



Income Gaps are Harming Connecticut's Children Taby Ali and Priscilla Canny, PhD

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Connecticut's children often rank high on various indicators of child well-being when compared to children in other states. However, these rankings commonly are based on averages for *all* children, thus masking problems among children living in families with lower-income. Indeed, a state's ranking for the well-being of children in lower-income families can differ greatly from its rankings for its child population generally, and children in higher-income families specifically.

Although Connecticut is a wealthy state, one in four (25%) Connecticut children live in families with annual income under 200% of the federal poverty level (\$33,200 or less for a family of three),¹ which is roughly equivalent to Connecticut's self-sufficiency standard. This standard, developed by the state's Office of Policy and Management, measures the income needed to support a family's basic needs, based on the local cost of living for housing, childcare, food, transportation, health care, and taxes.² The well-being of the state's low-income children is of great importance not only to the children themselves, but to the future prosperity of Connecticut as these children represent a quarter of the state's future workforce.

A 2007 study³ by the Annie E. Casey Foundation and Child Trends compared the well-being of children in low-income families (under 200% of the Federal Poverty Level, or FPL) to children in higher-income families (over 200% of FPL) across all 50 states. The national report uses state-level data from two sources that recently became available – the American Community Survey and the National Survey of Children's Health.⁴

The authors of the study found that between 2002-2004, the proportion of Connecticut children living in low-income families, 24%, ranked Connecticut second lowest among states in child poverty. Further, in terms of child well-being for *all* its children, Connecticut's children ranked 10th best.⁵ However, Connecticut children in low-income families fared worse than children in low-income families in the majority of other states (ranking 39th overall). Contributing to this quite poor overall child well-being ranking for Connecticut's low-income children were low state rankings on the six domain-specific index

¹ United States Census Bureau. "Number and percent of children under 19 at or below 200% of poverty by health insurance coverage and state: Three-year averages for 2004, 2005, 2006," www.census.gov/hhes/www/hlthins/liuc06.html.

² Research has shown that the cost of living criteria used to establish the Federal Poverty Level income figures are outdated and underestimate the amount of income necessary for a family to meet its essential needs. Connecticut's self-sufficiency standard is based on average cost of living expenses in Connecticut, where the cost of living is higher than the nationwide average. For more information on how it is calculated see The Self-Sufficiency Standard for Connecticut: <http://www.sixstrategies.org/files/Resource-StandardReport-CT.pdf>.

³ S. Vandivere, W. O'Hare, A. Atienza, K. Rivers. "States Ranked on the Basis of Child Well-Being For Children in Low-Income Families," *Kids Count* (November 2007), available at: www.aecf.org/upload/PublicationFiles/iowincomewellbeing.pdf. Well-being is an indexed measure based on a variety of indicators within the following domains: health status; social and emotional well-being; cognitive development and educational attainment; family activities; family and neighborhood context; and social/economic characteristics. For a full description of the indicators and how child well-being is indexed, see paper in footnote 1.

⁴ The National Survey of Children's Health was conducted in 2003-2004. The NSCH is funded by Maternal and Child Health Bureau of the Health Resource and Services Administration and administered by the National Center for Health Statistics. Parents were interviewed by telephone using random digit dialing sampling.

⁵ States that out-performed Connecticut were (in rank order): Utah, Wyoming, South Dakota, Minnesota, Idaho, Montana, Vermont, Colorado, and Virginia. Connecticut ranked 10th best in overall child well-being.

scores. Connecticut's low-income children ranked 33rd in their health status, 30th in social and emotional well-being, 48th (third from the bottom) in cognitive development and educational attainment, 24th in family activities, 35th in family and neighborhood context, and 41st in social and emotional context. What was particularly striking, however, was Connecticut's gap in its child well-being between its low- and higher-income children. Connecticut ranked 4th worst in terms of the gap between low-income and higher-income child well-being.⁶

At the request of Connecticut Voices for Children, the authors of this national study conducted some additional analyses of Connecticut-specific data.⁷ The national report collapsed each state's child well-being data into an index that combine multiple indicators of well-being, then ranked the states using the index. The special report on Connecticut compares well-being outcomes for children in lower- and higher-income homes in Connecticut across key indicators, grouped into six domains of child well-being, over the period 2002-2004. Striking disparities are evident.

Within each of the domains of child well-being, at least one indicator presents a marked contrast between the well-being of Connecticut's poorer and its more affluent children. For example, while 6% of Connecticut children in higher-income families were asthmatic, 13% of children in lower-income families were asthmatic. That is, the risk of asthma among our poor children is 2.2 times higher than among our higher-income children.

In 27 of the 30 indicators, Connecticut children in low-income families fared worse than their peers in higher-income families. Further, Connecticut children in low-income families were *at least twice as likely* as children in higher-income families to:

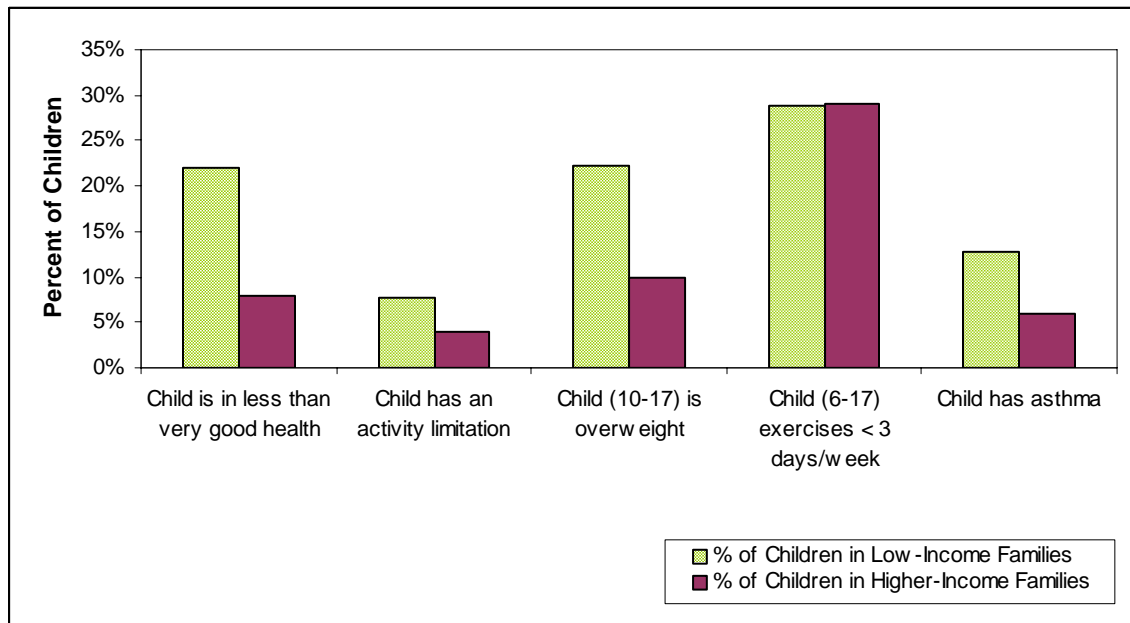
- have health problems;
- have a physical limitation that prevents them for engaging in activities that children of the same age do;
- be overweight;
- have emotional or behavioral difficulties;
- exhibit problem behaviors (e.g., excessively arguing with or disobeying parents, bullying others);
- be at risk for developmental delay in speech and comprehension, motor skills, or behaviors;
- have a learning disability;
- not participate in after-school activities;
- have a parent in poor health; and
- not live in communities with trustworthy, reliable or supportive neighbors.

For the remaining three indicators (children exercise less than 3 days/week, child attends religious services less than weekly, and child eats meals with family less than 6 days/week), low-income children did not fare worse than their higher income peers.

⁶ Massachusetts, New Jersey, and Rhode Island (listed in order of greatest to lowest indexed gap) were the top three states where the indexed gap between the well-being of low-income children higher-income children was the greatest. This data comes from an unpublished analysis by Sharon Vandivere of Child Trends.

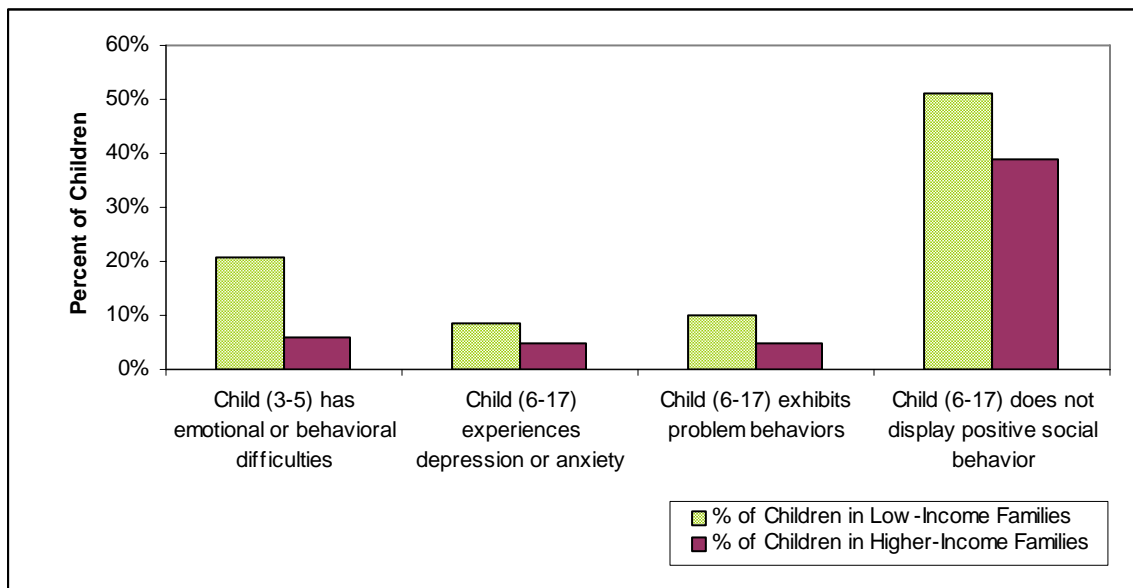
⁷ See Table 1 in Appendix, "Indicators of Well-Being Among Connecticut Children: Comparing Low-Income Children to Higher-Income Children" for a comprehensive of list of indicators and the proportion of children affected.

Fig 1. Health Status Indicators



Health Status. On all but one of the five “health status” indicators, Connecticut’s low-income children had worse outcomes than its higher-income children. Both groups were equally likely to exercise less than 3 days each week. By comparison, low-income families were almost three times more likely to report that their children were in less than good health than families of higher-incomes. Lower-income children also were at least twice as likely as higher-income children to have an activity limitation, be overweight, or have asthma. Chronic illnesses, like obesity and asthma, when not properly managed may require costly health interventions, such as asthma related hospitalizations and treatment for Type 2 diabetes. The health status of Connecticut’s low-income children also is of concern since about 29,000 Connecticut low-income children under age 19 were uninsured in 2006.⁸ These uninsured children are less able to obtain preventive and appropriate health care, further endangering their health.

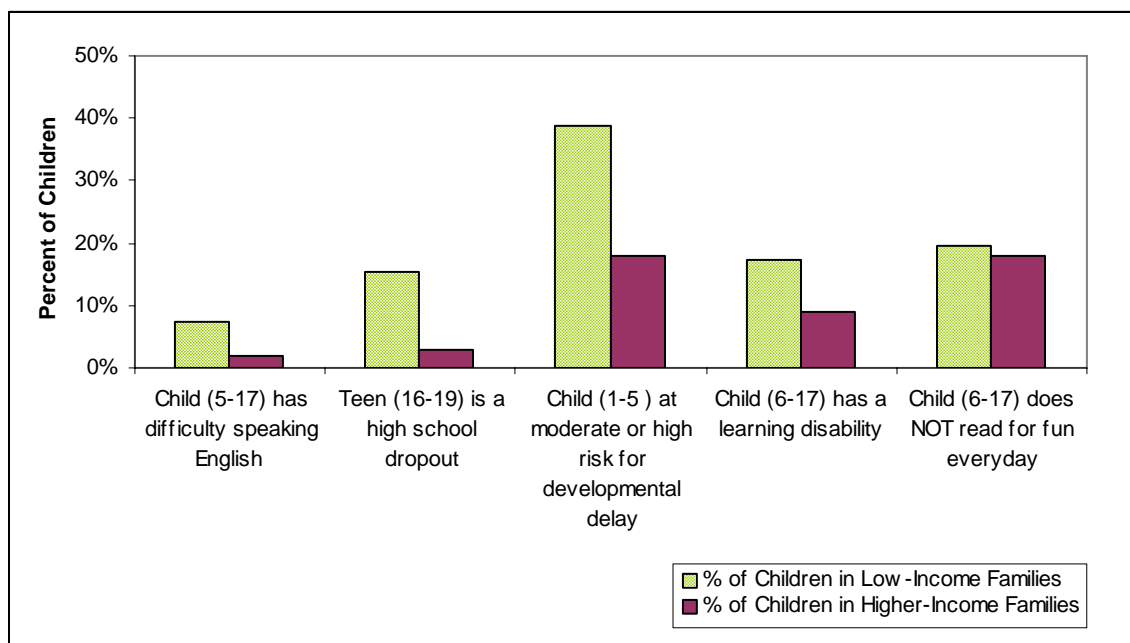
Fig 2. Social and Emotional Well-Being Indicators



⁸ United States Census Bureau. “Number and percent of children under 19 at or below 200% of poverty by health insurance coverage and state: Three-year averages for 2004, 2005, 2006,” www.census.gov/hhes/www/hlthins/liuc06.html.

Social and Emotional Well-Being. On all four indicators of social and emotional well-being, Connecticut’s low-income children fared worse than its higher-income children. More than one in five low-income Connecticut children (21%) were identified as having emotional or behavioral difficulties, 3.5 times the percentage of higher-income children (6%). Connecticut’s low-income children also were about twice as likely to experience depression or anxiety and to exhibit problem behaviors. Mental health problems pose a risk to a child’s healthy development and school success and, if untreated, can result in expensive psychiatric hospitalization. Historically, Connecticut’s behavioral health spending has been heavily weighted toward institutional care, with little investment in developing the community-based preventive and treatment services that would allow children with mental health needs to remain in their homes and communities.⁹ A recent legislative emphasis on expanding and financing a range of community-based mental health services may contribute to improvement in child well-being for *all* children in this domain.

Fig 3. Cognitive Development and Educational Attainment Indicators



Cognitive Development and Educational Attainment. On all but one of the five “cognitive development and educational attainment” indicators, Connecticut’s low-income children fared worse than their higher-income peers. Both groups were equally likely to read for fun everyday. By comparison, Connecticut’s low-income children were 3.5 times more likely to have difficulty speaking English and three times more likely to be high school dropouts. Low-income very young children were 2.2 times more likely to be at moderate or high risk for developmental delay, and low-income school-age children were 2.1 times more likely to have a learning disability. Without receiving the proper intervention for these issues, these children stand to fall increasingly behind in school and future academic achievement.

Early intervention services and school readiness programs are essential to lifetime academic achievement, particularly for low-income children who are at educational risk.¹⁰ Yet access to these services is far from universal in Connecticut. Connecticut limits its early intervention services to children, aged birth through 3, who have *significant* developmental delay or are at-risk for developmental delay due to medical conditions. Connecticut could choose to model its early intervention program after New York and Massachusetts and include *all* children birth to three with mild developmental delays and environmental

⁹ CT Voices for Children, “Building a Community Based Mental Health System” (February 2006), available at: www.ctkidslink.org/publications/h06communitysystem.pdf. S. Geballe, “The State of Children’s Mental Health in Connecticut (June 2000), available at www.ctkidslink.org/publications/h00ChldMH06.pdf.

¹⁰ J. Palfrey, P. Hauser-Cram, M. Bronson et al. “Brookline Early Education Project: A 25-Year Follow Up Study of Family-Centered Early Health and Developmental Intervention,” *Pediatrics* vol. 166, no. 1 (July 1, 2005): pgs 144-152.

risk of delay. School readiness programs and other high-quality early childhood education opportunities also are not available to all Connecticut’s low-income children. There are presently 18,000 low-income children across the state who have been identified as being in need of a preschool space but for whom no school readiness space is available. About one-half (8,700) of these children live in Connecticut’s poorest communities.¹¹

Fig 4. Family Activities Indicators

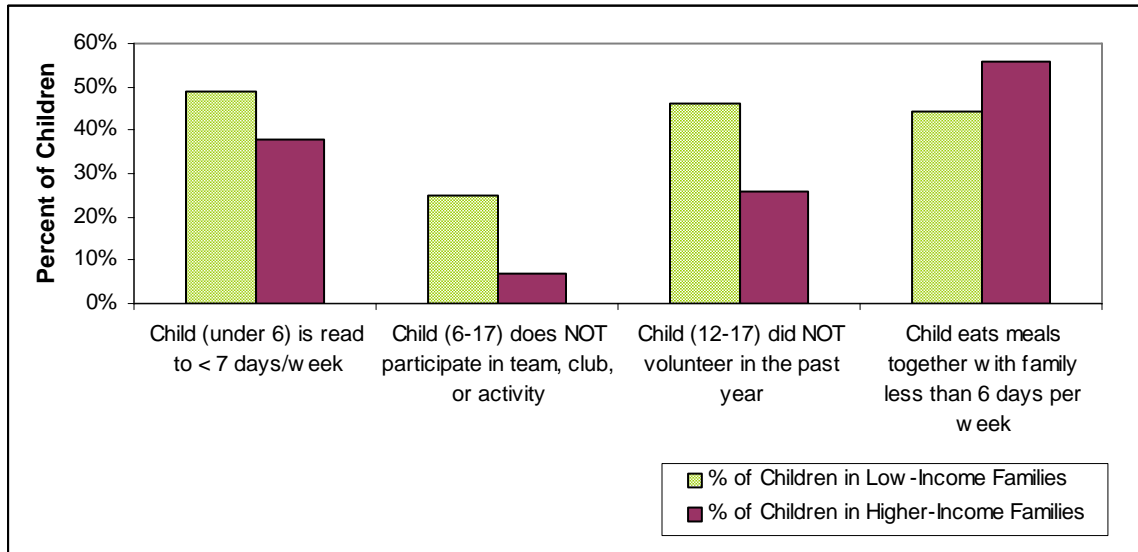
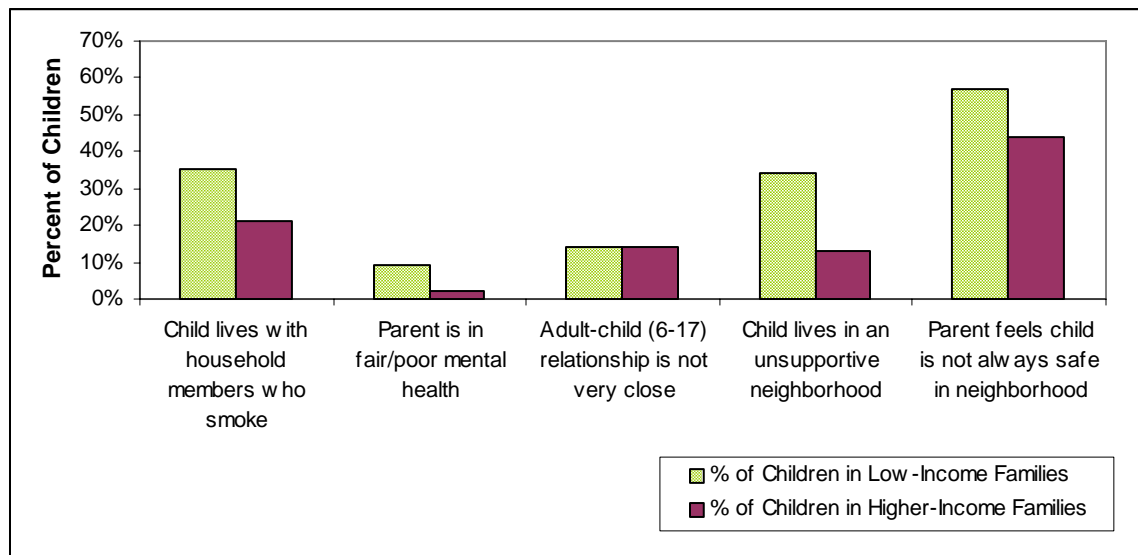


Fig 5. Family and Neighborhood Indicators



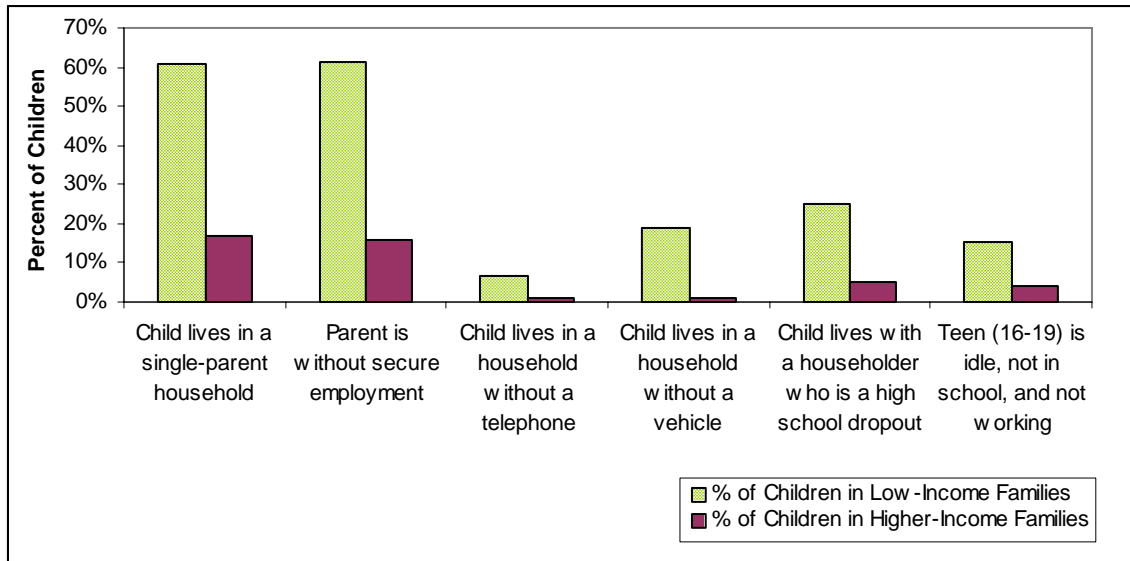
Family and Neighborhood Context. Studies have found that supportive neighborhoods and the availability of community resources contribute to positive child development, even when controlling for income.¹² It is therefore of great concern that a third (34%) of Connecticut’s low-income parents feel that their children live in an unsupportive neighborhood, 2.6 times more than higher-income families (13%). Further, 4.5

¹¹ CT Voices for Children. “Access to Preschool: Achieving Our Goal of School Readiness” (January 2007) available at: www.ctkidslink.org.

¹² J. Garbarino and K. Kostelny (1993) studied infant mortality rates across various low-socioeconomic cities across Chicago. They found that neighborhoods of similar socioeconomic status and demographics differed in child outcomes. Their analysis found that specific resources within impoverished communities serve as protective factors against risk of infant mortality. For more information see, chapter 8 “Neighborhood and Community Influences on Parenting” within *Parenting: An Ecological Perspective* edited by T. Luster and L. Okagaki.

times more low-income children have a parent with fair or poor mental health than higher-income children (9% compared to 2%), making a supportive neighborhood all the more important for low-income children. Notably, an *equal* proportion of low- and higher-income Connecticut school-age children lack a close adult-child relationship (14%).

Fig 6. Social/Economic Indicators



Social/Economic Characteristics. The disparities between Connecticut’s low- and higher-income children are predictably greatest in the domain of social/economic characteristics. Connecticut’s low-income children are 5 times more likely to live with a householder who is a high school dropout and 3.6 times more likely to live in a single-parent household. Their households are 7 times more likely to lack a phone and 19 times more likely to lack a car. Further, the likelihood that the economic circumstances of low-income children will improve is uncertain as Connecticut children living in low-income families are 3.8 times more likely to live with parents who do not have secure employment (61% for low-income children, compared to 16% for higher-income children). Further, even steady work may not be enough to advance, since Connecticut’s lowest wage earners suffered reductions in their real (inflation-adjusted) wages from 2001 to 2006. When compared to all other states, Connecticut was among three states that had the greatest decline in wages for low-wage earners during this time period.¹³

Summary. This analysis has highlighted the disparity in well-being between Connecticut children living in different economic circumstances. It shows that aggregate numbers relating to child well-being hide the substantially worse outcomes being experienced by Connecticut’s low-income children. This, in turn, means that state investment in these children and families is imperative. Other reports have suggested that Connecticut, however, is failing to help many of its families struggling to make ends meet in deteriorating fiscal situations.¹⁴ While Connecticut may rank among the top states on several statewide measures, the disparity of experience between income subgroups threatens Connecticut’s economic strength and quality of life. It is in the best interests of *everyone* in the state for Connecticut to better support *all* of its children’s potential to succeed in life.

CT Voices for Children is deeply grateful to Sharon Vandivere and Pilar Marin of Child Trends for sharing the data in the report as well as conducting special analyses for this Connecticut-specific report on the higher-income children.

¹³ J. Hero, D. Hall, and S. Geballe. *The State of Working Connecticut, 2007*. Connecticut Voices for Children (2007), available at www.ckidslink.org.

¹⁴ Connecticut’s ranking in the latest Family Assets Scorecard has dropped from an A to a C, reflecting wide demographic disparities, high levels of debt, declining homeownership, and growing numbers of households with no employer-provided health insurance despite the state’s apparent overall prosperity. For more information see J. Hero, *Connecticut Family Asset Scorecard, 2007*. Connecticut Voices for Children (2007), available at www.ckidslink.org/pub_detail_381.html.

Appendix

**Table 1. Indicators of Well-Being Among Connecticut Children:
Comparing Children in Low-Income Families to Children in Higher-Income Families**

	Percent of Children, by Family Income		Ratio of Percent of Low to Higher-income Children
	Less than 200% FPL	Greater than 200% FPL	
<u>Health Status</u>			
Child is in less than very good health	22%	8%	2.8
Child has an activity limitation	8%	4%	2.0
Child (10-17) is overweight	22%	10%	2.2
Child (6-17) exercises < 3 days/week	29%	29%	1.0
Child has asthma	13%	6%	2.2
<u>Social and Emotional Well-being</u>			
Child (3-5) has emotional or behavioral difficulties	21%	6%	3.5
Child (6-17) experiences depression or anxiety	9%	5%	1.8
Child (6-17) exhibits problem behaviors	10%	5%	2.0
Child (6-17) does not display positive social behavior	51%	39%	1.3
<u>Cognitive Development and Educational Attainment</u>			
Child (5-17) has difficulty speaking English (ACS 2002-2004)	7%	2%	3.5
Teen (16-19) is a high school dropout (ACS 2002-2004)	15%	3%	3.0
Child (1-5) at moderate or high risk for developmental delay	39%	18%	2.2
Child (6-17) has a learning disability	17%	9%	2.1
Child (6-17) does NOT read for fun everyday	20%	18%	1.1
<u>Family Activities</u>			
Child (under 6) is read to < 7 days/week	49%	38%	1.3
Child (6-17) does NOT participate in team, club, or activity	25%	7%	3.6
Child (12-17) did NOT volunteer in the past year	46%	26%	1.8
Child eats meals together with family less than 6 days/week	44%	56%	0.8
Child attends religious services less than weekly	53%	51%	1.0
<u>Family and Neighborhood Context</u>			
Child lives with household members who smoke	35%	21%	1.7
Parent in fair/poor mental health	9%	2%	4.5
Adult-child (6-17) relationship is not very close	14%	14%	1.0
Child lives in an unsupportive neighborhood	34%	13%	2.6
Parent feels child is not always safe in neighborhood	57%	44%	1.3
<u>Social/Economic Characteristics (ACS 2002-2004)</u>			
Child lives in a single-parent household	61%	17%	3.6
Parent without secure employment	61%	16%	3.8
Child lives in a household without a telephone	7%	1%	7.0
Child lives in a household without a vehicle	19%	1%	19.0
Child lives with a householder who is a high school dropout	25%	5%	5.0
Teen (16-19) who is idle, not in school, and not working	16%	4%	4.0

Source: Kids Count analysis (2007) of National Survey of Children's Health (NSCH) 2003 and American Community Survey (ACS) 2002-04 and special analyses conducted by S. Vandivere and P. Marin of Child Trends for CT Voices for Children. All indicators taken from National Survey of Children's Health unless otherwise noted. For a complete description of each variable see, *Variable Definitions* on the Annie E. Casey website at: http://www.aecf.org/MajorInitiatives/KIDSCOUNT/~/_media/PDFFiles/FactSheets/ct%20pdf.ashx.