

Connecticut Voices for Children

New Haven Children & Youth: 1999 Update



Priscilla Canny, PhD, and Michelle Beaulieu

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33 Whitney Avenue, New Haven, CT 06510
Phone: 203-498-4240 Fax: 203-498-4242

We are grateful to **The Community
Foundation for Greater New Haven** for
their continued financial support.

For additional data and resources, please
see our New Haven Children & Youth:
1998 report online at:
<http://www.ckidslink.org>
publications section

Cover Photos, left to right: Sven Martson, Paul Duda, Sven Martson

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I. Introduction

We are pleased to present New Haven Children and Youth: 1999, an update of our 1998 report. We've chosen to refer to this publication as an "update," since it builds upon our first New Haven Children and Youth Report, published a year ago. We have made this publication available on-line and hope that you will take the time to refer to it for background information and to use it as a baseline by which to judge our progress in improving the well-being of children and youth in New Haven.

We are cautiously optimistic as we present these new data. Although you will observe some negative trends, we are also beginning to see improvements in many indicators, including school district poverty, prenatal care, teen drug and alcohol use, standardized test scores and the proportion of high school seniors pursuing higher education. However, we stress that many of the rates reported are based on small numbers of children and are thus sensitive to small, statistically insignificant fluctuations each year. Wherever possible, we provide you with data from several years

or multi-year averages in order to avoid any misinterpretation of these numbers. In addition, in some places we present the statistics by neighborhood, to demonstrate that even within New Haven, there are great disparities in child poverty, health, education and safety.

We are grateful for the financial support of The Community Foundation for Greater New Haven as we release this second annual report on the state of the youngest members of our community. This report represents the continued dedication of Shelley Geballe, Janice Gruendel and all of Connecticut Voices for Children to improving the lives of children and youth in New Haven.

Priscilla Canny, PhD, Director of Research
Michelle Beaulieu, Consultant

Connecticut Voices for Children
October, 1999

II. 1999 Summary

October has been designated by the American Academy of Pediatrics as Child Health Month to increase public awareness of the value of preventive healthcare in children. With this in mind, we present New Haven Children and Youth: 1999 with the hopes of stimulating discussion and action to improve the health and well-being of children and youth in our city.

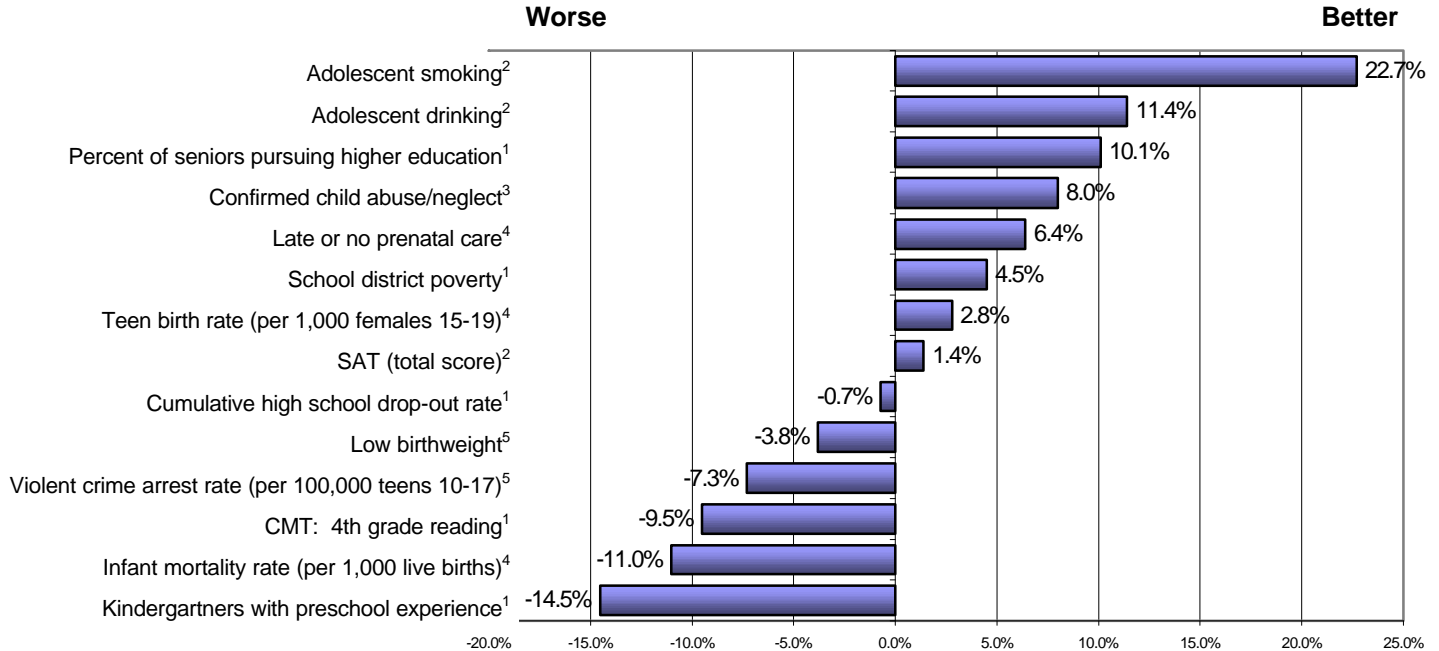
The chart that follows this summary demonstrates that, although we have made progress in improving some aspects of our children's lives over the past year, we have also taken a few steps backward. We say this cautiously, stressing the limitations of measuring progress over such a short duration. Despite these limitations, these new data provide us with some indication of where our efforts have been effective, and should continue to be focused, and where new interventions and additional resources may be needed.

Note: The data in the summary chart are drawn from throughout this report and our previous report, New Haven Children and Youth: 1998. Please consult these publications for clarification and sources.

- Eight of the 14 indicators we list in the summary are "better" since our last report, while the remaining six are "worse."
- The greatest improvement over the past year has been in adolescent smoking. The proportion of students who said they had smoked once or more in the past month in 1998 marked a 23% decline from 1996.
- The worst change we see on this chart is in the proportion of kindergartners who have attended preschool. Between 1996-97 and 1997-98, this proportion dropped 14.5%.
- Both low birthweight and infant mortality increased between 1996 and 1997. However, three-year averages presented later in this report suggest that infant mortality in New Haven may actually be on the decline.
- New Haven has the highest hospital discharge rate for asthma in the state. One in four New Haven schoolchildren report having been told that they have asthma.

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II. Summary: Percent Differences in Major Indicators



¹1996-97 to 1997-98, ²1996-1998, ³1995-96 to 1997-98, ⁴1996-1997, ⁵1995-1996

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III. New Haven Facts

New Haven was founded in 1638 with a population of 500 residents. Today, the city's population has grown to more than 123,000 residents, approximately one quarter of whom are children.

However, New Haven is in the midst of a population decline. The city has approximately 7,500 fewer residents than in 1990. Researchers believe this decline will continue over the next 5 years, estimating another 3% drop by the year 2003.

Last year was "A Year of Awards" for New Haven, according to Mayor John DeStefano, Jr.'s State of the City address in February.

- In June 1998, New Haven was named "All-America City" by the National Civic League.
- In August, New Haven received the US Conference of Mayors' City Livability Award for its School Construction Program.
- In December, the New Haven Police Department won two awards for "Excellence in Community Policing" from the National League of Cities.

New Haven Facts: 1998

<i>Population</i>	123,069
<i>Number of households</i>	46,295
<i>Median Age (1997)</i>	31.2 years
<i>Number of children (<18 years)</i>	31,197
<i>Number of public schools</i>	46
<i>Size</i>	18.85 square miles
<i>Per capita income</i>	\$16,777
<i>Total Revenue (1996)</i>	\$327,171,629
<i>Total Expenditures (1996)</i>	\$308,247,432
<i>Education expenditures (1996)</i>	\$128,959,925
<i>Unemployment rate</i>	4.1%
<i>Housing stock pre-1950 (1996)</i>	56.9%
<i>Crime per 1,000 residents (1996)</i>	132.3

Sources: State Department of Economic and Community Development and State Department of Labor.

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IV. Child Population

As of 1998, there are an estimated 31,197 children and youth younger than 18 years of age living in New Haven. The US Census Bureau estimates that the overall population of the city decreased by 0.5% from 1997 to 1998.

There are several estimates available on the number of children and youth living in New Haven in 1997. Throughout this report, we rely on population estimates from the State Department of Public Health for 1997 and from the Department of Economic and Community Development for 1998, as indicated below.

<i>Child Population (<18 years)</i>	1997¹	1998²
<i>Connecticut</i>	780,052	766,519
<i>New Haven</i>	31,225	31,197
<i>Hartford</i>	37,770	37,443
<i>Bridgeport</i>	36,639	37,706

¹State Department of Public Health

²State Department of Economic and Community Development

- In 1990, 34% of New Haven children were white, 52% were black and 22% Hispanic.
- In the 1997-98 school year, 13% of children enrolled in New Haven's public schools were white, 58% were black, 27% were Hispanic and 2% were Asian-American.
- Since 1990, the number of births in New Haven has decreased by 25%, from 2,379 in 1991 to 1,794 in 1997.

New Haven Population by Age Group			
<i>Age (years)</i>	1990¹	1997²	1998³
<i>0-4</i>	10,221	10,165	9,306
<i>5-17</i>	20,715	21,060	21,891
<i><18</i>	30,936	31,225	31,197
<i>All ages</i>	130,474	124,269	123,069

¹US Census Bureau, ²State Department of Public Health

³State Department of Economic and Community Development

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V. Children in Poverty

Poverty affects every aspect of a child's life. Children living in poverty have poorer cognitive and psychosocial development than their peers, perform less well in school and are more likely to be victims of child abuse or to witness violence in their communities. Poor children are also more likely to be malnourished than other children, placing them at risk of infection, lead poisoning and overall poor health.

One third of New Haven children live in poverty, according to the 1990 Census. Two thirds of the children enrolled in the city's public schools receive free or reduced-price meals .

In June of this year, 4,585 families (8,455 children) in New Haven received cash assistance through Temporary Assistance for Needy Families. The number of children receiving cash assistance has decreased by 33% in the last two years, from 12,694 in June of 1997.

Some evidence suggests that child poverty has begun to decline in New Haven. The school district poverty rate (i.e. the percent of students receiving free or reduced price meals) dropped for the second year in a row in 1997-98, down from 73% in 1995-96 and 66% in 1996-97.

Children in Poverty	New Haven	Hartford	Bridgeport	CT
<i>child poverty rate (1990)</i>	34%	44%	29%	10%
<i>students receiving free/reduced-price meals (97-98)¹</i>	63%	81%	72%	24%
<i>Temporary Assistance for Needy Families (June, 1998)</i>	34%	39%	26%	10%

Sources: US Bureau of the Census, State Department of Education, State Department of Social Services.

¹also referred to in this report as "school district poverty"

V. Children in Poverty

New Haven’s elementary schools provide us with a valuable snapshot of the great variation in child well-being in the city from one neighborhood to the next. School poverty, for example, ranges from 23% in the Worthington Hooker School to 93% in the Martin Luther King, Jr., School. Although the school poverty rate is greatest in New Haven’s elementary schools, these discrepancies can be observed throughout the school system.

- In 1997-1998, school poverty in New Haven’s middle schools ranged from 59% at the Betsy Ross School to 82% at Fair Haven.
- At the high school level, poverty was lowest at Career Magnet High School, at 29%, intermediate at Wilbur Cross High School, 51%, and highest at Polly T. McCabe Center, at 79%.
- Although poverty in New Haven schools declined by 4% between the 1996-97 and 1997-98 school years, poverty has increased nearly 30% in the district in the past 5 years.

Poverty is strongly associated with a wide range of indicators of child well-being, including infant mortality, child abuse, teen pregnancy and academic performance. Therefore, poverty is a good marker for comparing the overall status of children and youth in New Haven and the surrounding towns.

School District Poverty¹	92-93	97-98	change
<i>New Haven</i>	49.0%	63.3%	^29.2%
<i>West Haven</i>	33.2%	40.9%	^23.2%
<i>East Haven</i>	18.8%	21.7%	^15.4%
<i>Hamden</i>	15.0%	19.1%	^27.3%
<i>Branford</i>	11.6%	12.8%	^10.3%
<i>Woodbridge</i>	2.8%	2.3%	v17.9%

Source: State Department of Education
¹rate equals the percent of children in district who receive free or reduced-price meals at school

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VI. Infant and Child Health

Like poverty, a child's health has a strong impact on various aspects of his or her life, such as physical, cognitive and emotional development and academic performance. Even very early outcomes, such as low birthweight and very low birthweight, have been shown to have an adverse impact on subsequent height, weight and intelligence.

With the few exceptions noted below, the data presented on the following pages show promising improvements in child health indicators in New Haven.

- Infant mortality is up 11% from 1996.
- Low birthweight rose 4% between 1996 and 1997.
- The proportion of tested children with lead poisoning increased 9% from 1996 to 1998.

Infant and Child Health-1997	New Haven	Hartford	Bridgeport	CT
<i>infant mortality rate (per 1,000 live births)</i>	11.1	13.3	12.2	7.2
<i>low birthweight</i>	10.8%	12.0%	9.7%	7.3%
<i>late or no prenatal care</i>	21.8%	10.9%	20.8%	10.9%
<i>nonadequate prenatal care</i>	27.2%	13.4%	27.5%	14.4%
<i>lead poisoning in children < six years (1998)¹</i>	14.8%	6.4%	17.5%	4.6%

Source: State Department of Public Health

¹rate is the percent of children with a valid blood lead test who have elevated blood levels (10 micrograms/deciliter or higher)

VI. Infant and Child Health

The data presented below offer a mixed picture of the changes in infant health in New Haven between 1996 and 1997. Although infant mortality, overall, increased between 1996 and 1997, 3-year averages indicate a decline from 12.2 to 11.4 deaths per 1,000 live births from 1994-96 to 1995-97. Low birthweight, on the other hand, has increased by both measures.

- Annual rates may not accurately reflect true trends in low birthweight and infant mortality.

Conversely, the racial/ethnic disparities in infant health demonstrated below are true problems in New Haven, as in the state and the country as a whole. In a previous report, we speculated that the racial gap in infant outcomes may be narrowing in New Haven. However, the 1997 statistics suggest quite the opposite. This trend may be the result of a normal statistical fluctuation, but nevertheless deserves attention in coming years.

Infant Mortality Rates ¹ : 1996-1997			
	1996	1997	% change
<i>white</i>	6.8	3.5	v48.5%
<i>black</i>	14.3	19.1	^33.6%
<i>Hispanic</i>	4.1	6.1	^48.8%
<i>total</i>	10.0	11.1	^11.0%

Low Birthweight Rates: 1996-1997			
	1996	1997	% change
<i>white</i>	8.0%	7.2%	v10.0%
<i>black</i>	14.4%	13.9%	v3.5%
<i>Hispanic</i>	7.2%	8.9%	^23.6%
<i>total</i>	10.4%	10.8%	^ 3.8%

Source for both tables on this page: State Department of Public Health. ¹rate is per 1,000 live births

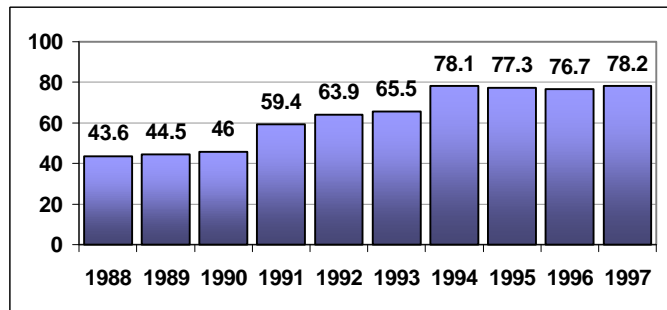
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VI. Infant and Child Health

More New Haven children are receiving proper prenatal and postnatal healthcare, according to the charts below.

- The proportion of women receiving prenatal care during the first trimester of pregnancy nearly doubled between 1988 and 1997, increasing 80%.

Percent Women Seeking First Trimester Prenatal Care

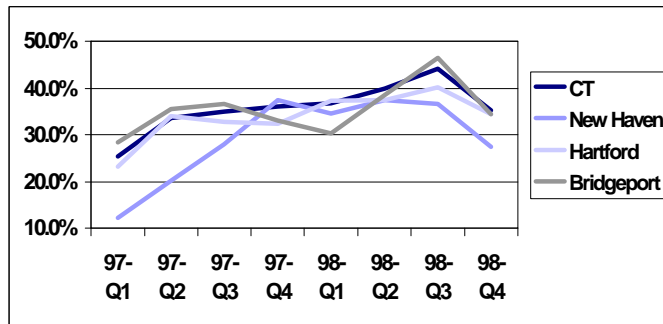


Source: State Department of Public Health

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a component of the federal Medicaid program that provides preventive and follow-up health services to poor children.

- The proportion of children attending their scheduled EPSDT, or "well child," visits on time (within a window period) has increased dramatically, by more than twofold between the first quarter of 1997 and the last quarter of 1998.

Percent of Children Attending EPSDT Visits On-



Source: Children's Health Council

VI. Infant and Child Health

Asthma, a disease characterized by obstruction and inflammation of the airways, affected 4.8 million children in the US in 1993. In 1996-97, more than 2,700 children were hospitalized for asthma in Connecticut; nearly half of these children were younger than age 5 years.

New Haven has the highest hospital discharge rate for asthma in the state. In 1996-97, nearly 13 of every 1,000 New Haven children 17 years of age or younger was discharged from a hospital with a diagnosis of asthma.

Minority children and children living in poverty are at greater risk of developing asthma than others their age. Factors associated with a child's family, environment and infectious and allergic history also help contribute to the risk of asthma.

In 1998, approximately one quarter of 4th, 6th and 8th graders surveyed for the New Haven Social and Health Assessment (SAHA) said they had been told by a health professional they have asthma. This rate is virtually unchanged from 1996.

Towns with Highest Hospital Discharge Rates for Children with Asthma: Fiscal Year 1996-1997

<i>Town</i>	Discharge Rate (per 1,000 residents 0-17)
<i>New Haven</i>	12.5
<i>Hampton</i>	11.6
<i>Hartford</i>	9.6
<i>West Haven</i>	8.8
<i>Morris</i>	7.9

Source: Children's Health Council

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VII. Adolescent Health

The early teenage years are marked by "...intense emotional needs, fragile self-concept, and immature moral reasoning," according to child development authority, Dr. Thomas Lickona.¹ During this period, when youth also begin to develop a sense of identity, they are particularly sensitive to the opinions and actions of their peers, but also to those of their parents, teachers and society. In other words, although teens are at high risk of "experimenting" with a variety of

behaviors, they are also responsive to interventions aimed at reducing such behaviors.

The data presented on the following pages demonstrate that fewer New Haven teens are choosing to take part in high-risk behaviors, such as smoking, drinking and early sexual activity, than in the past. However, the rates of all these activities remain unacceptably high among youth in the city.

Adolescent Health--1998	New Haven	Hartford	Bridgeport	CT
<i>smoking--grade 10 (once or more last 30 days)</i>	25%	33% ³	33% ³	31% ⁴
<i>alcohol use--grade 10 (once or more last 30 days)</i>	42%	36% ³	36% ³	44% ⁴
<i>marijuana use--grade 10 (once or more last 30 days)</i>	25%	26% ³	26% ³	27% ⁴
<i>condom use (last intercourse)</i>	74%	--	--	57% ⁴
<i>teen birth rate (1997)²</i>	62.8	114.2	96.4	36.1

Sources: New Haven Social and Health Assessment, State Department of Public Health, State Department of Mental Health and Addiction, Centers for Disease Control and Prevention

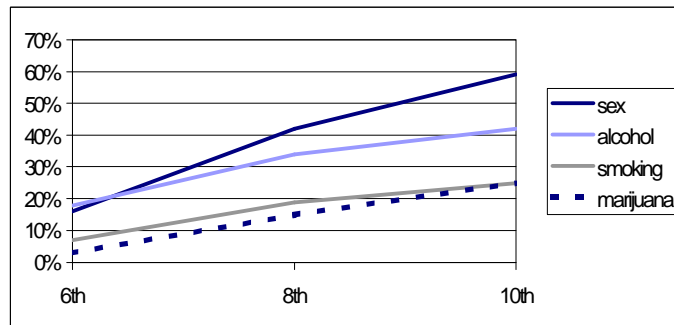
¹Lickona, pp. 162-163. ²rate is per 1,000 females age 15-19 years. ³9th and 10th graders in ERG Group I in 1998. ⁴9th to 12th graders in 1997

VII. Adolescent Health

The New Haven Social and Health Assessment (SAHA) provides an important resource for monitoring trends in risk behaviors in New Haven students. The data presented on the following pages suggest that fewer teens in the city are smoking or drinking and that the proportion of teens who are sexually active or have used marijuana has remained unchanged. However, they also demonstrate disturbing increases in high-risk activities with age, particularly as adolescents progress from the 6th to 8th grades.

- In 1998, the proportion of New Haven teens who reported having smoked a cigarette once or more in the past 30 days increased 171% from the 6th to 8th grades, but only 32% from the 8th to 10th grades.
- Drinking was also more common in older teens than in younger ones in 1998. The proportion of students who drank once or more in a 30-day period increased 133% from the 6th to 10th grades--two thirds of this increase occurred between grades 6 and 8.

Risk Behaviors By Grade: SAHA, 1998



Source: New Haven Social and Health Assessment

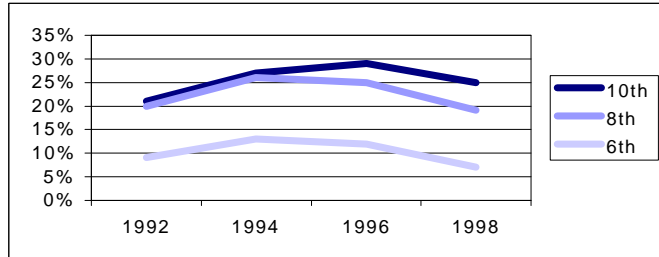
- Binge drinking (five or more drinks in a row) showed a similar trend, increasing 150% from the 6th to 8th grades and another 70% in 10th graders.
- Marijuana use increased 400% from grades 6 to 8 compared with 67% from grades 8 to 10.
- The proportion of students who reported being sexually active was 163% higher in 8th graders than in 6th graders in 1998, and increased another 40% between the 8th and 10th grades.

VII. Adolescent Health

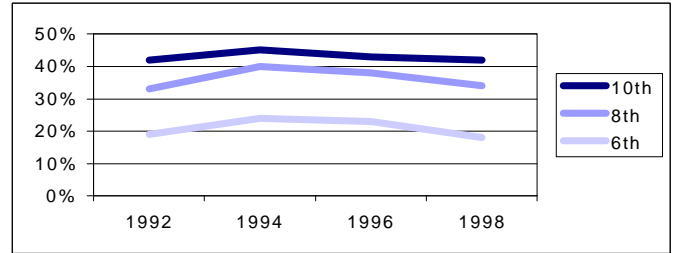
Drug and alcohol use by New Haven students appears to be on the decline.

- In 1998, smoking declined in all three grades compared with 1996.
- Drinking declined in all three grades for the second SAHA survey in a row.
- Marijuana use dropped in the 6th and 10th grades between 1996 and 1998, but was unchanged in 8th graders.

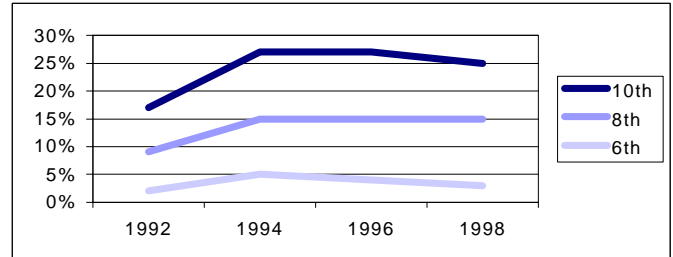
Cigarette Smoking Past 30 Days



Alcohol Use Past 30 Days



Marijuana Use Past 30 Days



Source for all charts on this page: New Haven Social and Health Assessment

VII. Adolescent Health

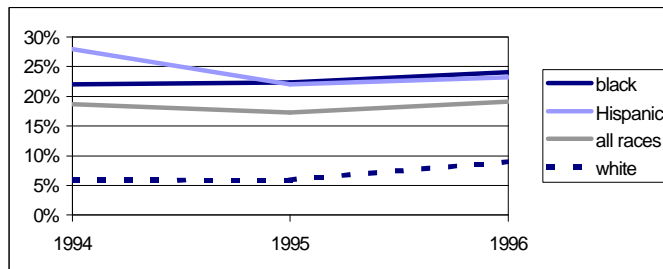
The majority (57%) of teen pregnancy prevention programs in New Haven target black youth, while 24% target white teens and 18% target Hispanics. The birth rates in these groups suggest that, while a continued focus on black teens is needed, more teen pregnancy prevention programs should be aimed at Hispanic youth.²

- In 1997, New Haven had the lowest rate of teen births in its Education Reference Group (ERG)¹, at 63 births per 1,000 females 15 to 19 years.
- According to SAHA, the proportion of students who said they had had sex was down again in 1998, from 45% in 1994 to 41% in 1996 to 39% in 1998.
- Although the proportion of teens with multiple sexual partners (4 or more in lifetime) has declined steadily since 1992, it remains unacceptably high, at 13% in 1998.

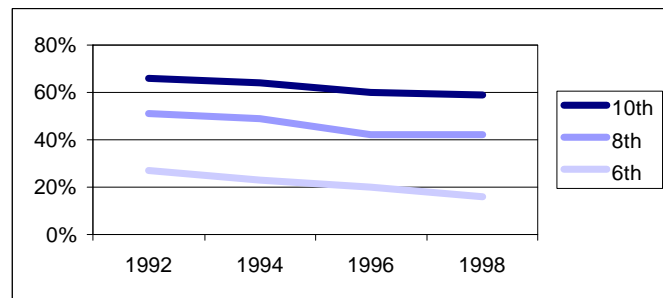
¹ERG groups are a composite index of district need based on poverty, sociodemographics and enrollment. New Haven is in ERG Group I.

²data from Rosemary Richter, UCHC Family Planning Program

Percent of Births that are to Teens: 1994-1996



Percent of Students who Have Ever had Sex



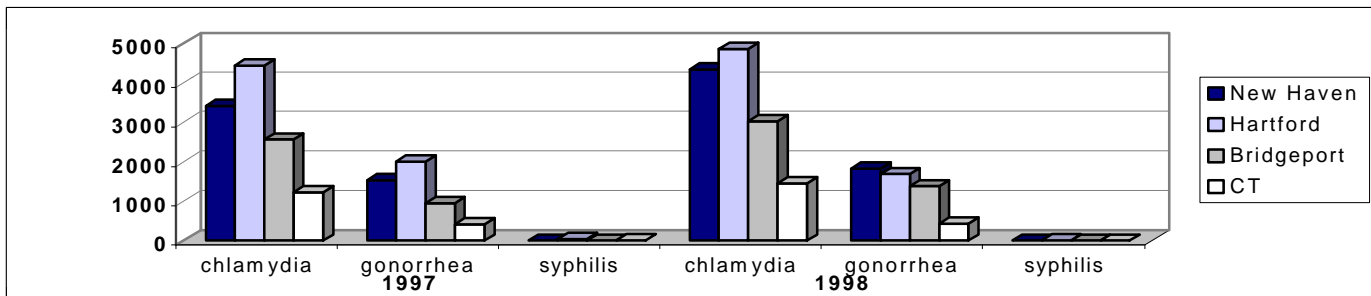
Sources: UCHC Family Planning Program and New Haven Social and Health Assessment

VII. Adolescent Health

Three quarters of New Haven students who are sexually active report using a condom the last time they had sex. This proportion is substantially higher than the rate of condom use for the state as a whole. However, the rate means that one quarter of New Haven teens were not protected against sexually transmitted diseases the last time they had sex.

- Rates of chlamydia and gonorrhea increased in New Haven adolescents between 1997 and 1998, by 27% and 19%, respectively.
- On the other hand, these diseases appear to be declining in New Haven adolescents ages 10 to 14 years. In this group, the incidence of chlamydia decreased from 464 cases/100,000 youth in 1997 to 399 cases/100,000 in 1998. The incidence of gonorrhea declined even more, by 50%.

STD Rates for Adolescents ages 15-19 years: 1997 and 1998: ¹



Source: State Department of Public Health 1. Extrapolated per 100,000 population

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VIII. Safety and Security

By several measures, New Haven is a safer place for children to live than in the past. Violent crime in the city is down 47% since 1990, largely the result of the award-winning Community Policing program. Not one violent incident has been reported in city schools since 1996.

However, more teens were arrested for violent crimes (murder, manslaughter, robbery, forcible rape and aggravated assault) in 1998 than in 1997. The

juvenile violent crime arrest rate for the city is more than twice the rate for Hartford, three times the rate for Bridgeport and more than five times the rate for the state as a whole.

- The juvenile violent crime arrest rate in New Haven increased 7.3% between 1997 and 1998.
- Despite this fact, SAHA shows that fewer teens are starting fights, carrying guns, getting arrested or bringing weapons to school.

Safety and Security--1998	New Haven	Hartford	Bridgeport	CT
<i>substantiated child abuse/neglect (1997-1998)¹</i>	4.6%	3.5%	2.8%	1.8%
<i>teen death rate by accident, homicide or suicide (1996)²</i>	99	--	--	40
<i>juvenile violent crime arrest rate³</i>	2,190	1,044	619	425
<i>students who carried a gun (past 30 days)</i>	8% ⁴	--	--	4% ⁵

Sources: State Department of Children and Families, New Haven Health Department, State Department of Public Safety, The Annie E. Casey Foundation, Centers for Disease Control and Prevention.

¹rate is percent of children with substantiated abuse or neglect. ²rate is per 100,000 youth ages 15-19 years.

³rate is per 100,000 youth ages 10-17 years. ⁴6th, 8th and 10th graders. ⁵9th-12th graders, 1997.

VIII. Safety and Security

Officials at the State Department of Children and Families received 2,266 reports of child abuse and neglect in New Haven in 1997-98, up from 2,120 the prior fiscal year. On the other hand, the number of confirmed, or substantiated, reports was down in 1997-98, by 7%.

- The proportion of children who are confirmed as abused in New Haven has been on the decline since at least 1995-96, when the rate was 11.6%.

The Connecticut SAFE KIDS BUCKLE UP program, run through Connecticut Children's Medical Center, conducts regular spot checks of infant and child car seat use throughout the state.

- Of the 2,450 car seats checked from January 1 to September 24, 96% were misused. Seven percent of the seats had been recalled--98% of these were replaced.
- Of the 39 seats checked in the New Haven area (East Haven) this year, all were misused, five were recalled and 2 replaced.

Substantiated Child Abuse and Neglect			
	1997	1998	improvement
<i>New Haven</i>	5.0%	4.6%	6.9%
<i>Hartford</i>	4.1%	3.5%	15.6%
<i>Bridgeport</i>	2.9%	2.8%	4.8%
<i>CT</i>	2.0%	1.8%	10.5%

Source: State Department of Children and Families

<i>Appropriate Infant/Child Safety Seat Use</i>	# Seats Checked	# Used Properly
<i>New Haven area (9/99)</i>	39	0
<i>Hartford (6/99)</i>	15	1
<i>Bridgeport (6/99)</i>	70	0
<i>Waterbury (4/99)</i>	92	7

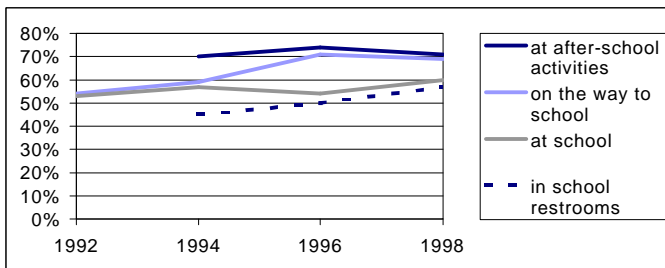
Source: Connecticut Childhood Injury Prevention Center

VI. Safety and Security

New Haven students feel safer in their schools, overall, than they have in the past. However, a slightly lower proportion of students felt safe at home and in their neighborhoods in 1998 than in 1996.

- In 1998, 60% of students said they felt safe in their schools, up from 54% in 1996.
- The proportion of students who felt safe at home and in their neighborhoods, though slightly lower in 1998 than in 1996, were essentially unchanged.

Students who Feel Safe at School: 1992-1998



Source: New Haven Social and Health Assessment

The leading causes of death in 15- to 19-year-olds in Connecticut in 1997 were unintentional injuries (motor vehicle accidents, drowning, poisoning, falls and fires), homicide and suicide.

The New Haven Health Department reported 10 deaths among adolescents in this age group in 1996.

- All 10 of these youth were males.
- One death was due to heart disease, while nine were "injuries," including two accidental deaths, six homicides and 1 suicide.
- Seven of the 10 deaths in this age group in 1996 were caused by guns.
- The number of 15- to 19-year-olds in New Haven who died as a result of violence in 1996 was the same as in 1995.

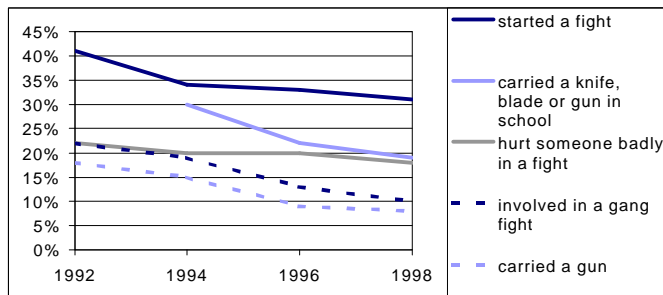
VIII. Safety and Security

The newest data from SAHA suggest that teen violence in New Haven is on the decline. Fewer 6th, 8th and 10th grade students in 1998 reported that they had started a fight, hurt someone badly in a fight, been involved in a gang or posse fight, carried a gun or carried any weapon (knife, blade or gun) in school.

Fewer teens are also witnessing violence than in previous years.

- In 1998, fewer New Haven students carried a gun, knife or blade to school. This activity has decreased dramatically over the past four years, from 30% in 1994 to 22% in 1996 to 19% in 1998.
- Half of New Haven students had seen someone getting beaten up or mugged in 1998 compared with 56% of students in 1996.
- Twenty-four percent of students said they had seen someone attacked or stabbed with a knife in 1998, compared with 30% in 1996.
- In 1998, 35% of New Haven students who took part in SAHA reported they had seen someone shot or shot at, down from 39% in 1996.

Adolescent Violence: 1992-1998



Source: New Haven Social and Health Assessment

New Haven students were less likely to have been the victims of violence in 1998 than in 1996.

- The proportions of students who reported they had been threatened with serious harm, beaten up or mugged or attacked or stabbed with a knife were each down one percentage point in 1998.
- The fraction of students who had been chased by gangs or individuals dropped 18% in 1998 compared with 1996, and the percent who had

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For the most part, students in New Haven are continuing to improve academically based on the indicators presented in this report. For example, SAT scores increased again in 1997, if only slightly, then remained essentially stable from 1997 to 1998, building on a steady improvement in the city since at least 1994.

The proportion of students dropping out of school annually has remained relatively unchanged over the past year. The percent of students who dropped out of school in the class of 1998 (cumulative dropout rate) is approximately the same as the year before. However, the annual dropout rate has declined in New Haven in recent years, by 34% from 1995-96 to 1997-98.

Education: 1997-1998	New Haven	Hartford	Bridgeport	CT
<i>kindergartners with preschool experience</i>	54.9%	50.5%	50.9%	70.4%
<i>percent of students receiving special education</i>	12.7%	15.3%	10.6%	13.4%
<i>CMT 4th grade: math/reading/writing¹</i>	27/19/43	23/13/33	27/19/40	61/54/58
<i>CMT 8th grade: math/reading/writing¹</i>	21/27/23	16/24/25	22/34/34	57/66/59
<i>SAT verbal/math (class of 1998)</i>	406/395	389/388	393/402	504/503
<i>cumulative high school dropout rate (class of 1998)</i>	29.7%	51.0%	25.8%	15.1%
<i>percent of seniors attending higher education</i>	78.5%	52.2%	75.9%	76.6%

Source: State Department of Education. ¹numbers are percent of students who are meeting state goals.

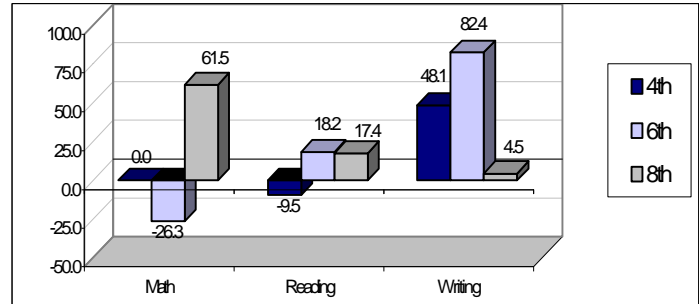
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Many New Haven students are attaining higher academic standards. These improvements are particularly notable in their writing scores on the Connecticut Mastery Test (CMT), which improved for all three grades between 1997 and 1998.

New Haven students (with the exception of 8th graders) also appear to be testing at least as well as students in other CT cities, but still fall short of averages for the state as a whole.

**Students Meeting State Goals:
Percent Change 1997 to 1998**



1997-1998 CMT: % Students Meeting Goals

	Math			Reading			Writing		
	4th	6th	8th	4th	6th	8th	4th	6th	8th
<i>New Haven</i>	27	14	21	19	26	27	43	31	23
<i>Hartford</i>	23	14	16	13	20	24	33	28	25
<i>Bridgeport</i>	27	19	22	19	27	34	40	31	34
<i>CT</i>	61	53	57	54	66	66	58	54	59

Source for all charts and tables on this page: State Department of Education

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More children are attending New Haven public schools now than in the past. Between the 1996-1997 and 1997-1998 school years, public school enrollment increased from 19,131 students to 19,385 students. Since the 1994-95 school year, enrollment has increased nearly 8%.

- In 1997-98, 89.3% of New Haven students were enrolled in the public school system.
- Education officials predict a 7.7% increase in enrollment in the city in the next 5 years.

School attendance is necessary for academic success. On October 1st each year, schools throughout the state collect information on school attendance. Although the number of students absent on this day each year is, at best, a rough estimate of average daily attendance, it offers a measure by which to compare attendance rates among school districts.

Number of Students Enrolled in Public Schools 1997-1998	
<i>New Haven</i>	19,385
<i>Hartford</i>	23,175
<i>Bridgeport</i>	22,166
<i>State Average per District</i>	2,842

Source: State Department of Education

Percent of Enrolled Students in Attendance Oct. 1, 1999	
<i>New Haven</i>	89.4%
<i>Hartford</i>	94.5%
<i>Bridgeport</i>	94.3%
<i>CT</i>	95.8%

Source: State Department of Education

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A child's education plays a critical role in his or her later chances for success. When children are not given equal academic opportunities, they are not given equal prospects for later success.

Academic opportunities and performance are not constant throughout New Haven's schools, but fluctuate broadly from one neighborhood to the next. The data presented below are just a few examples of this inequality.

Studies show that child poverty is strongly linked to academic performance. In 1997, Connecticut officials reported that 72% of the variation in CMT scores in the state was attributable to poverty.

- However, poverty is not destiny. Although the Martin Luther King School had one of the highest school poverty rates of all New Haven elementary schools for three years in a row, its 4th graders performed better than district averages on all three CMT tests in 1995-96 and 1996-97 and on the reading section of the test in 1997-98.

New Haven Elementary Schools: Variance by Indicator

	lowest	highest	median
<i>School poverty</i>	22.9%	93.0%	71.4%
<i>Kindergartners with preschool experience</i>	30.0%	100.0%	53.3%
<i>Average class size, grade 2</i>	8.0	27.8	23.3
<i>Students per computer (in schools with computers)</i>	3.3	17.0	5.2
<i>CMT (percent meeting state goal): 4th grade reading</i>	5.0	61.0	19.0

Source: State Department of Education

X. Resilient Youth

Despite the many daily challenges New Haven youth face, they have higher hopes for their futures today than in the past.

- Nearly 90% of New Haven students surveyed for SAHA in 1998 expected to graduate from high school, compared with 87% in 1996.
- Nearly three-quarters of the students expected to also attend college, up from only 58% in 1996.
- The vast majority, 83%, of New Haven teens expect to someday have a job that pays well.
- Eighty percent of students in 1998 said they expected to have a happy family life in the future, an increase from 75% in 1996.
- More students in 1998 expected to stay in good health in the future than in 1996--82% versus 79%.
- More students looked forward to going to school each day in 1998 than in 1996, and the same proportion said they liked school and tried hard in school.

On the other hand, fewer students are spending two or more hours each day on homework.

New Haven teens are also finding time to take part in many positive activities in their schools and communities. In 1998:

- 54% of students said they took part in after-school programs,
- 74% said they participated in sports or exercise every day,
- 79% read books, magazines or newspapers daily,
- 61% of students reported participating in volunteer or community work a few times or more in the past year,
- 79% said they attended religious services a few times or more during the past year,
- 70% participated in the arts,
- 87% had helped another student with homework a few times or more in the past year,
- 96% believed it was somewhat or very important to achieve a B average or better ,
- and 97% of New Haven students said it was somewhat or very important to them to have adequate grades to get into college.

XI. Making a Difference

In the past, New Haven youth have been fortunate to be the recipients of a number of excellent programs aiming to improve their health, education, safety and overall well-being. In the last couple of years, new initiatives have been implemented, engaging more and more city teens in direct employment and leadership. Such programs include:

- City Kids Youth Mapping Initiatives--a summer program in which youth map "faces and places" in their neighborhood
- The Comprehensive Youth Plan--developed with the City Wide Youth Coalition, Youth Fair Chance, City Kids, Youth Development and Training Resource Center, the Youth Service Bureau and the New Haven public schools, this plan includes a youth congress, youth-led retreat and a plan that outlines the nine key issues impacting New Haven youth and priorities for action.

New Haven has also been the target of several national programs, including BEST--the first program in the state to organize a youth worker certificate

program--and the Safe Schools, Healthy Students program.

In New Haven, young people's creativity, energy and wisdom are being increasingly harnessed and used to plan and deliver comprehensive plans for community improvement.

New Haven Healthy Start

The goal of Healthy Start is to reduce infant mortality by actively linking women at risk of poor pregnancy outcomes to prenatal healthcare services. The program targets women in six neighborhoods with the highest infant mortality rates in the city: Dixwell, Dwight, Fair Haven, Hill, Newhallville and West Rock.

New Haven is just one of 75 urban communities throughout the United States served by Healthy Start. The Community Foundation for Greater New Haven and the City of New Haven have received a \$4.5 million grant to implement the initiative over a period of four years beginning in September, 1997.

XI. Making a Difference

Safe Schools, Healthy Students

In September, New Haven was one of 54 communities nationwide to receive federal funds to implement a Safe Schools, Healthy Students initiative. The award were based on school safety plans submitted by individual school districts and judged based on "strength, comprehensiveness, viability and likelihood to succeed." The \$2.8 million grant will help fund a variety of programs in the school district, including mentoring programs, truancy prevention, school security measures and after-school programs.

Yale Primary Care Center

Since 1997, healthcare workers at Yale's Primary Care Center have given away more than 300 infant and child safety seats to needy parents in New Haven, along with hands-on education on how to properly install, use and adjust the seats.

Through its Health and Safety Program for Children, the center also offers education and helmets to children as part of a bicycle safety intervention, and local

children can attend classes on fire safety, water safety, safety with strangers and even dental hygiene as they await their well-child visits or office appointments at the center.

New Haven Public Schools: Summer School

Last summer, 402 New Haven 3rd graders who had fallen behind in reading attended summer school--the state's first mandated program of its kind. These were children described by the district as being at high-risk of staying back a grade, yet 64% were promoted to grade 4 in the fall. A total of 81% of the students could both read and comprehend the materials they were reading better at the end of the summer than at the start of the program. In fact, the children gained five months' reading ability.

During the 25-day program, based on a Yale Child Study Center model, students received 3.5 hours a day of reading instruction. The children were also challenged to read at least five books each day. By the end of the summer, the group had read 12,530 books--an average of more than 31 books per child.

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Note: An accurate count of New Haven children is obtained every ten years from the US Census. Although the census provides an estimate of the overall town population each year, it does not provide estimates by age and sex for Connecticut towns on an annual basis. For the years between the census, such as between 1990 and 2000, the number of children in Connecticut towns and their distribution by age and sex, can only be estimated. Estimates for 1997 have been obtained from the State Department of Public Health. For 1998, we use estimates from the Department of Economic and Community Development (provided by Claritas). The Connecticut Conference of Municipalities has also commissioned National Decision Systems to calculate estimates of town populations for 1997 by census tract.

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Connecticut Voices for Children

33 Whitney Avenue
New Haven, CT 06510
