



The Social State of Connecticut 2004

Institute for Innovation in Social Policy

Document prepared by:
William Hoynes, Ph.D.
Sandra Opdycke, Ph.D.
Marque-Luisa Miringoff, Ph.D.

Direct Correspondence to:
Professor Marque-Luisa Miringoff
Vassar College
124 Raymond Avenue
Poughkeepsie, NY 12604

Contents

	Letters of Transmittal	<i>page 1</i>
	Acknowledgments	9
	Executive Summary	11
Part I	Social Health in Connecticut <i>Democracy and Social Reporting</i>	15
Part II	The Connecticut Index of Social Health <i>The Overall Social Performance of the State</i>	19
Part III	A Closer Look <i>A Social Profile of Connecticut</i>	23
Part IV	Connecticut in Context <i>Comparing the New England States</i>	49
Part V	Conclusion	75
	Appendix	76
	Sources	77

Institute for Innovation in Social Policy

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 2004*.

This project, which began in 1994, is important for several reasons. Over the past ten years, it has been supported by a creative public-private partnership between the State of Connecticut and the William S. Graustein Memorial Fund. It provides a detailed portrait of social conditions in the state. And it incorporates the key characteristic of effective monitoring: regular reporting. This year's *Social State of Connecticut* represents the eleventh annual report in the series. We know of no other state that assesses the social health of its people so consistently and so comprehensively.

The Connecticut Index of Social Health, which tracks the state's social performance since 1970, has improved during the past decade, but there has been no progress in the past two years; in fact, this year showed a slight decline. It will be important to respond promptly to this trend, and to focus with renewed energy on the task of improving social conditions in the state.

Besides the most recent statewide data, this year's report also contains a special section entitled "Connecticut in Context," which compares the social performance of Connecticut to that of the other states in New England.

We owe particular thanks to the two people who over the years have made this project possible: David Nee, Executive Director of the Graustein Memorial Fund and Elaine Zimmerman, Executive Director of the State Commission on Children.

Sincerely,

Marque-Luisa Miringoff, Ph.D.

Sandra Opdycke, Ph.D.

William Hoynes, Ph.D.

State of Connecticut

GENERAL ASSEMBLY



COMMISSION ON CHILDREN

January 2005

To The Citizens of Connecticut:

The Social State of Connecticut offers the citizens of Connecticut an unbiased report on the quality of life in our state. The index is a composite analysis of social, economic and health areas that impact children, the family, and our work life. It spans generations and regions of the state. No single issue or agenda dominates. The fabric of our everyday living is captured annually and described for us in consumer-friendly terms.

Like a road map, we can travel three decades to note patterns of success or challenge within eleven issue areas. Each indicator is graphed for the public to assess trends in areas such as health care costs, average weekly wages, affordable housing and high school completion. Connecticut's Social Health Index also offers the public a single digit that averages these eleven indicators. As the Gross Domestic Product or the Dow Jones Industrial Average informs us on the economy, this digit informs us on social health.

The Social State of Connecticut is a civic tool. It is intended to bring in the public as a partner in government and public policy decision-making. In a time of unanticipated global fragility and concurrent declines in both federal and state budgets, accessible trends and facts can substantively guide policy and budget challenges.

Among the findings, Connecticut has improved with increased high school completion and decreased teenage births. Racial disparities in high school dropouts narrowed. Overall violent crime is down. Weekly wages increased among factory workers. Areas of serious concern reveal child abuse rising. Health care costs are the worst on record. Child poverty is escalating.

The Index is intended for public use. Use it like any tool that helps inform size and scope. Keep our state honest and vibrant through public awareness and civic engagement.

Sincerely,

A handwritten signature in black ink, appearing to read "Elaine Zimmerman", with a long horizontal flourish extending to the right.

Elaine Zimmerman
Executive Director
Connecticut Commission on Children

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

February 2005

To the People of Connecticut:

In a world growing more complex every year, *The Social State of Connecticut* offers a focused, composite index that monitors the social health of our state and eleven carefully chosen indicators. For both citizens and policymakers, the social health index is a clear indication of the direction our quality of life is taking. The publication of this data offers us a reason to pause and reflect on our course, to debate the options for improving our social health, and to make more informed decisions.



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

For 2002, the year covered by this report and the last year for which data is available, the index has leveled off. After gaining ground every year from 1994 to 2000, the index stagnated in 2001 and fell slightly in 2002. Of the eleven indicators included in the index, five improved and five worsened. Of those indicators that fell, two are near or at their worst levels for the 33 years cover by the report: health costs and child abuse. That child abuse should continue to rise in a state as well resourced as this one is most distressing and should receive concentrated attention from policymakers. Of the indicators that improved, three were at their best on record: high school dropouts, teenage births and average weekly wages. The Social Health Index shows that while Connecticut is doing well in some areas it is not enough to offset the downward trends in other areas. The report raises some new questions about the breadth of the disparities that exist in our state.

The Social State of Connecticut highlights some aspects of the state's social health where we need to look deeper, ask more questions, and get more data. It is up to us, as residents and citizens, to use the report and other information to chart a course through these times of economic and political uncertainty.

Connecticut is the only state that has consistently published a social health index. For that we are eternally grateful to the creator of *The Social State* and the author of the first ten years' reports, the late Marc Miringoff. Dr. Miringoff had a vision. He saw a country that invested as much in its social strength as its economic might. He saw a citizenry who strove to make wise choices based on real data. He saw humans as caring beings capable of justice. We miss his passion, and his sense of humor. And we thank the Fordham Institute for Innovation in Social Policy for continuing this important work.

Sincerely,

Handwritten signature of David M. Nee

David M. Nee
Executive Director

The Social State of Connecticut 2004

Institute for Innovation
in Social Policy

© 2005

Institute for Innovation in Social Policy

Acknowledgments

We are grateful to the members of the Social State of Connecticut Advisory Committee. They are: David Carson, retired CEO of People’s Bank, and Dr. Edward Zigler, Sterling Professor of Psychology at Yale University, who serve as co-chairs; Jerry Franklin, CEO, CPTV; Bonita Grubbs, Executive Director, Christian Community Action; Brian Mattiello, Chief of Staff, Department of Children and Families; David M. Nee, Executive Director, Graustein Memorial Fund; Laura Lee Simon, Chair Emerita of the Commission on Children; Christel Truglia, State Representative; Susan Bysiewicz, Secretary of State; Judith Busch, Chair of the Commission on Children; Robert Mantilia, retired, JP Morgan Chase; Dr. Charles Super, Dean, School of Family Studies, University of Connecticut; Nancy Olds, Infant-Toddler Program; Nancy Leonard, Public Affairs Officer, Special Projects Director, Graustein Memorial Fund; Patricia Estill, Commission on Children; and Elaine Zimmerman, Executive Director, Commission on Children. We also appreciate the assistance of the many Connecticut state officials who help us each year to find the data we need.

William Hoynes, Ph.D., Special Consultant, merits special recognition for his work on the text and presentation of the report. Thanks, too, to George Laws for his creative design of the charts, graphics, and format. Colleagues at Fordham University have also been most helpful. We are particularly grateful to Peter Vaughan, Dean of the Fordham Graduate School of Social Service, and Jane Edwards, Assistant Dean, for their consistent support and encouragement.

Above all, we would like to acknowledge the unique contribution of our founding director, Dr. Marc L. Miringoff, who died in March 2004. Dr. Miringoff spearheaded the creation of the Social State of Connecticut project, provided vital leadership as it developed, and through his many public appearances, brought each year’s report to life for thousands of Connecticut residents. We are proud to continue the important work he started.

M.-L. M.
S.S.O

Executive Summary

This document seeks to inform public policy and heighten public awareness about social conditions in Connecticut. The regular monitoring of the State's social performance is as important as the regular monitoring of its economic performance, in understanding what shapes the quality of life of its citizens.

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: health, employment, income, education, and security. The performance of each reflects the relative strength of social institutions, such as community, school, and family. Taken together, they tell us much about the quality of life in Connecticut. The indicators are:

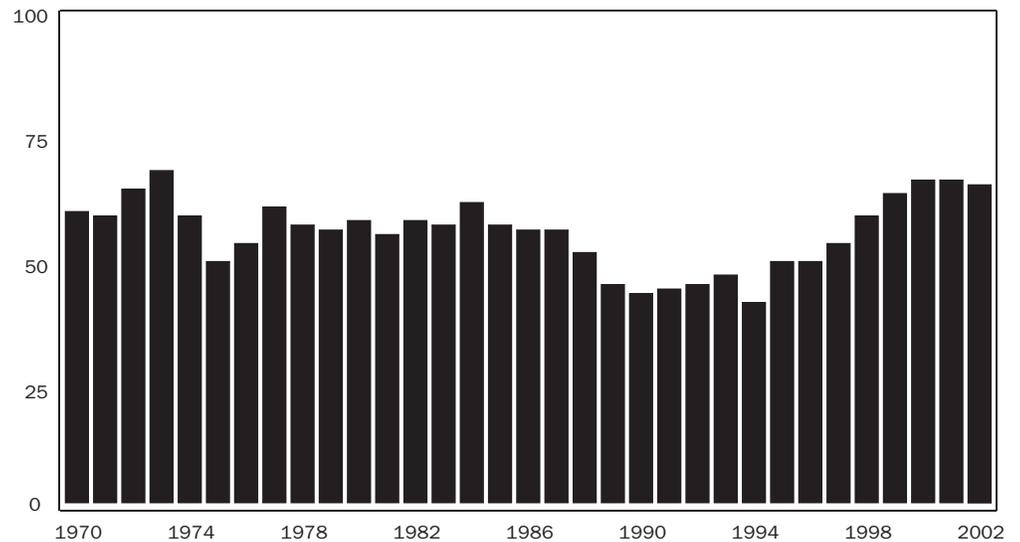
<i>Children and Youth:</i>	<i>Adults:</i>	<i>All Ages:</i>
Infant Mortality	Unemployment	Violent Crime
Child Abuse	Average Weekly Wages	Affordable Housing
Youth Suicide	Health Care Costs	Income Variation
High School Dropouts		
Teenage Births		

Between 1970 and 2002 (the last year for which data are available) the Index of the Social Health of Connecticut increased from 58 to 64 out of a possible 100. The best year was 1973, when the Index stood at 66. The worst year was 1994, with a score of 40.

The Index of Social Health of Connecticut declined in 2002, dropping one point to a score of 64 out of a possible 100. While the overall score compares favorably with the state's performance levels in the early 1990s, the stagnation in social performance of the past two years may be cause for concern.

After a decade of falling or stagnant scores in the late 1980s and early 1990s, Connecticut social performance improved dramatically in the late 1990s. The Index gained twenty-four points between 1994 and 2000, returning Connecticut near to the record high levels of the early 1970s. However, social performance declined slightly this year, reflecting a warning sign about Connecticut's social recovery.

Connecticut Index of Social Health, 1970-2002



Source: Institute for Innovation in Social Policy

Note: The above Index numbers vary slightly from those published in 2003 because performance criteria have been revised to include more recent years.

Throughout most of the 1970s, the social health of Connecticut and that of the nation moved in parallel fashion, although the national scores were slightly higher. Then, starting in 1978, the two changed places. Connecticut's social health remained fairly stable, while the nation's worsened. A parallel worsening in Connecticut, starting in 1987, put the two Indexes back on the same track, and for the next fourteen years they followed a similar path.

Over the past thirty-three years, six of the eleven indicators have improved and five have grown worse. Indicator performance this year was mixed, raising questions about a potential downward trend in social performance. In 2002, five of the eleven indicators improved, but five indicators worsened. Among those indicators that improved, high school dropouts, teenage births, and average weekly wages were the best on record since 1970. Among those indicators that worsened in 2002, health cost was at its worst on record level and child abuse was very close to a worst on record. It is noteworthy that the performance of several indicators declined in 2002 after showing improvement for much of the late 1990s. Unemployment, health costs, and housing costs all worsened for the second year in a row, and both infant mortality and child abuse worsened after improving the previous year.

This year's report includes a special section on social health in Connecticut in relation to the other New England states and to national averages. This review yields mixed results. On some indicators, including health care coverage, violent crime

and income variation, Connecticut's performance is among the worst in the region. On other measures, including high school dropouts and average weekly wages, Connecticut's performance is the best among the New England states.

The improvement in Connecticut's level of social health over the past decade represents an important achievement. But this year's Index score of 64 out of a possible 100 shows there is still work to be done. For six consecutive years, starting in 1994, the Index did not decline once. The lack of progress in 2001 and 2002 suggests that new efforts are needed to ensure that Connecticut achieves the best levels possible for the social health of its people.

Part I

Social Health in Connecticut: Democracy and Social Reporting

Social information is a vital resource that can connect politics to the day-to-day lives of the people. If the public is regularly informed about the state's social performance and aware of both long-term trends and current conditions, more people may seek to be involved and to participate in serious discussions of social policy. Relevant information, clearly communicated and widely disseminated, can make the political process more genuinely democratic. And an informed citizenry, with usable knowledge of current social conditions, can only enhance local and state-wide efforts to alleviate social problems and plan for the future.

It is often difficult to find an appropriate site for sustained discussions of the full range of issues that shape social health. News reports and political speeches about our nation's condition usually focus on the world of business and economics. 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 barometers; indexes combining several key indicators are issued monthly to facilitate comparison, detect change, and provide information for possible intervention. In all, we have more than one hundred economic indexes and indicators that tell us how the economy is doing.

Economic indicators alone provide a narrow window on our national well-being. 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 build upon and extend the recent electoral discussion, institutionalizing the broader evaluation of "how we are doing" that it offered. A fuller 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 well-being 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.

If the public is regularly informed about the state's social performance and aware of both long-term trends and current conditions, more people may seek to be involved and to participate in serious discussions of social policy.

Social reporting in Connecticut is part of a larger trend; across the country, a growing number of cities and towns are developing methods to monitor the health of their communities.

Monitoring Social Health

Connecticut continues to be a national leader in the development of mechanisms for monitoring social health, with an annual social report and a state government that takes social monitoring seriously. Social reporting in Connecticut is part of a larger trend; across the country, a growing number of cities and towns are developing methods to monitor the health of their communities. Still, at the national level, 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. Child abuse, youth suicide, and infant mortality data are often more than two years old by the time they are released. There are no reliable measures of such persistent problems as homelessness or illiteracy.

Because indicators of social health are published infrequently and with little context, problems are often portrayed as crises, which arise suddenly and often disappear just as quickly. As a result, social problems seem less controllable and social policy can seem ineffective. The absence of regular social reporting undermines the possibility of a pragmatic social policy based on rational assessment of objective data.

We can move forward by developing standards against which the current performance of key social indicators can be judged in order to assess how well we are doing. Such standards 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 start building a foundation for a new kind of public dialogue about the social conditions of the country, based on analyzing indicators of social performance. This analysis can ground the discussion, giving it a consistency that is not present when politics, ideology, and advocacy predominate. If we can forge some agreement about which indicators are important, which are performing better and which are not, and which we need to monitor the most closely, we can build the context for a new dialogue about our social health.

The Index of Social Health

In seeking to contribute to the improvement of social reporting, The Institute for Innovation in Social Policy, for the past 18 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 conditions that affect the well-being of children, such as infant mortality and children in poverty; youth, including high school completion 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 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 national Index of Social Health provides a single number for each year, facilitating comparisons over time. The Index monitors social patterns and trends going back more than a quarter of a century. 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 national Index of Social Health has declined 21 percent. After declining fairly steadily from the late 1970s to the early 1990s, the national Index of Social Health increased between 1994 and 2000, nearing levels last achieved in the late 1970s. However, the national Index declined sharply in 2001 and dropped again in 2002.

Had the social trends the Index reveals been monitored and reported on a regular basis—as they occurred, month by month, quarter by quarter, year by year, like the Dow Jones Average or the Gross Domestic Product—the public might have been better informed. Debate, discussion, and action might well have followed, providing new opportunities for innovative social policy aimed at promoting social health.

The Social State of Connecticut

The Social State of Connecticut, now in its eleventh year, represents the only application of the Index approach to be initiated by state government. It is hoped that *The Social State of Connecticut*, which was established at the state level through a partnership of state government and a private foundation, can serve as a model 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 well as an examination of how the performance of each individual indicator contributes to the whole. This differs from a more narrow focus on the conditions of a single sector of society, a single problem, or a specific

If we can forge some agreement about which indicators are important, which are performing better and which are not, and which we need to monitor the most closely, we can build the context for a new dialogue about our social health.

community. This year's *Social State of Connecticut* also provides a comparative lens for viewing social health in the state by looking at Connecticut's social performance in relation to the performance of other New England states on a series of key indicators.

Ever since the *Social State of Connecticut* was first published in 1994, it has functioned as part of an ongoing process of monitoring the social performance of the state. Each year the *Social State of Connecticut* has provided an annual assessment of the social conditions within the state, mapping social trends, identifying both positive changes and persistent social problems, and providing an overall assessment of the state's social health.

While the report provides newly updated information each year, and reports data that show what has changed 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 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

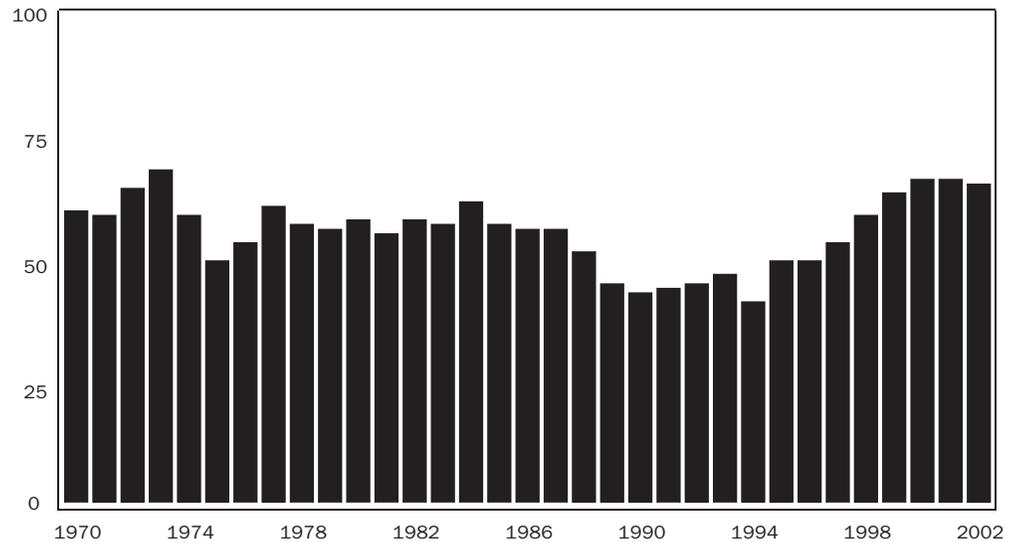
The Connecticut Index of Social Health offers a view of the social well-being of Connecticut as a whole. The quality of life in the state is not revealed by any single social indicator, but by the combined effect of all of them, acting on each other. For this reason, the focus of the Connecticut Index 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 can experience a whole range of social conditions. The Index includes social indicators associated with different stages of life, as well as some that can affect any age and socioeconomic group.

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		

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 the quality of life: health, employment, income, education, security, and psychological well-being. The state's performance on each indicator reflects the strength of social institutions, such as community, school, and family. 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, 1970-2002



Source: Institute for Innovation in Social Policy

Note: The above Index numbers vary slightly from those published in 2003 because performance criteria have been revised to include more recent years.

Current Year

The social health of Connecticut fell one point in 2002 (the last year for which data are available), to a score of 64 out of a possible 100. This performance compares well to the lower levels of the 1990s, and is close to the state's best score of the 1970s. Nevertheless, there has been no actual improvement in the Index since the year 2000; the score either declined or remained the same in both 2001 and 2002.

Overall Patterns

In recent years, Connecticut's performance has come close to the very best Index scores it achieved in the past. The top year for the Index was 1973, when it reached 66. The worst year was 1994, when the Index fell to 40. Between 1970 and 2002, five of the eleven indicators grew worse and six improved. Those worsening were:

- Child Abuse
- Youth Suicide
- Health Care Costs
- Violent Crime
- Income Variation

The indicators that improved were:

- Infant Mortality
- High School Dropouts
- Teenage Births
- Unemployment
- Average Weekly Wages
- Affordable Housing

Connecticut’s social health has improved markedly in recent years, after an extended period during which Index scores either stood still or declined. The Index now stands six points above its level in 1970. This is good news. But it is also clear that more can be achieved. During this 33-year period, while Connecticut’s Gross State Product increased by more than 160 percent, the state’s social health improved by only 9 percent. It is to be hoped that the Index will resume its upward movement in the years ahead, and that the progress the state has made in economic terms will be mirrored by its progress in social health.

Comparison by Decade

A comparison of the social health of Connecticut over the past three decades illustrates the course of recent trends.

<i>Decade</i>	<i>Mean Index</i>	<i>Highest Index</i>	<i>Lowest Index</i>
1973-1982	55.9	66.4	48.2
1983-1992	50.2	60.0	41.8
1993-2002	54.5	64.5	40.0

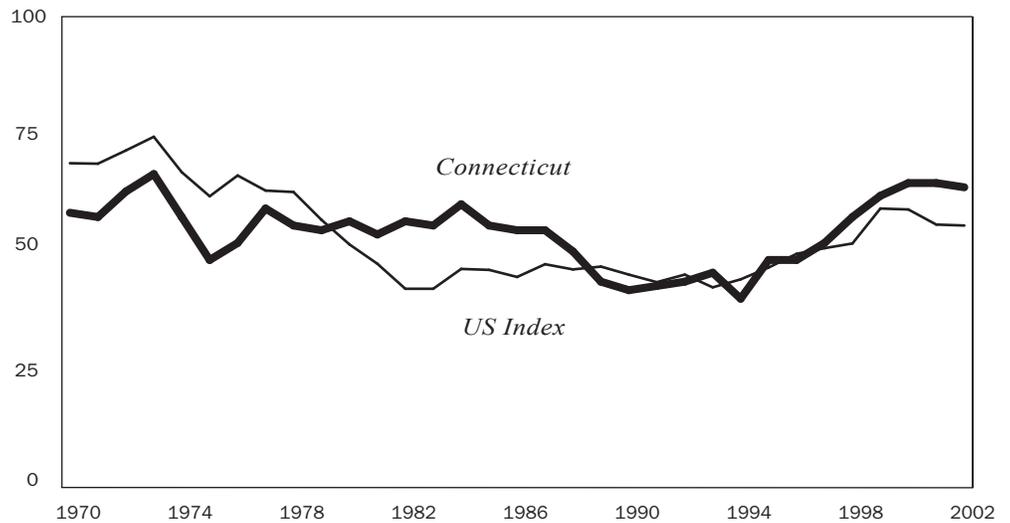
Connecticut achieved good performance levels during the ten years between 1973 and 1982, but its Index scores dropped significantly in the decade that followed. During the period between 1983 and 1992, the highest index score, the lowest score, and the average for the whole decade fell well below the equivalent scores for the previous ten years. The most recent decade (1993-2002) started poorly and included the lowest score recorded since 1970. But scores improved, and by the time the decade ended in 2002, both the average Index score and the highest score achieved were close to the levels seen in the first period. Despite the absence of progress in the past two years, the advances of the past decade represent a positive achievement.

National Comparison

The Connecticut Index and the national Index of Social Health cannot be compared precisely, because some of the indicators are different. However, certain patterns are clearly identifiable.

Throughout most of the 1970s, the social health of Connecticut and that of the nation moved together, although the national scores were slightly higher. Then, starting in 1978, the two changed places. Connecticut’s social health remained fairly stable, while the national Index scores dropped off sharply. A parallel drop in Connecticut’s scores, starting in 1987, put the two Indexes back on the same track,

Index of Social Health, Connecticut and United States, 1970-2002



Source: Institute for Innovation in Social Policy

and for the next twelve years they followed a nearly identical path. Only in the past two years have the two diverged, with Connecticut's scores remaining relatively stable while the national Index dropped by several points. It remains to be seen whether the slight decline in Connecticut's score this year represents a temporary aberration, or whether in the future the state's trend-line will again come to match that of the nation.

Conclusion

For fifteen years, between 1970 and 1984, Connecticut's social health changed relatively little. The state Index never declined for more than two consecutive years, and the score for 1984 was about the same as that of 1970. Then came a decade of almost uninterrupted decline, resulting in a loss of twenty points by 1994. It is this loss which the state has been gradually making up during the past eight years.

The improvement in Connecticut's level of social health over the past decade represents an important achievement. But this year's Index score of 64 out of a possible 100 shows there is still work to be done. For six consecutive years, starting in 1994, the Index did not decline once. The lack of progress in 2001 and 2002 suggests that new efforts are needed, to ensure that Connecticut achieves the best levels possible for the social health of its people.

Part III

A Closer Look

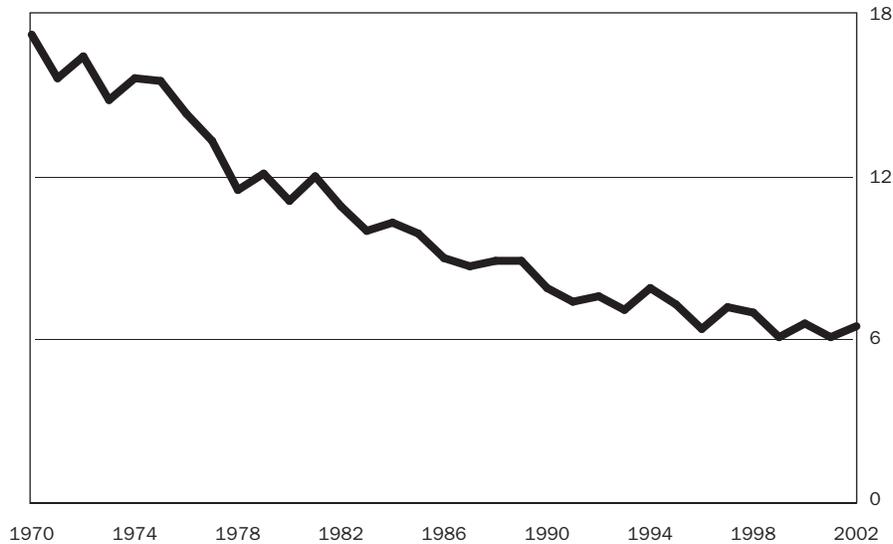
A Social Profile of Connecticut

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 2002, the Connecticut infant mortality rate was 6.5 infant deaths per 1,000 live births, worse than the previous year's best-on-record infant mortality rate of 6.1.
- In 2002, the infant mortality among Blacks improved for the first time in three years, while the white infant mortality worsened for the first time since 1999.

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



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 their first critical year.

Connecticut's infant mortality rate has improved from a high of 17.2 deaths per 1,000 live births in 1970 to 6.5 deaths in 2002. This year's infant mortality rate is worse than last year's best-on-record rate of 6.1.

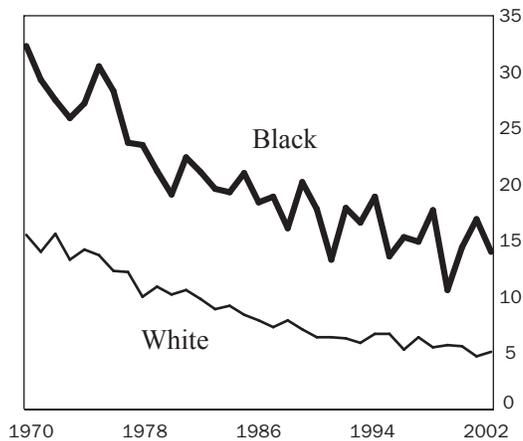
While the statewide infant mortality rate worsened this year, the long-term racial gap narrowed modestly. The black infant mortality rate improved in 2002, dropping to 14.0 from 16.9 in 2001. However, the white infant mortality rate worsened for the first time in three years, rising to 5.1 from 4.7 the previous year. Despite this year's improvement in black infant mortality, the white infant mortality remains less than half the black infant mortality rate.

The proportion of low birthweight infants, those less than 5 pounds 8 ounces, worsened slightly in 2002, rising to 7.8 percent of births from the previous year's rate of 7.4 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 2002. Among Hispanics, the proportion of low birthweight infants improved slightly, dropping for the second year in a row to 8.0 percent in 2002. Among Blacks, the proportion of low birthweight infants worsened for the second consecutive year, increasing to 12.6 percent in 2002. These racial disparities in low birthweight infants are persistent, and the disparities widened slightly in 2002.

The provision of timely prenatal care, an important factor in reducing infant mortality, worsened a small amount for the second year in a row. In 2002, 88.3 percent of mothers in Connecticut began prenatal care in the first trimester, down from 89.4 percent in 2000. Among white mothers, 89.3 percent began prenatal care in the first trimester, compared with 81.7 percent of black mothers and 77.0 percent of Hispanic mothers.

Connecticut has shown progress in the survival of infants over the past three decades. The infant mortality rate over the past four years has been lower than any previous four-year period on record. However, infant mortality worsened this year, and 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 ongoing challenges posed by these persistent inequities in maternal and infant health care.

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



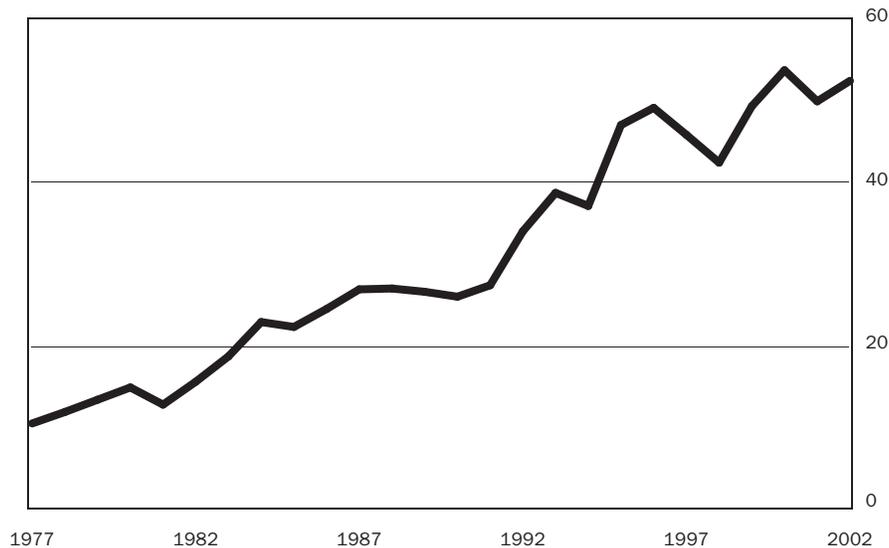
Source: U.S. National Center for Health Statistics;
Connecticut Department of Public Health

Child Abuse

- Child abuse rates have worsened substantially since the 1970s.
- In 2002, more than 52 out of every 1,000 Connecticut children were referred in cases of child abuse, the second worst child abuse rate on record in Connecticut.
- There were eleven child maltreatment fatalities in 2002.

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. Since 1990, reports of child abuse in Connecticut have more than doubled, increasing by 102 percent in a twelve-year period.

In 2002, the state's child abuse rate worsened for the third time in the last four years. A total of 45,627 children were referred in cases of child abuse, an increase of more than 3,500 children from the previous year. This year's child abuse rate, 52.3 reports per 1,000 children under 18, is 5 percent worse than last year's 49.8.

The 2002 child abuse rate is the second worst on record since reporting began in the 1970s.

“Neglect” was the most common form of child maltreatment, representing 69 percent of substantiated child protection reports. Another 28 percent of the reports cited “psychological maltreatment.” “Physical abuse” was cited in 12 percent of the cases, while “sexual abuse” was cited in 4 percent and “medical neglect” in 3 percent. A total of 1,427 child victims were removed from their homes as a result of child abuse or neglect in 2002, accounting for 11.1 percent of the victims in substantiated cases.

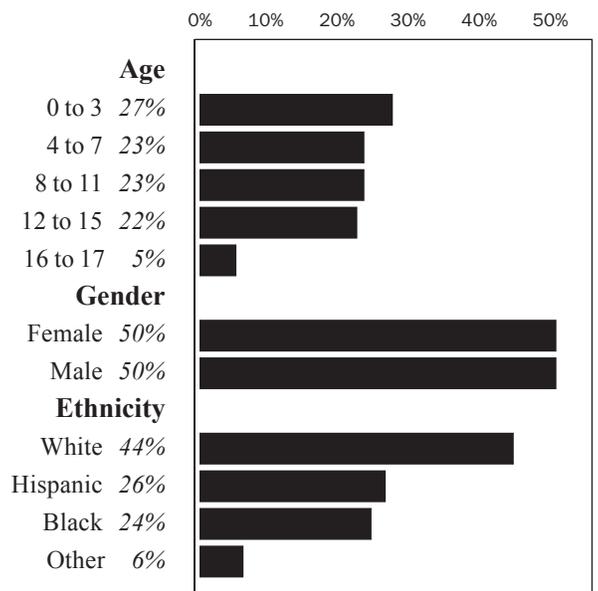
Following a national pattern, the highest number of abuse cases in 2002 occurred among the youngest children. Twenty-seven percent of child abuse victims were age three and under, and another 23 percent were children between four and seven. Fifty percent of the victims were male and 50 percent were female. By race, 44 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 2002 there were eleven fatalities in Connecticut attributed to child maltreatment, an increase from eight such fatalities in 2001. In four of the 2002 fatality cases, the families had received family preservation services within the previous 5 years.

Preventive services play an important role in limiting the occurrence of child abuse. In 2002, 110.9 of every 1,000 children in Connecticut received preventive services. Among the 38 states reporting, Connecticut’s preventive services rate ranked 3rd, indicating that the state is making a substantial investment in prevention. Federal data indicate that Connecticut responds quickly to child maltreatment reports, with an average of only 12 hours between report and investigation. Among the 22 states reporting response time data, only two states initiated investigations faster than Connecticut. However, only 23 percent of the state’s child maltreatment victims received post-investigation services, which places Connecticut 44th among the 46 states reporting.

Child abuse can be prevented with intervention, education, and child protective services. Data from 2002 indicating the second worst child abuse rate on record suggest that child abuse in Connecticut remains a serious social problem that requires continuing attention and resources.

Child abuse victims by age, gender, and ethnicity
Percent of substantiated cases, 2002

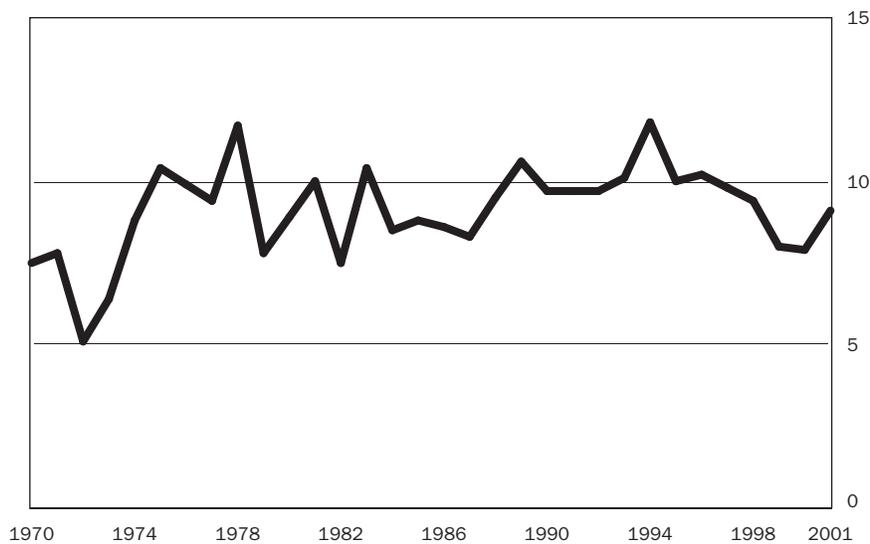


Source: U.S. Department of Health and Human Services, Administration for Children and Families

Youth Suicide

- The suicide rate among young people, ages 15-24, has fluctuated for the past three decades. In 2001, the youth suicide rate was worse than the 1970 rate.
- The 2001 youth suicide rate in Connecticut of 9.1 deaths per 100,000 was the highest since 1998.
- Suicide is the second leading cause of death among young people in Connecticut, ages 15 to 24.

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 throughout the 1970s and remained high in the 1980s. Over the past several years, national youth suicide rates stabilized and have begun to drop.

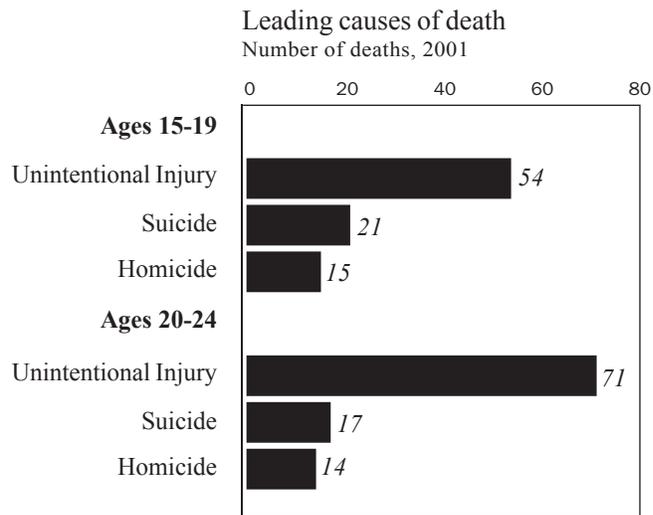
In Connecticut, the youth suicide rate has risen since 1970, when the rate was 7.5 deaths per 100,000. The worst year on record was 1994, when the rate was 11.8 deaths per 100,000. In 2001, the last year for which data are available, the suicide

rate among young people ages 15 to 24 stood at 9.1 deaths per 100,000, worse than the 2000 rate of 7.9 deaths per 100,000. Connecticut's 2001 youth suicide rate was the highest since 1998, but it remained lower than the high levels between 1988 and 1998.

In Connecticut in 2001, there were 21 deaths attributed to suicide among 15 to 19 year olds, and 17 among 20 to 24 year olds. In both age groups, suicide was the second leading cause of death; only unintentional injuries caused more deaths among Connecticut's young people.

An aspect of youth suicide that has remained consistent for several years is the predominance of white males. Men accounted for 84 percent (32 of 38) of the youth suicides in Connecticut in 2001, and whites made up 87 percent of these deaths (33 of 38) among 15 to 24 year olds.

The youth suicide rate in Connecticut worsened in 2001 for the first time in five years; this important measure of youth well-being needs to be monitored regularly. Youth suicide remains a serious challenge that requires the continuing attention of policy makers, educators, and service providers in the state.



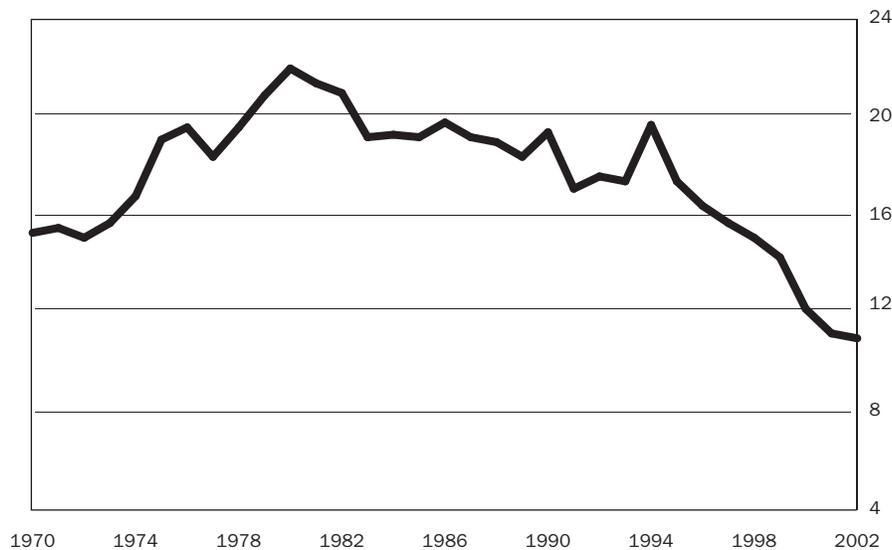
Source: U.S. Centers for Disease Control, National Center for Injury Prevention and Control

High School Dropouts

- In 2002, the high school dropout rate improved to its best on record since 1970.
- The cumulative four-year high school dropout rate of 11.0 percent achieved by the graduating class of 2002 represented the eighth consecutive year of improvement.
- The 2002 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

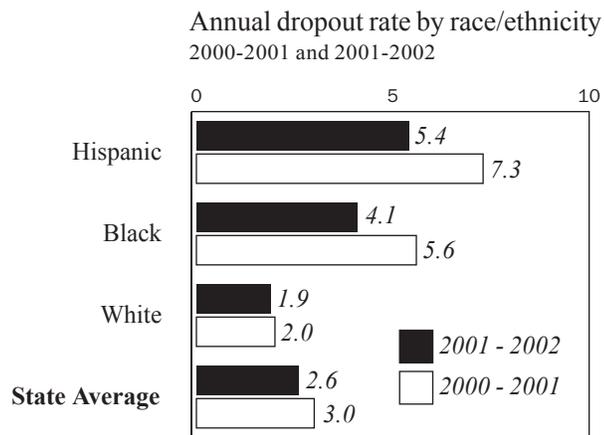
Connecticut's high school dropout rate is an important indicator of the performance of the state's educational system and the prospects for the next generation. During the 1970s, the dropout rate worsened substantially, rising from 15.3 percent in 1970 to 22 percent in 1980. During the 1980s and 1990s,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

In 2002, 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 11.0 percent. This year, Connecticut’s high school dropout rate improved for the eighth year in a row, reaching a new best for the fourth consecutive year. The current rate is slightly better than the 2001 rate of 11.2 percent and is a 44 percent improvement from the rate of 19.7 percent only eight years ago. This year’s dropout rate is the best in Connecticut since 1970.

During the 2001-2002 school year, a total of 3,891 students dropped out of high school, 757 fewer dropouts than in 2001-02. In addition, the percentage of total dropouts who were in 9th grade improved this year, dropping from 28 percent of the total to fewer than 26 percent. Since 9th and 10th graders have been the majority of dropouts in recent years, this small decline in the percentage of 9th grade dropouts underscores the importance of prevention efforts with students in the early years of high school.

The high school dropout rate continues to be higher among minorities. While the overall annual dropout rate (the percentage of students who drop out in a single school year) was 2.6 percent in 2001-02, the rates among black students (4.1 percent) and Hispanic students (5.4 percent) were more than double the 1.9 rate among white students. However, the dropout rate among black students improved from 5.6 percent in 2000-01 to 4.1 percent this year and the dropout rate among Hispanics dropped from 7.3 percent in 2000-01 to 5.4 percent. As a result of these improvements, racial disparities in high school dropouts narrowed this year.



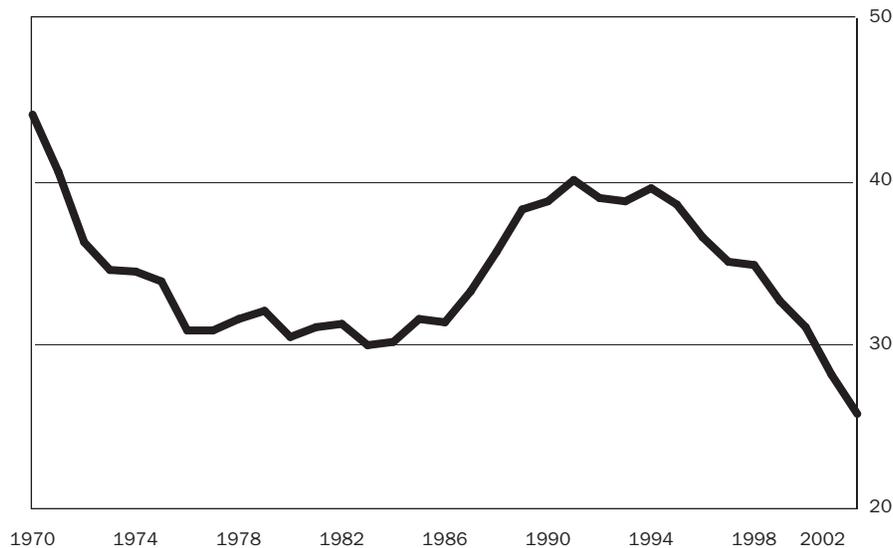
Source: Connecticut Department of Education

Connecticut continues its strong performance in the effort to provide a high school education for all its young people. The 2002 dropout rate, the best performance on record, is a positive sign for Connecticut’s youth. It is especially noteworthy that the longstanding racial disparities in dropout rates decreased this year. The improvement in the high school dropout rates among black and Hispanic students in Connecticut is an indication of progress toward the goal of serving the educational needs of all of Connecticut students.

Teenage Births

- The teenage birth rate fell during the 1970s and rose during the 1980s, then declined sharply again during the 1990s.
- In 2002, the birth rate among women, ages 15-19, fell for the eighth year in a row, to a record low 25.8 births per 1,000.
- In 2002, the number of births to women under age 15 declined to 49, a strong drop from 63 the previous year.

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 for the past decade.

In 2002, the teenage birth rate in Connecticut improved for the eighth consecutive year, dropping to 25.8 births per 1,000 women age 15 to 19. The 2002 teenage birth rate is the lowest on record in Connecticut, falling below the previous record low

of 28.2 in 2001. The total number of births to women between the ages of 15 and 19 in 1970 was over 5,700; in 2002 there were 2,897 such births. Just since 1991, the teenage birth rate in Connecticut has dropped 36 percent.

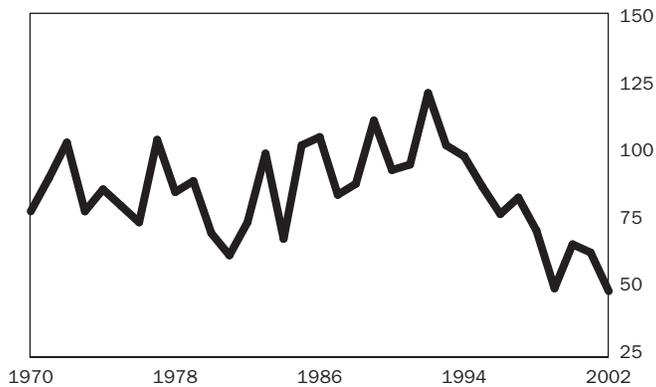
Connecticut's teenage birth rate continues to vary substantially by race. In 2002, the teen birth rate among whites was 12.2 per 1,000 women age 15-19; among black women the rate was 51.4, four times as high. Among Hispanic women age 15-19, the birth rate was 84.0 per 1,000 in 2002, almost seven times the white rate.

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

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 2002, dropping to 49 births from 63 in 2000. The number of under 15 births has decreased in eight of the past ten years, and 2002 was the smallest number of under 15 births on record since 1970.

Teenage births constitute only a small proportion of the total number of births in Connecticut, but they often represent a large cost in medical, financial, and social support. The continuing improvement in the state's teenage birth rate and the declining number of under 15 births, both of which reached all time lows in 2002, are positive signs. Still, persistent racial and ethnic disparities in teenage birth rates suggest that there remains room for continuing improvement.

Births to women under age 15
Number of births per year

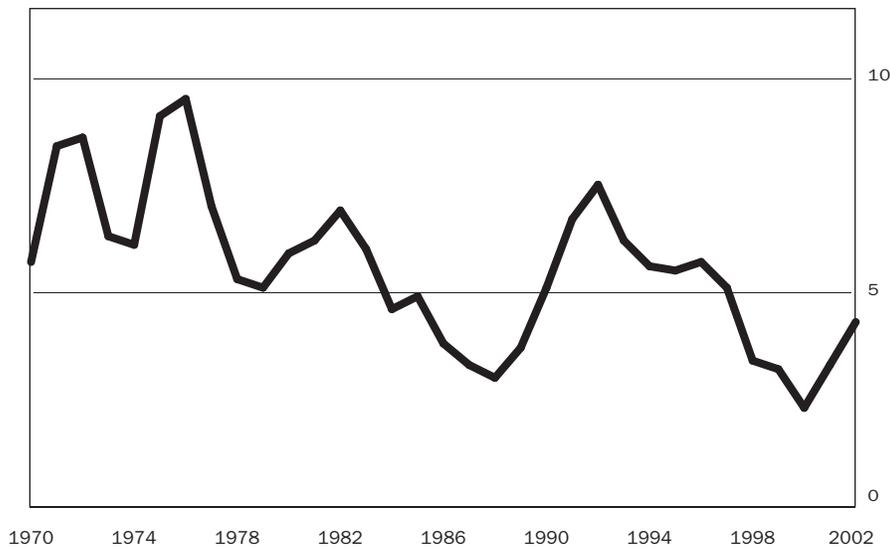


Source: National Center for Health Statistics,
National Vital Statistics System

Unemployment

- Unemployment rates declined in the 1980s, increased between 1989 and the early 1990s, then declined again through most of the late 1990s. In 2002, the unemployment rate increased for the second year in a row.
- In 2002, the unemployment rate in Connecticut was 4.3 percent, worse than the 2001 rate of 3.3 percent.
- Unemployment rates remain disproportionately high among blacks, Hispanics, and youth.

Unemployment
Unemployed workers as % of civilian labor force



Source: U.S. Department of Labor

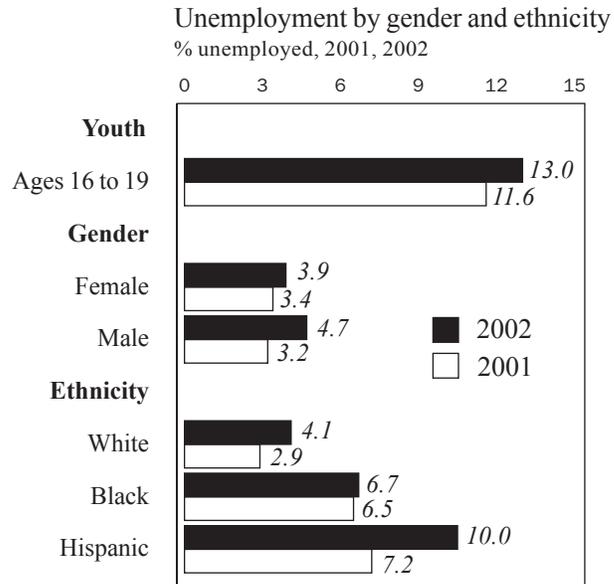
The unemployment rate in Connecticut has fluctuated for the past 30 years. Relatively high levels of unemployment in the 1970s gave way to record-low rates in the late 1980s, with unemployment dropping to 3 percent in 1988. During the early 1990s recession, the unemployment rate rose sharply, peaking at 7.5 percent in 1992. Thereafter, unemployment rates declined steadily, reaching a new record low rate of 2.3 percent in 2000 before worsening again in 2001 for the first time in five years.

In 2002, the unemployment rate increased for the second year in a row, rising to 4.3 percent from 3.3 percent in 2001. With the employment situation worsening in Connecticut, unemployment rates increased for virtually all demographic groups. Unemployment among young people ages 16 to 19 increased from 11.6 percent in 2001 to 13 percent this year. Male unemployment increased from 3.2 percent to 4.7 percent. Similarly, female unemployment increased from 3.4 percent to 3.9 percent.

Unemployment among whites worsened from 2.9 percent in 2001 to 4.1 percent in 2002. Black unemployment increased only slightly, from 6.5 percent to 6.7 percent, while unemployment among Hispanics rose sharply from 7.2 percent to 10.5 percent. For both blacks and Hispanics, the 2002 unemployment rates represent a second consecutive year of worsening unemployment, after several years of improvement in the late 1990s.

The prevalence of involuntary part-time work—those doing a part-time job when they preferred to work full-time—worsened for the third consecutive year, increasing significantly from 7 percent in 2001 to 9.8 percent in 2002. Also, for the second year in a row, the average number of initial unemployment claims increased in 2002, rising to 5,379, up from 3,426 per week in 2000.

The employment picture in Connecticut worsened in 2002, as it did in 2001. Unemployment rates increased among youth, among both male and female workers, and among all racial and ethnic groups, with Hispanic workers and young workers hit the hardest. Though overall levels remain low, rising unemployment represents a significant concern for Connecticut residents.

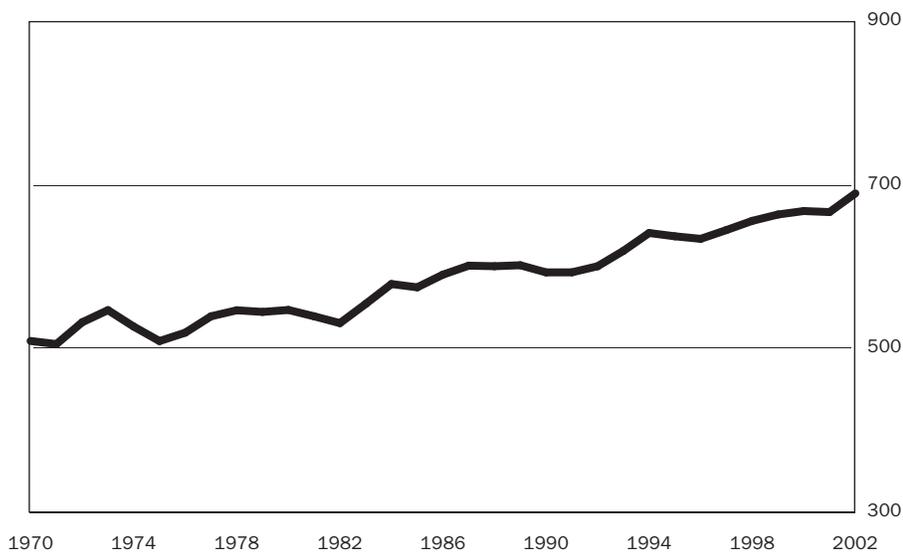


Source: U.S. Department of Labor

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 in 2002, after a small decline the previous year.
- The manufacturing sector continues to shrink as a proportion of the state's work force.

Average weekly wages of factory production workers
Average weekly wages 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, following a small decline last year. In 2002, the average weekly wage, measured in 2000 constant dollars, was \$689.93, up \$22.80 from the previous year. Real wages have increased in Connecticut in five of the last six years. As a result of this consistent wage growth, average weekly wages in 2002 were the highest on-record since 1970.

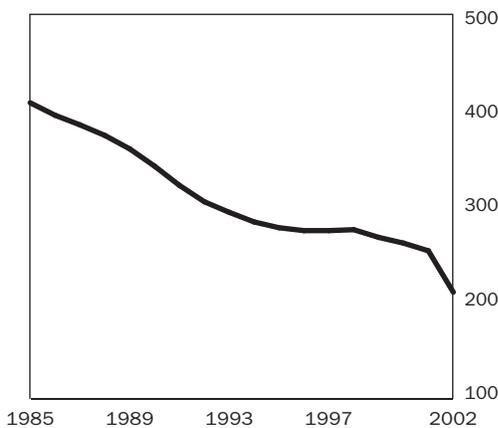
While average wages in manufacturing increased this year, the number of jobs in the manufacturing sector continued to shrink. During the 1950s, the majority of jobs were in the manufacturing sector; today, these jobs employ only 13 percent of the work force, accounting for fewer than 212,000 jobs in the state.

Overall, Connecticut lost 13,300 nonfarm jobs in 2002. The manufacturing sector, which lost nearly 14,000 jobs, experienced the most severe job cuts, but both the information and the professional and business service sectors also lost jobs in 2002.

Wages in the service sector remain far lower than in the manufacturing sector. In 2002, manufacturing jobs paid wages that were, on average, 23 percent higher than service sector jobs. In addition, many jobs in the service sector provide limited or no employee benefits, and part-time or temporary work is far more common in this sector of the economy. This helps to explain why real personal income in the state declined in 2002 for the first time in eleven years.

The growth in factory production wages is a positive sign for those in manufacturing jobs. But the manufacturing sector continues to shrink, and real income in the state declined last year as well. In this climate, Connecticut's workers continue to face new economic challenges in an uncertain and changing labor market.

Manufacturing employment
Number of jobs in thousands, 1985-2002



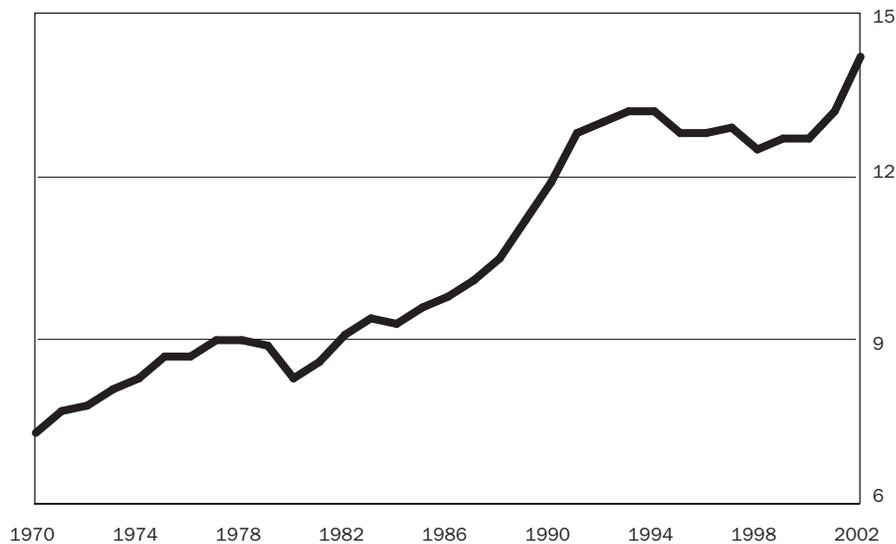
Source: Connecticut Department of Labor

Health Care Costs

- The proportion of personal income spent on health care increased during the 1970s and 1980s, leveled off during the 1990s, and increased again in 2001 and 2002.
- The proportion of personal income spent on health in 2002 was 14.2 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 increased in 2002 to 12.3 percent.

Health costs and income

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



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

Problems with cost and access to health care have been a national concern 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.

As a share of personal income, expenditures for personal health care increased steadily between 1970 and 1993. They rose from 7.3 percent in 1970 to a peak of 13.2 percent in 1993, an 81 percent increase. In the late 1990s, the health care bur-

den declined slightly, dropping to 12.5 percent of personal income in 2000. However, health costs have again increased during the past two years, reaching a new worst on-record level of 14.2 percent in 2002. This year, the health care burden in Connecticut is 95 percent higher than it was in 1970.

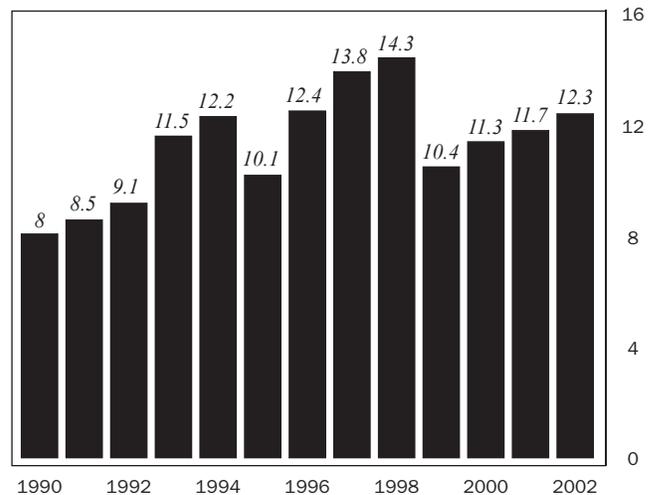
In addition to health costs, Connecticut’s citizens, like other Americans, face the problem of access to health care. For those who lack health insurance, appropriate health care may be difficult or impossible to obtain. In Connecticut, the proportion of the population under age 65 who lacked health 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 has now worsened for three consecutive years, growing to 12.3 percent of the non-elderly population in 2002, the highest figure since 1998.

An important contributing factor to health care costs and the demand for services is the practice of preventive health care by physicians and their patients. One measure of preventive health is the immunization rate. In 2002-03, 91 percent of Connecticut’s children between the ages of 19 and 35 months were immunized for DTP, polio, measles, Hib, and HepB—far higher than the national immunization rate of 78 percent. On this important indicator, Connecticut ranks first in the nation. The proportion of adults over age 65 in Connecticut who received an influenza vaccine in 2002, at 71.4 percent, is also higher than the national rate of 66.4 percent. However, Connecticut ranks only 17th among the 50 states on this measure.

Another factor affecting health outcomes and health costs is the prevalence of overweight adults and children. The U.S. Centers for Disease Control reports on 2002 that 55 percent of Connecticut residents were at risk for health problems related to being overweight. This represents a substantial increase in a relatively short time period; in 1995, just seven years earlier, only 25 percent of residents in Connecticut were at risk for health problems related to overweight.

Connecticut’s health care picture, measured by the cost of health care and health insurance coverage, worsened in 2002. This is a troubling sign for the social health of the state. With increased expenditures on health care and a rising uninsured population in Connecticut, it will be important to continue to monitor the cost and availability of health care in the state.

Persons under age 65 without health insurance
Percent of population

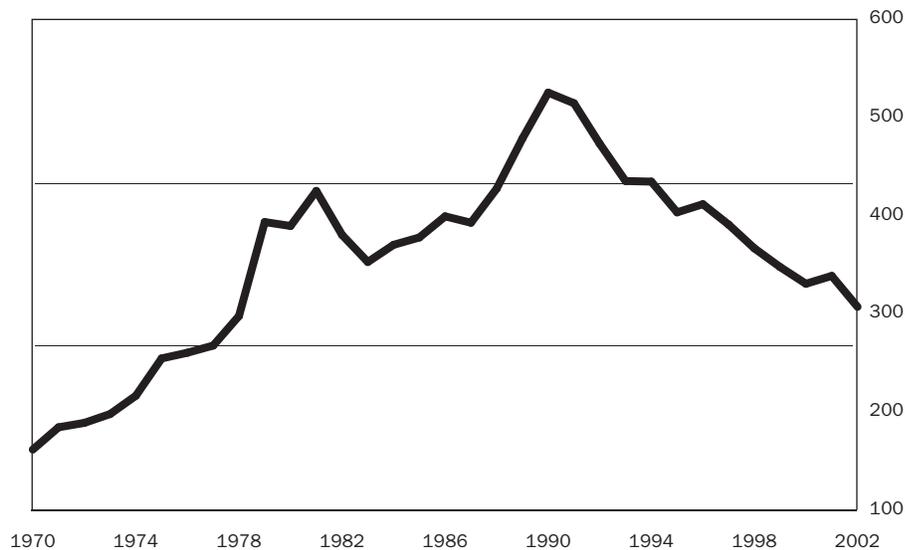


Source: U.S. Bureau of the Census

Violent Crimes

- 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 2002 for the fifth time in the last six years.
- The number of hate crimes decreased in 2002.

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 2002, the rate of violent crime in Connecticut improved, following a small worsening in 2001. This year's improvement was the fifth time in the last six years that violent crime rates in Connecticut have improved. Murder, robbery, and aggravated assault all decreased in 2002. However, the rate of rape increased. Overall, the

2002 rate of 307.1 violent crimes per 100,000 population was an improvement of 9 percent from 2001. In 2002 the violent crime rate in Connecticut represented the best performance since 1978.

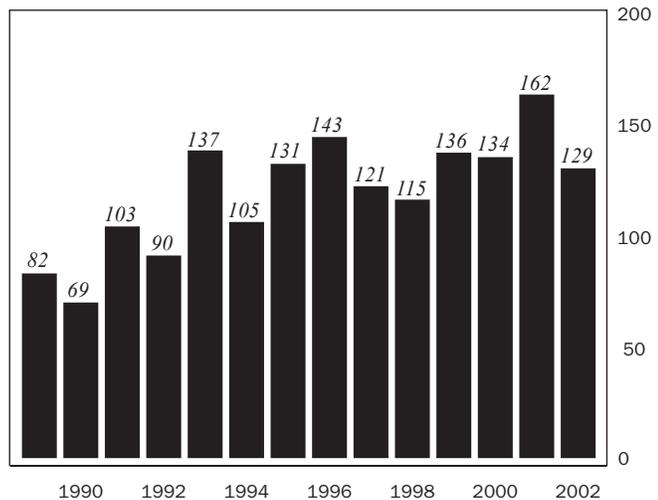
In 2002, the number of murders in Connecticut decreased to 88, down from 106 the previous year. This is the smallest number of murders on record in Connecticut since 1970, and is the result of a steady decline in the murder rate since the early 1990s. The majority of murders (60%) were committed with firearms, generally a handgun. Young people continue to account for a disproportionate number of murder victims and perpetrators. More than half (58 percent) of murder victims in 2002 were under the age of 30, as were almost three-quarters of the offenders.

While violent crime rates were down in the state, the rape rate increased by 15 percent in 2002.

This significant worsening, from 640 rapes in 2001 to 734 in 2002, is 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, fluctuated throughout the 1990s from a low of 69 incidents in 1990 to a high of 143 incidents in 1996. The number of hate crimes decreased in 2002 to 129, a significant improvement from last year's worst-on-record of 162 incidents. Half of the hate crime incidents in 2002 (65) were motivated by racial bias. An additional 21 incidents (16%) were motivated by religious bias, while 24 incidents (19%) were motivated by sexual orientation bias.

Hate crimes
Number of offenses reported per year



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

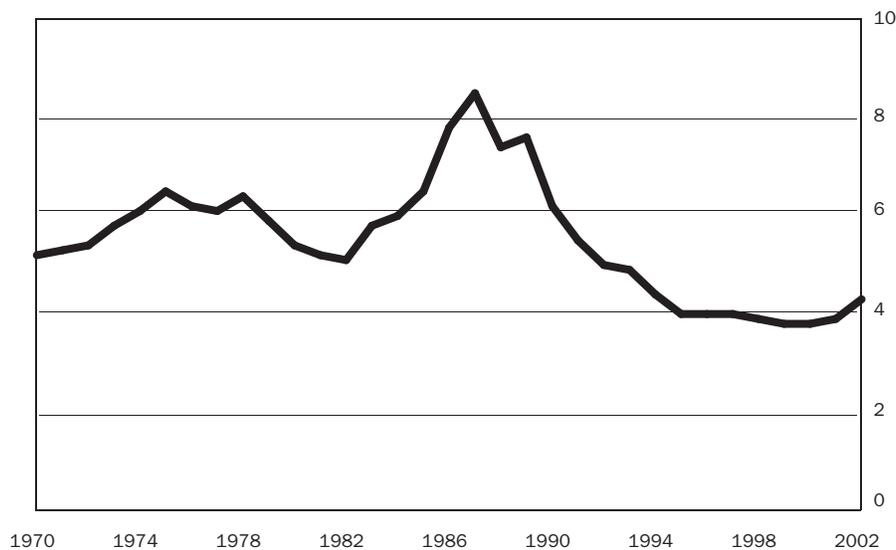
Violent crime has declined in Connecticut over the past decade, and the violent crime rate hit a 24-year low in 2002. Most violent crimes and hate crimes were down this year, which is good news for the state. However, the increase in rapes in 2002 calls for a more vigilant response.

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 rose again in 2001 and 2002.
- In 2002, a single family home cost 4.3 times the state per capita personal income, an increase from the record low of 2000.
- Connecticut is among the most expensive states for those seeking rental housing.

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 have become increasingly affordable since the most expensive years of the late 1980s. Although housing prices have risen steadily in recent years, per capita income grew even faster in the 1990s, 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. Throughout the 1990s, the relative cost burden of paying for a single family home improved consistently, dropping to a record low 3.8 in 2000. In 2002, for the second year in a row, the housing burden worsened, rising to 4.3, a worsening of 13 percent. The relative cost of housing in Connecticut was higher in 2002 than in any year since 1994.

The cost of a Connecticut home can vary substantially by location. In Fairfield County, the median selling price has continued to climb, and by 2002 was more than \$360,000, almost double the state median price of \$183,500. Middlesex County, at \$190,000, 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 \$170,000 in Litchfield County down to \$125,000 in Windham County.

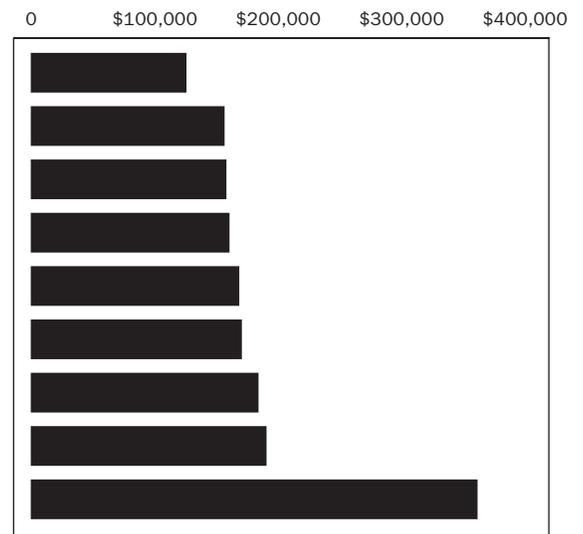
The rental housing market in Connecticut remains among the most expensive in the nation. According to the National Low Income Housing Coalition, Connecticut has the sixth least affordable rental housing market among the 50 states. Rental housing in Stamford-Norwalk is the third least affordable of any metropolitan area in the country, trailing only San Jose and San Francisco.

The fair market monthly rent for a one-bedroom apartment in Connecticut in 2003 was \$752 and a two-bedroom apartment was \$936, both significant increases from the previous year. In order to afford a two-bedroom apartment at the fair market rent, a full-time worker in Connecticut would have to earn \$18.00 per hour, more than 260 percent of the state's minimum wage of \$6.90 per hour. In this rental market, 50 percent of renters are unable to afford a 2-bedroom apartment at the fair market price.

This year's increase in the relative cost of single family homes, the second consecutive year of increasing housing costs, is beginning 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	\$125,000
New Haven	\$156,000
New London	\$157,500
Hartford	\$160,000
Tolland	\$167,900
Litchfield	\$170,000
State Median	\$183,500
Middlesex	\$190,000
Fairfield	\$361,000

Median housing price by county
Single-family homes, 2002



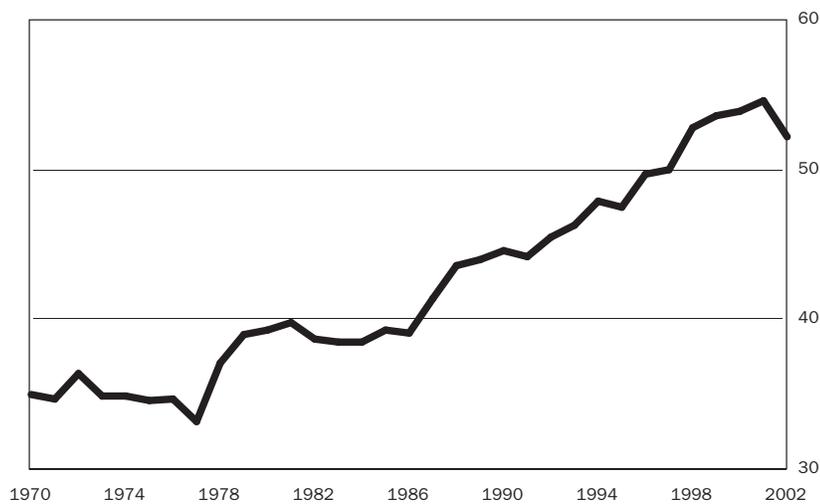
Source: The Commercial Record

Income Variation

- Disparities in income in Connecticut have grown steadily for the past two decades.
- In 2002 the distance between the income of the state's highest income county and its lowest income county decreased slightly, for the first time in five years
- The state's population living below the poverty level grew to 8.3 percent in 2002.

Income variation

Percentage of difference between highest income county and lowest income county



Source: U.S. Department of Commerce; calculations by Institute for Innovation in Social Policy

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, for the first time in five years. As a result, the distance between the richest and the poorest counties, while still far worse than in any year between 1970 and 1997, returned to its 1998 level. Despite this year's improvement, income inequality has worsened by 49 percent since 1970.

For the fifth 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, has had the highest per capita personal income over time. In 2002, the lowest income county, Windham, had a per capita personal income that was 47.8 percent of Fairfield's, up from 45.4 percent the previous year. This stands in sharp contrast to the 1970s, when Windham's income was nearly two-thirds of Fairfield's.

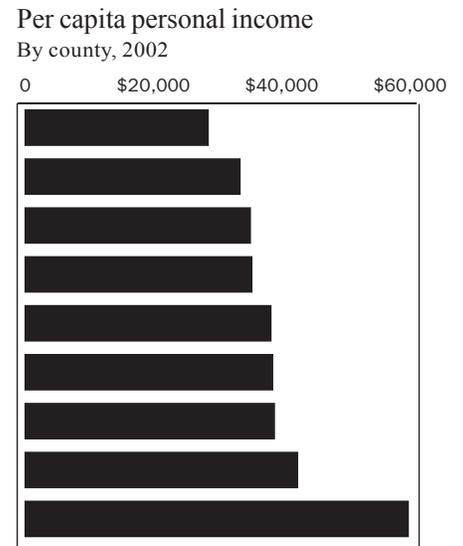
Fairfield's per capita personal income in 2002, at \$59,727, was significantly higher than the income of any other county in the state. Among the 3,111 counties in the United States, Fairfield's income ranked 6th highest; it was 193 percent of per capita income for the nation as a whole. As in previous years, Fairfield was the only Connecticut county with a per capita personal income above the state average of \$42,468. Middlesex County had the next highest per capita income, at \$38,854, while Windham County had the lowest, at \$28,526. This long-term pattern is indicative of the continuing geographic inequality in the state.

Between 2001 and 2002, per capita personal income in Connecticut generally stagnated, decreasing by \$82. In Fairfield County, per capita personal income shrank by \$1403 during the same period, while income remained stable in Connecticut's other counties. In Windham County, historically the poorest county in the state, per capita personal income grew by \$374 between 2001 and 2002.

In 2002, the poverty rate in Connecticut worsened, increasing to 8.3 percent from 7.3 percent the previous year. The poverty rate for children under age 18 also increased in 2002, rising to 10.7 percent this year, from 9.3 percent in 2002. The poverty rate for people in female-headed families with children also worsened in 2001, rising to 27.1 percent

Connecticut had a strong economy for much of the 1990s and the highest-income communities in the state prospered. With the economy struggling in 2002, these high income communities did not fare as well as they had during the years of rapid growth. As a result, incomes in the state are slightly less unequal than they were during past five years. At the same time, the poverty rate in Connecticut increased this year, and more than one in ten children lived in poverty in 2002. Even as the gap between the rich and the poor shrank modestly this year, rising poverty rates indicate that inequality remains a serious challenge for the state.

Windham	\$28,526
Tolland	\$33,496
New London	\$35,106
New Haven	\$35,339
Litchfield	\$38,309
Hartford	\$38,578
Middlesex	\$38,854
State Average	\$42,468
Fairfield	\$59,727



Source: U.S. Department of Commerce

Social Performance in Connecticut:

A Summary Look

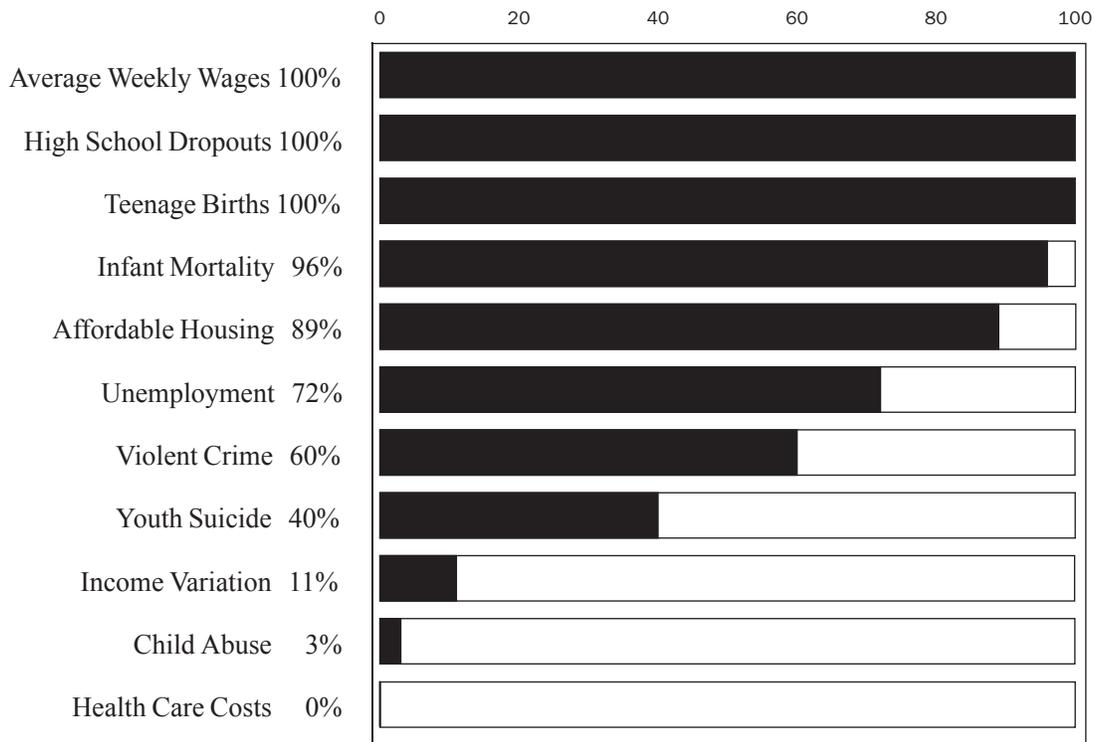
Current Social Indicators in Historical Context

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 2002 performance on a continuum between its worst and best recorded levels since 1970. A score of 0 indicates that the 2002 performance is the *worst on record*; a score of 100 indicates that the 2002 performance is the *best on record*. This year three of the eleven indicators—average weekly wages, high school dropouts, and teenage births—are at their best levels, and two other indicators—affordable housing and infant mortality—are very near their best. It is noteworthy that after eight consecutive years of improvement, the state's teenage birth rate is at 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 2002 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, one indicator—health care costs—is currently at its worst level, and two indicators (child abuse and income variation) are near their worst. Connecticut’s social performance in these three areas can be judged to be rather poor.

Three indicators—violent crime, unemployment, and youth suicide—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. Violent crime has improved for 10 of the last 12 years; the state’s current performance on this indicator now represents 60 percent of its best level achieved in the early 1970s. The youth suicide rate, which worsened this year, now stands at only 40 percent of its best performance. Unemployment worsened for the second year in a row and now stands at 72 percent of its best on record performance from 2000. 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.

Part IV

Connecticut in Context Comparing the New England States

How Connecticut's social health compares to the social performance of the nation and the other New England states.

Connecticut in Context

Connecticut's social health improved substantially in the late 1990s. It reached its best level in more than 25 years in 2000, before declining slightly in 2002. Using the 11 indicators that make up Connecticut's Index of Social Health, this special section of *The Social State of Connecticut* shows how Connecticut compares with the other New England states and with national averages.

On two of the eleven indicators—High School Dropouts and Average Weekly Wages—Connecticut ranks first in the region. On four indicators—Teenage Births, Health Care Coverage, Violent Crime, and Income Variation—Connecticut ranks fifth or sixth among the six New England states.

This special section, "Connecticut in Context," reports data that provide a regional and national perspective on social performance in the state.

Connecticut's social performance on 11 key indicators

<i>Indicator</i>	<i>Connecticut's rank among 6 New England states</i>
Infant Mortality	4
Child Abuse	2
Youth Suicide	2
High School Dropouts	1
Teenage Births	5
Unemployment	2
Average Weekly Wages	1
Health Care Coverage	5
Violent Crime	5
Housing	2
Income Variation	6

Connecticut in Context

Infant Mortality

Connecticut compares favorably with the nation as a whole when it comes to infant and maternal health. The state's infant mortality rate is slightly better than the national average. The percentage of women receiving late prenatal care is somewhat better than the national rate and the percentage of low birthweight babies in Connecticut is equal to the U.S. rate.

However, Connecticut compares less favorably to its regional neighbors. Only Rhode Island has a higher infant mortality rate among the New England states. Connecticut and Massachusetts share the highest percentage of women receiving late prenatal care and Connecticut ranks fifth among the six New England states in the percentage of low birthweight babies.

	Infant mortality*	% Late prenatal care **	% Low birthweight ***
<i>New England</i>			
Connecticut	6.1	2.0	7.8
Maine	6.1	1.6	6.3
Massachusetts	5.0	2.0	7.5
New Hampshire	3.8	1.4	6.3
Rhode Island	6.8	1.5	7.9
Vermont	5.5	1.7	6.4
<i>United States</i>	6.8	3.6	7.8

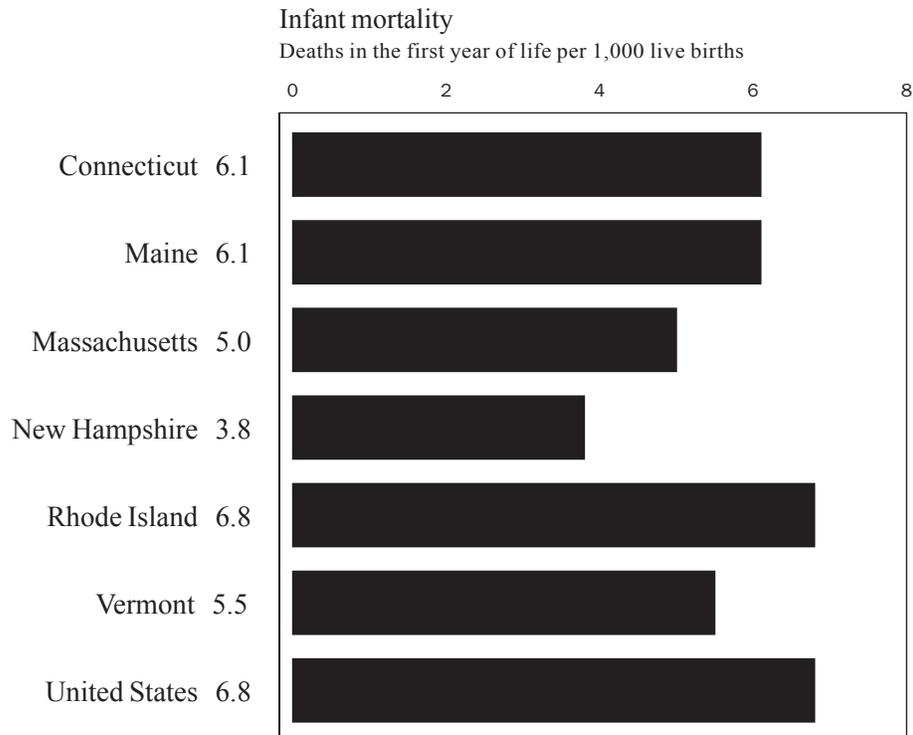
* Deaths in first year of life per 1,000 live births

** Care begun during the last three months of pregnancy

*** Less than five pounds eight ounces

Sources: Infant Mortality (2001) U.S. Department of Health and Human Services, Centers of Disease Control and Prevention, National Center for Health Statistics, *National Vital Statistics Report*, Volume 52, Number 3, September 18, 2003; Late Prenatal Care and Low Birthweight (2002) U.S. Department of Health and Human Services, Centers of Disease Control and Prevention, National Center for Health Statistics, *National Vital Statistics Report*, Volume 52, Number 10, December 17, 2003.

Connecticut in Context



Source: (2001) National Center for Health Statistics

Connecticut in Context

Child Abuse

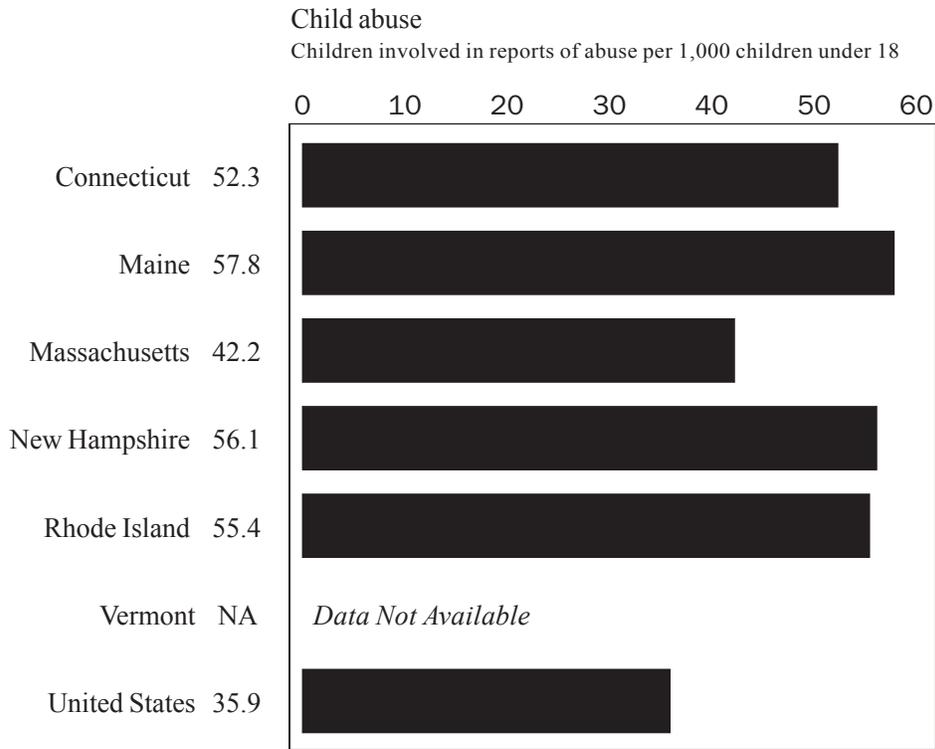
Child abuse in Connecticut continues to be an issue of serious concern. Comparing child abuse in Connecticut to national rates yields mixed results. The child abuse rate in Connecticut is far worse than the national rate, while the child fatality rate in the state is better than the national average.

Connecticut's child abuse rate is among the lowest in the region. Of the five New England states for which data are available, Connecticut ranks second, with a lower child abuse rate than all of the New England states except Massachusetts. However, Connecticut's child abuse fatality rate is the worst in the region. In addition, the percentage of child victims removed from their homes is lower in Connecticut than any of the other New England states.

	Children <18 in reported abuse cases per 1,000 population	Child abuse child fatalities per 100,000 children	% of child victims removed from home
<i>New England</i>			
Connecticut	52.3	1.26	11.1
Maine	57.8	1.08	22.5
Massachusetts	42.2	1.16	14.4
New Hampshire	56.1	0	33.5
Rhode Island	55.4	0.42	26.3
Vermont	NA	0	15.5
<i>United States</i>	35.9	1.98	18.9

Source: (2002) U.S. Department of Health and Human Services, Children's Bureau, *Child Maltreatment 2002*.

Connecticut in Context



Source: (2002) U.S. Department of Health and Human Services, Children's Bureau

Connecticut in Context

Youth Suicide

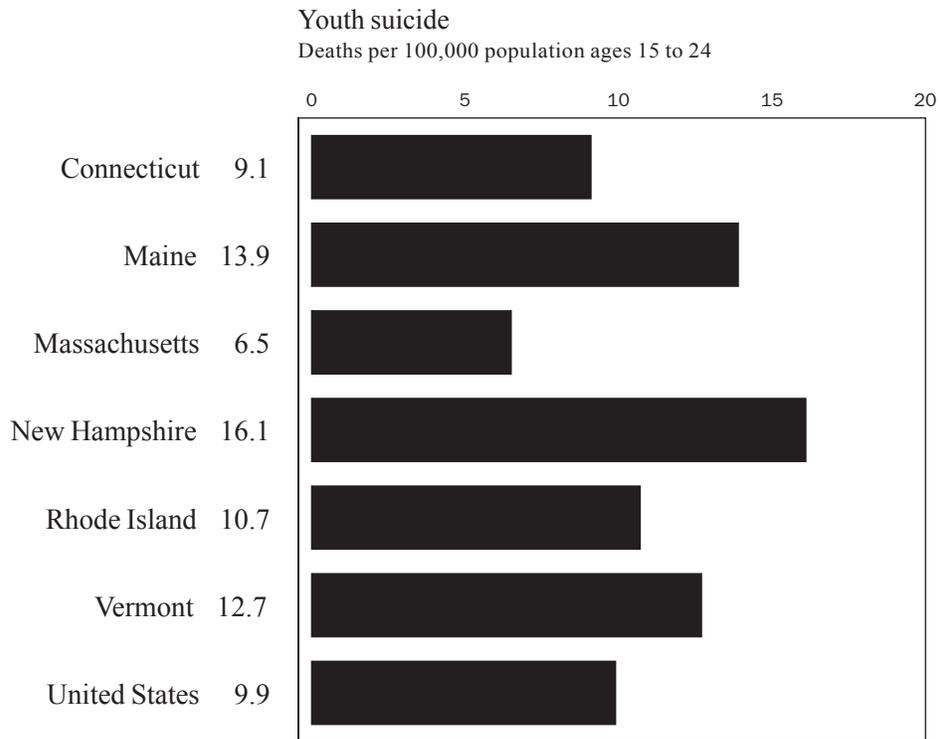
Indicators of youth mortality in Connecticut are generally better than national rates. Connecticut's youth suicide rate is slightly lower than the national rate. The accident/homicide/suicide death rate among teens in Connecticut is also better than the national rate and ranks ninth among the 50 states, while the death rate among children ages 1 to 14 is well below the national rate, and ranks best among the 50 states.

In comparison to the New England states, Connecticut's performance on indicators of youth mortality is generally strong. The youth suicide rate in Connecticut ranks second among the New England states, trailing only Massachusetts. The accident/homicide/suicide teen death rate in Connecticut is in a tie for fourth place among the six New England states; only Maine performs worse on this indicator. However, the child death rate in Connecticut is the lowest in New England, a region where child death rates are all below the national average.

	Youth suicides per 100,000 ages 15-24 population	Teen deaths by accident, homicide suicide per 100,000 ages 15-19	Deaths per 100,000 children ages 1-14
<i>New England</i>			
Connecticut	9.1	40	14
Maine	13.9	56	16
Massachusetts	6.5	32	15
New Hampshire	16.1	40	20
Rhode Island	10.7	31	15
Vermont	12.7	38	19
<i>United States</i>	9.9	50	22

Sources: Suicides and suicide rates (2001) National Center for Injury Prevention and Control; Population data from U.S. Census Bureau; calculations by the Institute for Innovation in Social Policy; Teen death rate and child death rate (2001) 2004 Kids Count Data Book.

Connecticut in Context



Sources: (2001) National Center for Injury Prevention and Control; U.S. Census Bureau; calculations by the Institute for Innovation in Social Policy.

Connecticut in Context

High School Dropouts

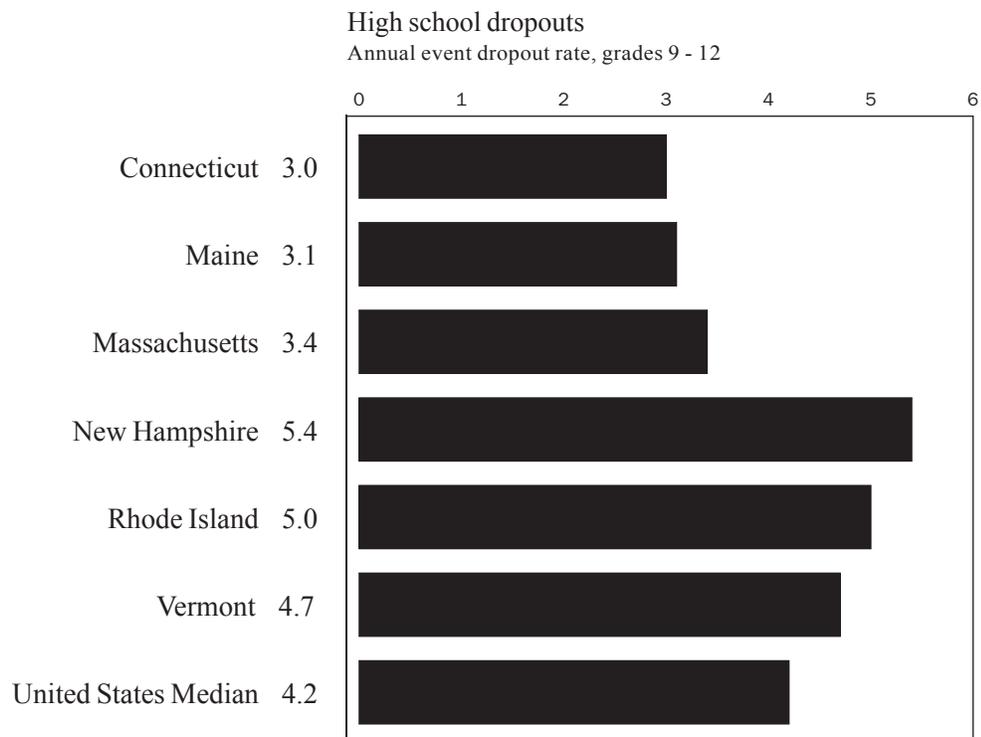
Connecticut's indicators of educational performance are among the best in the United States. Its high school dropout rate is well below the national median, and ranks fourth among the 45 states reporting to the National Center for Educational Statistics. The percentage of the adult population with at least a Bachelor's degree in Connecticut is higher than the national rate, and per pupil expenditures in public schools in Connecticut are far higher than national averages.

In the region, Connecticut ranks at or near the top on key educational indicators. The high school dropout rate, which continues to improve, is the lowest in the region. The percentage of the adult population with a college degree ranks second in the region, trailing only Massachusetts. And the state's investment in public education, as measured by per pupil public school expenditures, is significantly higher in Connecticut than in any of its regional neighbors.

	High school dropouts, annual event rate	% Adult population with bachelor's degree or higher	Per pupil expenditures, public schools
<i>New England</i>			
Connecticut	3.0	31.6	\$9,753
Maine	3.1	24.1	\$7,667
Massachusetts	3.4	32.7	\$8,761
New Hampshire	5.4	30.1	\$6,860
Rhode Island	5.0	26.4	\$8,904
Vermont	4.7	28.8	\$8,323
<i>United States</i>	4.2 (<i>median state</i>)	25.6	\$6,911

Sources: High school dropout rate (2000-01 school year) National Center for Education Statistics, *Public High School Dropouts and Completers From the Common Core of Data: School Year 2000-2001*, November 2003; bachelor's degree (2000) National Center for Education Statistics, Digest of Education Statistics, 2002, Table 11; per pupil expenditures (1999-2000) National Center for Education Statistics, Digest of Education Statistics, 2002, Table 169.

Connecticut in Context



Source: (2000-01) National Center for Education Statistics.

Connecticut in Context

Teenage Births

The teenage birth rate in Connecticut has improved consistently over the past eight years, falling in 2002 to its lowest point since 1970. The state's teenage birth rate is 40 percent lower than the national rate, and Connecticut ranks fifth best among the 50 states. In both the 15 to 17 year old age group and the 18 to 19 age group, the rate of teenage births in Connecticut is well below the national average.

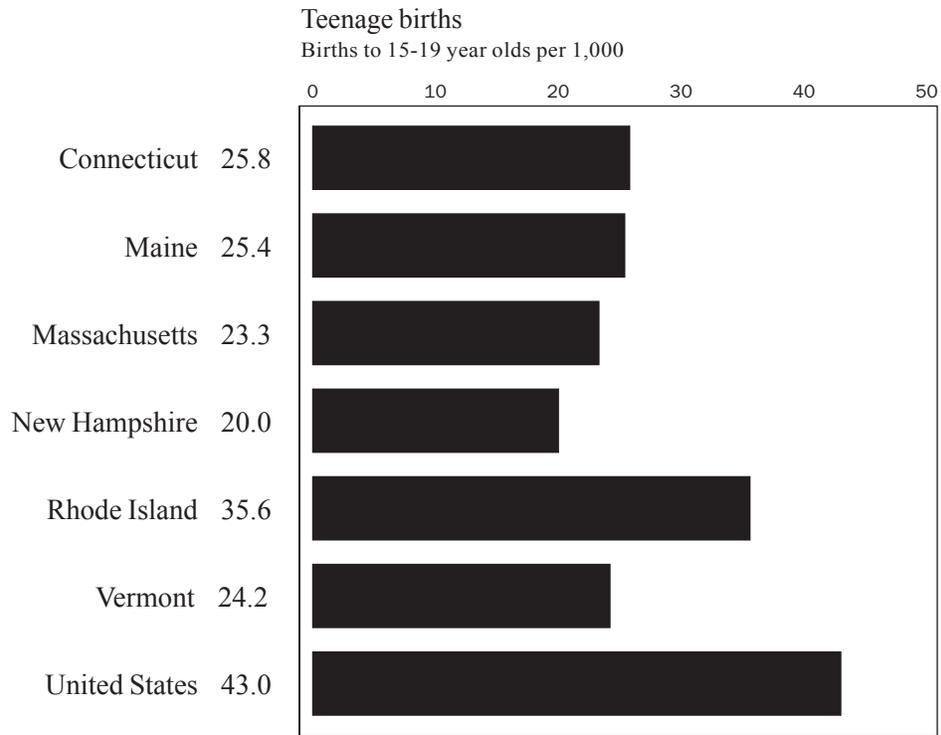
In comparison to its regional neighbors, Connecticut's teenage birth rate looks less impressive. The teenage birth rate in Connecticut ranks fifth among the six New England states. In 2002, Rhode Island was the only New England state with a higher teenage birth rate than Connecticut. The birth rate among 15 to 17 year olds in Connecticut is significantly higher than rates in New Hampshire, Maine, Vermont, and Massachusetts.

Teenage birth rate,
Live births per 1,000 women in specified age group

	All (Ages 15-19)	Ages 15-17	Ages 18-19
<i>New England</i>			
Connecticut	25.8	14.1	45.1
Maine	25.4	11.9	45.2
Massachusetts	23.3	12.5	39.6
New Hampshire	20.0	8.1	39.0
Rhode Island	35.6	19.6	59.0
Vermont	24.2	10.4	44.4
<i>United States</i>	43.0	23.2	72.8

Source: (2002) U.S. Department of Health and Human Services, Centers of Disease Control and Prevention, National Center for Health Statistics, *National Vital Statistics Report*, Volume 52, Number 10, December 17, 2003.

Connecticut in Context



Source: (2002) National Center for Health Statistics,
National Vital Statistics System

Connecticut in Context

Unemployment

The overall unemployment rate in Connecticut is better than the national average. At 4.3 percent, unemployment in Connecticut ranks tenth among the 50 states. Connecticut’s unemployment rates among black workers and teenage workers are all well below national rates. However, the Hispanic unemployment rate in Connecticut is significantly higher than the national rate.

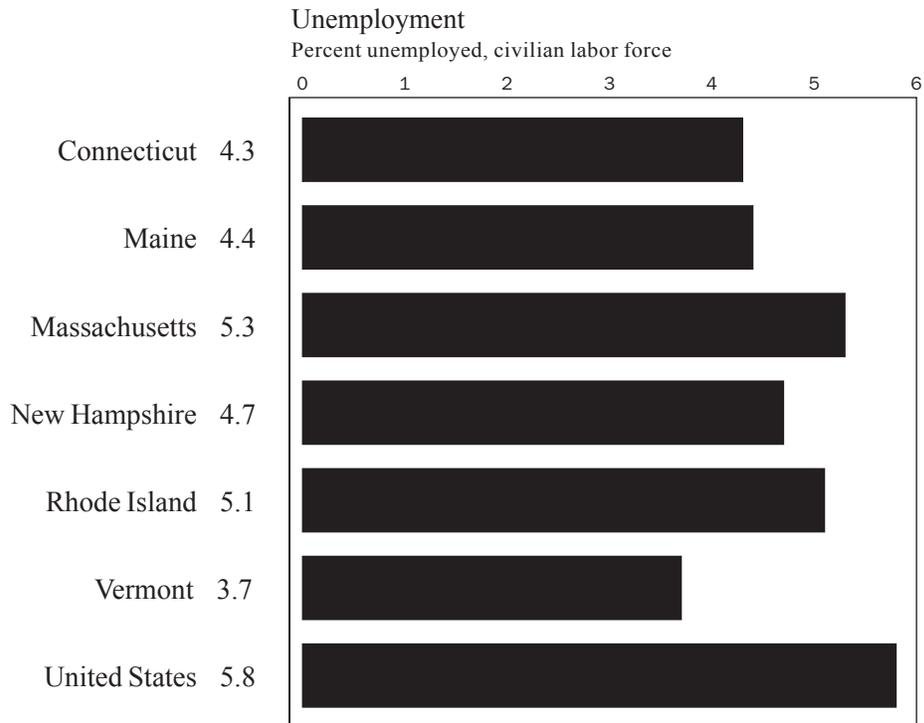
Connecticut’s unemployment rate is almost the best among the New England states; Vermont is the only state in the region with a lower unemployment rate than Connecticut. Among the New England states that calculate unemployment rates by race, Connecticut has the lowest unemployment rate among black workers, but the state’s unemployment rate among Hispanic workers is significantly higher than both New Hampshire and Vermont. Youth unemployment in Connecticut ranks fourth among the New England states, trailing Vermont, Maine and New Hampshire.

Unemployment rates,
% civilian labor force

	All	White	Black	Hispanic	Age 16-19
<i>New England</i>					
Connecticut	4.3	4.1	6.7	10.5	13.0
Maine	4.4	4.3	NA	NA	15.0
Massachusetts	5.3	5.0	8.9	8.8	14.0
New Hampshire	4.7	4.7	NA	5.8	11.9
Rhode Island	5.1	4.6	10.9	12.8	15.7
Vermont	3.7	3.7	NA	NA	10.8
<i>United States</i>	5.8	5.1	10.2	7.5	16.5

Sources: (2002) U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, “Geographic Profile of Employment and Unemployment”; U.S. Department of Labor, Bureau of Labor Statistics, Access to historical data for the “A” tables of the Employment Situation News Release.

Connecticut in Context



Source: (2002) U.S. Department of Labor

Connecticut in Context

Average Weekly Wages

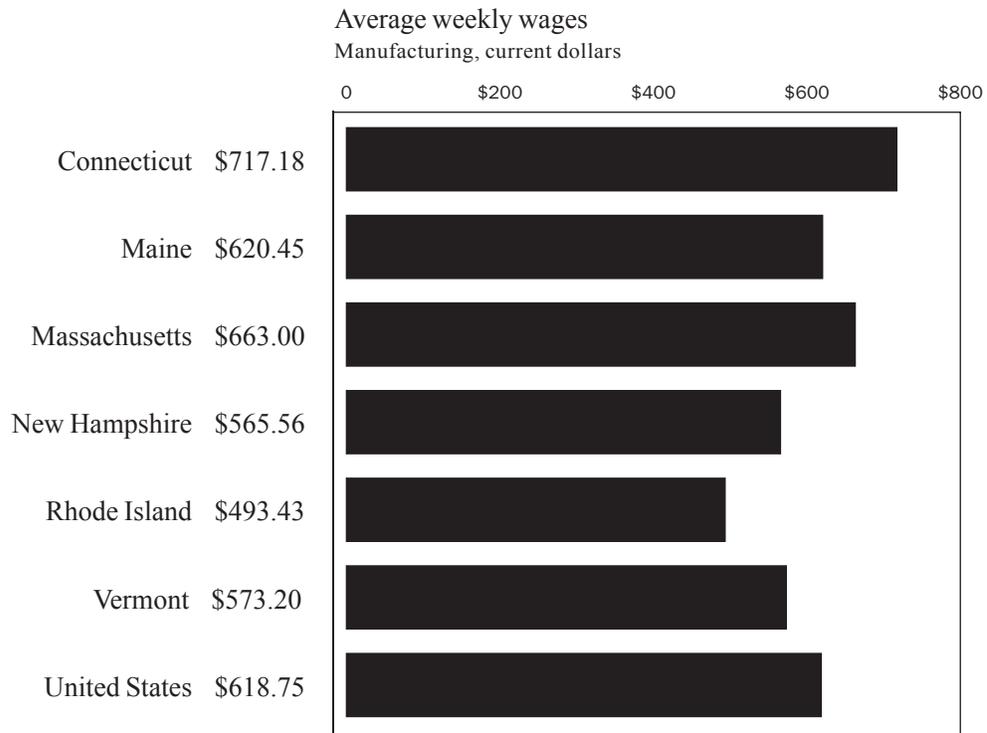
Wages and income among Connecticut’s workers compare very favorably with the nation’s. The average weekly wages of workers in the manufacturing sector in Connecticut are well above the national average, ranking sixth among the 50 states. In addition, Connecticut is the state with the highest per capita income in the nation. Connecticut’s manufacturing job base decreased over the past decade; now manufacturing wages account for 8.48 percent of personal income in the state, placing it seventeenth among the 50 states.

Connecticut’s wages and income also compare favorably with the New England states. Average wages of workers in the manufacturing sector in Connecticut are the highest in the region. Connecticut’s per capita personal income is significantly higher than any other state in the region. In addition, Connecticut’s manufacturing sector, as measured by its contribution to the state’s personal income ranks fourth in the region.

	Average weekly wages, manufacturing	Per capita personal income	Manufacturing wages as % of personal income
<i>New England</i>			
Connecticut	\$717.18	\$42,468	8.48
Maine	\$620.45	\$28,038	7.32
Massachusetts	\$663.00	\$39,085	7.23
New Hampshire	\$565.56	\$33,985	10.26
Rhode Island	\$493.43	\$30,859	7.27
Vermont	\$573.20	\$29,764	9.26
<i>United States</i>	\$618.75	\$30,906	NA

Source: Average weekly wages (2002) U.S. Department of Labor, Bureau of Labor Statistics, “State and Area Employment, Hours, and Earnings”; Per capita personal income (2002) U.S. Department of Commerce, Bureau of Economic Analysis: Regional Economic Accounts, “Local Area Personal Income”; Manufacturing Wages (2003) Connecticut FY 2004-2005 Midterm Economic Report of the Governor.

Connecticut in Context



Source: (2002) U.S. Department of Labor, Bureau of Labor Statistics

Connecticut in Context

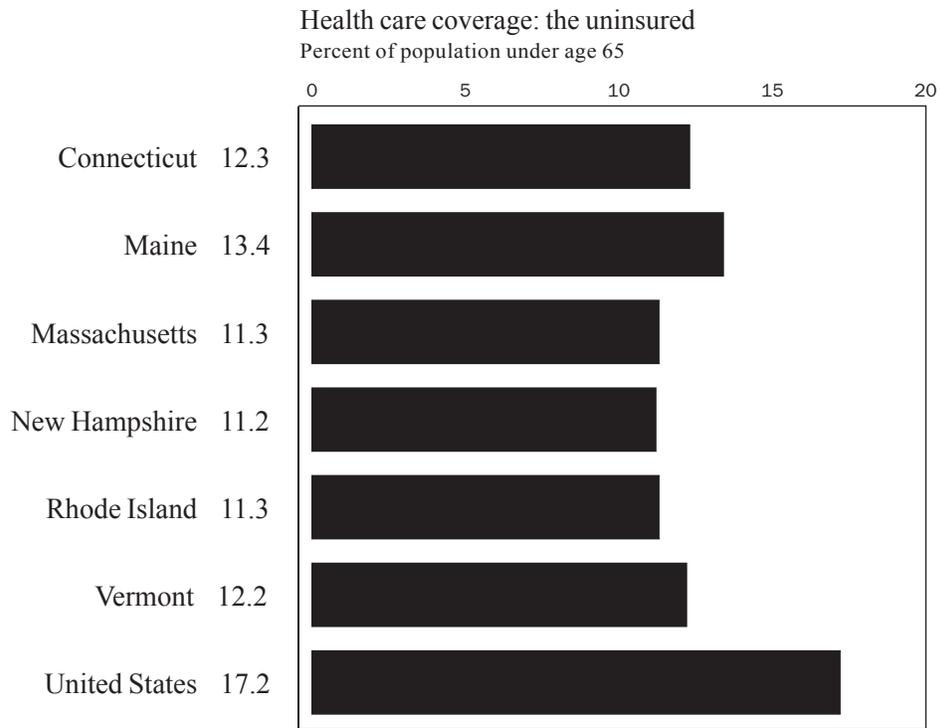
Health Care Coverage

Connecticut's health care coverage compares favorably with national averages. While 17.2 percent of people under age 65 in the United States do not have health insurance, Connecticut's uninsured rate of 12.3 percent ranks twelfth among the 50 states. The proportion of residents covered by employment-based health plans in Connecticut, at 77.8 percent, is well above the national rate of 70.8 percent. In addition, the 8.1 percent of Connecticut's children lacking health insurance is better than the national rate of 11.6 percent.

In comparison to its New England neighbors, Connecticut's health care coverage picture is mixed. Connecticut ranks fifth among the six New England states; only Rhode Island has a higher percent of uninsured. On the other hand, Connecticut has the second highest rate of employment-based health coverage in the region. In addition, Connecticut's performance on health care coverage for children trails the other New England states, where the 8.1 percent of the state's children without health insurance is the highest in the region.

	% nonelderly population uninsured	% nonelderly pop. employment- based coverage	Children under age 18 lacking health insurance
<i>New England</i>			
Connecticut	12.3	72.6	8.1
Maine	13.4	64.8	7.9
Massachusetts	11.3	71.5	5.9
New Hampshire	11.2	78.2	4.8
Rhode Island	11.3	69.3	4.7
Vermont	12.2	67.2	5.7
<i>United States</i>	17.2	65.0	11.6

Source: (2002) Bureau of Labor Statistics and Bureau of the Census, Current Population Survey, Annual Demographic Survey, Annual Social and Economic Supplement.



Source: (2002) Bureau of Labor Statistics and Bureau of the Census, Current Population Survey

Connecticut in Context

Violent Crime

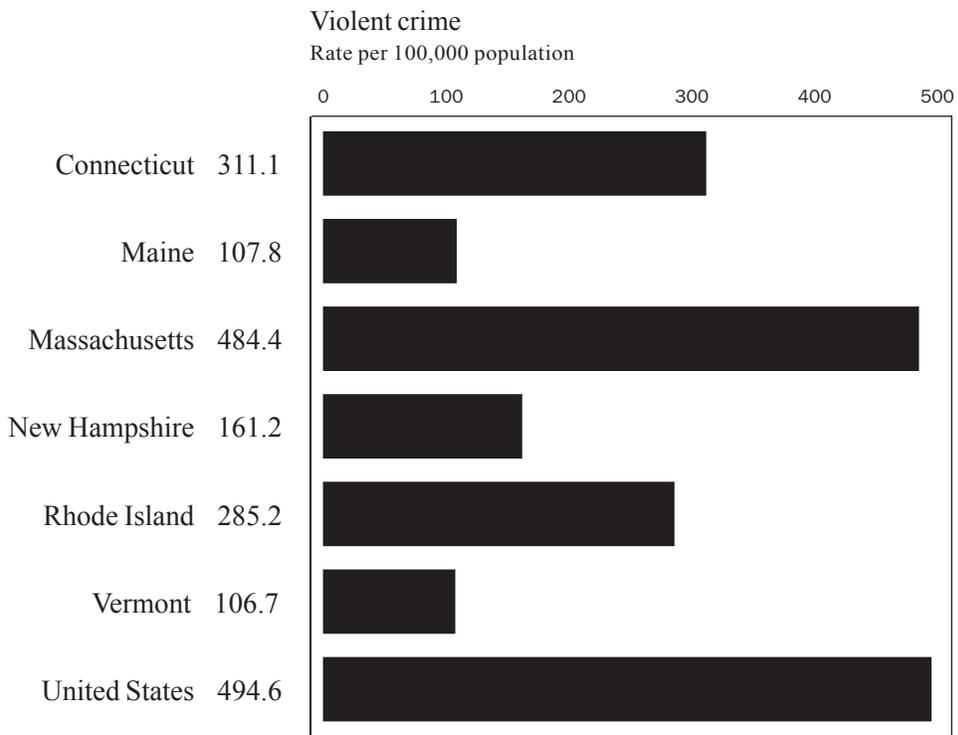
Connecticut's crime statistics compare favorably with national crime statistics. With a violent crime rate of 311.1 per 100,000 population, Connecticut's violent crime rate is well below the national average, ranking eighteenth among the 50 states. Both the homicide rate and the property crime rate in Connecticut are also below national averages.

Connecticut's crime picture compares less favorably with the New England states. The violent crime rate in Connecticut is worse than all of its regional neighbors except Massachusetts, while Rhode Island is the only New England state with a higher property crime rate than Connecticut. The homicide rate in Connecticut ranks fourth among the six New England states, higher than New Hampshire, Maine, and Vermont.

	Violent crimes per 100,000 population	Property Crimes per 100,000 population	Homicides per 100,000 population
<i>New England</i>			
Connecticut	311.1	2,686.1	2.3
Maine	107.8	2,548.2	1.1
Massachusetts	484.4	2,609.8	2.7
New Hampshire	161.2	2,058.7	0.9
Rhode Island	285.2	3,303.8	3.8
Vermont	106.7	2,423.3	2.1
<i>United States</i>	494.6	3,624.1	5.6

Source: (2002) Federal Bureau of Investigation, *Crime in the United States 2002*. Note that the rate for Connecticut varies slightly from that presented in Part III, which is based on annual reports from the Connecticut Department of Public Safety.

Connecticut in Context



Source: (2002) Federal Bureau of Investigation

Connecticut in Context

Housing

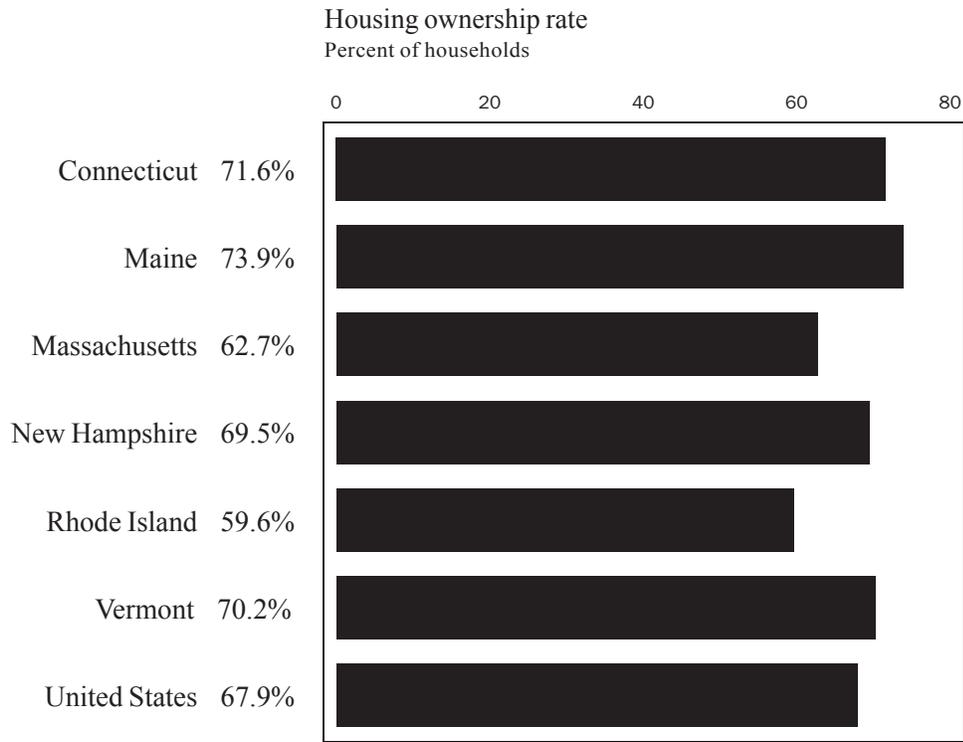
The rental housing market in Connecticut is among the most expensive in the nation. Ranked by the cost of a typical two-bedroom apartment, Connecticut has the 6th most expensive rental housing among the 50 states. Its rental market is also one of the tightest in the nation; only 4 states have lower rental vacancy rates. The home ownership rate in Connecticut is just above the national average, ranking 22nd among the 50 states.

In comparison with the New England states, Connecticut's housing picture is mixed. Its home ownership rate ranks 2nd in the region; only Maine has a higher home ownership rate among the New England states. At the same time, the cost of rental housing is among the most expensive in the region; only Massachusetts has more expensive fair market rents. In terms of rental vacancies, Connecticut stands in the middle of the pack, with a rate that is lower than Maine and Massachusetts, but higher than Rhode Island, Vermont, and New Hampshire.

	Home ownership rate	Fair market rent, 2-bedroom apartment	Rental vacancy rate
<i>New England</i>			
Connecticut	71.6	\$936	4.7
Maine	73.9	\$654	5.7
Massachusetts	62.7	\$1,165	4.9
New Hampshire	69.5	\$857	3.4
Rhode Island	59.6	\$698	4.2
Vermont	70.2	\$717	3.8
<i>United States</i>	67.9	NA	9.0

Sources: Home Ownership and Rental Vacancy data (2002) U.S. Census Bureau, Housing Vacancies and Homeownership (CPS/HVS); Fair Market Rent (2003) National Low Income Housing Coalition, *Out of Reach 2003: America's Housing Wage Climbs*.

Connecticut in Context



Sources: (2002) Bureau of the Census;

Connecticut in Context

Income Variation

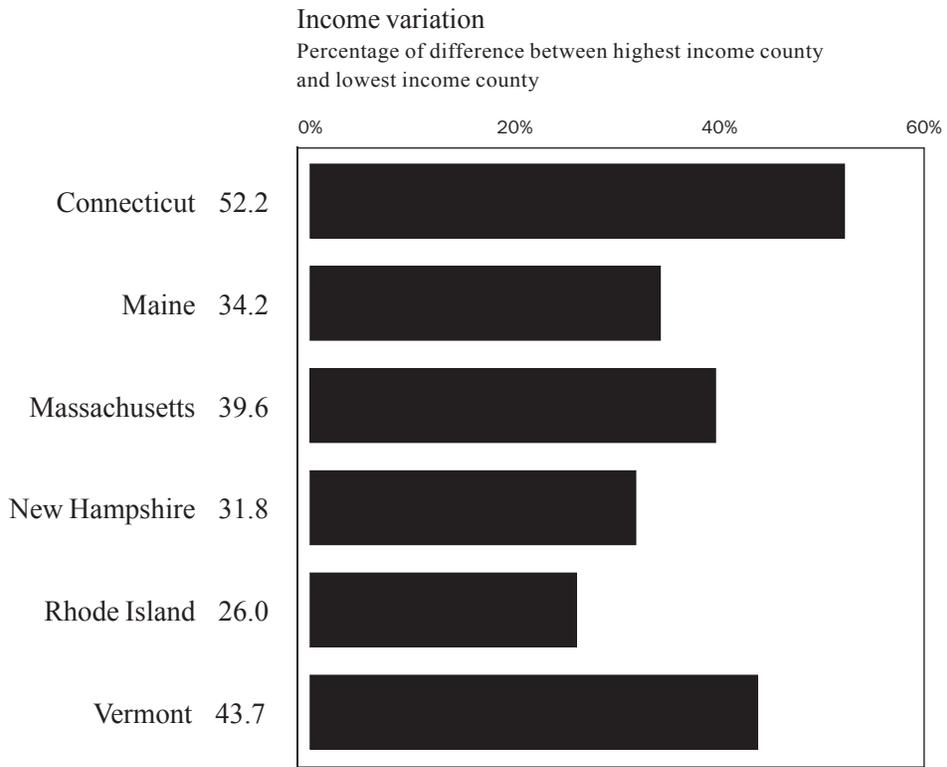
The income variation and poverty picture in Connecticut is complex. The difference between the highest and lowest income *counties* in Connecticut is larger than the differences between the highest and lowest income *states* in the nation, suggesting that income variation in Connecticut is more severe than in the nation as a whole. At the same time, the poverty rate and the child poverty rate in Connecticut are both far better than national rates.

In New England, Connecticut has, by a wide margin, the most unequal income distribution by county of any of the states in the region. Per capita personal income in the highest income county in Connecticut is more than double per capita income in the lowest income county. The distance between the highest and lowest income counties in the other New England states is not nearly as wide. Connecticut's overall poverty rate and its child poverty rate rank second in New England; New Hampshire is the only state in the region with lower poverty rates than Connecticut.

	Percentage of difference between highest income county and lowest income county	Percent of population below poverty line	Percent of children under age 18 below poverty line
<i>New England</i>			
Connecticut	52.2	8.3	10.7
Maine	34.2	13.4	19.1
Massachusetts	39.6	10.0	13.0
New Hampshire	31.8	5.8	5.8
Rhode Island	26.0	11.0	14.4
Vermont	43.7	9.9	12.1
<i>United States</i>	46.9*	12.1	16.3

* The U.S. figure represents the percentage difference between the highest per-capita income state (Connecticut, \$42,468) and the lowest per-capita income state (Mississippi, \$22,550).

Sources: Income differences by county (2002) U.S. Department of Commerce, Bureau of Economic Analysis, calculations by Institute for Innovation in Social Policy; Poverty data (2002) Bureau of Labor Statistics and the Bureau of the Census, 2003 Current Population Survey, Annual Demographic Survey, Annual Social and Economic Supplement.



Source: (2002) U.S. Department of Commerce, Bureau of Economic Analysis; calculations by Institute for Innovation in Social Policy

Part V

Conclusion

In general, the news in this year's *Social State of Connecticut* is mixed. Although several key indicators improved and three reached their best levels, the state's overall social health worsened slightly. In addition, unemployment increased for the second year in a row, and both the health cost burden and housing cost burden increased this year.

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 the social health of the state, whatever the outcome. The eleven 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.

This year, for the first time in five years, income variation in Connecticut decreased, a result of declining personal income in the wealthiest county in the state. Personal income remained stable in the poorer counties this year, but persistent disparities remain in social health across Connecticut's communities. This poses a continuing 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 1970-2002,
in more precise terms, is as follows:

<i>1970</i>	58.2
<i>1971</i>	57.3
<i>1972</i>	62.7
<i>1973</i>	66.4
<i>1974</i>	57.3
<i>1975</i>	48.2
<i>1976</i>	51.8
<i>1977</i>	59.1
<i>1978</i>	55.5
<i>1979</i>	54.5
<i>1980</i>	56.4
<i>1981</i>	53.6
<i>1982</i>	56.4
<i>1983</i>	55.5
<i>1984</i>	60.0
<i>1985</i>	55.5
<i>1986</i>	54.5
<i>1987</i>	54.5
<i>1988</i>	50.0
<i>1989</i>	43.6
<i>1990</i>	41.8
<i>1991</i>	42.7
<i>1992</i>	43.6
<i>1993</i>	45.5
<i>1994</i>	40.0
<i>1995</i>	48.2
<i>1996</i>	48.2
<i>1997</i>	51.8
<i>1998</i>	57.3
<i>1999</i>	61.8
<i>2000</i>	64.5
<i>2001</i>	64.5
<i>2002</i>	63.6

The above Index numbers vary slightly from those published in 2003, because performance criteria have been revised to include more recent years.

For a technical description of the methodology of the Index, please contact the Institute for Innovation in Social Policy.

Sources

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.

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

Low birthweight: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, *National Vital Statistics Reports*, Volume 52, Number 10, December 17, 2003.

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 Reports*, Volume 52, Number 10, December 17, 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.

Types of abuse: U.S. Department of Health and Human Services, Administration for

Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment 2002*.

Recurrence rate: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment 2002*.

Victims by age, gender, and ethnicity: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment 2001*.

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 2002*.

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 2002*.

Youth Suicide: Deaths per 100,000 population ages 15-24

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 based on population data from the U.S. Bureau of the Census.

Leading causes of death: U.S. Centers for Disease Control, National Center for Injury Prevention and Control. Office of Statistics and Programming.

By age, gender, and race: U.S. Centers for Disease Control, National Center for Injury Prevention and Control. Office of Statistics and Programming. Population data from U.S. Census Bureau. Calculations by the Institute for Innovation in Social Policy .

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

Dropout rates: Connecticut State Board 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, Division of Evaluation and Research, Bureau of Student Assessment and Research, unpublished data.

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, Division of Evaluation and Research, *Profiles of Our Schools: The Condition of Education in Connecticut, 2001-2002*.

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: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, *National Vital Statistics Reports*, "Trends in Characteristics of Births by State: United States, 1990, 1995, and 2000-2002," Volume 52, Number 19, May 10, 2004.

Births under 15: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics, Reproductive Statistics Branch.

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, "Geographic Profile and Employment and Unemployment, Section II: Estimates for States, 2002."

Involuntary part-time workers: U.S. Department of Labor, Bureau of Labor Statistics, "Geographic Profile and Employment and Unemployment, Section II: Estimates for States, 2002." Calculations by the Institute for Innovation in Social Policy.

Unemployment Claims: Connecticut Department of Labor and the Connecticut Department of Economic and Community Development. *The Connecticut Economic Digest*. Vol. 8, No. 3. March, 2003.

Average Weekly Wages: Average weekly wages of factory production workers, 2000 dollars

Manufacturing wages: Connecticut Department of Labor, Office of Research, "Covered Employment & Wages by Industry" (annual); U.S. Department of Labor, Bureau of Labor Statistics; Connecticut Department of Labor, *Annual Report of the Commissioner of Labor on the Economy, Workforce and Training Needs in Connecticut* (annual). Conversion to constant dollars based on implicit price deflator for GDP: Economic Report of the President 2004, p. 297 (2000=100). Calculations by the Institute for Innovation in Social Policy.

Manufacturing sector employment: Connecticut Department of Labor, Office of Research, "Covered Employment & Wages by Industry: 2002 (ES-202 Program Data)."

Job Loss: Connecticut Department of Labor and the Connecticut Department of Economic and Community Development. *The Connecticut Economic Digest*. Vol. 8, No. 3. March, 2003.

Manufacturing and service sector wages: Connecticut Department of Labor, Office of Research, "Covered Employment & Wages by Industry: 2002 (ES-202 Program Data)."

Health Care Costs: Estimated expenditures for personal health care as a percent of per capita personal income

Health expenditures per capita: “State Estimates—All Payers—Personal Health Care,” Health Care Financing Administration; “Personal Health Care Expenditures Aggregate and Per Capita,” U.S. Department of Health and Human Services, Center for Medicare and Medicaid Services. 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 the Institute for Innovation in Social Policy.

Health insurance coverage: Bureau of Labor Statistics and the Bureau of the Census, Current Population Survey, Annual Demographic Survey, March Supplement, “Health Insurance Coverage Status and Type of Coverage by State and Age for All People: 2002.”

Immunization Rates: The Henry J. Kaiser Family Foundations, State Health Facts.

Overweight risk data: U.S. Centers for Disease Control, National Center for Chronic Disease Prevention & Health Promotion, Behavioral Risk Factor Surveillance System, “Connecticut - 1995 vs 2002 Risk Factors and Calculated Variables.”

Violent Crimes: Murder, rape, robbery, and aggravated assault per 100,000 population

Violent crime rate: State of Connecticut Department of Public Safety, Division of State Police, Crimes Analysis Unit, Uniform Crime Reporting Program, *Crime in Connecticut* (annual); Law Enforcement Support Section, Connecticut Department of Public Safety.

Murder and Rape data: Department of Public Safety, Division of State Police, Crime Analysis Unit, *Crime in Connecticut: 2002*. Annual Report of the Uniform Crime Reporting Program.

Hate crimes: Federal Bureau of Investigation, *Hate Crime Statistics 2002*.

Affordable Housing: Estimated median sales price, single family home, as a multiple of per capita personal income

Housing costs and income: Cost of existing single-family house: annual reports in *The Commercial Record*; Connecticut Department of Housing, Annual Reports and *Connecticut Five Year Report, 1999-2003*. Note: 1970-1989 data represent average cost; 1990-2002 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 the Institute for Innovation in Social Policy.

Single family home cost, by county: The Warren Group, Connecticut Five-Year Report: Median Sales Price by County, 1999-2003.

Rental market data: National Low Income Housing Coalition, *Out of Reach 2003: America's Housing Wage Climbs*, September 2003.

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 calculated by the Institute for Innovation in Social Policy.

County Income: U.S. Department of Commerce, Bureau of Economic Analysis, Regional Economic Accounts, Local Area Personal Income, “Connecticut CA1-3 Per capita persona income.”

Poverty levels: The Bureau of Labor Statistics and The Bureau of the Census. Current Population Survey, Annual Demographic Survey, March Supplement. “Poverty Status by State: 2002.”

For additional sources used in Part IV, Connecticut in Context, see individual indicators in that section.

