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**STATE OF
THE CHILD
IN BRIDGEPORT
2008 REPORT**



**Bridgeport
Child
Advocacy
Coalition**

.....
Mobilizing for Children

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

Have an equal opportunity to succeed in life

Grow up in families with the economic resources to be self-sufficient

Have access to affordable, licensed, quality child care

Receive a high-quality education

Have a healthy start in life

Have access to quality health care

Have a clean environment

Live in decent housing

Live in an environment that is safe and free from violence

Receive the nurturing and support needed to achieve their full potential

2008 Report on the STATE OF THE CHILD IN BRIDGEPORT

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

Like the reports before it, the 2008 report clearly highlights the disparity between Bridgeport’s children and children statewide. Sadly, it also shows that Bridgeport has not been able to sustain gains made in the previous year.

WHERE IS BRIDGEPORT FAILING?

This year, the Report Card on the Well-Being of Bridgeport Children assessed 21 indicators of child well-being. When compared to children statewide, Bridgeport failed (received an “F”) on 17 indicators:

childhood poverty • economically disadvantaged students • preschool experience • child care • student achievement • dropout rate • infant mortality • low birthweight • teen births • prenatal care • lead poisoning • air pollution • homelessness • child abuse and neglect • family violence • juvenile crime • juvenile violent crime

WHERE IS BRIDGEPORT IMPROVING?

Four indicators received an “A” for “effort.” Juvenile arrests for violent crimes decreased by nearly 20%, as did family violence arrests. The number of lead-poisoned children decreased by 15%. The percentage of children on HUSKY with well-child checkups increased by 13%.

DISTURBING TRENDS

Regrettably, Bridgeport was not able to sustain the gains it made last year. Three indicators that received an “A+” for “effort” in 2007 received an “F” this year: dropout rate was 18% worse; infant mortality 50% worse; children abused and neglected 12% worse. In addition, there was a 15% increase in the percent of low birthweight babies and a 22% increase in births to teens under the age of 18.

A REPORT CARD ON THE WELL-BEING OF BRIDGEPORT CHILDREN

GRADE
Bridgeport
vs. State

EFFORT
Progress from
previous year

Economic resources

% Children living in poverty	F	D
% Economically disadvantaged students (family income less than 185% of federal poverty level)	F	C

Quality child care

% Children entering school with preschool experience	F	C
Licensed child care for infants and toddlers	F	C

High-quality education

% Meeting CT Mastery Test proficiency in reading	F	C
Dropout rate	F	F

Healthy start in life

Infant mortality rate	F	F
% Low birthweight	F	F
% Late or no prenatal care	F	C
Teen births	F	F

Nurturing and support

After-school programs	NA	B
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KEY:

A+ = more than 20% better C = less than 5% difference
 A = 10 - 20% better D = 5 - 10% worse
 B = 5 - 9% better F = more than 10% worse

GRADE
Bridgeport
vs. State

EFFORT
Progress from
previous year

Quality health care

Rate of increase in number of children with health insurance through HUSKY	C	C
% Children on HUSKY with well-child checkups	C	A

Clean environment

% Lead-poisoned children	F	A
% Increase in air pollution and high ozone days	F	C

Decent housing

Homeless children	F	D
Families on the waiting list for public housing	NA	D

Safe environment

Children confirmed abused or neglected	F	F
Family violence arrests	F	A
Juvenile arrests	F*	C
Juvenile arrests for violent crimes	F*	A

* Based on 2004 data

AGE BREAKDOWN

AGE BREAKDOWN	POPULATION 2006*
Under the age of 5	9,431
Ages 5-9	9,388
Ages 10-14	9,853
Ages 15-17	6,380
Total Children Bridgeport	35,052
Total Population Bridgeport	136,282
Children as % of the Total Population	26%

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

RACIAL & ETHNIC COMPOSITION*

CHILDREN UNDER AGE 18 IN 2000	
African-American	37%
Asian	3 %
Latino	41 %
Native American	0.4 %
White	33 %
Multiracial	8 %
Other	19 %

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

ALL CHILDREN SHOULD GROW UP IN FAMILIES WITH THE ECONOMIC RESOURCES TO BE SELF-SUFFICIENT.

Nearly one in three Bridgeport children lives in a family with an income at or below the federal poverty level – \$17,600 for a family of three. Living in poverty puts children at greater risk for disease, poor nutrition, poor school performance, homelessness, violence, and abuse.

CHILD POVERTY

- According to the U.S. Census Bureau, 10,227 Bridgeport children, 29%, lived in poverty in 2006, 575 more children than in 2005, an increase of 6%.
- Bridgeport's rate of child poverty, 29%, is more than twice the statewide rate of 11%. Nationwide, 18% of children live in poverty.
- In 2006, more than one in three Bridgeport children living in poverty (3,654 children) were under the age of 5.
- In 2006, one in three African-American children, nearly one in three Latino children, and one in seven white children lived in poverty in Bridgeport.
- During 2007, an average of 133 **new** Bridgeport families were added to the welfare caseload each month, for a total of 1,602 new families in 2007.

CHILD HUNGER

- 8,155 Bridgeport children lived in families receiving food stamps during June 2007. More than one in three of these children were under the age of six. As many as one in two eligible families does not receive food stamps.

FAMILY STRUCTURE

- In 2006, 46% of Bridgeport's children lived in single-parent households, compared to 24% of children statewide; an additional 12% lived with someone other than their parents.
- 1,307 Bridgeport children (4%) were being cared for by a grandparent in 2006, compared to 2% statewide.

ALL CHILDREN SHOULD HAVE ACCESS TO AFFORDABLE, LICENSED, QUALITY CHILD CARE.

Children from low-income families who participate in quality early childhood programs are less likely to be held back in school, be referred to special education, become teen parents, or engage in criminal behavior than those children who do not participate. They are also more likely to perform better academically, become high school graduates, become employed, and earn a higher income.

CAPACITY & NEED

- 66% of kindergarten students entered Bridgeport public schools with preschool, nursery school, or Head Start experience in the 2006-07 school year, the same as in 2005-06. Statewide, 79% of kindergarten students entered school with preschool experience.

- In 2006, more than 7,320 Bridgeport children under the age of six (67%) lived in families in which either both parents or the only parent was in the labor force and may have needed child care.
- In 2007, there were 764 licensed child care spaces in Bridgeport for infants and toddlers, nearly the same as in 2006. There were only 13 licensed child care spaces per 100 children under the age of three in Bridgeport, compared to 22 spaces per 100 children under the age of three statewide.

Bridgeport child care and preschool licensed program capacity, 2007-08

	Infants/ Toddlers	3-4 Year Olds
Licensed child care centers	504	2,641
Licensed family day care homes	228	459
Head Start (full-day)	-	560
Head Start (part-day)	-	260
Early Head Start	32	-
Board of Education pre-kindergarten (full-day)	-	126
(part-day)		343
TOTAL	764	4,389

CHILD CARE COSTS

- In the Bridgeport area, the average cost for full-time licensed child care for one year is \$12,395 for infants and toddlers and \$10,540 for pre-school age children.
- In 2007, 2,859 Bridgeport children benefited from Care4Kids, the State's child care subsidy program, 686 more children than in 2006.

CHILD CARE DURING NON-TRADITIONAL HOURS

Studies show that as many as one in three working women with a child under age six, including mothers on or transitioning off welfare, work evening or weekend hours.

- Nearly 2,500 Bridgeport children under the age of six need child care during the evening or weekend hours. There are currently 198 licensed spaces for evening child care and 42 spaces for weekend child care in Bridgeport.

CHILD CARE QUALITY

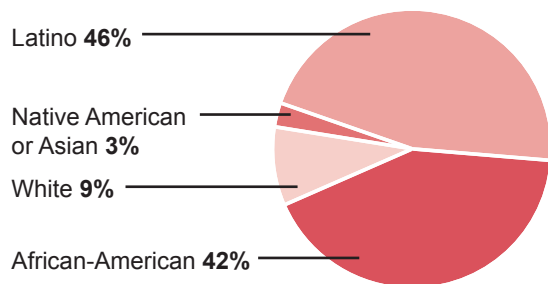
- 1,000 Bridgeport children attend one of the 10 licensed child care centers or five preschool programs in Bridgeport schools that are accredited by the National Association for the Education of Young Children (NAEYC) or its equivalent. Over 800 children attend programs that meet standards set by Head Start.
- In 2007, 1,317 Bridgeport children receiving State child care subsidies (46%) were in informal child care settings, including care provided by a grandparent, other relative, or non-related adult in the child's home, comparable to the statewide rate.

ALL CHILDREN SHOULD RECEIVE A HIGH-QUALITY EDUCATION.

Education is critical in helping children become productive adults. Overcrowded classrooms, high teacher turnover, and unsafe school environments contribute to poor student achievement and high dropout rates.

STUDENT ENROLLMENT

Nearly 90% of Bridgeport's public school students are African-American or Latino.



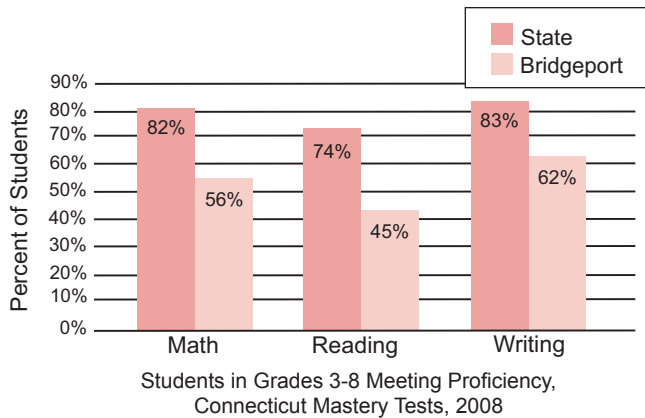
Racial and Ethnic Composition
Bridgeport Schools, 2007-08

- There were 20,703 students in the Bridgeport school system as of October 1, 2007.
- During the 2006-07 school year, more than 95% of Bridgeport public school students were economically disadvantaged or lived in families earning less than 185% of the federal poverty level (\$32,560 for a family of three), compared to 27% of students statewide.

ACADEMIC PERFORMANCE

- 56% of Bridgeport students in grades 3-8 met the state standards of proficiency on the 2008 Connecticut Mastery Test (CMT) in math, compared to 55% in 2007; 45% met proficiency in reading, compared to 44% in 2007; and 62% met proficiency in writing, compared to 63% in 2007.
- Of the 10th graders in Bridgeport who took the Connecticut Academic Performance Test (CAPT) in spring 2008, 37% met the state standards of proficiency in math, compared to 34% in 2007, and 45% met proficiency in reading, compared to 33% in 2007. Statewide 80% of 10th graders met proficiency in math and 83% met proficiency in reading.

Far fewer Bridgeport students met proficiency on the Connecticut Mastery Tests than students statewide.



- As of October 2007, 82% of the public school student population – 17,065 students – attended the 24 schools that did not make sufficient progress on the State Mastery Tests and are considered “in need of improvement” according to the standards set by the state to comply with the federal No Child Left Behind Act.
- 58% of Bridgeport’s Class of 2006 took the SAT (Scholastic Aptitude Test), compared to 75% statewide. Bridgeport students averaged 412 on reading, 400 on the math, and 414 on the writing SAT. Statewide, students averaged 505 on reading, 510 on the math, and 504 on the writing SAT.
- Three out of four Bridgeport graduating seniors pursued higher education: 76% of the graduating Class of 2006 went on to post-secondary education, compared to 83% statewide.

BILINGUAL EDUCATION

Academic achievement of limited-English-proficiency students is a challenge to the education system.

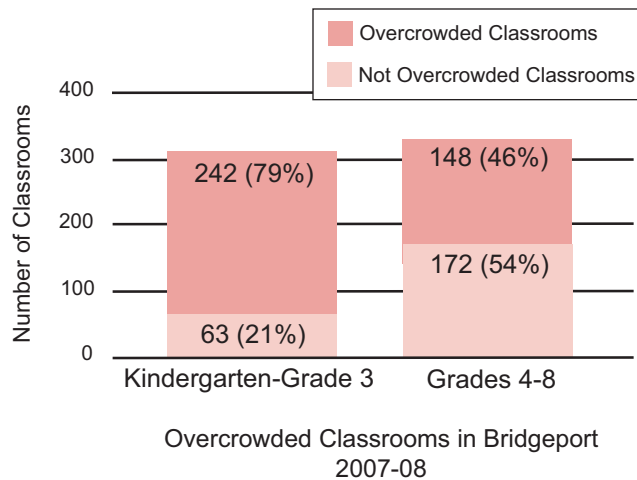
- Bridgeport students speak a total of 70 different languages.

- During the 2006-07 school year, 8,430 Bridgeport students (40%) came from homes in which English is not the home language, compared to 13% of students statewide.
- 2,809 Bridgeport students (13.6%) participated in bilingual education and English as a Second Language programs during the 2007-08 school year. Bilingual education is provided in four languages: Spanish, Portuguese, Kurdish, and Haitian Creole.

CLASS SIZE

The Connecticut Department of Education recommends a class size no larger than 18 in kindergarten through grade 3. The U.S. Department of Education recommends no more than 24 students in grades 4-8. By this definition, nearly two in three Bridgeport classrooms are overcrowded.

Nearly two out of three Bridgeport classrooms in grades K-8 are overcrowded.

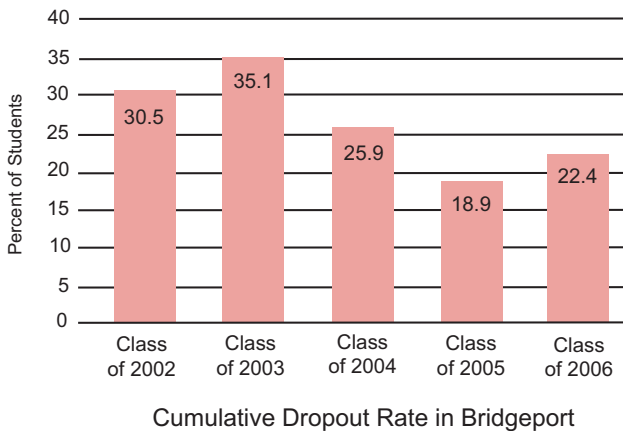


- One out of four (25%) of Bridgeport’s high school classes is overcrowded with more than 25 students.

DROPOUT RATE

Youth who drop out of school are more likely to live in poverty and be involved in criminal activity as adults than those who graduate from high school.

After decreasing for two years, the cumulative dropout rate increased in 2006.



- Bridgeport's cumulative dropout rate (22.4%) is nearly three and one-half times the statewide rate of 6.6%.
- In 2006, 5% of Bridgeport teens ages 16-19 were not enrolled in school and not working, compared to 2% statewide.

SCHOOL BEHAVIOR

- There were 7,965 out-of-school suspensions in the 2007-08 school year, compared to 11,313 out-of-school suspensions in 2006-07, a **30% decrease**.
- During the 2007-08 school year, there were 177 school security arrests for such offenses as disorderly conduct, weapons possession, breach of peace, trespassing, and assault, compared to 185 arrests in 2006-07, a decrease of 4%.

SCHOOL FACILITIES

- During the 2007-08 school year, 7,088 Bridgeport students attended the 12 out of 35 school buildings that are between 50 and 100 years old. An additional seven school buildings, with 2,242 students, are more than 100 years old.

SPECIAL EDUCATION

- 2,481 Bridgeport students (12%) received special education services in 2007-08.
- 46.5% of Bridgeport students with disabilities graduated with a standard high school diploma in 2005-06, compared to 73.5% statewide.

TEACHER RETENTION

Retaining high-quality, experienced teachers is critical to closing the achievement gap.

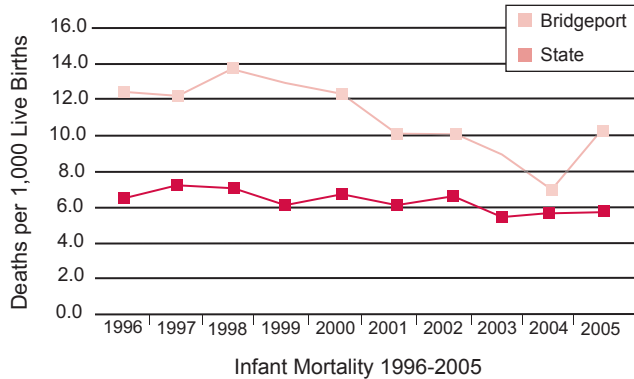
- Excluding retirees, 86 Bridgeport teachers (5%) did not return to teach for the 2007-08 school year, compared to 66 teachers in 2006-07 (4%).

ALL CHILDREN SHOULD HAVE A HEALTHY START IN LIFE.

Infant mortality and low birthweight are the most sensitive indicators of a community's health, and reflect the availability and accessibility of preventive health services.

INFANT MORTALITY & LOW BIRTHWEIGHT

After several years of decline, Bridgeport's infant mortality rate increased significantly in 2005.



- In 2005, the infant mortality rate in Bridgeport was 10.3 infant deaths per 1,000 live births, compared to 6.9 in 2004, a **steep increase of 50%**. Bridgeport's rate was nearly twice the state rate of 5.7.
- In 2005, 9.9% of all Bridgeport babies were born with low birthweight (about 5.5 pounds at birth), compared to 8.6% in 2004. Statewide, 8% of all babies were born with low birthweight.

PRENATAL CARE

Mothers who receive late or no prenatal care are more likely to have a low birthweight baby than mothers who receive prenatal care beginning in the first trimester of pregnancy.

- During 2005, 20% of Bridgeport mothers received late or no prenatal care during their pregnancy, compared to 20.5% in 2004. Statewide, 13% of mothers received late or no prenatal care in 2005.

There are marked racial and ethnic disparities in prenatal care and infant health.

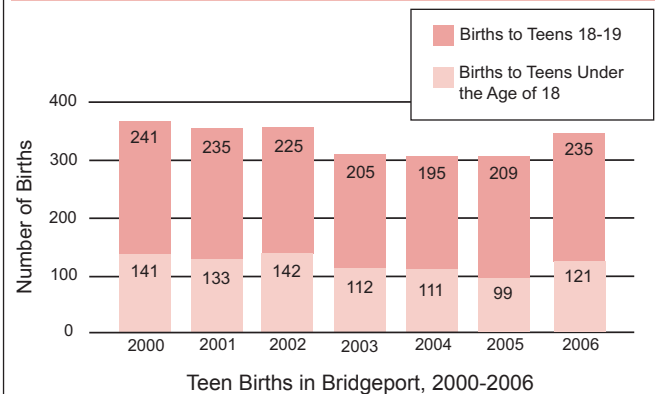
	African-American	Latino	White
Infant Mortality (infant deaths per 1,000 live births)	10.6	13.1	9.9
Low Birthweight	11.9%	9.5%	7.6%
Late or No Prenatal Care	20.5%	22.7%	12.1%

Infant Mortality, Low Birthweight, and Prenatal Care by Race and Ethnicity, Bridgeport, 2005.

TEEN PREGNANCY

Teenage mothers are at high risk of poverty, domestic violence, and unemployment. Children born to teens are seven times more likely to live in poverty than children born to older mothers.

Bridgeport teen births rose dramatically in 2006.



- In 2006, there were 121 births to teens under the age of 18, a **significant increase** of 22% compared to 2005.
- Bridgeport's teen birth rate is nearly **three times** the statewide rate. The 2004-06 birth rate for Bridgeport teens ages 15-17 was 33 births per 1,000 teenage girls, compared to the statewide rate of 12 births per 1,000 teenage girls.

ALL CHILDREN SHOULD HAVE ACCESS TO QUALITY HEALTH CARE.

Programs such as HUSKY, Connecticut's health insurance program for low-income children, have helped more children get health insurance, which is important for health care access. However, even with HUSKY, one in three children does not receive a preventive checkup, one in four children is not immunized, and more than one in two children do not go to the dentist for preventive care.

HEALTH INSURANCE

People without health insurance are less likely to go to the doctor, get a needed medical test, or fill a prescription than those with health insurance. Two-thirds of the uninsured are working.

- 21,934 Bridgeport children were enrolled in HUSKY as of May 2008, compared to 21,244 children in May 2007, a slight increase of 3%. State-wide, enrollment in HUSKY increased by 4%.

MENTAL HEALTH

The U.S. Surgeon General reports that, nationwide, one in nine children suffers from some level of mental illness, yet fewer than one in five children receives needed mental health treatment. Mental health disorders are the second leading cause of disability among youth.

- According to a 2005 survey conducted by RYASAP, as many as 19% of Bridgeport students in grades 7-12 reported attempting suicide.

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

OBESITY

The prevalence of obese children in America is growing at an alarming rate, doubling in the past 20 years. If current trends continue, researchers predict that, for the first time in history, the life expectancy of today's children will be shorter than that of their parents.

- An analysis of the heights and weights of children in Bridgeport Head Start programs in 2005 found that one in three preschool children was obese or at risk of obesity – 20% of preschoolers were obese and 16% were at risk for obesity.
- An analysis of students in kindergarten, 6th, and 11th grade in 10 Bridgeport schools found that nearly one in two school-age children was obese or at risk for obesity – 24% of students were obese and an additional 19% were at risk for obesity.

ORAL HEALTH

Children from low-income families are much more likely to have dental decay and much less likely to obtain dental care than children from high-income families.

- In 2006, only 42% of Bridgeport children insured under HUSKY went to the dentist for preventive care. Dental visits are fully covered under HUSKY but there are few dentists who accept HUSKY patients.

PREVENTIVE HEALTH CARE

Low-income children who are up-to-date on their well-child doctor visits have 20-40% fewer hospitalizations than children who do not have regular well-child visits.

- In 2006, 69% of Bridgeport's children ages 2-19 enrolled in HUSKY received a well-child check-up, compared to 66% in the rest of the state and 61% in 2005.
- Immunizations help children stay healthy. In Bridgeport, 75% of children born in 2005 and enrolled in the State Immunization Registry and Tracking System were vaccinated against major vaccine-preventable diseases before they turned two, compared to 81% statewide and 77% of Bridgeport children born in 2004.

SEXUALLY TRANSMITTED DISEASES

- In 2007, 470 Bridgeport adolescents under the age of 20 were treated for sexually transmitted diseases, chlamydia and gonorrhea, the same number as in 2006.

SUBSTANCE ABUSE AND SMOKING

- In 2005, 26% of Bridgeport students in 7th -12th grade reported the use of alcohol at least once during the previous month; 15% used marijuana; 8% sniffed inhalants; and 10% smoked tobacco.

ALL CHILDREN SHOULD HAVE A CLEAN ENVIRONMENT.

Children living in poverty are more likely to be exposed to environmental risk factors that contribute to asthma and lead poisoning.

CHILDHOOD ASTHMA

Respiratory problems are the most prevalent type of chronic health condition experienced by children under the age of 18. Children living in poverty, or who are African-American or Latino, are more likely to be hospitalized with asthma. Asthma causes more missed school days than any other chronic disease. Children with asthma are particularly vulnerable to the effects of air pollution.

- More than 3,230 Bridgeport children enrolled in HUSKY A (21.4%) were treated for asthma in 2006, the same percentage as children statewide.
- High ozone levels, or smog, increase the risk of chronic respiratory disease, particularly in young children. Vehicles, particularly trucks and buses that use diesel fuel, and coal-burning power plants are major contributors to unhealthy air. In 2004-06, Fairfield County had 33 high ozone days, the same as 2003-05.
- Fairfield County continues to have the highest number of high ozone days in the state and is the **17th worst ozone-polluted county in the country.**

LEAD POISONING

Lead poisoning can lead to verbal, perceptual, motor, and behavioral disabilities. African-American children are five times more likely than white children to suffer from lead poisoning. Low-income children are eight times more likely to be lead poisoned than children from upper-income families. Children who are lead poisoned are seven times more likely to drop out of school than those who are not.

- The State Department of Public Health recommends lead screening for children under the age of six, and particularly for children under the age of two. In Bridgeport, 74% of children under the age of two and 46% under the age of six were tested for lead poisoning in 2006. Of those tested, 3% (192 children) were lead poisoned, compared to 226 in 2005, a decrease of 15%. Statewide, 1.6% of children tested were lead poisoned.

ALL CHILDREN SHOULD LIVE IN DECENT HOUSING.

Compared with poor children living in stable housing conditions, homeless children are at increased risk for poor health, developmental delays, mental health and behavioral health problems, and lower educational achievement. Homeless children are also 12 times more likely to enter foster care.

HOMELESSNESS

- In FY 2006-07, there were 289 homeless children in Bridgeport shelters, compared to 271 in FY 2005-06, an increase of 7%.
- The rate of children living in homeless shelters in Bridgeport is **three times** the statewide rate. There were 8 homeless children in Bridgeport shelters per 1,000 children in FY 2006-07, compared to 3 homeless children per 1,000 children statewide.
- In FY 2006-07, families were turned away from Bridgeport homeless shelters 450 times due to the lack of shelter space.

HOUSING

Many low- and moderate-income families cannot afford the high cost of housing in Bridgeport. A parent working 40 hours a week at the minimum wage (\$7.65/hour) earns less than \$16,000 per year.

- In 2008, the fair market rent for a two-bedroom apartment in greater Bridgeport was \$1,171 a month, an increase of \$147 since 2006.

- The federal definition of affordable housing is housing that costs no more than 30% of a family's income. Using this definition, a family would have to earn \$22.52 an hour, nearly three times the minimum wage, to afford the average two-bedroom apartment. Nearly 60% of Bridgeport renters cannot afford the rent for a two-bedroom apartment.
- As of June 2008, 2,214 families were on the waiting list for public housing, compared to 2,099 families the previous year, an increase of 5%. In the last 15 years, Bridgeport has lost more than 1,300 public housing apartments through demolition. As of June 2008, only 586 of the 878 required replacement units have been completed.
- As of June 2008, 2,730 Bridgeport families were using a Section 8 voucher or a State Rental Assistance Program (RAP) certificate, with 3,192 families on the waiting list.
- Over the past two years, 98% of Bridgeport's new rental housing units have not been affordable to Bridgeport families earning up to 80% of the city's median income in 2006, \$42,052.

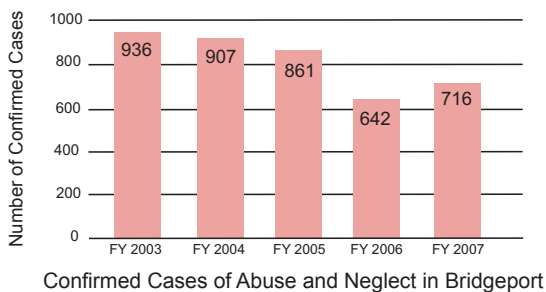
ALL CHILDREN SHOULD LIVE IN AN ENVIRONMENT THAT IS SAFE AND FREE FROM VIOLENCE.

Keeping children safe from family, school, and community violence is critically important for their healthy development. Exposure to violence has long-lasting consequences for children. Long-term exposure can lead to academic failure, depression, and delinquency. Children exposed to violence are nearly 40% more likely to commit a violent crime when they reach adulthood than children not exposed to violence.

CHILD ABUSE

Child abuse and neglect have damaging effects on the physical, psychological, educational, and behavioral development of children. Research shows a clear correlation between child abuse and increased risk of dropping out of school, teen pregnancy, juvenile delinquency, and adult crime.

After three years of steady decline, the number of Bridgeport children confirmed as abused or neglected rose by nearly 12%.



- In Bridgeport, there were 20.4 confirmed cases of abuse and neglect per 1,000 children in FY 2006-07, compared to 11.7 cases per 1,000 children statewide.

DOMESTIC VIOLENCE

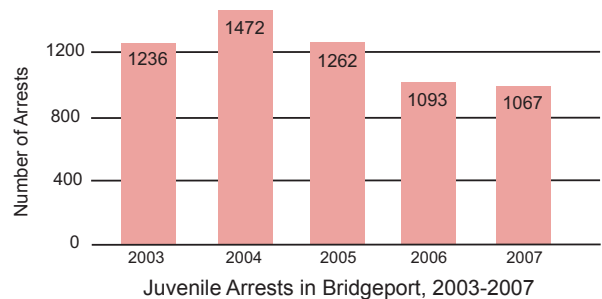
Children who experience domestic violence are more likely to demonstrate aggressive behavior than children from nonviolent homes.

- Arrests for family violence in Bridgeport decreased 17%. There were 901 arrests for family violence in 2006, compared to 1,090 arrests in 2005.
- Bridgeport's rate of family violence arrests (28 arrests per 1,000 families) is 27% higher than the statewide rate (22 arrests per 1,000 families).
- In 2007, 45 women and 37 children, 23 of whom were five years old or younger, stayed in a shelter for victims of domestic violence.

JUVENILE JUSTICE

Quality early childhood programs, as well as programs aimed at keeping young people in school until graduation, can help reduce juvenile crime.

After peaking in 2004, juvenile arrests in Bridgeport have been steadily declining.



- There were 1,067 juvenile arrests in Bridgeport in 2007, compared to 1,093 in 2006, a slight decrease of 2%.
 - In 2004*, Bridgeport's juvenile crime arrest rate (88 arrests per 1,000 youth ages 10 to 17) was 32% higher than the state rate (66.5 arrests per 1,000 youth).
 - In 2007, 374 arrests, 35% of all juvenile arrests in Bridgeport, involved children under the age of 15, compared to 394 in 2006.
 - Juvenile arrests for violent crimes** decreased by 19% in 2007. There were 102 juvenile arrests for violent crimes in 2007, compared to 126 in 2006.
 - Bridgeport's juvenile violent crime arrest rate in 2004* (8.5 arrests per 1,000 youth ages 10 to 17) was more than double the state rate (3.5 arrests per 1,000 youth).
 - In 2007, there were 14 homicides in Bridgeport, compared to 30 in 2006; 1 victim in 2007 was under the age of 19, compared to 4 victims in 2006.
- * State data for 2005-07 is not available.
 ** Violent crimes are defined as murder, manslaughter, rape, robbery, and aggravated assault.

ALL CHILDREN SHOULD RECEIVE THE NURTURING AND SUPPORT THEY NEED TO ACHIEVE THEIR FULL POTENTIAL.

Research indicates that positive experiences in a child’s life can serve as a buffer against high-risk behavior. Quality youth development programs can reduce juvenile crime by 25%, improve high school graduation rates by 20%, and reduce illegal drug use by as much as 50%.

- During the 2007-08 school year, 2,200 children participated in the Lighthouse After-School Program, compared to an average of 2,100 children in 2006-07, an increase of 5%.
- Approximately 600 children participated in community center after-school programs during the 2007-08 school year.

Fewer Bridgeport students report positive experiences in their lives.

	2001	2005
Live in a caring neighborhood	30%	29%
Attend a school with a caring environment	27%	24%
Feel engaged in school	58%	52%
Participate in youth programs outside of school	47%	45%



2470 Fairfield Avenue
 Bridgeport, CT 06605
 (203) 549-0075
 FAX (203) 549-0203
 www.bcacct.org

- Chairwoman** Edith Cassidy
- Executive Director** Marilyn Ondrasik
- Assistant Director** Barbara Edinberg
- Director of Development and Communications** Catherine Onyemelukwe
- Senior Staff Associate** Soraya Bilbao
- Health Care Community Organizer** Mory Hernandez
- Administrative Assistant** Nicole Bass

Sources available upon request
 Information based on the most current data available
 8/08



The Bridgeport Child Advocacy Coalition, BCAC, founded in 1985, is a coalition of organizations, parents, and concerned individuals committed to improving the well-being of Bridgeport’s children through research, advocacy, community education, and mobilization.

All organizations sharing this commitment are encouraged to become Organizational Members of BCAC. Individuals sharing this commitment are encouraged to become Advocates for Children.

YES! I wish to become an Advocate for Children by supporting BCAC’s efforts on behalf of children. Please add my name to BCAC’s list of Advocates for Children.

\$100 \$50 \$25 Other _____

I am eligible for a matching gift from my employer.

Please send me more information on BCAC.

NAME _____

ADDRESS _____

CITY/TOWN _____

STATE/ZIP _____

TELEPHONE _____

E-MAIL _____

*Please make your tax-deductible check payable to BCAC and mail to:
2470 Fairfield Avenue
Bridgeport, CT 06605*

Or visit us online at www.bcacct.org to make your gift.

THANK YOU!

How will Bridgeport’s children fare as the economy spirals downward?

As the State of the Child 2008 goes to press, we are hit with headlines warning:

“Food Stamps Buy Less, and Families are Hit Hard”
(NY Times, June 22, 2008)

“Outlook Darker as Jobs are Lost and Wages Stall”
(NY Times, July 4, 2008)

“Food Banks Struggling to Keep Up”
(CT Post, July 4, 2008)

Bridgeport families are struggling to keep their heads above water. Unemployment in Bridgeport rose from 6.5% in May 2007 to 8.1% in May 2008. Those who are working find that their wages are not keeping up with the rising costs of such essentials as food, utilities, and heating.

While we applaud the State Legislature for increasing the minimum wage, effective January 2009, we doubt it will be enough to mitigate the devastating impact of the current economic downturn.

BCAC will carefully monitor how Bridgeport families and children are faring during these tough economic times.

- With more than 16,000 Bridgeport parents lacking health insurance and family budgets even tighter than before, how will parents manage to get medical treatment and prescriptions for their children and themselves?
- With higher costs for energy and food, will families cut on food costs, eating less or eating less nutritious food?
- With paychecks shrinking and many families paying 50% or more of their income for housing, how many families will fall behind in their rent payments and become homeless?
- As jobs disappear, how many parents will become unemployed and unable to provide for their families?

**If you care, we need you!
Join BCAC and become an advocate
for our children.**

BCAC PUTS THE SPOTLIGHT ON CHILDREN'S NEEDS, BRINGS REAL SOLUTIONS, EDUCATES AND MOBILIZES OUR COMMUNITY, AND KEEPS THE PRESSURE ON TO ACHIEVE REAL CHANGES.



This year we:

- Produced a ground-breaking report, “Denied, Delayed and Diverted: Problems with Funding School Repair Projects in Bridgeport,” and successfully advocated for changes to reform the education capital budget and school repair process.
- Recruited more than 120 small businesses from Bridgeport and the surrounding suburbs to join the campaign for affordable health care, and publicized their stories to expand public awareness and the sense of urgency for a solution to the health care crisis in Connecticut.
- With bi-partisan support from the Democratic and Republican Town Committees of Fairfield, Westport, and Weston, organized a forum in Westport, “Is There a Health Care Crisis in the Suburbs?” with 50 advocates and legislators from the three towns.
- Produced and distributed more than 1,000 Resource Guides on health, housing, and social services in Bridgeport for female ex-offenders to help them start their new lives with their children.
- Partnered with Casey Family Services to highlight critical issues for children at BCAC’s 2008 Annual Breakfast Conference. Keynote speaker New York City Deputy Mayor Linda Gibbs spoke to an enthusiastic audience of nearly 400, describing New York’s innovative initiatives to reduce child poverty and improve student achievement.
- Organized training for over 40 health and social service providers on the importance of screening for maternal depression during pregnancy and the first year of parenting.
- Mobilized more than 100 child advocates to meet with Bridgeport legislators at BCAC’s 2007 Children’s Issues Forum to educate the public and elected representatives about critical children’s needs.
- Brought together more than 350 people to speak out on behalf of Bridgeport’s children at rallies, public hearings, and meetings with public officials.

BCAC IS AN IMPORTANT ADVOCATE FOR BRIDGEPORT’S CHILDREN!