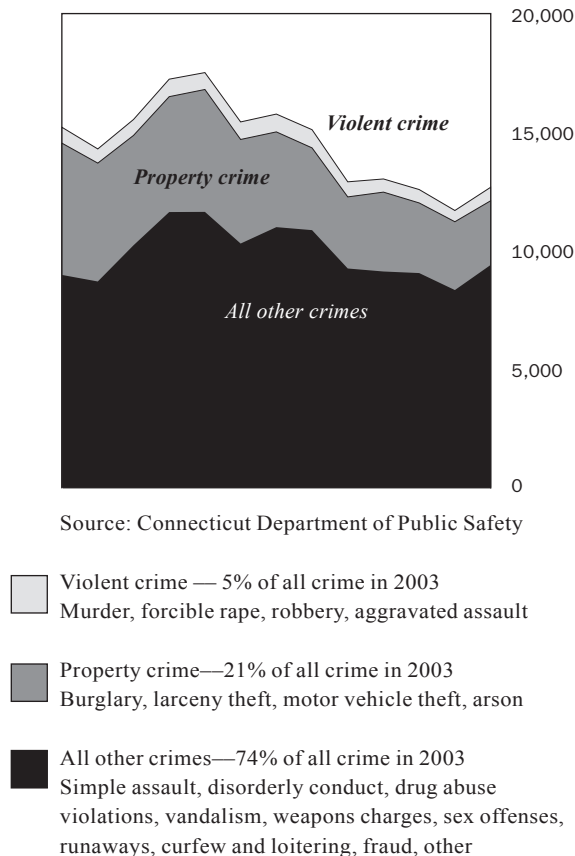
Arrests are typically grouped in terms of three major categories—violent crime, property crime, and all other offenses. In 2003, violent crime made up 5 percent of the state’s total arrests of children under 16, property crime accounted for 21 percent, and all other crimes represented 74 percent. The arrest pattern for the larger age-group — all young people under 18 — is nearly identical.

Arrests by type of crime
Number of arrests under age 16, 2003



Source: Connecticut Department of Public Safety

Arrests—violent, property,
and all other crimes
Number of arrests under age 16

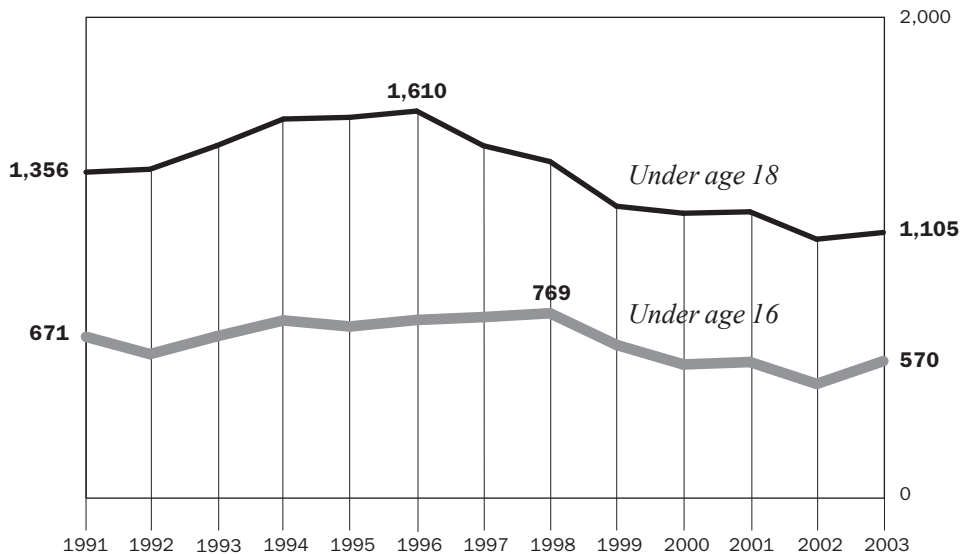


Arrests—Violent Crime

Violent crime represents only a small percentage of the offenses for which young people are arrested but it is, of course, an area of serious concern. This category of crime includes murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault. Violent crime can lead to young people being tried as adults or can foreshadow lives of serious crime.

Arrests of children under 16 for violent crimes have shown a pattern of decline similar to that for all crimes. Arrests rose gradually during most of the 1990s, then declined through 2002. There was an increase in 2003 (the most recent year for which data are available). The number of children arrested for violent crime peaked at 769 arrests in 1998. In 2003, there were 570 arrests, a reduction of 26 percent. When 16 and 17 year olds are added in, the pattern for the whole under-18 age-group is similar; violent crime arrests peaked at 1,610 in 1996 and fell to 1,105 in 2003, a reduction of 31 percent.

Arrests—violent crime—by age
Number of arrests under age 16 and age 18

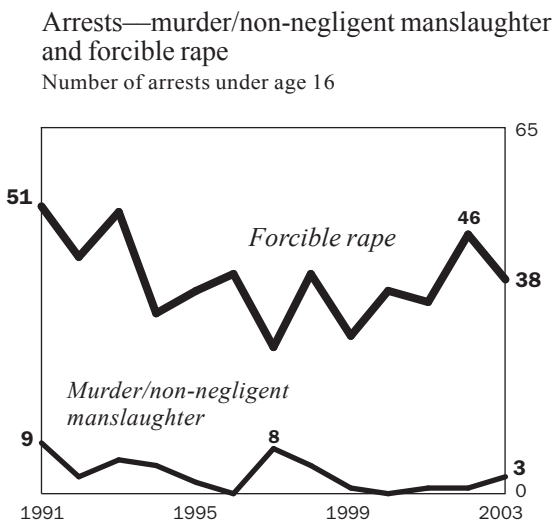


Source: Connecticut Department of Public Safety

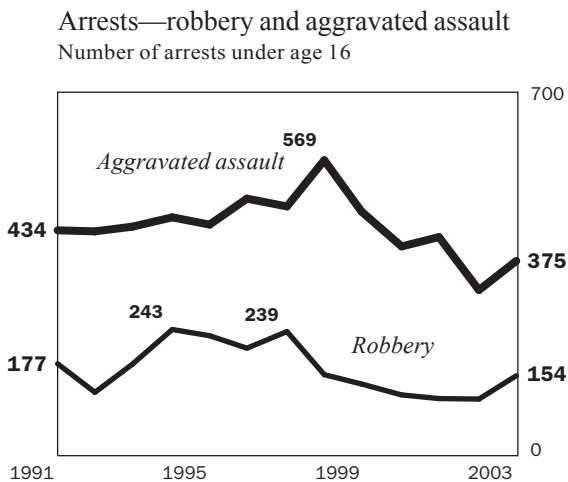
Murders by children under 16 are rare in Connecticut and have declined over time. In 2003, there were 3 murders, down from 8 in 1997. Forcible rapes are also infrequent, though more common than murders. In 2003, 38 children were arrested for forcible rape. This is well below the 51 rape arrests in 1993, although the number in 2002 (46) was nearly as high.

Children under 16 are arrested for robbery more frequently than for murder or rape. There were 154 arrests of children for robbery in 2003. This type of crime has declined considerably since 1997, although there was an increase in 2003. Arrests for aggravated assault have also dropped considerably since the late 1990s, from a high of 569 in 1998 to 375 in 2003.

Much of the violent crime by young people takes place in and around schools. However, according to the Governor’s Prevention Partnership survey, schools have seen a decline in violence in recent years. In 2002, 44 percent of schools perceived an increase in violence since the previous year, down from 80 percent in 1995. In 2002, for the first time since the study began, the majority of schools—whether urban, rural, or suburban—reported that school violence had decreased or remained the same.



Source: Connecticut Department of Public Safety



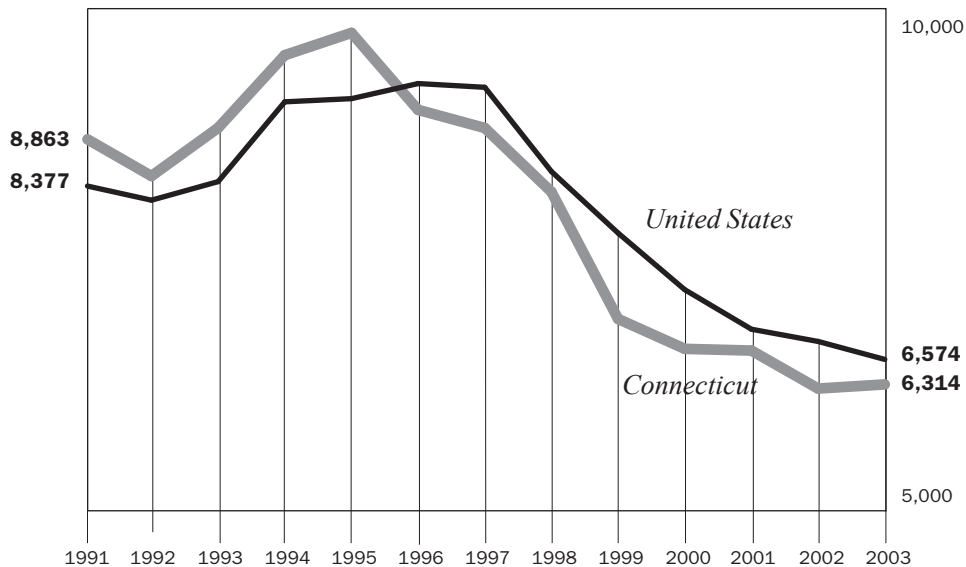
Source: Connecticut Department of Public Safety

Arrest Rates—In Context

It is useful to look at the rate of arrests by young people in Connecticut in the context of both the United States as a whole and the other New England states. This approach gives us a frame for comparing Connecticut’s performance to that of the nation and the region. To make this comparison, it is necessary to look at arrests up to age 18, because most states set the juvenile court age-limit at 18. Therefore, comparative juvenile justice statistics for the region and the nation are only available for this age-group as a whole.

Connecticut’s arrest rates for young people under 18 have basically followed the same pattern as those in the country: high during the early 1990s, then declining sharply from the mid 1990s to the present. Connecticut’s arrest rates were slightly higher than the nation’s during the early 1990s, but have been consistently below the national average since 1996.

Arrest rates—all crimes—Connecticut and U.S.
Arrests per 100,000 ages 10-17

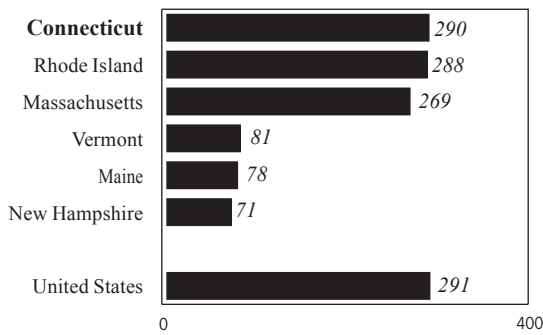


Source: United States.: U.S. Office of Juvenile Justice and Delinquency Prevention;
Connecticut: Arrests - Connecticut Department of Public Safety; Population - U.S.
Office of Juvenile Justice and Delinquency Prevention

The federal Office of Juvenile Justice and Delinquency Prevention publishes comparative state-level data on arrest rates under age 18 for violent crime, property crime, drug abuse violations, and weapons charges. These data, based on reports to the FBI, are not wholly complete, because the states do not necessarily report from all municipalities on time. Nevertheless, the information provided gives a sense of the relative status among the six New England states and the nation.

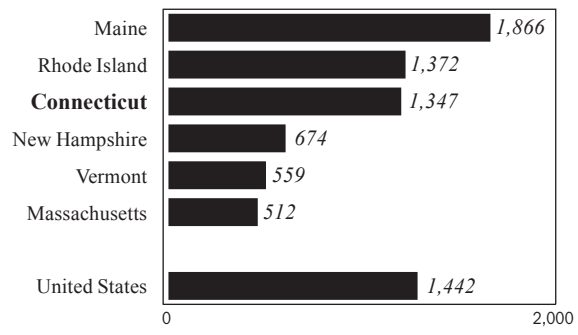
In 2003, in terms of arrest rates for violent crime by young people under 18, Connecticut was among the three highest New England states, along with Rhode Island and Massachusetts. Connecticut was third highest for property crime and drug violations, and second highest for weapons charges. In all four categories, Connecticut's rate was somewhat lower than the national average.

Arrest rates—violent crime—
New England states
Arrests per 100,000 ages 10-17, 2003



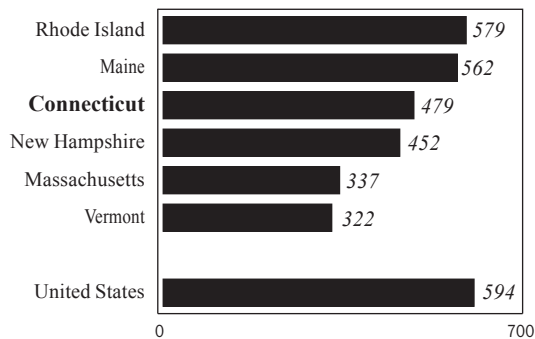
Source: Office of Juvenile Justice and Delinquency Prevention

Arrest rates—property crime—
New England states
Arrests per 100,000 ages 10-17, 2003



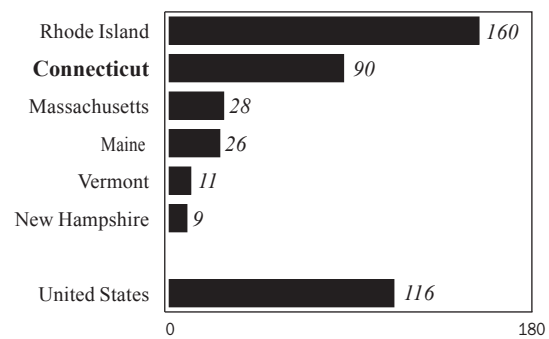
Source: Office of Juvenile Justice and Delinquency Prevention

Arrest rates—drug violations—
New England states
Arrests per 100,000 ages 10-17, 2003



Source: Office of Juvenile Justice and Delinquency Prevention

Arrest rates—weapons charges—
New England states
Arrests per 100,000 ages 10-17, 2003



Source: Office of Juvenile Justice and Delinquency Prevention

Juvenile Court Referrals— Delinquency Cases

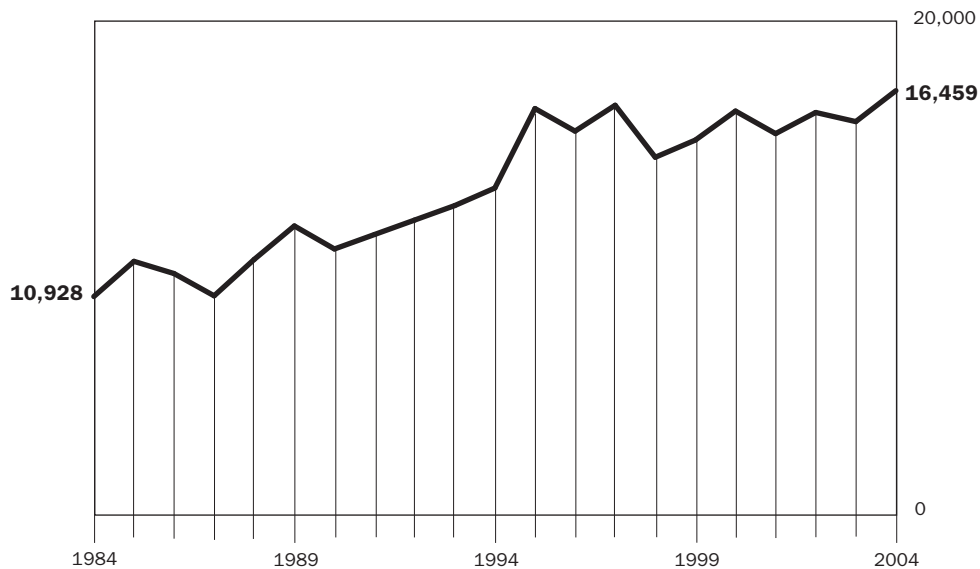
Young people come into contact with the juvenile justice system through two main routes. Most of them—approximately 75 percent—are referred to court because they have been arrested. Young people also may be referred to the court by schools, parents, or others for what are called status offenses—lesser infractions such as truancy or running away (see next section).

When children under 16 are arrested—and referred by the police to court—their cases become delinquency matters. They are then processed through the juvenile court system.

Connecticut is one of only three states in the country to set the age-limit for delinquency status at 16, rather than 17 or 18. Thus, delinquents in Connecticut are children under age 16 who are convicted of violating or attempting to violate a federal or state law, an order of the Superior Court, or a local or municipal ordinance.

Delinquency cases

Number of delinquency referrals, applies to children under age 16



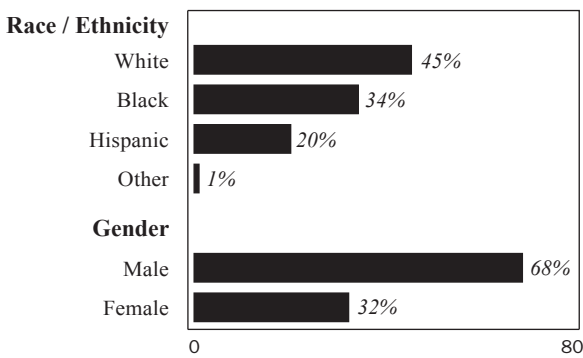
Source: Connecticut Judicial Branch

Delinquency referrals have risen sharply over the past twenty years. From a low of 10,928 in 1984, the annual total rose to 16,459 in 2004 (the most recent year for which data are available). This number represents a 20-year high and a 51 percent increase since 1984. Thus, while arrests in Connecticut have declined during the past decade, court referrals for delinquency have risen. There are many potential explanations for this, but the data do suggest a question that may merit further consideration.

Boys represent just over half the state’s population age 10 to 15, but they account for more than two-thirds of Connecticut’s delinquency referrals. By race and ethnicity, 45 percent of the children referred for delinquency are white, 34 percent are African American, and 20 percent are Hispanic. Minorities are over-represented, since they account for 29 percent of the population ages 10-15, but constitute 55 percent of those referred to court for delinquency.

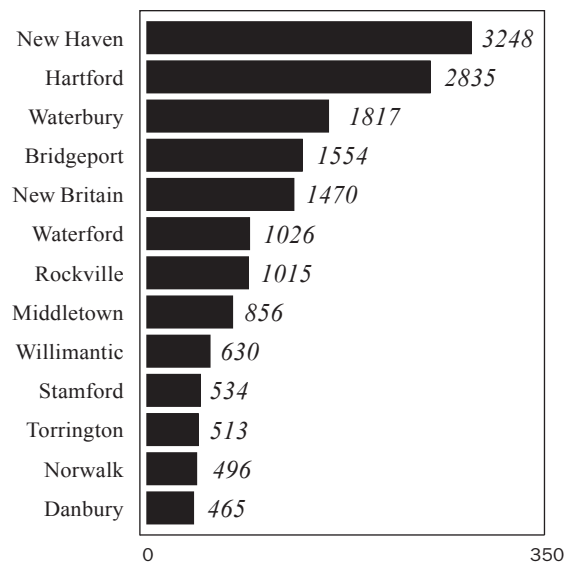
For matters relating to juvenile court, the state is divided into thirteen districts. Although these districts are named for specific localities, most of them cover 10 or 12 towns, and some of the rural districts include more than 20. The Torrington district, for instance, consists of 25 towns and covers most of northwestern Connecticut. And even an urban district like New Haven includes 14 towns surrounding the city. In 2004, the districts of New Haven, Hartford, Waterbury, and Bridgeport had the highest number of delinquency referrals. Torrington, Norwalk, and Danbury had the fewest.

Delinquency cases by race, ethnicity, and gender
Percent of total, applies to children under age 16, 2004



Source: Connecticut Judicial Branch, Court Support Services Division

Delinquency cases by district
Number of delinquency referrals, applies to children under age 16, 2004



Source: Connecticut Judicial Branch

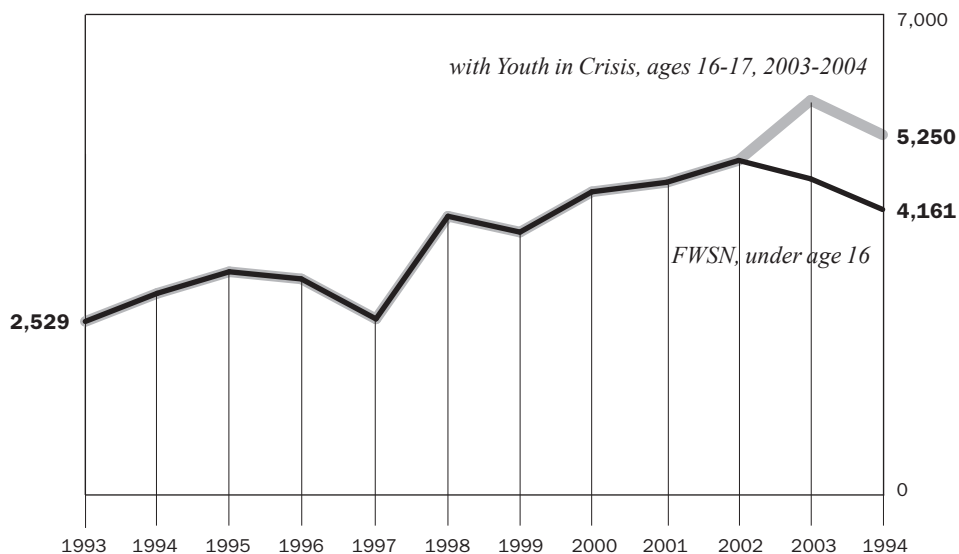
Juvenile Court Referrals— Status Offenses

In addition to referrals to juvenile court on charges of delinquency, young people also may be referred for status offenses. These are defined as offenses that would not be crimes if they were committed by adults; they include running away from home, being truant from school, defying school rules, and being deemed “beyond control of parent, parents, guardian or other custodian.” Acting out sexually may also be included if the person being referred is under age 16.

In Connecticut, cases involving children under age 16 who have been charged with status offenses are classified as “Families with Service Needs” (FWSN) and are sent to juvenile court for evaluation and disposition. In recent years, the status offense category has been broadened to include youth ages 16 and 17, covered under the Youth in Crisis law. Currently, Youth in Crisis cases make up approximately one-fifth of all status offense referrals.

The number of young people referred to the courts for status offenses has risen considerably over the past decade. From a low of 2,529 in 1993, cases involving children under age 16 rose to 4,876 in 2002, then dropped to 4,161 in 2004 (the most

Status offense referrals
1993-2004, Families with Service Needs (FWSN), under age 16;
2003-2004, with Youth in Crisis, ages 16-17



Source: Connecticut Judicial Branch

recent year for which data are available.) Overall, there was an increase of 65 percent from 1993-2004. Starting in 2003, juvenile court statistics also began to include 16 and 17 year olds referred for status offenses under the Youth in Crisis law. There were 1,089 of these cases in 2004, bringing the combined year's total to 5,250.

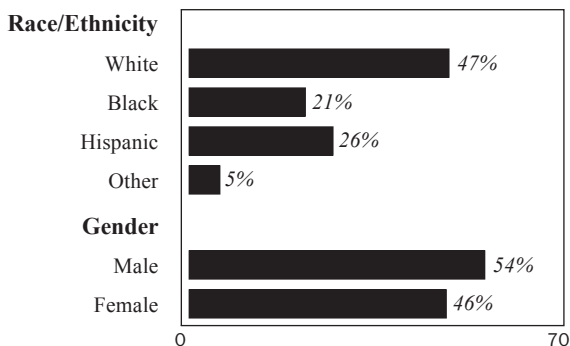
The gender balance is considerably closer among status offense referrals than among delinquency referrals. The proportion of males to females among children referred for status offenses in 2004 was 54 percent male to 46 percent female, which is quite similar to the proportions in the general population: 51 percent male and 49 percent female.

As with delinquency referrals, minorities are considerably over-represented among children referred for status offenses, with 52 percent of the referrals among minority groups, as contrasted with 29 percent minorities in the general population. In 2004, whites made up 47 percent of the status offense referrals, African Americans were 21 percent, Hispanics 27 percent, and other or mixed races 5 percent. The 16 and 17 year olds referred under the Youth in Crisis law showed a similar race and gender distribution.

Referrals to juvenile court for status offenses are most often made by schools and parents. Additional sources of referral include: foster parents, the police, the Connecticut Department of Children and Families, child caring agencies, youth service bureaus, probation officers, selectmen, town managers, and lawyers.

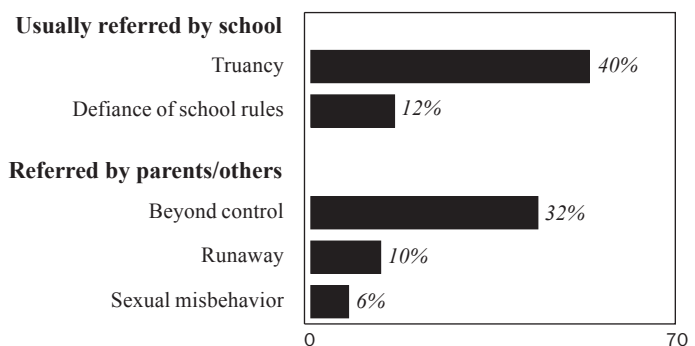
Slightly more than half of all status offense referrals under age 16 relate to school violations. The most frequent offense is truancy, accounting for approximately 40 percent of the total. Another major category of status offense is being "beyond control," constituting roughly a third of all status offense referrals. This type of referral, often called "incorrigibility" in the past, is most often made by parents. Additional status offense referrals include defiance of school rules (12 percent), running away from home (10 percent), and sexual misbehavior (6 percent).

Status offense referrals by race, ethnicity, and gender
Percent of total, under age 16, 2004



Source: Connecticut Judicial Branch, Court Support Services Division

Status offense referrals by type of infraction
Percent of total, under age 16, 2005



Source: Connecticut Judicial Branch, Court Support Services Division

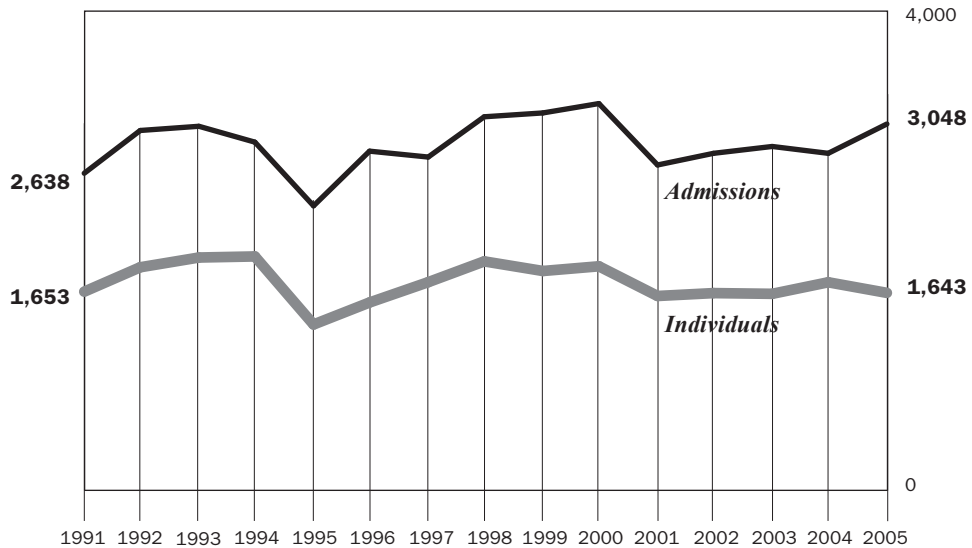
Young People in Detention

When young people are referred to the court on delinquency charges, they are sometimes placed temporarily in detention. This may occur if children are accused of serious offenses and it is not possible to send them home or to relatives—for instance, if there are concerns that they will run away or commit another offense, if their homes are unsafe, or to assure their appearance in court. Under the current law, children referred to court for status offenses also may be detained if they have violated the conditions set by the court and there are concerns about sending them home or to relatives while their cases are pending.

Most young people who are sent to detention are placed in one of Connecticut's three state-run detention centers. There were 1,643 individual children under age 16 sent to these detention centers in 2005. By contrast, the centers' *total* admissions for this age-group were nearly double that figure, since children can be detained more than once during a given year, due to new charges or violations of the condi-

Detention cases, by age

Number of admissions, and unduplicated count of individuals, under age 16



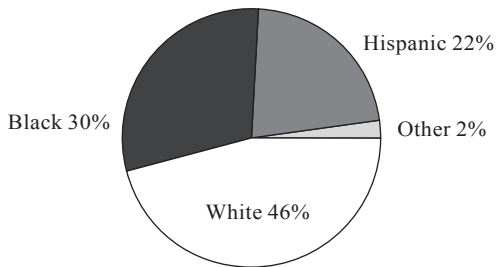
Source: Connecticut Judicial Branch, Court Support Services Division

tions of release. In 2005, there were 3,048 total admissions under age 16, up from 2,804 the year before.

The three state-run detention centers for juveniles are in Bridgeport, Hartford, and New Haven. A new detention center and court-house is now being planned for Bridgeport. Originally projected at 44 rooms, the decision has been made to reduce it to 22 rooms, reflecting a movement in the state toward smaller facilities. The average length of stay in the three state-run detention centers is just under two weeks (13.6 days in 2003). This represents a very slight increase over 2002, but it is about two days shorter than the average from 1997 to 2001.

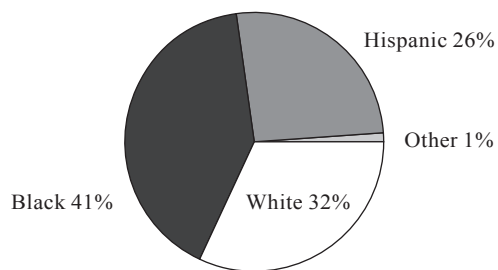
Minorities are disproportionately represented among both court referrals and detention admissions, but the imbalance is more pronounced in detention. Minorities represent a little over one-quarter of the state's population between the ages of 10 and 15. Yet, in 2004 they accounted for just over half the children under 16 referred to juvenile court on delinquency and status offense charges, and an even higher proportion—two-thirds—of those admitted to detention.

Court referrals by race and ethnicity
Percent of total delinquency and status offense referrals, under age 16, 2004



Source: Connecticut Judicial Branch, Court Support Services Division

Detention cases by race and ethnicity
Percent of total, under age 16, 2004



Source: Connecticut Judicial Branch, Court Support Services Division

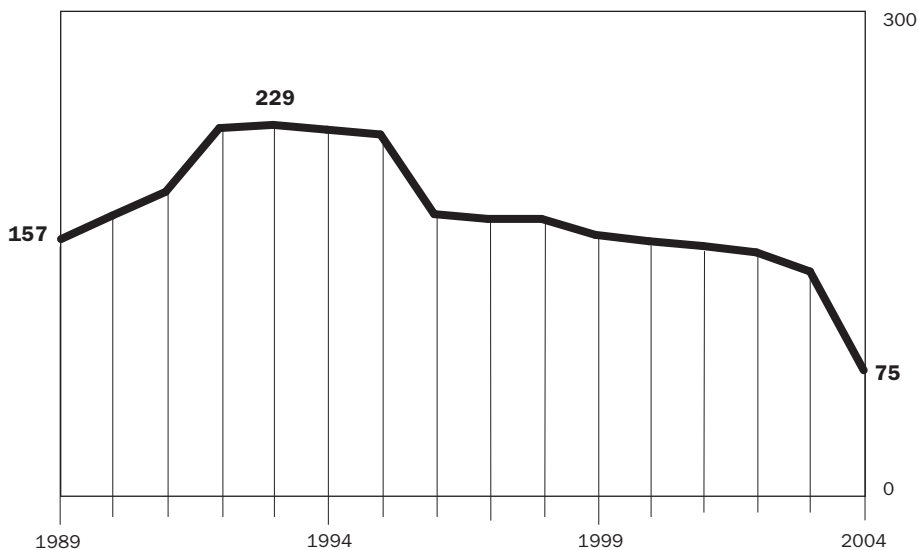
Juvenile Court Outcomes

When a young person is referred to court, depending on the severity of the charge and the person’s history with the court, the case may be assessed by a Probation Officer or go before a judge. Once a decision has been made about the case and the court process is complete, the majority of young people are sent home, either with no further court involvement or with conditions. Other individuals, if found to require further oversight, are assigned to a period of supervision under the court’s Probation Department. A small percentage of children are committed to the Department of Children and Families for placement in one of several forms of residential care. Finally, those who commit the most serious crimes may be transferred to adult court, if they are age 14 or 15—facing the possibility of prison (see next section).

Currently, the most secure form of residential care is placement at the Connecticut Juvenile Training School. This facility, which opened in 2001, replaced the previ-

Secure residential care

Average daily census: Long Lane School (1989-2001),
Connecticut Juvenile Training School (2002-2004)



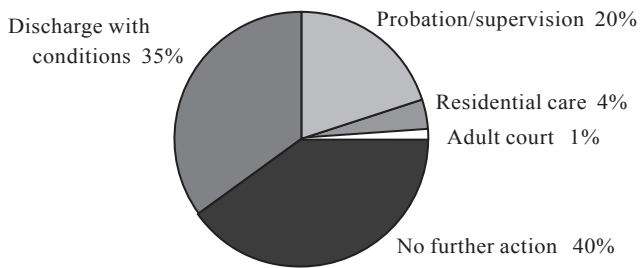
Sources: The Corrections Yearbook; Brone, Tjaden, and Hofferth, Connecticut Juvenile Training School: 2005-2009 Population Forecast

ous Long Lane School. Governor Rell has ordered the Connecticut Juvenile Training School closed by 2008, citing problems with its physical plant, its size, “its prison-like atmosphere,” the quality of its programming, and its high rates of recidivism. In the future, young people will be placed in smaller residential facilities, a movement toward “less restrictive” settings, designed to provide more individual care, a greater range of services, and locations closer to home communities.

In 1989, the population at Long Lane was 157. It peaked at 229 in 1993, and declined thereafter. The remaining young people were transferred to the new Connecticut Juvenile Training School in 2002. During 2004, the average daily population at the facility was 75 boys, of whom about three-quarters were minorities. The average length of stay at the Training School in 2004 was 6.3 months, a slight decrease from 2002 and 2003.

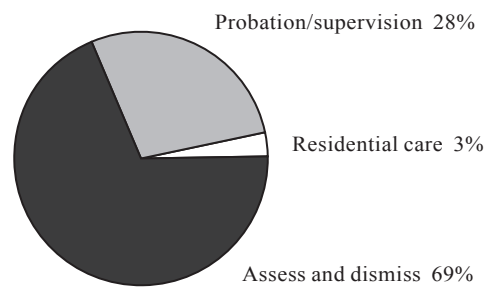
Alternatives to placement in the Training School are the smaller residential treatment centers operated by contracted private providers. Currently, there are 21 such facilities that are licensed and used by the Department of Children and Families (DCF). These include specialized residences for mental health problems and substance abuse, as well as others specifically designated for court-involved young people. In September 2005, there were a total of 646 young people in these three types of residences, down from 728 in 2001. The proportion of minorities was 62 percent. The average length of stay in DCF-licensed residences during 2005 was about a year, a decrease from 2004.

Delinquency referrals—court outcomes
Percent of total, under age 16, 2004



Source: Connecticut Judicial Branch, Court Support Services Division

Status offense referrals—court outcomes
Percent of total, under age 16, 2004



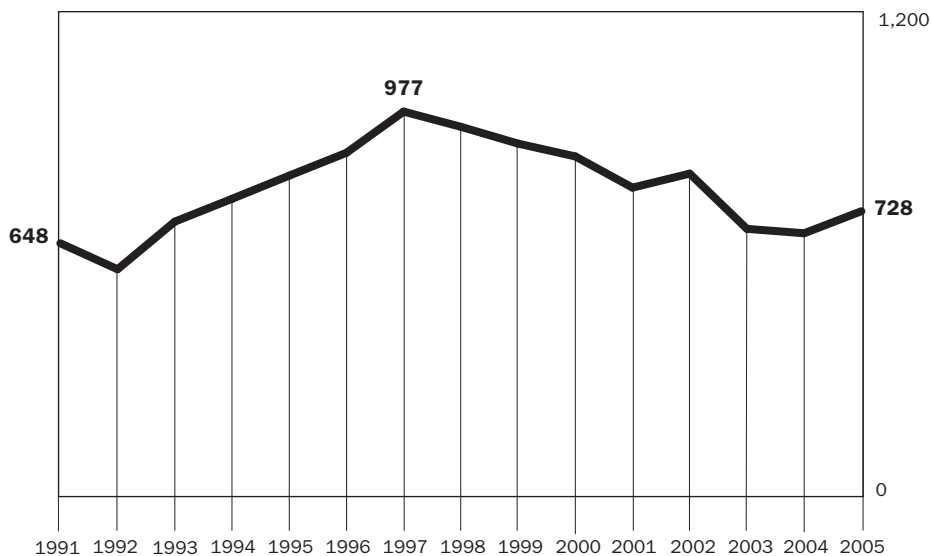
Source: Connecticut Judicial Branch, Court Support Services Division

Young People in Correctional Facilities

Children ages 14 and 15 who are charged with the most serious offenses — as well as all youth ages 16 and 17 charged with a criminal offense — are tried in adult court. If they are convicted and sentenced to incarceration, they enter the adult prison system. In Connecticut, most boys are sent to the Manson Youth Institution; girls go to the York Correctional Institution.

The available incarceration statistics over time group together all young people under age 19. These data show that the number of young people in Connecticut’s correctional facilities rose during most of the 1990s, and then substantially declined from 1997 through 2004, with a small rise in 2005. The peak year for incarceration was 1997, when there were 977 young people under age 19 in prison. In 2005, 728 individuals under the age of 19 were serving sentences in correctional facilities. The decline from 1997-2005 was 25 percent.

Young people in correctional facilities
Number of individuals under age 19



Source: Connecticut Department of Correction

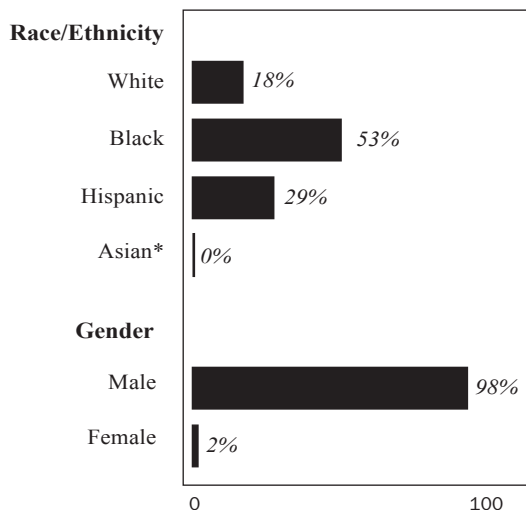
Nearly all the young people in Connecticut’s correctional facilities are male; in 2005, females represented just 2 percent of the offenders under age 19. In terms of race and ethnicity, more than half were African American, 29 percent were Hispanic, and 18 percent were white.

In 2005, 3 percent of Connecticut’s young people in correctional facilities were under age 16; another 13 percent had reached the age of 16. Of the older ages, 38 percent were age 17, and 46 percent were age 18.

Since 2001, the number of young people under age 16 has remained fairly stable. There has been an increase in the number of 16 year olds and 17 year olds, a rise from 41 percent to 51 percent of the under-19 correctional population between 2001 and 2005. The number of 18 year olds has declined during this time.

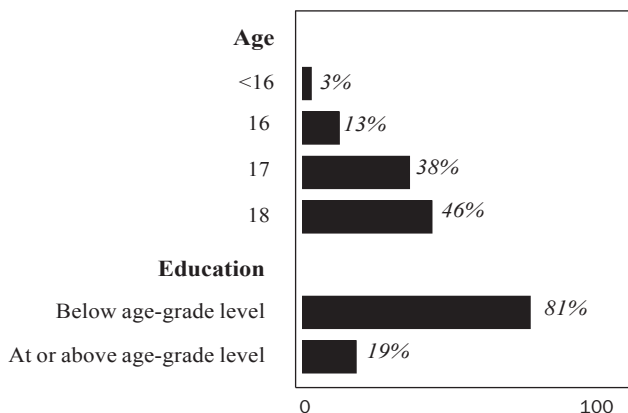
Many young people in correctional facilities fall behind in school. In 2005, a full 81 percent, were below the expected grade level for their age, while 19 percent were at or above their expected grade.

Young people in correctional facilities by race, ethnicity, and gender
Percent of total, under age 19, 2005



Source: Connecticut Department of Correction
*Less than 1%

Young people in correctional facilities by age and education
Percent of total, under age 19, 2005



Source: Connecticut Department of Correction

Young People and Social Health

Young people who become involved with the law are often troubled by multiple social problems. The following issues are particularly salient for these individuals:

- **Racial and Ethnic Disparities:** The disproportionate number of minority youth involved with the law has been the subject of two major reports by Spectrum Associates in 1995 and 2001. Both reports found significant over-representation of minorities in the Connecticut juvenile justice system. In 2004, the proportion of minorities in the overall population of young people was 29 percent. Yet, in 2004, minorities were 54 percent of juvenile court referrals, 68 percent of detention admissions, and 74 percent of children in the Connecticut Juvenile Training School. Over time, when compared to 1991, the proportion of minorities among court referrals has increased slightly (from 49 percent to 54 percent). The percentage of minorities in detention admissions has declined (from 80 percent to 68 percent), and the proportion of minority children in the Connecticut Juvenile Training School has lessened slightly (from 77 percent to 74 percent).
- **The Needs of Adolescent Girls:** Girls who get into trouble with the law often experience a wide range of difficulties, including school problems, family problems, drug and alcohol use, neglect, and physical and sexual abuse. Girls tend to enter the court system at a slightly older age than boys and are less likely to commit serious crimes. They represent less than one-third of those referred for delinquency, but nearly half of all status offense referrals. A detailed study by the University of Connecticut (2002) reported that: “Girls who enter the Juvenile Justice System with status offenses have a significant risk of becoming entrenched in the court system as delinquents if they are not diverted with appropriate, gender specific services.” The number of court-involved girls has risen significantly in recent years. In just one year—from 2003 to 2004—the number of girls referred for delinquency rose from 2,765 to 3,583; status offense referrals went from 1,611 to 1,869; detention rose from 468 to 529; and probation increased from 631 to 713.
- **High School Dropouts:** Connecticut’s high school dropout rate has improved for the past nine years (see pp. 30-31 of this report). Nevertheless, at least 3,000 students still drop out of high school each year, more than half before completing the tenth grade. In Connecticut’s correctional facilities, more than 80

percent of those ages 14-18 are below the grade-level appropriate for their age. In the Connecticut Juvenile Training School, a recent evaluation of new admissions found that 47 percent of the children required special education.

- **Behavioral Problems in School:** A 2002 survey by the Governor's Prevention Partnership found that violence in Connecticut schools has declined over time. Nevertheless, during the 2003-2004 academic year, more than 30,000 Connecticut public school students were expelled or suspended—more than two-thirds for fighting, threats, or intimidation. Between June and November 2005, the schools referred nearly 1,500 students to juvenile court for truancy or defiance of school rules. A 2005 survey for the state Department of Children and Families reported that among court-involved children, nearly half had behavioral problems in school.
- **Suicide:** Suicide is the third leading cause of death among adolescents in Connecticut and in the nation. While the suicide rate among young people in Connecticut has declined in recent years (see pp. 28-29 of this report), the Connecticut School Health Survey, conducted by the Department of Children and Families, found that in 2003, 10 percent of the high school students surveyed had attempted suicide during the previous year. There were three suicides by children in the care of the Department of Children and Families during the summer of 2004, and two suicides at Manson Youth Institution between 2004 and 2005, highlighting the urgency of this issue.
- **Substance Abuse:** In 2003, more than 2,200 Connecticut young people were arrested for drug abuse violations. Within the juvenile justice system, the 2005 survey of court-involved children under supervision of the Department of Children and Families found that more than 40 percent had histories of alcohol or drug use.
- **Family Stress:** Many social problems that create family stress have worsened in recent years. These include rising health care costs, economic inequality, and housing costs. These factors pressure families in multiple ways. In 2001, the most recent year for which data are available, more than 20,000 cases of family violence were reported to the police. The problem of stressful or abusive family relationships arises frequently in the evaluation of court-involved young people. For example, a report on the Connecticut Juvenile Training School issued by the Department of Children and Families in 2005 stated that 96 percent of the boys discharged between May 2004 and January 2005 were assessed as having a need related to family issues.

- **Child Poverty:** With few financial resources to resolve personal and family issues, children in poverty often have long-term problems that go unattended. The U.S. Census Bureau estimates the 2003 Connecticut child poverty rate at 10.1 percent. The Connecticut Juvenile Training School Forecast estimated the number of poor children in Connecticut in 2002 at 83,942. While the number of children in poverty has not been rising over time, this constitutes a large at-risk population.

Summing Up

The most positive news about young people and the law is that arrests, for all crimes and for violent crimes, are markedly down. This is true for both the under-16 age-group and for the larger group under age 18. The declining number of young people in the state's correctional facilities is another positive trend, reflecting the reduction in arrest rates.

There has not been a parallel decline in the number of young people who move through the juvenile justice system. Court referrals for delinquency cases and for status offenses have risen. The total number of detention admissions each year also has increased.

The movement toward treating young people in community-based programs and smaller residential facilities has reduced the number of young people in large institutions. The projected closing of the Connecticut Juvenile Training School will reinforce this trend.

The use of community-based programs and smaller facilities mirrors the movement in many states to provide additional services and to treat young people closer to their home communities. The multiple problems of young people, particularly their mental health and substance abuse issues, will continue to need to be addressed.

The information presented in this section—on arrests, court referrals, detention, court outcomes, and incarceration—represents a beginning effort to create a consistent set of indicators that can be monitored over time. By expanding *The Social State of Connecticut* project to include this analysis of young people and the law, Connecticut has taken another step toward creating a comprehensive system to assess its social health.

Part VI

Conclusion

In general, the news in this year's *Social State of Connecticut* is mixed. Several key indicators – infant mortality, high school dropouts, teenage births, and average weekly wages – reached their best levels on record in 2003. However, the state's social health worsened slightly this year, declining for the second year in a row.

Unemployment and health care costs increased for the third year in a row, and child abuse, the housing cost burden, and income variation all increased for the fourth time in the last five years. This year's decline stands in contrast to the steady improvements in social health in Connecticut in the late 1990s and raises some concerns about Connecticut's social performance.

As social health fluctuates, the objective of this document remains to monitor and report on the social health of the state. The twelve editions of *The Social State of Connecticut* have contributed to informing citizens of the state about the conditions of social health, and assisting state government in making better social policy.

The overall social performance of the state remains strong. Despite two years of declining performance, this year's Index score remains higher than the scores of the 1980s and 1990s. Amidst this generally strong social performance, persistent disparities remain in social health across Connecticut's communities. This poses an ongoing challenge to the citizens and policy makers in the state. With data showing a small downturn in social performance this year, it will be important to pay careful attention to the state's overall social health as well as to key changes in the performance of individual indicators.

Appendix

The Connecticut Index of Social Health 1970-2003,
in more precise terms, is as follows:

<i>1970</i>	59.2
<i>1971</i>	57.3
<i>1972</i>	63.4
<i>1973</i>	66.4
<i>1974</i>	59.1
<i>1975</i>	48.4
<i>1976</i>	51.9
<i>1977</i>	59.1
<i>1978</i>	55.2
<i>1979</i>	56.0
<i>1980</i>	56.0
<i>1981</i>	52.5
<i>1982</i>	56.3
<i>1983</i>	56.3
<i>1984</i>	59.8
<i>1985</i>	56.5
<i>1986</i>	55.6
<i>1987</i>	53.6
<i>1988</i>	50.7
<i>1989</i>	44.4
<i>1990</i>	43.2
<i>1991</i>	43.1
<i>1992</i>	42.8
<i>1993</i>	44.7
<i>1994</i>	41.8
<i>1995</i>	47.6
<i>1996</i>	48.4
<i>1997</i>	52.4
<i>1998</i>	57.1
<i>1999</i>	61.2
<i>2000</i>	65.4
<i>2001</i>	68.3
<i>2002</i>	67.4
<i>2003</i>	66.3

The above Index numbers vary slightly from those published in 2004 due to revisions in official data for previous years. For a technical description of the methodology of the Index, please contact the Institute for Innovation in Social Policy, Vassar College, Box 529, Poughkeepsie, New York.

Sources

Part III: A Closer Look: A Social Profile of Connecticut

Infant Mortality: Deaths in the first year of life per 1,000 live births

Infant mortality rates: Connecticut Department of Public Health; U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Calculations by the Institute for Innovation in Social Policy.

By race: Connecticut Department of Public Health, unpublished data.

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Early prenatal care: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, *Births: Preliminary Data for 2003*.

Child Abuse: Reports of abuse per 1,000 children under age 18

Child abuse rates: State of Connecticut, Department of Children and Families, Information Systems Division, Hartford, Connecticut, unpublished data; American Humane Association, *Highlights of Official Aggregate Child Neglect and Abuse Reporting*; Connecticut Department of Children and Families (formerly Connecticut Department of Children and Youth Services), *Abuse, Neglect and At Risk Confirmations: 6-Year Comparison*; U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment: Reports From the States to the National Child Abuse and Neglect Data System* (annual). Calculations by the Institute for Innovation in Social Policy, based on state population data from U.S. Bureau of the Census.

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Fatalities: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment 2003*.

Preventive Services: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment 2003*.

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Suicide rates: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Mortality Tables and *Vital Statistics of the United States* (annual); Connecticut Department of Public Health. Calculations by the Institute for Innovation in Social Policy, based on population data from the U.S. Bureau of the Census.

By age, gender, and race: Connecticut Department of Public Health, unpublished data.

Suicidal thoughts and attempts: Connecticut State Department of Public Health, Bureau of Community Health, Health Information Systems & Reporting. Connecticut School Health Survey, Youth Risk Behavior Survey. 2003.

High School Dropouts: Four-year cumulative dropout rate, by graduating class year.

Dropout rates: Connecticut State Department of Education, *Condition of Education in Connecticut* (annual); Connecticut State Department of Education, Division of Evaluation and Research.

Number of dropouts: Connecticut State Department of Education, Office of Research and Evaluation, Division of Teaching, Learning and Assessment. Data Bulletin, "High School Dropout Rates in Connecticut," December 2005.

Dropouts by grade: Connecticut State Department of Education, unpublished data. Calculations by the Institute for Innovation in Social Policy.

Dropout rates by race: Connecticut State Department of Education, Office of Research and Evaluation, Division of Teaching, Learning and Assessment. Data Bulletin, "High School Dropout Rates in Connecticut," December 2005.

Dropout rates by district: Connecticut State Department of Education.

Teenage Births: Births per 1,000 women ages 15-19

Births and birthrates: Connecticut Department of Public Health; U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, *Vital Statistics of the United States* (annual). Calculations based on population data from the U.S. Bureau of the Census.

Teen birthrates by race: Connecticut Department of Public Health. Calculations based on population data from U.S. Bureau of the Census.

Births under 15: Connecticut Department of Public Health.

Unemployment: Unemployed workers as percent of civilian labor force

Unemployment rates: Connecticut Department of Labor, Office of Research; U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Division.

Unemployment by gender, race, and age: U.S. Department of Labor, Bureau of Labor Statistics, Local Areas Unemployment Statistics, "Geographic Profile and Employment and Unemployment, Section II: Estimates for States, 2003."

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Health expenditures per capita: "State Estimates—All Payers—Personal Health Care," Health Care Financing Administration (HCFA); "Table 4: Personal Health Care Expenditures Aggregate and Per Capita," U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (formerly HCFA), National Health Expenditure Tables. Income data: U.S. Department of Commerce, Economics and Statistics Administration, Bureau of Economic Analysis, Regional Accounts Data, Local Area Personal Income. Calculations by the Institute for Innovation in Social Policy.

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Housing costs and income: Cost of existing single-family house: annual reports in *The Commercial Record*; Connecticut Department of Housing, Annual Reports. Note: 1970-1989 data represent average cost; 1990-2003 data represent median cost. Per capita personal income: U.S. Department of Commerce, Economics and Statistics Administration, Bureau of Economic Analysis, Regional Accounts Data. Calculations by the Institute for Innovation in Social Policy.

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Income Variation: Percent of difference between highest income county and lowest income county

Income differences: Connecticut county income data from U.S. Department of Commerce, Bureau of Economic Analysis, Regional Economic Accounts, Local Area Personal Income. Income differences: calculation by the Institute for Innovation in Social Policy.

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Part V: Young People and the Law: A Brief Overview

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