

A Very Special Thanks To



for printing this report

And To...



People's Bank

for their support!

State of the Child in Bridgeport 2006



**Bridgeport
Child
Advocacy
Coalition**

"Mobilizing on Behalf of 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

2006 Report on the State of the Child in Bridgeport

Bridgeport Child Advocacy Coalition, BCAC, State of the Child 2006 Report on the well-being of Bridgeport children highlights the profound differences between Bridgeport and the rest of the state. The report also shows that while some progress has been made over the last year, there is still much room for improvement.

Failing Grades

Bridgeport failed – received an F – when compared to the state in 18 out of 20 indicators BCAC used to assess childhood well-being. Bridgeport's rates are two and three times worse than the state rates on most measures: Child poverty, school dropouts, lead poisoning, homelessness, child abuse and neglect, and juvenile arrests. The infant mortality rate in Bridgeport is 65% higher than the state's rate. And, the availability of licensed child care for infants and toddlers is far less in Bridgeport than it is across the state.

Progress

Compared to last year, there has been progress on some measures of well-being. The cumulative dropout rate in Bridgeport improved over 25%, earning it an A+. The infant mortality rate and teen birth rate also improved.

Improving, But Still Not Good Enough

The rates of homelessness, domestic violence and air pollution all improved compared to the previous year. However, these rates are still unacceptably high.

Getting Worse

There are four indicators that are worse when compared to last year. There were more juvenile arrests, including arrests for violent crimes, and fewer children on HUSKY, despite the need. And, affordable housing is still in short supply.

A Report Card on the Well-Being of Bridgeport Children

KEY:

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

GRADE
Bridgeport
vs. State

EFFORT
Progress from
Previous Year

Economic resources

% Children living in poverty	F	B
% 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 goals - grade 4 reading	F	C
Dropout rate	F	A+

Healthy start in life

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

GRADE
Bridgeport
vs. State

EFFORT
Progress from
Previous Year

Quality health care

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

Clean environment

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

Decent housing

Homeless children	F	B
% Increase in public housing units, 1990-2004	NA	F

Safe environment

Juvenile arrests	F	F
Juvenile arrests for violent crimes	F	F
Family violence arrests	F	B
Children confirmed abused or neglected	F	B

Age breakdown

AGE BREAKDOWN	Population 2000	% Change from 1990
Under the Age of 3	6,761	- 7.7%
Ages 3-5	6,874	+ 2.8%
Ages 6-13	17,892	+ 12.8%
Ages 14-17	8,145	+ 14.4%
Total Children Bridgeport	39,672	+ 7.2%
Total Population Bridgeport	139,529	- 1.5%
Children as % of the Total Population	28%	+ 2.0%

Racial and ethnic composition* Children under age 18, 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.

One in four Bridgeport children lives in a family with an income at or below the federal poverty level – \$16,600 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 2000 census, 9,950 Bridgeport children – 25% – live in poverty, compared to 10% statewide and 17% nationwide.
- One in four African-American children, one in three Latino children and one in eight white children live in poverty in Bridgeport.
- In June 2005, 3,238 Bridgeport children, 44% of whom were under the age of six, received welfare assistance.
- During 2005, an average of 148 **new** Bridgeport families were added to the welfare caseload each month, for a total of 1,780 new families.

Family Structure

- In 2000, 42% of Bridgeport's children lived in single-parent households, compared to 23% statewide; an additional 16% lived with someone other than their parents.

Child Hunger

- 8,508 Bridgeport children lived in families receiving food stamps during June 2005. One-third of these children were under the age of six. Statewide, only one in two eligible families receives food stamps.

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 *more likely* to perform better academically, become high school graduates, become employed and earn a higher income.

Early Care and Education

- The same percentage of kindergarten students entered Bridgeport public schools with preschool, nursery school or Head Start experience in the 2004-05 school year as they did in the 2003-04 school year (64%). Statewide, 77% of kindergarten students statewide entered school with preschool experience.
- Nearly 7,550 Bridgeport children under the age of six (62%) live in families in which both parents or the only parent is in the labor force and may need child care.

Bridgeport child care and preschool program capacity, 2005

	Infants/ Toddlers	3-4 Year Olds
Licensed child care centers	470	2,890
Licensed family day care homes	202	415
Head Start (full-day)	-	665
Head Start (part-day)	-	170
Early Head Start	32	-
Board of Education pre-kindergarten (part-day)	-	400
TOTAL	704	4,540

- The number of licensed child care spaces for infants and toddlers in Bridgeport increased slightly from 676 in 2004 to 704 in 2005. Bridgeport's rate of licensed child care spaces for infants and toddlers is **significantly lower** than the rate statewide. There are only 10 licensed child care spaces for every 100 infants and toddlers in Bridgeport, compared to 17 spaces statewide.

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.

- Over 2,000 Bridgeport children under the age of six need child care during the evening or weekend hours. There are currently 464 licensed spaces for evening child care and only 101 licensed spaces for weekend child care in Bridgeport.

Child Care Costs

- In Bridgeport, full-time licensed child care for one year costs an average of \$9,675-\$12,740 for infants and toddlers, and \$9,330-\$10,210 for preschool-age children. On average, child care costs \$1,600 more per year in Bridgeport than it does statewide.
- In 2005, 2,069 Bridgeport children received Care4Kids, the state's child care subsidy program, 244 more children than in 2004. However, since 2000, participation in Care4Kids has **decreased 47%** in Bridgeport due to the lack of state funding.

Child Care Quality

- 14 out of 40 Bridgeport licensed child care centers serving over 1,260 children and four preschool programs serving over 200 children are accredited by the National Association for the Education of Young Children (NAYEC); over 850 children attend programs that meet standards established by Head Start.

- In 2005, 1,332 Bridgeport children receiving state child care subsidies (56%) 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.

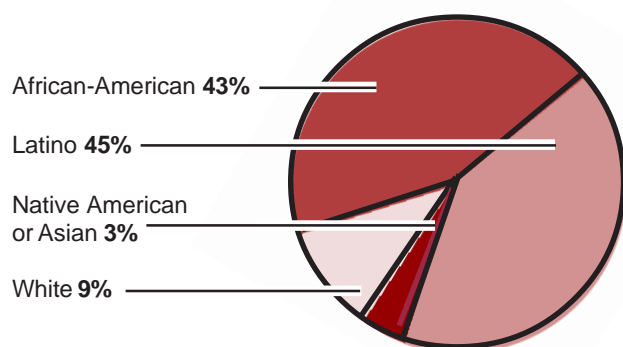
All children should receive a high-quality education.

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

Student Enrollment

- There were 21,934 students in the Bridgeport school system as of October 1, 2005.

**Racial and ethnic composition
Bridgeport schools, 2005-06**



- During the 2004-05 school year, more than 95% of Bridgeport students were economically disadvantaged or lived in families earning less than 185% of the federal poverty level (\$30,710 for a family of three), compared to 27% of students statewide.

Students Needing Special Services

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

- During the 2004-05 school year, 8,505 Bridgeport students (38%) came from homes in which English was not the home language, compared to 12.5% of students statewide.
- Bridgeport students speak a total of 70 different languages.
- 3,105 Bridgeport students (14%) participated in bilingual education programs during the 2005-06 school year. Bilingual education is provided in four languages: Spanish, Portuguese, Kurdish and Haitian Creole.

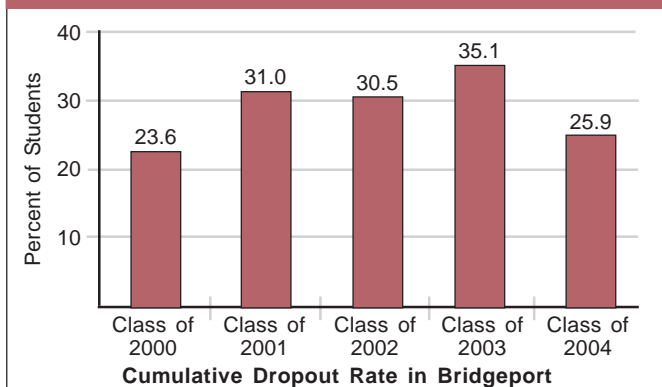
Special Education

- 2,682 Bridgeport students (12%) received special education services in 2004-05, similar to the percentage statewide.
- 43% of special education students during the 2004-05 school year were African-American, 45% were Latino, 11% were white and 1% were Native American or Asian.
- During the 2004-05 school year, 5.3% of Bridgeport's total student population were classified as having a learning disability, compared to 4.6% statewide; 0.7% an intellectual disability, compared to 0.6% statewide; 1.6% an emotional disturbance, compared to 1.2% statewide; 1.6% a speech impairment, compared to 2.5% statewide; and 2.4% another disability, compared to 2.6% statewide.

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.

The cumulative dropout rate for the Class of 2004 was the lowest in three years



- 26% of the Class of 2004 dropped out before graduating, a **significant improvement** over the Class of 2003's cumulative dropout rate of 35%.
- Although the cumulative dropout rate improved dramatically, Bridgeport's dropout rate for the Class of 2004 was **three times** the statewide rate of 8.8%, and the second highest in the state.

Academic Performance

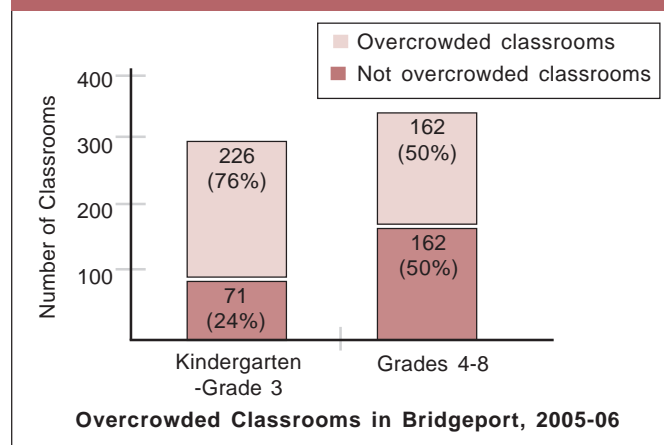
- Two in three Bridgeport students did not meet goal on the Connecticut Mastery Test (CMT). CMTs were revised for the 2005-06 school year and given to students in grades 3, 5 and 7 for the first time (as well as to students in grades 4, 6, and 8). Of those who took the test in spring 2006, 74.5% of the Bridgeport students did not meet the state goal in math, compared to 42% statewide; 71% did not meet the state goal in reading, compared to 38% statewide; and 66% did not meet the state goal in writing, compared to 48% statewide. The percentage of Bridgeport students who did not meet each goal in 2005-06 was similar to the percentage the preceding academic year.
- 65% of Bridgeport's Class of 2004 took the SAT (Scholastic Aptitude Test), compared to 75% statewide. Bridgeport students averaged 403 on the Verbal and 405 on the Math SAT; statewide, students averaged 508 on both the Verbal and the Math.

- Many Bridgeport students who graduate from high school continue to pursue higher education: 77% of the graduating Class of 2004 went on to post-secondary education, compared to 81.5% statewide.

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.

Many Bridgeport classrooms in grades k-8 are overcrowded



- More than one in four high school classes is overcrowded with more than 25 students.

School Behavior

- There were 14,071 student suspensions in the 2005-06 school year, compared to 12,057 suspensions in 2004-05, an increase of 17%.
- There were 230 school security offenses committed by students during the 2005-06 school year, including disorderly conduct, weapons possession, breach of peace and assaults, compared to 508 offenses in 2004-05, a dramatic **decrease of 55%**.

School Facilities

- 7,898 students attend the 14 out of 34 Bridgeport public schools that are between 50 and 100 years old. Seven school buildings, with 2,621 students, are more than 100 years old; 407 students attend school in buildings that are leased.

Teacher Retention

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

- Excluding retirees, 133 Bridgeport teachers (8.5%) did not return to teach for the 2005-06 school year, compared to 121 teachers in 2004-05, a 10% increase.

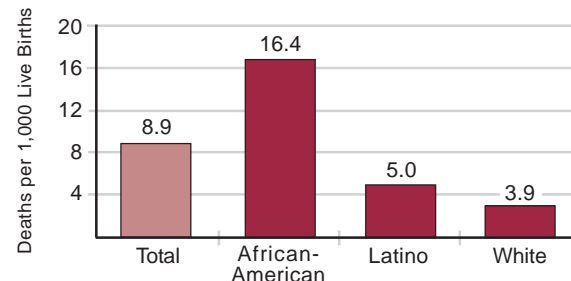
All children should have a healthy start in life.

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 Babies

- The infant mortality rate in Bridgeport was 8.9 infant deaths/1,000 live births in 2003, compared to 10.0 in 2002. Bridgeport's rate was **65% higher** than the state rate of 5.4.
- In 2003, 9.4% of all Bridgeport babies were born with low birthweight (about 5.5 pounds at birth), compared to 9.9% in 2002. Statewide, 7.6% of all babies were born with low birthweight.

The mortality rate for African-American infants was three times higher than the rate for Latino and white infants



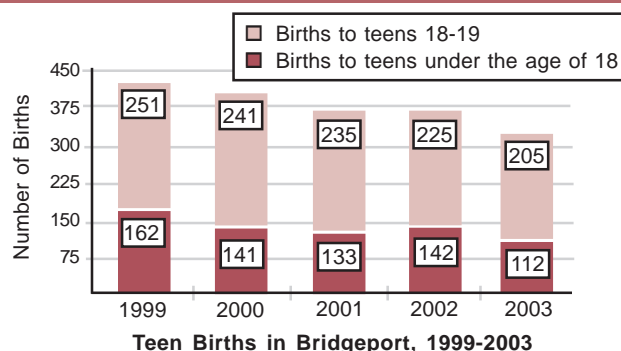
Infant Mortality by Race and Ethnicity, 2003

- 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 2003, 21.1% of Bridgeport mothers received late or no prenatal care, compared to 18.7% in 2002.

Teen Pregnancy

Teenage mothers are at high risk of poverty, domestic violence and unemployment. Children born to teens are more likely to drop out of school and become single parents themselves, and are seven times more likely to live in poverty than children born to mothers who are not in their teens.

Births to teenagers in Bridgeport have declined dramatically - nearly 25% since 1999



Teen Births in Bridgeport, 1999-2003

- There were 317 births to teens under the age of 20 in Bridgeport in 2003, compared to 367 in 2002, a 14% decrease.
- Although the number of teen births has decreased, Bridgeport's teen birth rate is nearly **three times** the statewide rate. The 2001-03 birth rate for Bridgeport teens ages 15-17 was 41.6 births/1,000 teenage girls, compared to the statewide rate of 15.0 births/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. Even with HUSKY, only three in five children receive preventive checkups, only two in three preschoolers are immunized and less than one in two children goes to the dentist for preventive care.

Children's Health Insurance

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

- As of June 2006, 21,025 Bridgeport children were enrolled in HUSKY, a decrease of 6% from June 2005. Statewide, enrollment in HUSKY decreased 5%.
- As many as 16,350 Bridgeport residents under the age of 65 do not have health insurance.

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 2004, 59% of Bridgeport's children ages 2-19 enrolled in HUSKY received a well-child checkup, compared to 56% in the rest of the state; 13% received no health care at all, compared to 15% in the rest of the state.
- Immunizations help children stay healthy. In Bridgeport, 65% of children born in 2002 and enrolled in the state Immunization Registry and Tracking System were vaccinated against major vaccine-preventable diseases before they turned two, compared to 82% statewide.

Mental Health

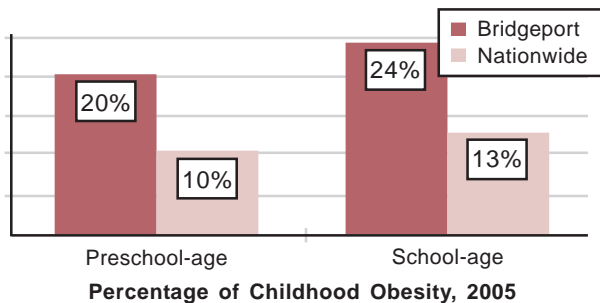
The U.S. Surgeon General reports that nationwide one in nine children suffers from some level of mental illness, yet fewer than one in five children receives needed mental health treatment. Mental health disorders are the second leading cause of disability among youth.

- The National Institute of Mental Health estimates that 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 4,365 children have a need for mental health services and 1,200 children have a serious emotional disturbance.
- According to a 2005 survey conducted by RYASAP, as many as 19% of Bridgeport students in grades 7-12 reported attempting suicide one or more times.

Childhood 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 recent history the life expectancy of today's children will be shorter than that of their parents.

The percentage of childhood obesity in Bridgeport is much higher than it is nationwide



- An analysis of children in Bridgeport Head Start programs found that one in three preschool children is obese or at risk for obesity – 20% of preschoolers are obese and 16% are 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 is obese or at risk for obesity – 24% of students are obese and an additional 19% are at risk for obesity.

Oral Health

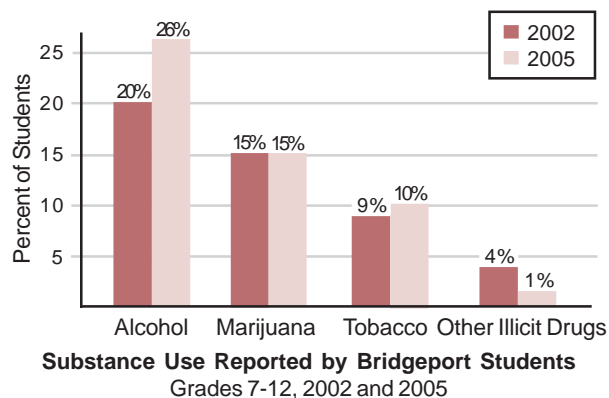
Children from low-income families are much more likely to have dental decay and much less likely to obtain dental care than children from high-income families.

- In 2004, only 40% of Bridgeport children insured under HUSKY went to the dentist for preventive care, virtually no change from the previous year. Dental visits are fully covered under HUSKY but there are few dentists who accept HUSKY patients.

Adolescent Substance Abuse & Smoking

Substance abuse is one of the most serious health problems facing today's youth. It is associated with family violence, child abuse, crime, gang activity and unemployment. Teens who drink are more likely to develop an alcohol addiction when they are older than teens who do not drink.

From 2002 to 2005, alcohol and tobacco use increased while other illicit drug use decreased



Sexually Transmitted Diseases

- In 2005, nearly 550 Bridgeport adolescents under the age of 20 were treated for sexually transmitted diseases, including chlamydia and gonorrhea, a dramatic **increase of nearly 70%** from 2004.

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.

- The prevalence of asthma is higher in Bridgeport than in Hartford or New Haven – 11% of Bridgeport children continuously enrolled in HUSKY A (Medicaid) in 2004 received health care for asthma, compared to 10.3% in Hartford, 8.7% in New Haven and 9.4% 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 2002-04, Fairfield County had 47 high ozone days, compared to 63 days in 2001-03, a **25% decrease**.
- Fairfield County continues to have the highest number of high ozone days in the state and is the 15th 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, particularly for children under the age of two. In Bridgeport, 74% of children under the age of two and 44% under the age of six were tested for lead poisoning in 2004. Of those tested, 5% (269 children) were lead poisoned, comparable to 2003. Statewide, 2.2% of children tested were lead poisoned.

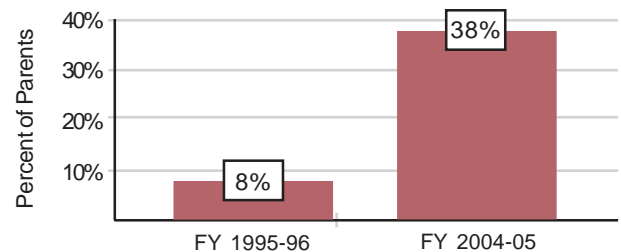
All children should live in decent housing.

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 12 times more likely to enter foster care.

Homelessness

- In FY 2004-05, there were 422 homeless children in Bridgeport shelters, compared to 455 in FY 2003-04, a decrease of 7%.
- There were 10.6 homeless children in Bridgeport shelters/1,000 children in FY 2004-05, compared to 3.1 homeless children/1,000 children statewide.
- In FY 2004-05, families were turned away from Bridgeport homeless shelters 369 times due to the lack of shelter space.

In less than 10 years, the percentage of working parents in family shelters increased nearly five times



Working Parents in Bridgeport Homeless Shelters

Housing

Many low- and moderate-income families cannot afford the high cost of housing in Bridgeport. Two parents working full-time at the minimum wage (\$7.40/hour) earn less than \$30,800 per year.

- In 2005, the fair market rent for a two-bedroom apartment in greater Bridgeport was \$966, an increase of \$41 since 2004. 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 \$18.58 an hour, two and one-half times the minimum wage, to afford the average two-bedroom apartment.

- One in two Bridgeport renters cannot afford the rent for a two-bedroom apartment, and one in four renters is spending more than 50% of their income on rent.
- As of June 2006, 1,686 Bridgeport families were on the waiting list for public housing. Bridgeport has lost nearly 800 public housing units in the last 10 years.
- As of June 2006, 2,485 Bridgeport families were using a Section 8 voucher or a state Rental Assistance Program (RAP) certificate, with 4,861 families on the waiting list.

All children should live in an environment that is safe and free from violence.

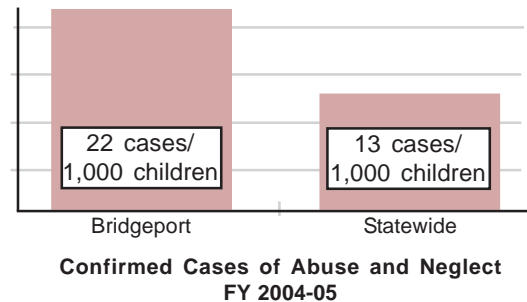
Keeping children safe from family, school and community violence is critically important for their healthy development. Exposure to violence has long-lasting consequences for children. Long-term exposure can lead to academic failure, depression and delinquency. Children exposed to violence are nearly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

Child Protection

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.

- In FY 2005, there were 861 Bridgeport children confirmed as abused or neglected, compared with 907 children in FY 2004, a decrease of 5%. During the same period statewide, there was a 12% decrease in the number of children confirmed as abused or neglected.

Bridgeport's rate of child abuse and neglect is more than 40% higher than the statewide rate



Domestic Violence

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

- Arrests for family violence decreased 7%. Preliminary reports show 1,202 arrests for family violence in 2004, compared to 1,292 arrests in 2003.
- Bridgeport's rate of family violence arrests (39 arrests/1,000 families) is nearly **70% higher** than the statewide rate (23 arrests/1,000 families).
- In 2005, 75 women and 76 children, 46 of whom were under the age of five, stayed in a Bridgeport shelter for victims of domestic violence.

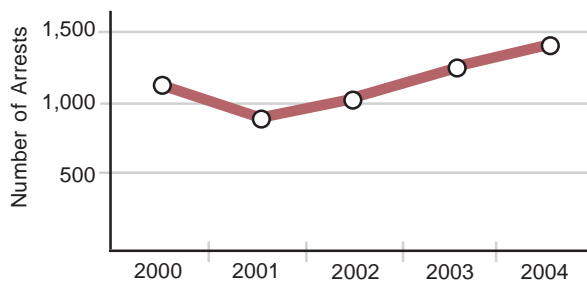
Juvenile Violence

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

- Preliminary figures show that in 2004 there were 1,472 juvenile arrests in Bridgeport, compared to 1,236 in 2003, an increase of 19%.

- Bridgeport's juvenile crime arrest rate in 2004 (88 arrests/1,000 youth ages 10 to 17) was **32% higher** than the state rate (66.5 arrests/1,000 youth).
- From 2003 to 2004, juvenile arrests for assault and vandalism **increased 36%**; arrests for disorderly conduct **increased nearly 60%**. Drug-related arrests decreased 17%.
- In 2004, 589 arrests, nearly 40% of all juvenile arrests in Bridgeport, involved children under the age of 15, an **increase of 25%** compared to 2003.
- The number of juvenile arrests for violent crimes* in Bridgeport **increased 29%** in 2004. Preliminary figures for 2004 show 142 juvenile arrests for violent crimes in Bridgeport, compared to 110 in 2003.
- Bridgeport's juvenile violent crime arrest rate in 2004 (8.5 arrests/1,000 youth ages 10 to 17) was **more than double** the state rate (3.5 arrests/1,000 youth).

The number of juvenile arrests in Bridgeport is rising steadily



Juvenile Arrests in Bridgeport, 2000-2004

- In 2005, 19 homicides occurred in Bridgeport, compared to 14 in 2004; two victims in 2005 were younger than 19.

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

All children should receive the nurturing and support needed 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%, and improve high school graduation rates and reduce illegal drug use by as much as 50%.

Fewer Bridgeport students report positive experiences in their lives

	2002	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%

- During the 2005-06 school year, there were over 4,900 spaces in after-school programs in Bridgeport, including 3,700 in the Lighthouse After-School Program.



Did You Know . . .

Every \$1 Spent on...

After-School Programs	can save \$4.00 in criminal justice costs
Childhood Immunizations	can save \$10.00 in later health care costs
Early Childhood Education	can save \$7.16 in later special education, crime and welfare costs
Mental Health Treatment	can save \$5.00 in later health care costs
Prenatal Care	can save \$3.38 in health costs during an infant's first year of life



Bridgeport
Child
Advocacy
Coalition

"Mobilizing on Behalf of Children"

BRIDGEPORT CHILD ADVOCACY COALITION

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

Chairwoman	Margie Powell
Executive Director	Marilyn Ondrasik
Assistant Director	Barbara Edinberg
Senior Staff Associate	Anna Washington
Director of Development and Communications	Miko Tachibana
Research and Public Policy Associate	Andrew Martinez
Health Care Community Organizer	Mory Hernandez
Administrative Assistant	Jordanna Condall

Sources available upon request
Information based on the most current data available
7/06

The Bridgeport Child Advocacy Coalition (BCAC), founded in 1985, is committed to improving the well-being of Bridgeport's children and their families through a program combining research, community planning, 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.

☐ I am interested in volunteering to help children. Please contact me.

☐ 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:



Bridgeport
Child
Advocacy
Coalition

2470 Fairfield Avenue
Bridgeport, CT 06605
For information call
(203) 549-0075
www.bcacct.org

"Mobilizing on Behalf of Children"

Thank You!

Will Bridgeport's Children Be Left Behind?

Every week in Bridgeport:

- 11 babies are born into poverty
- 4 babies are born with low birthweight
- 5 children test positive for lead poisoning
- 36 children on HUSKY receive health care for asthma
- 8 children stay in a homeless shelter
- 16 children are confirmed abused or neglected
- 8 students drop out of school
- 28 youth are arrested

Bridgeport's children living in poverty are at high risk for poor health, homelessness, poor academic performance, violence and abuse. These children need quality, affordable, accessible health care to stay healthy. Their families need affordable housing so they are not forced to double-up with family or friends, or become homeless.

Bridgeport's children need schools that provide a healthy learning environment, that are safe, and that are not overcrowded or crumbling. They need after-school programs so they can have a safe place to go until their parents get home from work. And, their parents need jobs that move their families out of poverty.

**We need you to join us
in advocating for public policies and programs
to ensure that all children have the opportunity to
reach their full potential so they are not left behind.**

By educating our community, keeping the pressure on, working collaboratively, organizing and empowering stakeholders, BCAC has had a major role in these successes over the past year:

- Partnering with Casey Family Services to highlight critical issues for children at its Annual Breakfast Conference. The 2006 conference featured David Shipler, author of the New York Times bestseller, “The Working Poor: Invisible in America,” who addressed 400 participants on the challenges facing the working poor.
- Collaborating with Fairfield University to produce our first-ever video on critical children’s issues, affordable housing, education and after-school programs.
- Holding Children’s Issues Forums to educate the public and our elected representatives about critical children’s needs, reaching over 275 community residents and legislators.
- Producing and widely distributing a ground-breaking report, “The Price of Prescription Drugs: It Matters Where You Live,” on the disparities in prescription drug prices between Bridgeport and the suburbs and among neighborhoods in Bridgeport. The report received extensive news coverage, reaching as far away as Boston and Long Island.
- Researching and producing a report, “You Can’t Learn If You Don’t Feel Safe: School Security Problems in the Bridgeport Schools and What Can Be Done,” that fostered a partnership with the Bridgeport Board of Education and the inclusion of many of our recommendations in the Superintendent’s School Safety Plan.
- Issuing a report, “Weighing In: Early Childhood Obesity in Bridgeport,” that documented the high rate of obesity among preschoolers in Bridgeport and identified best practices for parents and child care centers.

- Developing a new PowerPoint presentation on declining education funding from the city of Bridgeport and State Department of Education audits that found the city in violation of two state education funding laws. More than 1,500 people in Bridgeport and the suburbs have seen one or both of these presentations.
- Working with the Bridgeport Housing Authority to make changes to increase the supply of affordable housing for low-income families.
- Organizing 18 house meetings with over 160 parents to talk about experiences accessing health care and organizing a community meeting with 70 parents on universal health care.
- Organizing training on how to work with parents with cognitive limitations and reaching over 200 service providers from a wide range of nonprofit organizations and state agencies.
- Coordinating a workshop, “New Trends in Addiction and Women: What Works and What Doesn’t,” for 50 Bridgeport-based service providers.

The role of BCAC as an advocate for Bridgeport’s children and their families is critically important.

Through its coalition of more than 80 member organizations and its six Task Forces, BCAC promotes policies and programs to ensure that no children live in poverty and that all children have an opportunity to grow up healthy and safe and receive the education and skills to help them reach their full potential.