

# State of the Child in Bridgeport

# 2010 REPORT

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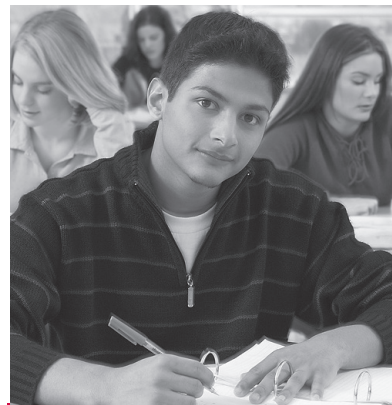
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*Bridgeport Child Advocacy Coalition (BCAC) is a coalition of organizations, parents, and other concerned individuals committed to improving the well-being of Bridgeport's children through research, advocacy, community education, and mobilization.*



# Executive Summary

## 2010 Report on the State of the Child in Bridgeport

Every year, the Bridgeport Child Advocacy Coalition (BCAC) publishes its *State of the Child* report presenting a snapshot of Bridgeport's children. It gives a grade comparing Bridgeport's children to children statewide and a grade for "effort" showing if progress has been made in key areas from one year to the next.

The 25th Anniversary Edition shows that, while some gains have been made, the disparities between Bridgeport's children and children statewide are still evident today.

## Where is Bridgeport Failing?

The Report Card on the Well-Being of Bridgeport Children assessed 21 indicators of child well-being. When compared to children statewide, Bridgeport received an "F" on 15 indicators:

*childhood poverty • economically disadvantaged students • child care • preschool attendance • student achievement • dropout rate • infant mortality • low birthweight • prenatal care • teen births • dental care • homelessness • child abuse and neglect • family violence • juvenile arrests for violent crimes*

## Where is Bridgeport Improving?

Two indicators showed enough improvement from the previous year to earn an "A", and two earned an "A+", showing gains of more than 20%.

- The percentage of students meeting goal in reading on the Connecticut Mastery Test improved by 12%.
- Infant mortality rate declined by 23%.
- Juvenile arrests declined by 14%.
- Juvenile arrests for violent crimes declined by 35%.

## Disturbing Trends

Three indicators deserve close attention, particularly in light of the current economic crisis:

- The number of families on the waiting list for public housing increased by an alarming 64%.
- The number of children abused and neglected increased by 36%.
- Having access to programs like SNAP (food stamps) is critical. However, the 28% increase in utilization is a sign of greater need.

# A REPORT CARD ON THE WELL-BEING OF BRIDGEPORT CHILDREN

GRADE  
Bridgeport  
vs. State

EFFORT  
Progress from  
previous year

## Child Poverty

	GRADE Bridgeport vs. State	EFFORT Progress from previous year
% Children living in poverty	F	C
% Economically disadvantaged students (family income less than 185% of federal poverty guidelines)	F	C
Increase in children receiving SNAP (food stamps)	B	F

## Early Care

	GRADE Bridgeport vs. State	EFFORT Progress from previous year
% Children entering school with preschool experience	F	D
Licensed child care for infants and toddlers	F	B

## Education

	GRADE Bridgeport vs. State	EFFORT Progress from previous year
% Meeting CT Mastery Test goal in reading	F	A
Dropout rate	F	C

## Child Health

	GRADE Bridgeport vs. State	EFFORT Progress from previous year
Infant mortality rate	F	A+
% Low birthweight	F	F
% Late or no prenatal care	F	C
Teen births	F	F
% Children on HUSKY with preventive dental care	F	C
% Children on HUSKY with well-child checkups	A	D

### KEY:

A+ = more than 20% better

C = less than 5% difference

A = 10 - 20% better

D = 5 - 10% worse

B = 5 - 9% better

F = more than 10% worse

GRADE  
Bridgeport  
vs. State

EFFORT  
Progress from  
previous year

## Child Health

	GRADE Bridgeport vs. State	EFFORT Progress from previous year
% 2-year-olds screened for lead poisoning	A+	B
% Children on HUSKY with asthma	D	NA*

## Housing

	GRADE Bridgeport vs. State	EFFORT Progress from previous year
Homeless children	F	C
Families on the waiting list for public housing	NA**	F

## Child Safety

	GRADE Bridgeport vs. State	EFFORT Progress from previous year
Children confirmed abused or neglected	F	F
Family violence arrests	F	B
Juvenile arrests	D	A
Juvenile arrests for violent crimes	F	A+

\* The methodology for determining asthma prevalence was changed in 2007 and cannot be compared with previous years.

\*\* Statewide data is not collected.

Sources are available upon request.  
Information is based on the most current data available.  
8/10

## Age Breakdown Population 2008\*

Under the age of 5	10,971
Ages 5-9	9,689
Ages 10-14	9,364
Ages 15-17	6,199
Total Children Bridgeport	36,223
Total Population Bridgeport	131,062
Children as % of the Total Population	28%

\* Estimated by the U.S. Bureau of the Census

## Racial and Ethnic Composition\* Children under age 18 in 2000

African American	37%
Asian	3%
Latino	41%
Native American	0.4%
White	33%
Multiracial	8%
Other	19%

\*Total percentage equals more than 100% due to respondents checking more than one category on the census.

*Living in poverty puts children at greater risk for disease, poor nutrition, poor school performance, violence, abuse, and homelessness.*

## Child Poverty

- According to the U.S. Census Bureau, 10,000 Bridgeport children (28%) lived in poverty in 2008, virtually the same as in 2007. More than one in four Bridgeport children living in poverty (2,705 children) were under the age of 5.
- Bridgeport's rate of child poverty, 28%, is more than twice the statewide rate of 12.5%. Nationwide, 18% of children live in poverty.
- More than one in three African American children, more than one in three Latino children, and one in five white children live in poverty in Bridgeport.
- 55% of Bridgeport children live in families earning less than 200% of the federal poverty level, the income considered necessary to meet a family's basic needs.
- The unemployment rate in Bridgeport went from 12.3% in June 2009 to 13.3% in June 2010. The statewide unemployment rate was 8.8%.

## Child Hunger

- In June 2010, 12,821 Bridgeport children lived in families receiving food stamps, now known as SNAP. This was 2,815 more children than in June 2009, a significant increase of 28%. Statewide, there was a 31% increase in the number of children receiving SNAP.

## Family Status

- In 2008, 48% of Bridgeport's families with children under the age of 18 were headed by a single parent, compared to 29% statewide.
- 1,732 Bridgeport children (5%) were being cared for by a grandparent in 2008, compared to 2% statewide.

*Children who participate in quality early childhood programs are more likely to perform better academically, become high school graduates, become employed, and earn a higher income than those children who do not participate.*

## Child Care Capacity and Need

- 67% of kindergarten students entered Bridgeport public schools with preschool, nursery school, or Head Start experience in the 2008-09 school year, compared to 73% in 2007-08. Statewide, 80% of kindergarten students entered school with pre-school experience.
- In 2008, 7,928 Bridgeport children under the age of six (67%) lived in families in which both parents or the only parent was in the labor force and may have needed child care.
- In 2009, there were 841 licensed child care spaces for infants and toddlers in Bridgeport, 70 more spaces than the previous year.
- In 2009, there were 13 licensed child care spaces per 100 children under the age of three in Bridgeport, compared to 20 spaces per 100 children under the age of three statewide.

**BRIDGEPORT CHILD CARE AND PRESCHOOL LICENSED PROGRAM CAPACITY 2009**

	Infants/ Toddlers	3-4 Year-Olds
Licensed child care centers and Head Start	606	2,559
Licensed family day care homes	235	467
Board of Education pre-kindergarten		
full-day		334
part-day		381
<b>Total</b>	<b>841</b>	<b>3,741</b>

## Child Care Costs

- In the Bridgeport area, the average cost for full-time licensed child care for one year is \$13,250 for infants and toddlers, and \$11,190 for preschool age children.
- In 2009, 3,072 Bridgeport children benefited from Care4Kids, Connecticut's child care subsidy program, 897 more children than in 2008.

## Child Care Quality

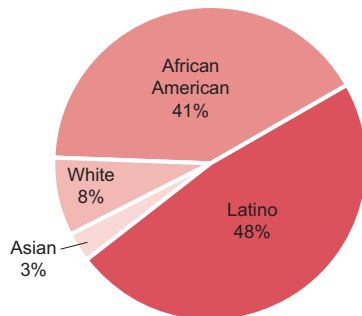
- 1,300 Bridgeport children attend child care centers or preschool programs in Bridgeport that are accredited by the National Association for the Education of Young Children (NAEYC) or its equivalent. Over 900 children attend programs that meet standards established by Head Start.
- In 2009, 1,194 Bridgeport children receiving state child care subsidies (39%) were in informal child care settings, including care provided by a grandparent, other relative, or non-related adult in the child's home.



Overcrowded classrooms, high teacher turnover, and unsafe school environments contribute to poor student achievement and high dropout rates.

## Student Enrollment

- There were 20,235 students in the Bridgeport school system as of October 1, 2009.



**Racial and Ethnic Composition  
Bridgeport Schools 2009-10**

- During the 2008-09 school year, more than 95% of Bridgeport public school students were economically disadvantaged or lived in families earning less than 185% of the federal poverty level (\$33,873 for a family of three), compared to 30% of students statewide.

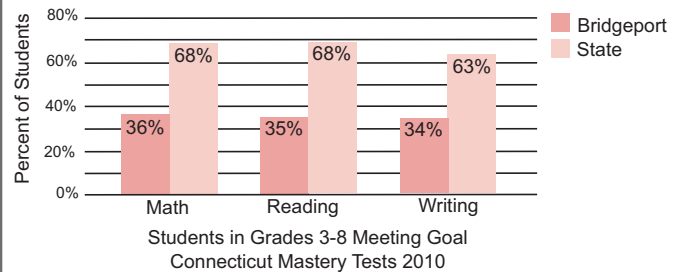
## Academic Performance

GAINS MADE ON CMT AND CAPT				
	Connecticut Mastery Test (CMT)		Connecticut Academic Performance Test (CAPT)	
	2010	2009	2010	2009
Math	36.3%	32.7%	10.3%	9.8%
Reading	35.0%	31.1%	9.9%	13.8%
Writing	33.9%	34.2%	21.4%	18.3%
Science	15.5%*	23.9%*	8.6%	7.7%

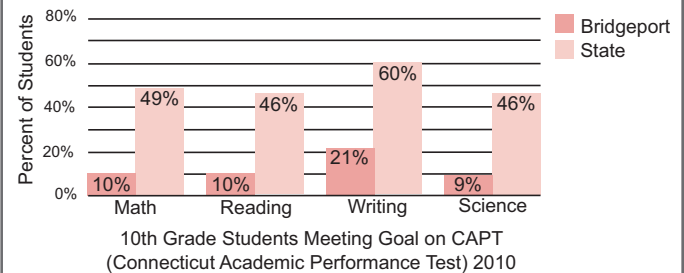
Bridgeport Students Meeting Goal on 2010 CMT (Grades 3-8) and CAPT (Grade 10)

\* 5th grade only

### Disparities between Bridgeport students and students statewide on the Connecticut Mastery Tests



### Bridgeport high school students lag far behind students statewide on the CAPT



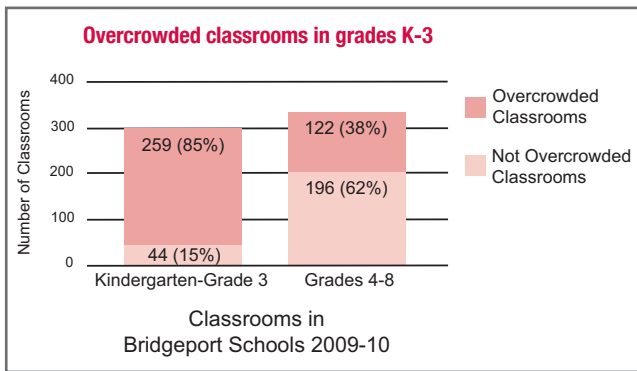
- 50% of Bridgeport's Class of 2009 took the SAT (Scholastic Aptitude Test), compared to 66% statewide. Bridgeport students averaged 391 on critical reading, 387 on the math, and 396 on the writing SAT. Statewide, students averaged 503 on reading, 508 on math, and 506 on writing.
- 70% of Bridgeport's graduating Class of 2008 went on to post-secondary education, compared to 82% statewide.



## Bilingual Education

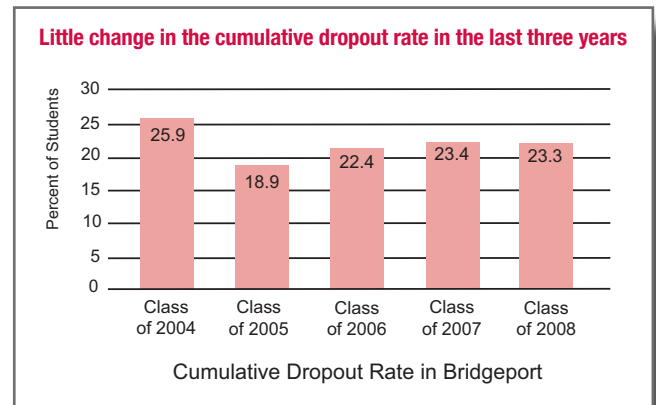
- Bridgeport students speak a total of 69 different languages.
- During the 2008-09 school year, 2,649 Bridgeport students (13%) were not fluent in English, compared to 5% of students statewide. Bilingual education is provided in four languages: Spanish, Portuguese, Kurdish, and Haitian Creole.

## Class Size



- The Connecticut Department of Education recommends a class size no larger than 18 in kindergarten through grade 3. The U.S. Department of Education recommends no more than 24 students in grades 4-8. While the district has lowered class sizes, especially in the younger grades, nearly two in three Bridgeport classrooms are still overcrowded by this definition.

## Dropout Rate



- Bridgeport's cumulative dropout rate for the Class of 2008 (23.3%) is more than three times the statewide rate of 6.6%. Youth who drop out of school are more likely to live in poverty and be involved in criminal activity as adults than those who graduate from high school.

## School Behavior

- There were a total of 8,645 school suspensions in the 2009-10 school year, a reduction of 15% from 2008-09. Of these, 6,247 were out-of-school suspensions, a 3% decrease, and 2,398 were in-school suspensions, a 35% decrease from 2008-09.

## Students with Disabilities

- 2,427 Bridgeport students (12%) received special education services in 2008-09.
- 67% of Bridgeport students with disabilities in the Class of 2009 graduated with a standard high school diploma, compared to 81% statewide.

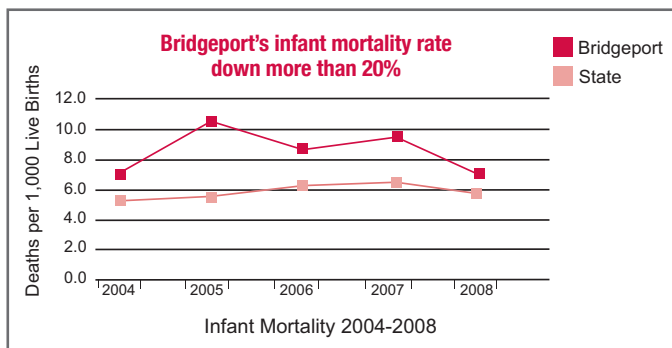


Good health, including physical, behavioral, and oral health, is essential for a child's development and well-being.

## INFANT HEALTH

### Infant Mortality & Low Birthweight Babies

- In 2008, the infant mortality rate in Bridgeport was 7.3 infant deaths per 1,000 live births, compared to 9.5 in 2007, a decrease of 23%. Bridgeport's rate was 24% higher than the state rate of 5.9.



- In 2008, 10.1% of all Bridgeport babies were born with low birthweight (about 5.5 pounds at birth), compared to 9.0% in 2007. Statewide, 8.0% of all babies were born with low birthweight.

### Prenatal Care

- In 2008, 18.5% of Bridgeport mothers received late or no prenatal care during their pregnancy, the same as in 2007. Statewide, 12.4% of mothers received late or no prenatal care in 2008. Mothers who receive late or no prenatal care are more likely to have a low-birthweight baby than mothers who receive prenatal care in the first trimester of pregnancy.

### SIGNIFICANT RACIAL AND ETHNIC DISPARITIES IN PRENATAL CARE AND INFANT HEALTH

	African American	Latino	White
Infant Mortality (Infant deaths per 1000 live births)	8.7	4.5	3.8
Low Birthweight	14.4%	9.0%	5.9%
Late or No Prenatal Care	20.1%	21.4%	9.3%

Infant Mortality, Low Birthweight, and Prenatal Care by Race and Ethnicity, Bridgeport 2008

## CHILD HEALTH

### Childhood Asthma

- More than 1,890 Bridgeport children enrolled in HUSKY A (12%) were treated for asthma in 2007, compared to 11% statewide. Children living in poverty, or who are African American or Latino, are more likely to be hospitalized with asthma. Asthma causes more missed school days than any other chronic disease.

### Lead Poisoning

- Lead poisoning can lead to verbal, perceptual, motor, and behavioral disabilities. African American children are five times more likely than white children to suffer from lead poisoning. Children who are lead poisoned are seven times more likely to drop out of school than those who are not.
- The State Department of Public Health recommends lead screening for children under the age of six, and particularly for children under the age of two. In 2008, 47% of Bridgeport children under the age of six and 77% under the age of two were screened for lead poisoning, compared to 45% and 72% respectively in 2007. Of those screened, 2.4% (151 children) were lead poisoned. Statewide, 55% of children under the age of two were screened for lead.

## Mental Health

- The National Institute of Mental Health estimates that as many as 11% of children under the age of 18 need mental health services and 3% have a serious emotional disturbance. Data for Bridgeport children is not available, but if national figures are applied to Bridgeport, approximately 3,855 children could have a need for mental health services and 1,050 children could have a serious emotional disturbance.

## Obesity

- In 2005, one in four Connecticut high school students was either overweight (15%) or obese (11%). If current trends in obesity continue, researchers predict that, for the first time in history, the life expectancy of today's children will be shorter than that of their parents. Bridgeport data is not available.
- In 2005, more than one in three Latino high school students in Connecticut (36%) and one in three African American students (32%) were either overweight or obese, compared to just under one in four white students (23%).

## Oral Health

- In 2007, only 41% of Bridgeport children insured under HUSKY received preventive dental care, compared to 49% statewide and 42% in 2006.

## Preventive Health Care

- In 2007, 64% of Bridgeport's children ages 2-19 enrolled in HUSKY received a well-child check-up, compared to 54% statewide and 69% in 2006. Low-income children who are up-to-date on their well-child doctor visits have 20-40% fewer hospitalizations than children who do not have regular well-child visits.
- In Bridgeport, 80% of Bridgeport children born in 2006 and enrolled in the State Immunization Registry and Tracking System were vaccinated against major vaccine-preventable diseases before they turned two, compared to 83% statewide.

## TEEN HEALTH

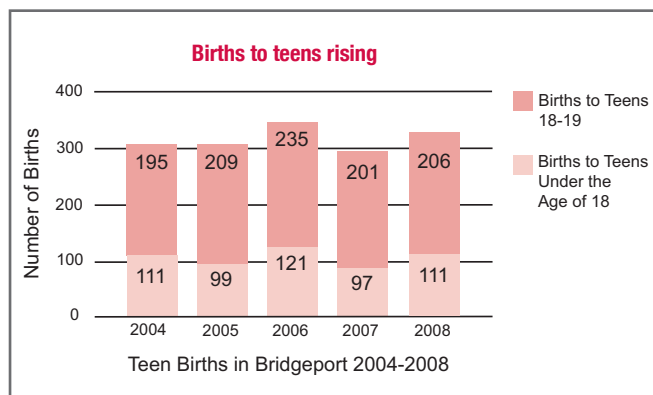
### Sexually Transmitted Diseases

- In 2009, 462 Bridgeport adolescents under the age of 20 were treated for sexually transmitted diseases, compared to 516 in 2008, a decrease of 10%.
- Bridgeport's rate of sexually transmitted diseases in 2009, 28 cases per 1,000 adolescents, was more than twice the statewide rate of 12 cases per 1,000 adolescents.

### Substance Abuse and Smoking

- In a 2008 survey conducted by RYASAP, 27% of Bridgeport students in grades 7-12 reported using alcohol at least once during the previous month; 18% used marijuana; and 7% smoked tobacco.

### Teen Pregnancy



- In 2008, there were 111 births to teens under the age of 18, an increase of 14% compared to 2007. Teenage mothers are at high risk of poverty, domestic violence, and unemployment. Children born to teens are seven times more likely to live in poverty than children born to mothers who are older.
- Bridgeport's teen birth rate is nearly three times the statewide rate. The 2006-08 birth rate for Bridgeport teens ages 15-17 was 33 births per 1,000 teenage girls, compared to the statewide rate of 12 births per 1,000 teenage girls.

Homeless children are at increased risk for poor health, developmental delays, mental health and behavioral health problems, and lower educational achievement.

## Homelessness

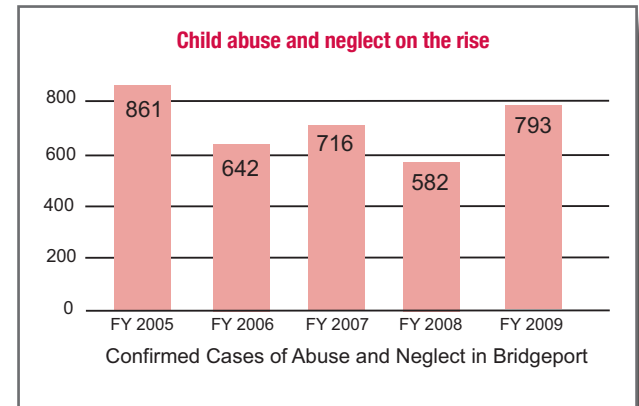
- In FY 2008-09 (October 2008-September 2009), 292 children spent time in a Bridgeport homeless shelter, compared to 282 in FY 2007-08.
- The rate of children living in homeless shelters in Bridgeport is nearly three times the statewide rate. There were 8 homeless children in Bridgeport shelters per 1,000 children in FY 2008-09, compared to 3 homeless children per 1,000 children statewide.
- Of the parents staying in Bridgeport homeless shelters in FY 2008-09, one in four lost their housing due to eviction.

## Housing

- A parent working 40 hours a week at the minimum wage (\$8.25/hour) earns just over \$1,425 a month. In 2009, the fair market rent for a two-bedroom apartment in greater Bridgeport was \$1,214 a month.
- The federal definition of affordable housing is housing that costs no more than 30% of a family's income. Using this definition, a family would have to earn \$23.35 an hour, nearly three times the minimum wage, to afford the average two-bedroom apartment. Nearly 60% of Bridgeport renters cannot afford the rent for a two-bedroom apartment.
- As of June 2010, there were 4,858 families on the waiting list for public housing, compared to 2,954 families the previous year, an increase of 64%.
- As of June 2010, there were 2,947 Bridgeport families using a Section 8 voucher or a state Rental Assistance Program (RAP) certificate, with 1,707 families on the waiting list.

Long-term exposure to violence can lead to academic failure, depression, and delinquency. Children exposed to violence are nearly 40% more likely to commit a violent crime when they reach adulthood than children not exposed to violence.

## Child Abuse

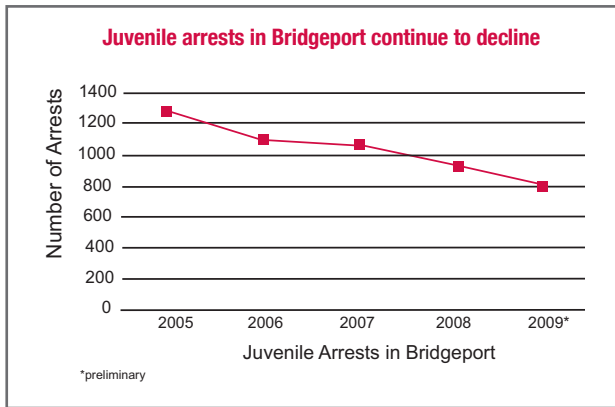


- The number of confirmed Bridgeport cases of abuse and neglect rose 36% from FY 2007-08 to FY 2008-09. Statewide, abuse and neglect cases rose 15%.
- There were 22 confirmed cases of abuse and neglect per 1,000 Bridgeport children in FY 2008-09, compared to 12 cases per 1,000 children statewide.

## Domestic Violence

- In 2008, there were 852 arrests for family violence in Bridgeport, compared to 902 in 2007, a decrease of 5.5%. Children who experience domestic violence are more likely to demonstrate aggressive behavior than children from nonviolent homes.
- Bridgeport's rate of family violence arrests in 2008, 33 arrests per 1,000 families, was 14% higher than the statewide rate of 29 arrests per 1,000 families.

## Juvenile Violence



- There were 799 juvenile arrests in Bridgeport in 2009\*, compared to 934 in 2008, a decrease of 14%.
- Bridgeport's juvenile crime arrest rate (60 arrests per 1,000 youth ages 10 to 17) in 2008 was slightly higher (5%) than the state rate (57 arrests per 1,000 youth).
- In 2009, 247 arrests, 31% of all juvenile arrests in Bridgeport, involved children under the age of 15, compared to 323 in 2008.
- Juvenile arrests for violent crimes\*\* decreased significantly. There were 87 juvenile arrests for violent crimes in 2009\*\*, compared to 134 in 2008, a decrease of 35%.
- Bridgeport's juvenile violent crime arrest rate in 2008 (9 arrests per 1,000 youth ages 10 to 17) was more than double the state rate (4 arrests per 1,000 youth).

\* Preliminary

\*\* Violent crimes are defined as murder, manslaughter, rape, robbery, and aggravated assault.

BCAC calls upon concerned residents and government at all levels – local, state, and federal – to work with us to ensure that all Bridgeport's children:

- Have an equal opportunity to succeed in life
- Grow up in families with the economic resources to be self-sufficient
- Have access to affordable, licensed, quality child care
- Receive a high-quality education
- Have a healthy start in life
- Have access to quality health care
- Have a clean environment
- Live in decent housing
- Live in an environment that is safe and free from violence
- Receive the nurturing and support needed to achieve their full potential

## JOIN US!

### PARTICIPATE ON ONE OF OUR TASK FORCES:

- Children's Health
- Education and Early Care
- Family Economic Empowerment

*To join a Task Force,  
please call (203) 549-0075, ext 10,  
or visit our website at [www.bcacct.org](http://www.bcacct.org).*



## BCAC...25 Years Working Hand-in-Hand



**Leave No City  
Behind Campaign**  
• Hundreds of

parents mobilized for education • Assault  
weapon ban • School Breakfast Program  
• Lead Safe House • \$60 million in new  
school repair money • \$9.5 million to  
Bridgeport for children's mental health  
services • Healthy Families Home Visiting  
Program • Family Centers • Legislative  
Report Cards • Kith and Kin Project  
• Children's Issues Forums • Bridgeport  
Day at Niantic Prison • Price of Prescription  
Drugs Report • healthcare4every1  
Campaign

## Securing Our Children's Future

• Rallies at City Hall and the Capital for  
education funding • City-sponsored  
evening recreation program • Reports on  
class size, school suspensions, school  
repairs, education funding, childhood  
obesity • State of the Child in Bridgeport  
• Thousand Voices Speak on the recession  
• 1,000 children and parents enrolled in  
HUSKY • School bus idling • Parents' Guide  
to Special Education • Substance abuse  
treatment services for pregnant women •  
Board of Education Candidates' Guides  
• Affordable Housing Campaign  
• Jim Lehr NewsHour ...

**AND MORE TO COME ...**



### **BRIDGEPORT CHILD ADVOCACY COALITION**

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*Frances Newby, Chairwoman*

*Mary Pat C. Healy, Executive Director*