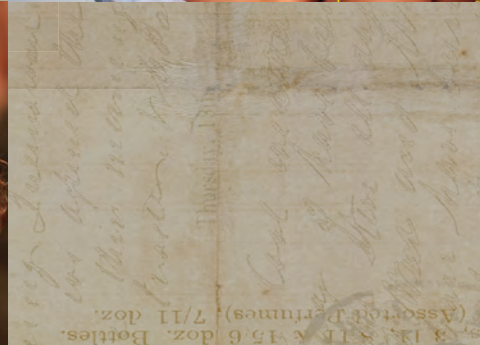
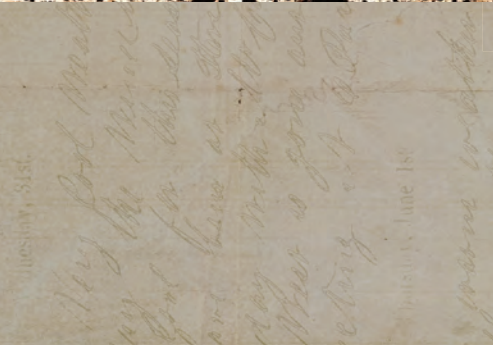


# The Status of *Women & Girls* in New Haven, Connecticut



New Haven, Connecticut



INSTITUTE FOR  
WOMEN'S POLICY RESEARCH

1200 18th St. NW, Suite 301  
Washington, DC 20036  
Phone: (202) 785-5100  
Fax: (202) 833-4362

## About This Report

This report is the result of conversations over nearly two years among women leaders in New Haven about the growing need for data on women and girls in New Haven. The report has four goals: 1) to provide baseline information on women and girls in New Haven; 2) to inform policy and program priorities for women and girls in New Haven; 3) to provide easily accessible data on women and girls in New Haven; and 4) to create a platform for advocacy and dialogue on issues affecting women and girls in New Haven. The report was written by the Institute for Women's Policy Research (IWPR) in partnership with the Consortium for Women and Girls in New Haven under a contract with the City of New Haven.

In producing this report, IWPR collaborated with many individuals and organizations in New Haven. Dr. Chisara Asomugha and Dr. Carolyn Mazure served as co-chairs of the Consortium for Women and Girls and coordinated the work of the Consortium, which is comprised of individuals who work in diverse fields, including law enforcement, women's health, education, philanthropy, immigration services, business development, and employment services. As co-chairs, Drs. Asomugha and Mazure managed all the Consortium activities, including organizing meetings, facilitating the review of the report by the Consortium members and the Critical Review Panel (see list of panel members below), editing the report, and coordinating the writing of program descriptions to include in the text. The Consortium co-chairs and members also helped select the indicators for the report to ensure that the data analysis would be useful, publicly presented the report findings, and organized the publicity surrounding the report. Many additional organizations and agencies in New Haven collaborated with IWPR and the Consortium in this project by providing data for the report on topics such as domestic violence, women's health, housing, and political participation.

## The Status of Women and Girls in New Haven, Connecticut

Cynthia Hess, Ph.D.  
Rhiana Gunn-Wright  
Claudia Williams

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THE NEW HAVEN  
MOMS PARTNERSHIP



## About The Consortium for Women and Girls in New Haven

Created and convened by Dr. Chisara N. Asomugha, Community Services Administrator for New Haven and co-chaired by Dr. Carolyn Mazure, Director for *Women's Health Research* at Yale, the Consortium for Women and Girls in New Haven represents various sectors and communities in New Haven. Members of the Consortium were tasked with obtaining local data and providing the framework for a quantitative report on the status of women and girls in New Haven. Members recognized that the data could provide a common platform for New Haven to address issues that affect women and girls.

## About the Institute for Women's Policy Research

The Institute for Women's Policy Research (IWPR) conducts rigorous research and disseminates its findings to address the needs of women, promote public dialogue, and strengthen families, communities, and societies. The Institute works with policymakers, scholars, and public interest groups to design, execute, and disseminate research that illuminates economic and social policy issues affecting women and their families, and to build a network of individuals and organizations that conduct and use women-oriented policy research. IWPR's work is supported by foundation grants, government grants and contracts, donations from individuals, and contributions from organizations and corporations. IWPR is a 501(c)(3) tax-exempt organization that also works in affiliation with the women's studies and public policy programs at The George Washington University.

Since 1996, IWPR has produced an ongoing series of reports on the status of women and girls in states and localities throughout the United States. Status of women reports have been written for all 50 states and the District of Columbia and have been used throughout the country to highlight women's progress and the obstacles they continue to face and to encourage policy and programmatic changes that can improve women's opportunities. Created in partnership with local advisory committees, the reports have helped state and local partners achieve multiple goals, including educating the public on issues related to women's and girl's well-being, informing policies and programs, making the case for establishing commissions for women, helping donors and foundations establish investment priorities, and inspiring community efforts to strengthen economic circumstances by improving women's status.

The Status of  
*Women & Girls*  
in New Haven, Connecticut

Cynthia Hess, Ph.D.  
Rhiana Gunn-Wright  
Claudia Williams





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The authors of this report thank the Consortium Members, especially Co-Chairs Chisara Asomugha and Carolyn Mazure, for their intensive work on the project. Dr. Asomugha provided invaluable support in acquiring local data and coordinating committee input in her role as the project's primary point of contact. The authors would also like to acknowledge Institute for Women's Policy Research (IWPR) staff who contributed to the production of this report. The authors thank Barbara Gault, IWPR's Vice President and Executive Director, for her advice and guidance throughout the various project phases. Heidi Hartmann, IWPR's President, and Ariane Hegewisch, Study Director, gave helpful feedback on the report. Caroline Dobuzinskis, Communications Manager, and Mallory Mpare, Communications Assistant, provided valuable editorial assistance. Research assistance was provided by Research Fellow Justine Augeri, Research and Program Assistant Youngmin Yi, and Research Interns Jessica Emami, Clara Hanson, Vanessa Harbin, Zoe Li, Sarah Murphy, Maureen Sarna, and Anlan Zhang. In addition, the Institute thanks the organizations and agencies who provided data for the report, including the Birmingham Group Health Services, the City of New Haven, the Community Alliance for Research and Engagement at Yale, the Connecticut State Police, the New Haven Health Department, New Haven Healthy Start, the New Haven Police Department, New Haven Promise, and the New Haven Public Schools.

Finally, the Consortium and IWPR acknowledge all the women—and men—who laid the groundwork for progressive change in New Haven. It is upon this history and passion that this report is made possible.



## Foreword

What began as an idea nearly two years ago has materialized into a comprehensive portrait of women and girls in New Haven. A thoughtful, diverse, and powerful group of women with extensive ties to the New Haven community came together in a meeting room and asked, “What is the status of women and girls in New Haven?” And our answer became the impetus for this unprecedented effort to paint a clear and compelling picture of New Haven’s women and girls.

Understanding the disparities that women and girls face in health, education, economic security, and earning potential as well as in safety and political leadership, this group set out to obtain and compile the data that would highlight the challenges faced by women and girls in our community. The resulting document is meant for policymakers, advocates, and communities to review and use as a tool for advancing the lives of women and girls and thus improve the well-being of the entire community.

This report has four main goals:

- **To Provide Baseline Information on Women and Girls in New Haven**  
This report provides a foundation from which we can measure progress and assess the impact of policies and programs in New Haven that affect women and girls.
- **To Inform Policy and Program Priorities for Women and Girls in New Haven**  
This report provides community organizations and leaders, policymakers, advocates, and residents with information on women and girls that can inform their initiatives.
- **To Provide Easily Accessible Data on Women and Girls in New Haven**  
While New Haven has numerous organizations that collect various types of data on women and girls, until now the data have not been compiled in one place that is easily accessible to community stakeholders.
- **To Create a Platform for Advocacy and Dialogue on Issues Affecting Women and Girls in New Haven**  
New Haven has historically been a proving ground for progressive change and remains at the forefront of innovative social policy. Following this tradition, this status report on New Haven’s women and girls provides an important opportunity for New Haven to give voice to women and girls at a critical time in our history and prioritize their needs to create a stronger community.

We are excited about this report and its potential to leverage resources that will improve the status of women and girls in New Haven. And while all the data it presents cannot capture every facet of women’s lives, we hope that the report and the dialogue and action it fosters will ensure that New Haven’s residents can benefit from a quality education, enjoy healthy lives and families, achieve economic security, and actively engage in the community.

**Chisara N. Asomugha,**  
M.D., MSPH, FAAP

**Carolyn M. Mazure, Ph.D.**  
*Co-Chairs, Consortium for  
New Haven Women and Girls*





## Consortium Members

**Ms. Nancy Alexander**

Consultant and Past Chair  
Community Fund for Women  
and Girls

**Dr. Chisara N. Asomugha\***

Community Services Administrator  
City of New Haven

**Sister Mary Ellen Burns**

Director  
Apostle Immigrant Services

**Ms. Sharon Cappetta**

Director of Development  
Community Foundation for Greater  
New Haven

**Ms. Maria Damiani**

Director of Women's Health  
New Haven Health Department

**Ms. Suzannah Holsenbeck**

Yale Co-Op Partnership Coordinator  
Director of Co-Op After School  
Cooperative Arts & Humanities High  
School

**Ms. Mubarakah Ibrahim**

Chief Executive Officer  
Balance Fitness

**Ms. Latrina Kelly**

Development Director  
Junta for Progressive Action

**Ms. Jillian Y. Knox**

Police Officer  
New Haven Police Department

**Dr. Carolyn Mazure\***

Director, Women's Health  
Research at Yale  
Professor of Psychiatry  
Yale University School of Medicine

**Ms. Ebony McCleese**

Graduate Assistant, Women's  
Studies Program  
Graduate Intern, Women's Center  
Southern Connecticut State University

**Dr. Megan V. Smith**

Assistant Professor of Psychiatry &  
in the Child Study Center  
Yale BIRCWH Scholar (NIH  
OWRH/NIDA/NIAAA  
Building Interdisciplinary Research  
Careers in Women's Health Program)  
Yale University School of Medicine

**Ms. Lynn Smith**

Senior Vice President of Community  
and Business Development  
Start Community Bank

**Ms. Sandra Trevino**

Executive Director  
Junta for Progressive Action

**Ms. Tomi Veale**

Coordinator, Youth@Work  
Youth Department  
City of New Haven

**Ms. Patricia Wallace**

Director, Elderly Services Department  
City of New Haven

**Ms. Shirley Ellis-West**

Supervisor of Street Outreach  
New Haven Family Alliance

\*Consortium Co-Chairs



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## Executive Summary

**W**omen and girls in New Haven, Connecticut, have experienced remarkable social, economic, and political progress in recent decades, but the need for further improvements remains. Many of New Haven's women and girls are vulnerable to challenges such as poverty, long-term economic insecurity, domestic violence, and specific adverse health conditions. In addition, women and girls experience stubborn racial and ethnic disparities in opportunities and outcomes. Addressing these challenges and disparities is essential to the health and vibrancy of the city; when women and girls thrive, whole communities thrive.

This report provides information, using the most recent available data, to help pinpoint areas where progress is needed to speed women's and girl's advancement. Drawing on multiple data sources, it analyzes issues that profoundly affect the lives of women and girls: employment and earnings, economic security, education, health and well-being, crime and safety, and political participation and leadership. The data are intended to serve as a resource for advocates, researchers, community leaders, and members of the public who seek to analyze and discuss community investments and program initiatives that will lead to sustained positive change.

Key findings include the following:

- Women and girls in New Haven constitute a diverse group. Among the more than 68,000 women and girls who live in the city, blacks make up the largest share (37 percent), followed by whites (32 percent) and Hispanics (23 percent). This is quite different from the composition of the female population in Connecticut as a whole, which is largely (72 percent) white.

- Women in New Haven are less likely than men to be married. Only about one in four women (26 percent) in the city aged 18 and older is married, compared with more than three in ten men (32 percent). Both women and men in New Haven are much less likely than women and men in Connecticut to be married. In the state, half of women (50 percent) and more than half of men (56 percent) aged 18 and older are married.
- Twenty-three percent of all households in New Haven are headed by single women (with and without dependent children), compared with just 13 percent in the state as a whole. Only one in four households in New Haven is headed by a married couple, a significantly smaller proportion than in Connecticut as a whole (50 percent).
- Despite their increased participation in the workforce, women's wages continue to lag behind men's. On average, women in New Haven earn significantly less than men in the city: women's median annual earnings are \$37,530, compared with \$42,433 for men. Women's median annual earnings in New Haven are also much less than women's (\$45,379) and men's (\$60,344) median annual earnings in Connecticut, but slightly more than women's median annual earnings in the United States overall (\$36,142).
- More than one-quarter of New Haven's residents live below the federal poverty line and more than half of those living in poverty are female. Among the city's female population, Hispanics and blacks are significantly more likely to be poor (43 percent and 30 percent, respectively) than whites (17 percent) and Asians (19 percent).
- Girls in New Haven's public schools outperform boys in many respects. On the 2011 Connecticut Mastery Test, girls in New Haven in grades three through eight scored higher than boys on nearly every section of the test, including in mathematics (in all grades except third and sixth) and in fifth and eighth grade science, the only years for which data are available by sex in this subject. In high school, the city's girls also have lower dropout rates than boys and receive, on average, higher writing scores on the SAT.
- Education is critical to women's economic security. Nearly half (47 percent) of women in New Haven with less than a high school diploma live in poverty, compared with 12 percent of those with a bachelor's degree or higher. Among men, the proportion of those without a high school diploma who live in poverty is significantly lower (29 percent). Only 10 percent of men in New Haven with a college or advanced degree live in poverty.
- In New Haven, as in the United States as a whole, women earn less than men with similar levels of education, leading to a persistent gender wage gap.

- Women in New Haven are more likely to have health insurance than men. White women have the highest rate of coverage among women and men in the city at 95 percent. Hispanic men have the lowest coverage rate (58 percent), followed by Hispanic women (79 percent). Although women overall have higher rates of coverage than men, significant disparities exist between women of different races and ethnicities. Twenty-one percent of Hispanic women in New Haven are uninsured, compared with five percent of white women and ten percent of black women.
- The availability of reliable, gender-specific health data for New Haven City varies greatly by health condition. Particularly pressing gaps in data include information about cardiovascular disease, various forms of cancer, mental health conditions, and addictive behaviors, including smoking.
- As in many urban areas, births to teenage mothers are an issue of concern in New Haven. Although teen birth rates in New Haven have dropped considerably in the past decade, from 60.6 per 1,000 girls in 2000 to 46.0 per 1,000 in 2008, teen birth rates (to girls aged 15–19) in New Haven are double the rates for Connecticut, with black and Hispanic girls comprising about 94 percent of all births to teenage mothers in the city in 2008.
- Changes to public policies and program initiatives provide opportunities to create a better future for women and girls in New Haven. Recommended changes include encouraging employers to take steps to remedy gender wage inequities, supporting women-led, women-initiated businesses and female-specific programs in New Haven, implementing strong career and education counseling for girls beginning in elementary school, and creating a comprehensive health curriculum in the New Haven School District that addresses physical and mental health, including the prevention of dating violence and the advancement of reproductive health.
- Better mechanisms for data collection and sharing across agencies are needed to track progress for New Haven's women and girls on key indicators.

The economic, social, and political disparities that women and girls continue to experience, as well as their significant progress, reveal the need to explore opportunities to further advance the status of women and girls in New Haven and the United States as a whole. Especially now, as the nation strives to move beyond an economic recession in which women suffered substantial losses and have experienced an especially slow recovery, it is imperative that women's interests and concerns fully inform policymaking, service provision, advocacy, and program initiatives. This report aims to provide information that can be used to help ensure that this goal becomes a reality.







## I. Introduction

**T**he status of women and girls is a key component of the overall health and well-being of New Haven, Connecticut. Investing in initiatives that address the needs of New Haven's women and girls can improve not only their circumstances, but also the economic standing, health, and well-being of the entire community. When women and girls thrive, whole communities thrive.

Local initiatives that focus on women and girls must address the complex realities of their lives. On the one hand, women and girls in New Haven have made significant social, economic, and political progress in recent decades. Women who live in New Haven today are active in the workforce, head local organizations, run their own businesses, volunteer in their communities, participate in social justice movements, and get involved in local politics. Their leadership and activism has a long tradition in the city: in the early 1950s, more than 370 formally organized women's clubs existed in New Haven (Minnis 1953). By the 1970s, a strong women's movement had developed in the city, involving a large number of women who believed in the power of collective action to create change (Kesselman 2001). Women have played—and continue to play—a vital role in making New Haven a more vibrant community for all.

On the other hand, women in New Haven, as in Connecticut and the nation as a whole, continue to experience specific challenges that reveal the slow nature of change. Women at all educational levels earn less than men and are more likely to live in poverty. Women are also disproportionately vulnerable to certain types of violence and are often underrepresented in public office. In addition, women and girls in New Haven experience persistent racial and ethnic disparities in

opportunities and outcomes. These challenges and disparities are often under-recognized but must be addressed for the city as a whole to thrive.

Those working to understand and improve women's and girls' circumstances need reliable data on the status of New Haven's female residents. This report seeks to address this need by analyzing how women and girls in New Haven fare on indicators in six topical areas that profoundly shape their lives: employment and earnings, economic security, education, health and well-being, crime and safety, and political participation and leadership. The analysis of these indicators provides information that can be used to assess women's and girls' progress in achieving rights and opportunities, to identify persisting barriers to gender and racial equality, and to propose promising solutions for overcoming these barriers.

In focusing on these indicators, the report offers a glimpse into women's and girls' lives, highlighting their successes and contributions to local communities and the economy as well as the complex challenges they face. A sketch of some basic demographic information begins to paint a portrait of women and girls in New Haven and their many contributions and challenges.

### *A Portrait of Women and Girls in New Haven*

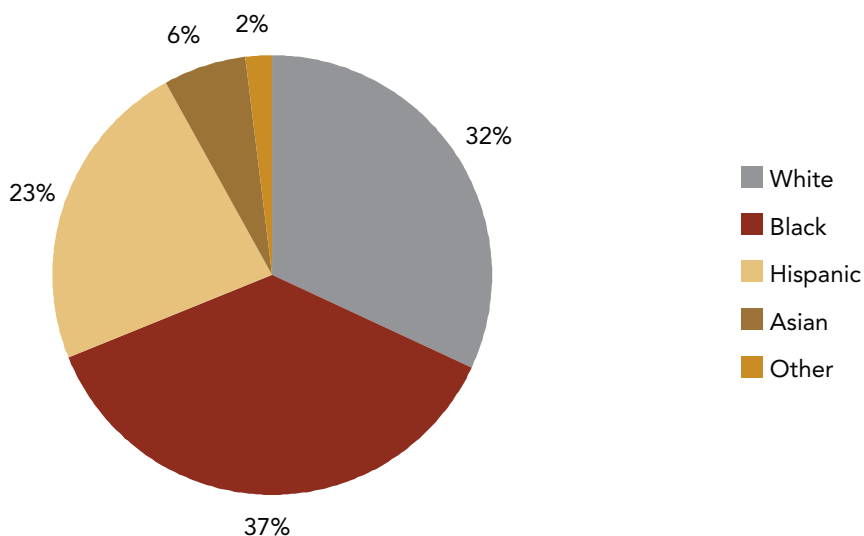
The female population in New Haven is, in many ways, quite diverse<sup>1</sup>. Among the more than 68,000 women and girls who live in the city, comprising 53 percent of its total population, blacks make up the largest share (37 percent), followed by whites (32 percent) and Hispanics (23 percent; Figure 1.1). This is similar to the composition of the male population in New Haven but significantly different from the composition of the female population in Connecticut (U.S. Department of Commerce 2008–2010a). In the state as a whole, more than seven in ten (72 percent) women and girls are white (Figure 1.2).

More than 68,000 women and girls live in New Haven, comprising 53 percent of the city's total population.

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<sup>1</sup> The American Community Survey (ACS) population count includes both households and group quarter (GQ) facilities, which include places such as college residence halls, residential treatment centers, skilled nursing facilities, group homes, military barracks, correctional facilities, workers' dormitories, and facilities for people experiencing homelessness. Certain group quarter facilities are excluded from ACS sampling and data collection, including domestic violence shelters, soup kitchens, regularly scheduled mobile vans, targeted non-sheltered outdoor locations, commercial maritime vessels, natural disaster shelters, and dangerous encampments.

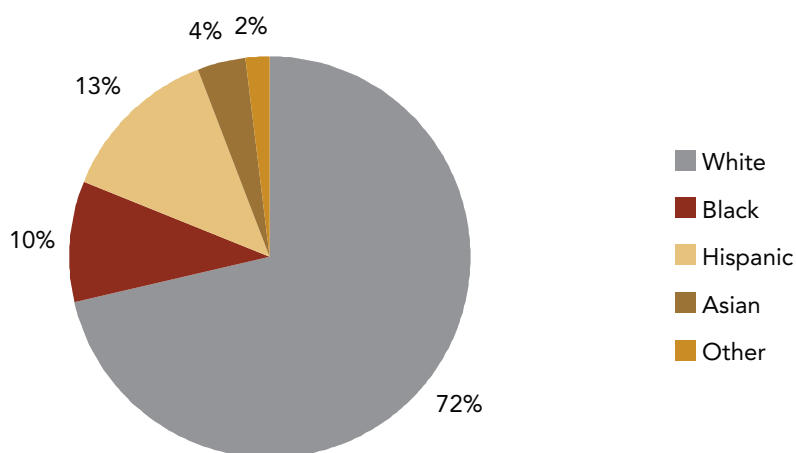
**Figure 1.1**  
Percent of Female Residents by Race/Ethnicity, New Haven, 2008–2010



Note: Whites are identified as exclusive: white, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race. "Other" includes those who chose more than one race category as well as those who chose a race other than white, black, Hispanic, or Asian.

Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

**Figure 1.2.**  
Percent of Female Residents by Race/Ethnicity, Connecticut, 2008–2010



Note: Percentages do not add to 100 due to rounding.

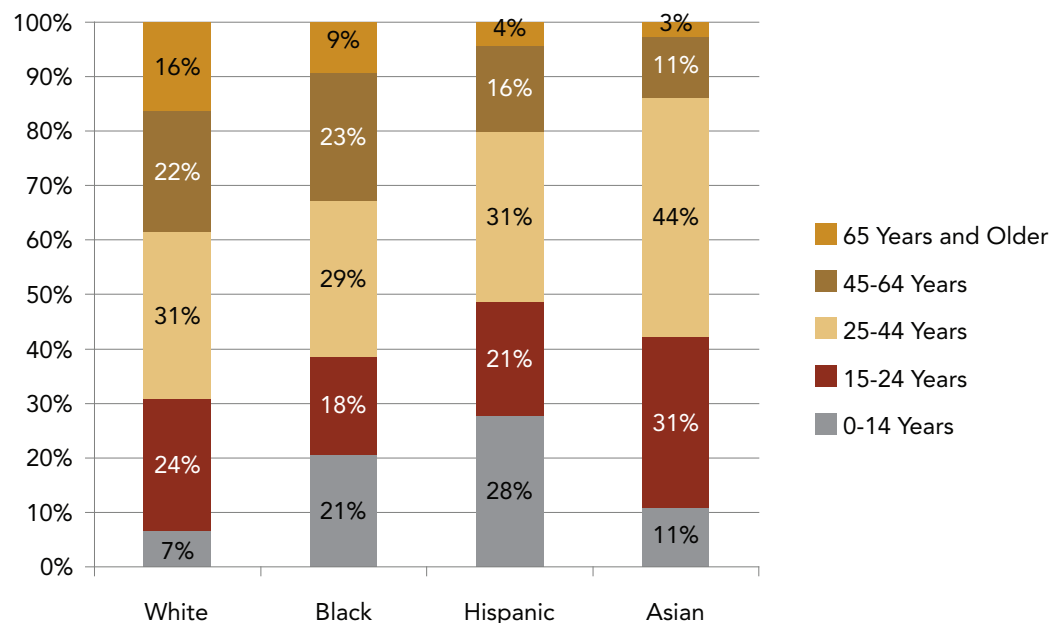
Whites are identified as exclusive: white, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race. "Other" includes those who chose more than one race category as well as those who chose a race other than white, black, Hispanic, or Asian.

Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

The population of women and girls in New Haven is also diverse in age. Of the age groups shown in Figure 1.3, the largest share is aged 25–44 (31 percent), followed by those aged 15–24 (22 percent; Appendix II, Table 1). In New Haven, the age distribution of women and girls varies considerably by race and ethnicity, although for every race and ethnic group the age range 25–44 is the largest. Among whites, a much larger proportion of women are 65 years and older (16 percent) than among blacks (nine percent), Hispanics (four percent), and Asians (three percent). Hispanics are the youngest group (Figure 1.3).

**Figure 1.3.**

**Age Distribution of Women and Girls by Race/Ethnicity, New Haven, 2008–2010**



Note: Whites are identified as exclusive: white, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

On average, the female population in New Haven is younger than the female population in Connecticut as a whole (Appendix II, Table 1). The relatively young character of the female population in New Haven compared with women across the state may stem partly from the city's sizable student population due to the presence of colleges and universities, as well as from higher birth rates among New Haven's residents. In 2009, the birth rate in New Haven (per 1,000) was 16.7, compared with 11.0 for the state as a whole (Connecticut Department of Public Health 2009a).

Women in New Haven are slightly older than men, on average, and less likely to be married. Only about one in four women in the city (26 percent) aged 18 and older is married, compared with more than three in ten men (32 percent)—a



difference that may stem partly from the fact that women in New Haven outnumber men. Both women and men in New Haven are much less likely than women and men in Connecticut to be married. In the state, half of women (50 percent) and more than half of men aged 18 and older (56 percent) are married (U.S. Department of Commerce 2008–2010b).

Half of all households in Connecticut are headed by a married couple, compared with just one quarter of households in New Haven. New Haven has a significantly higher proportion of households headed by single women either with or without children (23 percent) than Connecticut as a whole (13 percent; Appendix II, Table 2).

### *Immigrant Women and Girls in New Haven: Increasing the City's Richness and Diversity*

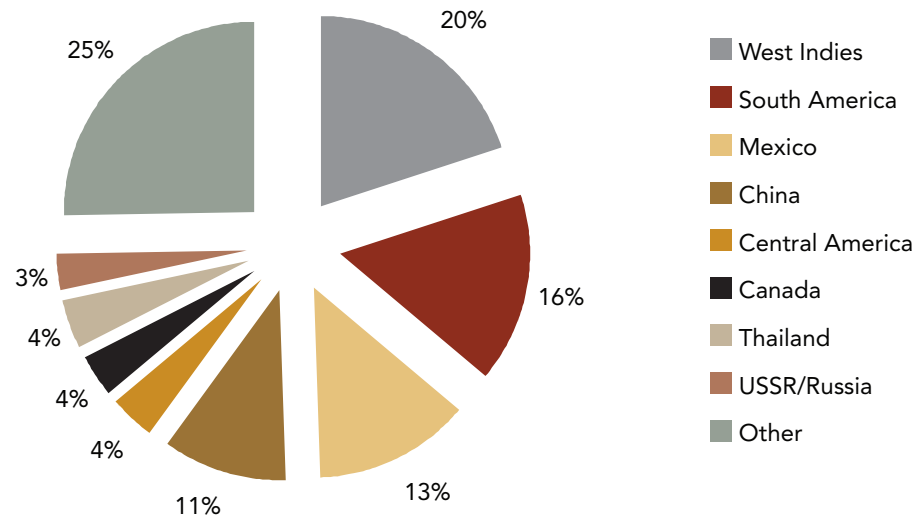
Over the last several decades, the rich diversity in New Haven has been enhanced by growth in the city's immigrant population.<sup>2</sup> Between 1990 and 2010, the share of New Haven's population that is foreign-born doubled, increasing from eight percent in 1990 to sixteen percent in 2010 (University of Virginia Library 2012 and U.S. Department of Commerce 2010). Between 2008 and 2010, slightly less than half of all immigrants in the city (47 percent) were female (U.S. Department of Commerce 2008–2010b).

Immigrant women and girls come to New Haven from all over the world. The largest groups are from the West Indies and South America (20 percent and 16 percent, respectively), followed by Mexico (13 percent), China (11 percent), and Central America, Canada, and Thailand (4 percent each; Figure 1.4). The pattern of immigration differs somewhat in the United States as a whole, where the largest group of female immigrants comes from Mexico (27 percent), followed by South America, Central America, the West Indies (7 percent each), and China and India (6 percent each; U.S. Department of Commerce 2008–2010b).

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<sup>2</sup> This report uses the term immigrant to refer to individuals born outside the United States who were not U.S. citizens at birth. As Singer, Wilson, and DeRenzis (2009) observe, this includes legal permanent residents, naturalized citizens, refugees, asylum seekers, and migrants who temporarily stay in the United States. It also includes some undocumented immigrants, although this population is likely undercounted by the U.S. Census survey data. The term native-born refers to individuals born in the United States or abroad of American parents.

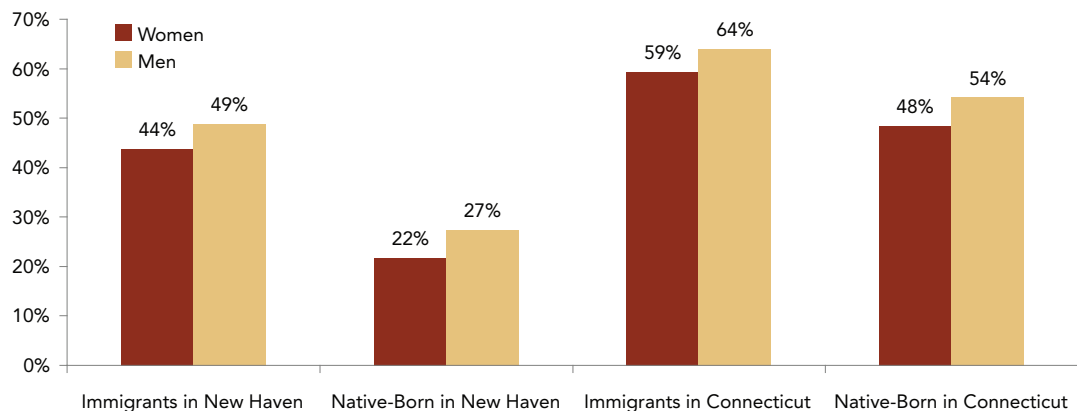
**Figure 1.4.**  
Female Immigrants by Place of Birth, New Haven, 2008–2010



Source: IWPR analysis of 2008–2010 Integrated Public Use Microdata Series (IPUMS) American Community Survey microdata (Ruggles et al. 2010).

The demographic characteristics of immigrant women and girls in New Haven differ in several ways from those of immigrant men and native-born women. A larger proportion of immigrant women is aged 55 and older than immigrant men (18 percent and 12 percent, respectively), a pattern that holds true for the city's native-born population as well, although the difference in the proportion of older women and men among the city's native-born residents is not as great (Appendix II, Table 3). Immigrant women in New Haven are also less likely (44 percent) than immigrant men (49 percent) but much more likely than native-born women (22 percent) to be married (Figure 1.5).

**Figure 1.5.**  
Marital Status by Gender and Nativity, New Haven and Connecticut, 2008–2010



Note: For women and men aged 18 and older.

Source: IWPR analysis of 2008–2010 IPUMS American Community Survey microdata (Ruggles et al. 2010).

## *Painting a Brighter Future for Women and Girls in New Haven*

As the nation moves out of a lingering economic recession, the New Haven community needs to take steps to strengthen the economic security of women and their families. National data show that although the media dubbed the Great Recession of 2007–2009 a “mancession,” women suffered substantial losses and have experienced an especially slow recovery, regaining jobs in the recession’s aftermath less quickly than men (Institute for Women’s Policy Research 2012a). Across the nation, many women have expressed concern for their ability to meet their basic needs (Hayes and Hartmann 2011) and for their future economic security (Hess, Hayes, and Hartmann 2011), making it imperative to explore the opportunities to advance women’s economic, social, and political status that exist within communities like New Haven.

This report aims to help build economic security and overall well-being by providing critical data on women and girls in New Haven, and by pointing to places where additional data are needed to understand the health and well-being of women and girls. We hope the information the report presents will assist community leaders, policymakers, advocates, and others striving to enhance the prospects of women and girls in the city and strengthen its many communities.





## II. Employment and Earnings

### *Key Findings*

- In New Haven, as in virtually all cities and states in the United States, women who work full-time, year-round have lower median annual earnings than men. The gender wage gap in New Haven, however, is smaller than in the United States as a whole. In New Haven, women earn 88 percent of men's earnings, compared with 78 percent in the nation. This smaller earnings gap stems from two factors: men's earnings are considerably lower in New Haven than in the nation as a whole, and women's are slightly higher in the city compared with women's earnings in the United States.
- Between 2008 and 2010, men in New Haven had a higher unemployment rate (14 percent) than women (11 percent). White men had a higher unemployment rate than white women (6 percent compared with 4 percent), and black men had a higher unemployment rate at 25 percent (the highest rate of any gender-race/ethnic group) than black women (13 percent). Only among Hispanics did women (20 percent) have a higher unemployment rate than men (14 percent). Among all women, Hispanic and black women had much higher unemployment rates than white women. Hispanic women's unemployment rate of 20 percent was the highest and was five times higher than the unemployment rate for white women (4 percent).

- In New Haven as elsewhere, there is a significant amount of sex segregation in occupations. Women are twice as likely as men to work in sales and office occupations, and men are about twice as likely as women to work in production, transportation, and material moving occupations. Men are also eleven times more likely than women to work in natural resources, construction, and maintenance occupations.

## *Introduction*

Women's increased participation in the labor force marks an important change in the national economy across the last six decades.<sup>3</sup> Nearly six in ten women now work outside the home, compared with 34 percent of women in 1950 and 43 percent of women in 1970 (Fullerton 1999). Women's labor force participation in New Haven reflects this national trend: 63 percent of women aged 16 and older who live in the city are employed or looking for work (U.S. Department of Commerce 2008–2010a).

The higher percentage of women in the workforce today points to the workforce opportunities available to women and to the financial challenges women often encounter as they strive to support themselves and their families. Women's earnings are important to many families' well-being and long-term economic security. Many families rely on women's earnings to stay out of poverty and provide for old-age.

Despite women's increased labor force participation, women still do not enjoy economic parity with men. In the nation as a whole, women's median earnings are significantly less than the median earnings of men, a trend that is reflected in New Haven, although to a lesser extent than nationwide. This section examines the economic status of women in New Haven by considering their labor force participation, the limitations placed on their work by disabilities, their earnings in relation to men's, and their distribution across occupations and employment sectors.

## *Women in the Labor Force*

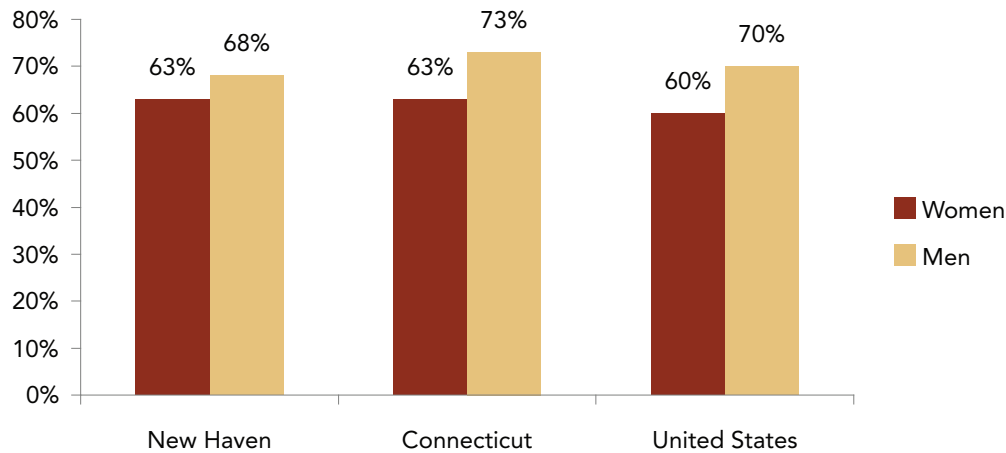
Between 2008 and 2010, more than six in ten women (63 percent) who were living in New Haven were in the labor force, compared with 68 percent of men. Women in New Haven are equally as likely as women in Connecticut, but more likely than women in the United States as a whole, to be in the workforce (63 and 60 percent, respectively), whereas men in New Haven are somewhat less likely than men in Connecticut and nationwide to participate in the labor force (Figure 2.1).

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<sup>3</sup> Women's labor force participation includes the proportion of the adult (aged 16 and older) female population who are employed or unemployed but looking for work. This includes civilian, non-institutionalized women who are employed full-time or part-time, those who work 15 hours or more per week as unpaid workers in a family business, and those who are not currently working but are actively seeking employment (U.S. Department of Labor 2012a).

**Figure 2.1.**

Percent of Women and Men in the Labor Force, 16 Years and Older, New Haven, Connecticut, and United States, 2008–2010



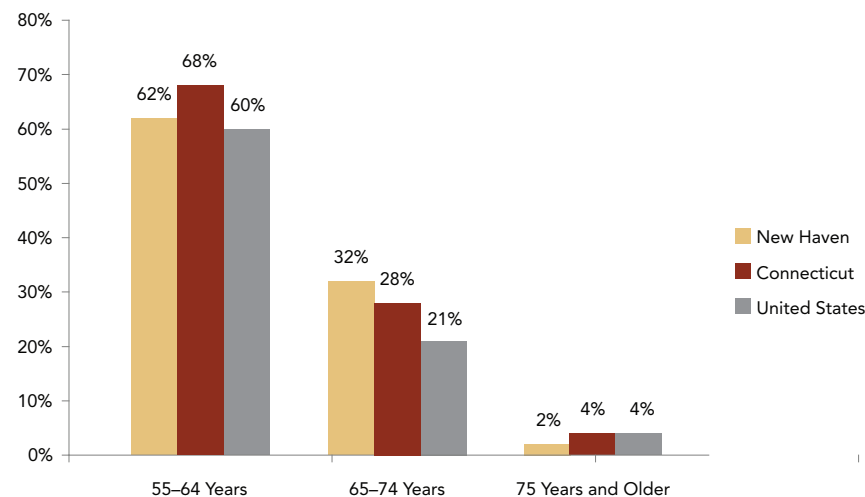
Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

The labor force participation rate for women in New Haven is strong for all the large race and ethnic groups. Two-thirds (66 percent) of black women are employed or looking for work, compared with 62 percent of white women and 61 percent of Hispanic women (U.S. Department of Commerce 2008–2010a).

Workforce participation in New Haven, as elsewhere, varies across the life cycle. For women, the highest participation occurs between the ages of 25 and 44 (79 percent; U.S. Department of Commerce 2008–2010a). As women near retirement age, they are less likely to work. Nonetheless, 62 percent of women aged 55–64 and nearly one in three women (32 percent) aged 65–74 are in the workforce in New Haven (Figure 2.2).

**Figure 2.2.**

Labor Force Participation Among Women Aged 55 and Older in New Haven, Connecticut, and United States, 2008–2010



Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).



## *Labor Force Participation and Disability*

While women's labor force participation has increased over the last six decades, women with disabilities continue to face barriers that make it difficult to maintain employment. In New Haven, a similar proportion of women (7.9 percent) and men (8.5 percent) experience a disability that limits or prevents their participation in the labor force. These percentages are similar in Connecticut, where 8.5 percent of women and 8.0 percent of men experience a disability that limits or prevents their work (Table 2.1). In the state as a whole, black women and men are more likely than their white and Hispanic counterparts to have a disability that hinders their labor force participation. Among both women and men, Hispanic men are the least likely (6.6 percent) to have such a disability. Black women are the most likely (14.3 percent; Table 2.2).

**Table 2.1.**  
Disability Limits or Prevents Work by Gender, New Haven and Connecticut, 2009–2011

	Disability Limits or Prevents Work	
	New Haven	Connecticut
<b>Women</b>	7.9%	8.5%
<b>Men</b>	8.5%	8.0%
<b>Overall</b>	8.2%	8.3%

Note: Includes women and men aged 15 and older.

Source: IWPR analysis of microdata from the 2009–2011 Current Population Survey Annual Social and Economic Supplement (King et al. 2010).

**Table 2.2.**  
Disability Limits or Prevents Work by Gender and Race/Ethnicity, Connecticut, 2009–2011

	Disability Limits or Prevents Work		
	Women	Men	Overall
<b>White</b>	7.4%	8.1%	7.8%
<b>Black</b>	14.3%	12.5%	13.5%
<b>Hispanic</b>	13.4%	6.6%	9.9%

Notes: Includes women and men aged 15 and older.

Sample size is insufficient to reliably estimate the percent of Asians whose work is limited or prevented by a disability.

Whites and blacks are identified as exclusive: white, not Hispanic; and black, not Hispanic.

Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

Source: IWPR analysis of microdata from the 2009–2011 Current Population Survey Annual Social and Economic Supplement (King et al. 2010).



## New Law Introduces Earned Sick Days Policy

Last summer, Connecticut's General Assembly passed the first statewide paid sick days law in the United States. This law represents an important victory for workers in New Haven and the rest of Connecticut. Public Law 11-52 guarantees full-time and part-time workers, in businesses with 50 or more employees, five paid sick days (or 40 hours) per year, usable after 120 days of employment. Workers can use their paid sick time for diagnoses or treatment of their own or their child's health condition or for preventive care. They can also use it to address the effects of domestic violence, sexual assault, or stalking (Miller and Williams 2010).

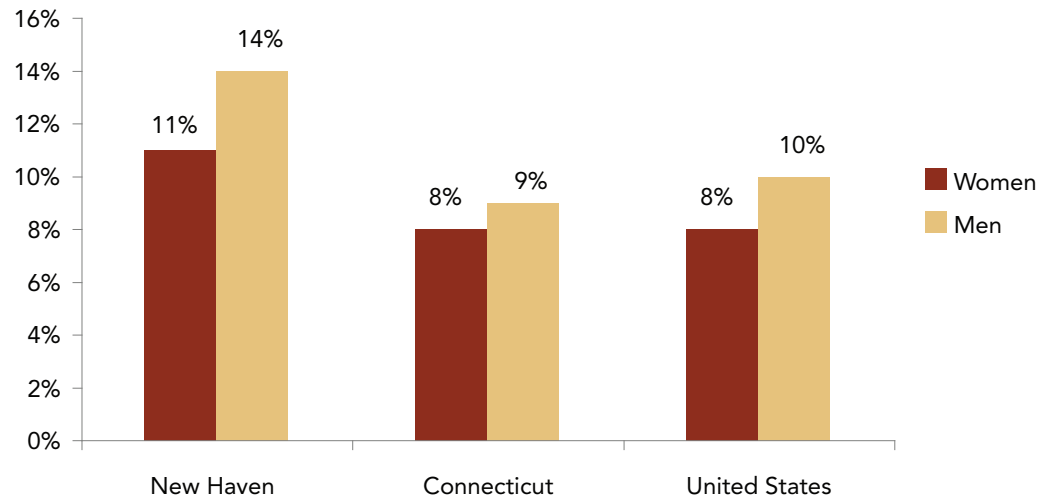
Paid sick days will significantly benefit New Haven's working women. Women are more likely to have caregiving responsibilities and to sacrifice a day of pay to meet their families' health care needs (Lovell 2003). Women also tend to be concentrated in occupations that are the least likely to offer paid sick days, such as food preparation, personal care and service, cleaning and maintenance, and sales and related occupations (Williams, Drago, and Miller 2011). Because of the passage of the paid sick days law in Connecticut, fewer women in New Haven will have to choose between a day of pay and taking care of a sick child at home.

## Unemployment

Many women (and men) are looking for work in New Haven and are struggling to find a job. Based on a three-year average (2008–2010) that encompasses the recession and early stages of the recovery, the unemployment rate for both women and men in the city is significantly higher than in Connecticut and the United States as a whole. Eleven percent of women and 14 percent of men in New Haven were unemployed, compared with 8 percent of women and 9 percent of men in Connecticut and 8 percent of women and 10 percent of men nationwide (2008–2010 averages; Figure 2.3).<sup>4</sup>

<sup>4</sup> In the American Community Survey, the unemployed population includes all civilians not living in institutionalized quarters, such as jails and nursing homes, who are aged 16 years and older and who do not have a job but are actively looking for work (or waiting to be called back to a job from which they have been laid off and are available to start a job). Students living in dormitories who are at least 16 years of age and are actively looking for work are included.

**Figure 2.3.**  
Unemployment Rates by Gender in New Haven, Connecticut, and United States, 2008–2010

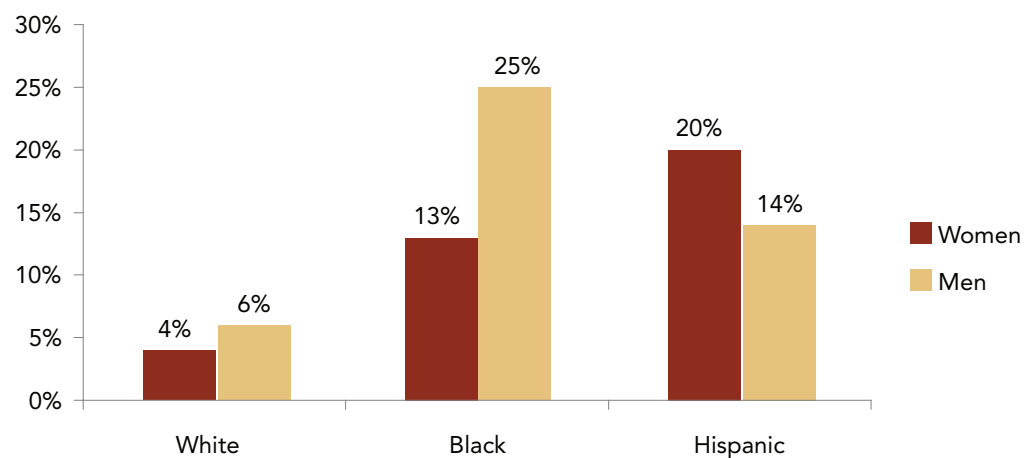


Note: For women and men aged 16 and older.

Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

Unemployment in New Haven is particularly high among blacks and Hispanics, with black men and Hispanic women experiencing the highest unemployment rates (25 percent and 20 percent, respectively) between 2008 and 2010. Only four percent of white women and six percent of white men in New Haven were unemployed during these years (Figure 2.4).

**Figure 2.4.**  
Unemployment Rates by Gender and Race/Ethnicity, New Haven, 2008–2010



Notes: For women aged 16 and older.

Sample size is insufficient to reliably estimate the unemployment rate for Asians.

Whites are identified as exclusive: white, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

## Earnings and the Gender Wage Gap

Despite their increased participation in the workforce, women's wages continue to lag behind men's. Women in New Haven earn significantly less than men in the city: women's median annual earnings<sup>5</sup> are \$37,530, compared with \$42,433 for men. Put another way, women in New Haven earn nearly \$5,000 less each year than the typical man. Women's median annual earnings in New Haven are also much less than women's (\$45,379) and men's (\$60,344) median annual earnings in Connecticut, but slightly more than women's median annual earnings in the United States overall (\$36,142; Table 2.3).<sup>6</sup>

This measure of earnings, however, includes only those who work full-time, year-round. If the earnings of all women and men were included, the earnings gap would be even larger. Nationally, women are twice as likely as men to work part-time (U.S. Department of Labor 2010) and more likely to work for less than 50 weeks a year (U.S. Department of Commerce 2010). This disparity in working hours is due to the unequal distribution of unpaid work in the family (Krantz-Kent 2009), the lack of a public infrastructure to help families negotiate the demands of work and family responsibilities (Society for Human Resource Management 2011), and, in the low-wage segment of the economy—particularly in retail, hotels, and restaurants—the limited availability of full-time jobs (Kalleberg 2000; Lambert and Henley 2009; Shaefer 2008). Research shows that part-time jobs pay lower hourly wages, on average, than full-time jobs and are much less likely to come with benefits (Kalleberg, Reskin, and Hudson 2000; Wenger 2001).

In New Haven, the median annual earnings of women who work full-time, year-round vary considerably by race and ethnicity. White women have the highest median annual earnings (\$47,585), followed by Asian (\$38,448) and black women (\$35,977). Hispanic women have the lowest median annual earnings (\$30,153). The pattern differs slightly in Connecticut and the United States. In the state and the nation as a whole, Asian women have the highest median annual earnings, followed by white, black, and Hispanic women (Table 2.3).

While women's earnings in New Haven are lower than men's, the difference is not as large as in the nation as a whole. In the United States between 2008 and 2010, the ratio of female to male median annual earnings for full-time, year-round workers was 78 percent. This means that women earned about 78 cents for every

Women in New Haven earn significantly less than men in the city: women's median annual earnings are \$37,530, compared with \$42,433 for men.

<sup>5</sup> The U.S. Census defines median earnings as "the amount which divides the income distribution into two equal groups, half having incomes above the median, half having incomes below the median" (U.S. Department of Commerce 2012a). Median annual earnings here include only those who worked at least 50 weeks per year for 35 or more hours per week.

<sup>6</sup> While in New Haven men overall earn more than women, this pattern does not hold true among the city's immigrant population. Immigrant women earn, on average, more than their male counterparts (\$36,460 compared with \$32,000; Appendix II, Table 4). Earnings data, however, do not distinguish between documented and undocumented immigrants and likely do not fully account for the work performed in the informal economy.

Table 2.3.  
Median Annual Earnings of Women and Men Employed Full-Time/Year-Round by Race/Ethnicity in New

	New Haven			Connecticut			United States		
	Women	Men	Percent	Women	Men	Percent	Women	Men	Percent
<b>All Races/Ethnicities</b>	\$37,530	\$42,433	88%	\$45,379	\$60,344	75%	\$36,142	\$46,376	78%
<b>White</b>	\$47,585	\$53,631	89%	\$48,843	\$65,361	75%	\$38,548	\$51,395	75%
<b>Black</b>	\$35,977	\$42,334	85%	\$38,572	\$43,039	90%	\$32,197	\$37,100	87%
<b>Hispanic</b>	\$30,153	\$28,215	107%	\$31,374	\$35,678	88%	\$26,847	\$30,844	87%
<b>Asian</b>	\$38,448	\$47,167	82%	\$49,457	\$62,089	80%	\$42,116	\$52,314	81%

Note: For women and men aged 16 and older.

In 2010 inflation-adjusted dollars.

Whites are identified as exclusive: white, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

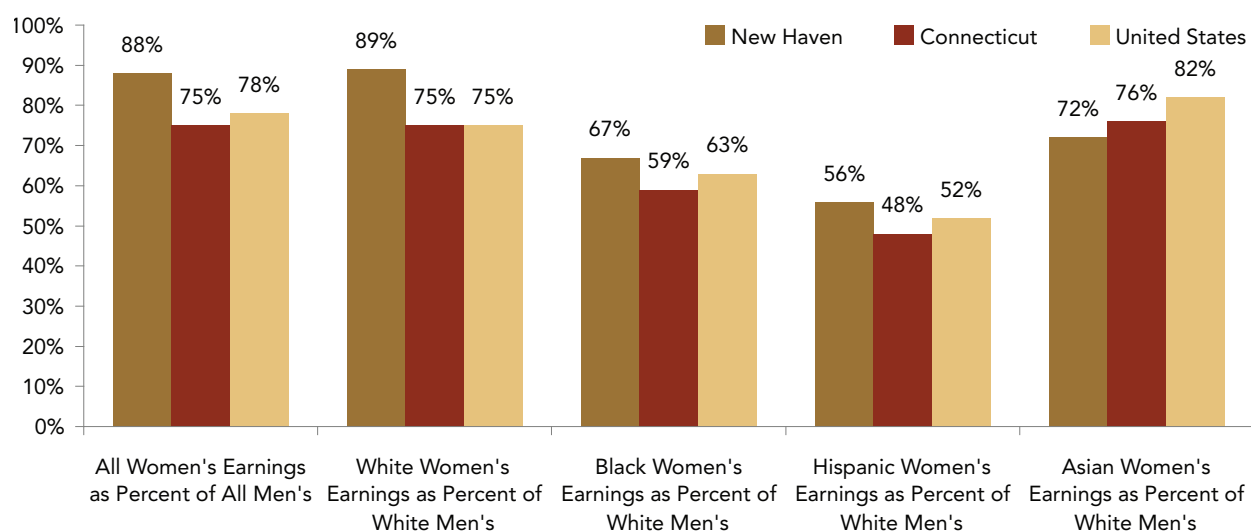
dollar earned by men, representing a “gender earnings gap” of 22 percent.<sup>7</sup> In New Haven during this time period, the female/male earnings ratio was 88 percent (it was 75 percent for Connecticut; Table 2.3). Women in New Haven earned less than men in all race and ethnic groups, with one exception: Hispanic women had higher earnings than Hispanic men (\$30,153 compared with \$28,215). Nationally, and in Connecticut as a whole, men earned more than women in every race and ethnic group (Table 2.3).<sup>8</sup>

The smaller wage gap in New Haven compared with the nation as a whole reflects two factors: (1) men’s earnings were comparatively lower, and (2) women’s earnings were comparatively higher than the national median annual earnings (but not higher than earnings in Connecticut as a whole). Men’s median annual earnings in New Haven (\$42,433) were lower than for men in the United States as a whole (\$46,376) and significantly lower than for all men in Connecticut (\$60,344). While Connecticut is a state with some of the highest earnings for men in the nation (only

<sup>7</sup> Because the data in this report are based on the 2008–2010 file of the American Community Survey, they are not strictly comparable to IWPR’s standard calculation of the gender wage gap, which is based on the Current Population Survey (CPS). In 2010, the national earnings gap based on the CPS was 23 percent (Hegewisch and Williams 2011).

<sup>8</sup> Research has found that even after controlling for factors such as differences in work experience, industry, and occupations, there is a gender wage gap that cannot be explained and is potentially due to discrimination. One study estimates the unexplained percentage of the wage gap among full-time workers in the United States to be 41 percent, and finds that this residual gap includes discrimination in the labor market, although it may include other factors as well (Blau and Kahn 2007).

**Figure 2.5.**  
Ratio of Women's to Men's Full-Time/Year-Round Median Annual Earnings by Race/Ethnicity in New Haven, Connecticut, and United States, 2008–2010



Notes: Women and men aged 16 and older who work full-time, year-round.

The earnings of all women as a percent of the earnings of all men includes all races and ethnicities for both women and men.

Whites are identified as exclusive: white, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

Washington, DC, ranks higher nationally for men's earnings)<sup>9</sup>, it appears that a relatively small proportion of New Haven residents hold high earning jobs. Hispanic men, in particular, have below average earnings compared with Hispanic men both in the nation and Connecticut. Asian men also earn less in New Haven than in the state and the nation, although their earnings exceed the earnings for all men in New Haven (Table 2.3). Unlike men in New Haven, women in the city overall have slightly higher median annual earnings than women nationally, further contributing to New Haven's smaller wage gap.<sup>10</sup>

Another way of examining the gender wage gap is to compare earnings for different groups of women with the highest earning group, white men. Between 2008 and

<sup>9</sup> See Institute for Women's Policy Research. 2012b. "Overview: State-by-State Rankings and Data on Indicators of Women's Social and Economic Status, 2010," available at <<http://www.iwpr.org/initiatives/states/2010-state-by-state-overview>>.

<sup>10</sup> Also, the large percentage of men of color in New Haven means that median earnings for all men are lower in New Haven than in Connecticut or the United States (because men of color have lower earnings, on average, than white men). The wages of women of color, while generally lower than white women's, actually reflect smaller race/ethnic differences than among men, explaining why men's median earnings in New Haven are more affected by the large share of men of color than are women's median earnings.

2010, Hispanic women in New Haven earned 56 percent of the earnings of white men in the city. In Connecticut and the United States, they earned only 48 percent and 52 percent of white men's earnings, respectively. Black women earned 67 percent of white men's earnings in New Haven, 59 percent in Connecticut, and 63 percent in the United States. By comparison, for white women the wage ratio was 89 percent in New Haven and 75 percent in both Connecticut and the United States. Asian women in New Haven earned 72 percent of the earnings of white men, a lower earnings ratio than for Asian women in Connecticut (76 percent) and the United States (82 percent; Figure 2.5).

While these gaps are large, for all groups of women except Asian women the gaps between the earnings of women and white men in New Haven are smaller than they are in either Connecticut or the United States as a whole. The explanation for this pattern lies largely in the higher earnings of white, black, and Hispanic women in New Haven relative to the earnings of comparable women in the nation as a whole.

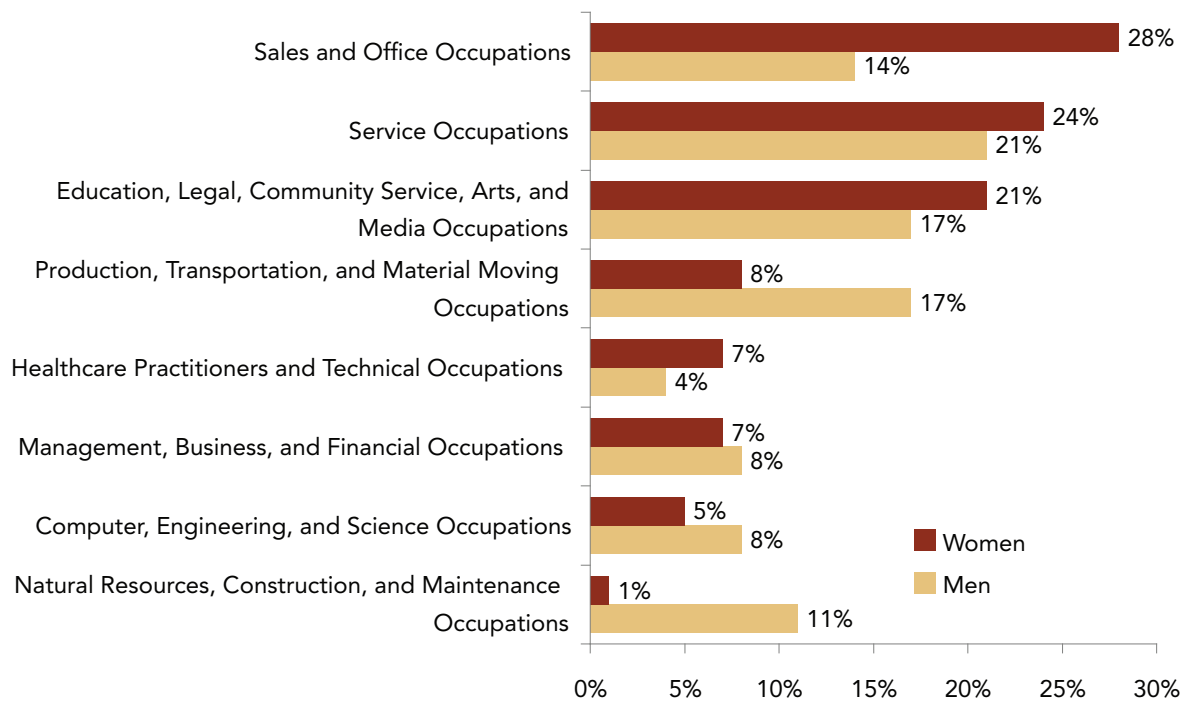
### *Occupational Distribution*

In New Haven, women tend to concentrate in several lower-paid broad occupational groups. Twenty-eight percent of women work in sales and office occupations, which have median annual earnings for women of \$35,401. Nearly one in four women (24 percent) in New Haven works in a service occupation, the lowest paid occupational group for women (with median annual earnings of \$27,963; Figure 2.6 and Table 2.4).

The concentration of women in lower-paid occupational groups is especially evident among Hispanic and black women. Hispanic and black women are much more likely (28 percent and 33 percent, respectively) than white women (16 percent) to work in service occupations. In addition, 20 percent of Hispanic women and eight percent of black women work in production, transportation, and material moving occupations (the second lowest paid group of occupations for women), compared with just three percent of white women (Appendix II, Table 5 and Table 2.4). The high proportion of Hispanic women working in these occupations makes New Haven rather atypical compared with Connecticut and the nation as a whole, where a much smaller proportion of Hispanic women work in such jobs (Appendix II, Tables 6 and 7).

Few women in the city are employed in the highest paid occupational groups of management, business, and financial occupations (seven percent); computer, engineering, and science occupations (five percent); and healthcare practitioners and technical occupations (seven percent; Figure 2.6; Table 2.4). More than one in five women in New Haven, however, works in education, legal, community service, arts, and media occupations, which have median annual earnings for women of \$39,940. This occupational group combines relatively well-paid jobs, such as teachers or administrators in education, with very low-paid jobs such as teaching assistants. A comparison of the median earnings for women and men in this group suggests that women are much more likely than men to work in lower paid occupations within this broad occupational category (Table 2.4).

**Figure 2.6.**  
**Distribution of Women and Men Across Broad Occupational Groups in New Haven, 2008–2010**



Note: For employed women and men aged 16 and older. Includes part- and full-time workers.

Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

In New Haven, as in the nation as a whole, the distribution of men across occupations differs from the distribution of women, raising the question of the extent to which occupational segregation—the concentration of women and men in different occupations<sup>11</sup>—contributes to the city’s wage gap. Men in the city are much more likely than women to work in natural resources, construction, and maintenance occupations (11 percent compared with 1 percent). Overall, men are also more likely to work in production, transportation, and material moving occupations (17 percent compared with 8 percent). In general, however, the differences in the jobs and sectors in which men and women work are less pronounced in New Haven than they are nationally, partly because the share of men in New Haven who work in service occupations (21 percent) is comparatively high, as is the share of men who work in education, legal, community service, arts, and media occupations (17 percent; Figure 2.6). In the nation as a whole, seven percent of men are employed in education, legal, community service, arts, and media occupations, and fifteen percent work in service occupations (U.S. Department of Commerce 2008–2010a). New Haven’s economy is dominated by service industries, with both large educational and health establishments, which are sectors that hire workers at both high and low wages, depending on the education and skills needed for the specific occupations they fill.

<sup>11</sup> For an analysis of occupational segregation in the U.S. labor force, see Hegewisch et al. (2010).



Many men in New Haven are also concentrated in lower paid broad occupational groups. The median earnings for men in New Haven who work in service occupations and production occupations are \$31,849 and \$35,434, respectively. The median earnings for men who work in natural resources, construction, and maintenance occupations (which employs more than one in ten men in New Haven) are \$32,554, compared with \$33,304 for women (Table 2.4).

**Table 2.4.**  
Women's and Men's Median Annual Earnings Across Broad Occupational Groups in New Haven and Connecticut, 2008–2010

	New Haven		Connecticut	
	Women	Men	Women	Men
<b>Management, Business, and Financial Occupations</b>	\$60,268	\$66,800	\$66,696	\$95,083
<b>Computer, Engineering, and Science Occupations</b>	\$53,264	\$50,876	\$71,050	\$80,754
<b>Education, Legal, Community Service, Arts, and Media Occupations</b>	\$39,940	\$60,250	\$52,933	\$69,408
<b>Healthcare Practitioners and Technical Occupations</b>	\$64,123	\$56,870	\$65,758	\$96,116
<b>Service Occupations</b>	\$27,963	\$31,849	\$29,080	\$40,019
<b>Sales and Office Occupations</b>	\$35,401	\$43,750	\$39,755	\$54,597
<b>Natural Resources, Construction, and Maintenance Occupations</b>	\$33,304	\$32,554	\$44,788	\$50,561
<b>Production, Transportation, and Material Moving Occupations</b>	\$30,326	\$35,434	\$30,385	\$45,095

Notes: For women and men aged 16 and older who are employed full-time, year-round. In 2010 inflation-adjusted dollars.

Source: IWPR compilation of American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).



Differences in the median earnings of men and women in several broad occupational groups that employ a substantial percentage of both indicate that the wage gap in New Haven may reflect, in part, the differences in the wages that men and women are paid within these similar broad fields. For example, for men who work in educational, legal, community service, arts, and media training occupations, median annual earnings are \$60,250, compared with just \$39,940 for women. For men who work in sales and office occupations, median annual earnings are \$43,750, compared with \$35,401 for women. These substantial differences in men's and women's median earnings likely result from men's concentration in higher-paid detailed occupations within these broad occupational categories. For example, men may be more likely to work as lawyers and women as social workers (Table 2.4).

In addition to the differences between women's and men's earnings in New Haven in several relatively gender-integrated occupational groups, the data show large differences between the earnings of New Haven residents and Connecticut residents in some fields. Women and men who work in computer, engineering, and science occupations in Connecticut have median earnings of \$71,050 and \$80,754, respectively, compared with just \$53,264 for women and \$50,876 for men in New Haven. Women and men who work in natural resources, construction, and maintenance occupations in Connecticut have median earnings of \$44,788 and \$50,561, respectively, compared with \$33,304 for women and \$32,554 for men in New Haven (Table 2.4).

While these earnings differences show that women and men who are city residents in New Haven are much less likely to hold medium- or high-paying jobs in some fields than women and men in Connecticut, they do not necessarily indicate that New Haven offers few high-paying jobs in these fields. Recent research shows that as of 2009, the City of New Haven had 80,000 jobs, more than half of which paid more than \$40,000 per year. Only 21 percent of individuals holding these medium or higher paying jobs, however, were New Haven residents (Data Haven 2011).

## *Employment Sectors*

Like occupational distribution, the distribution of women across employment sectors differs somewhat from the distribution of men in New Haven. Women are less likely (56 percent) than men (62 percent) to work in the private sector, but slightly more likely to be employed as private not-for-profit wage and salary workers (25 percent of women compared with 20 percent of men) or for the government (15 percent of women compared with 12 percent of men; Figure 2.7 and U.S. Department of Commerce 2008–2010a). The share of women who are self-employed is four percent whereas for men it is five percent (U.S. Department of Commerce 2008–2010a).

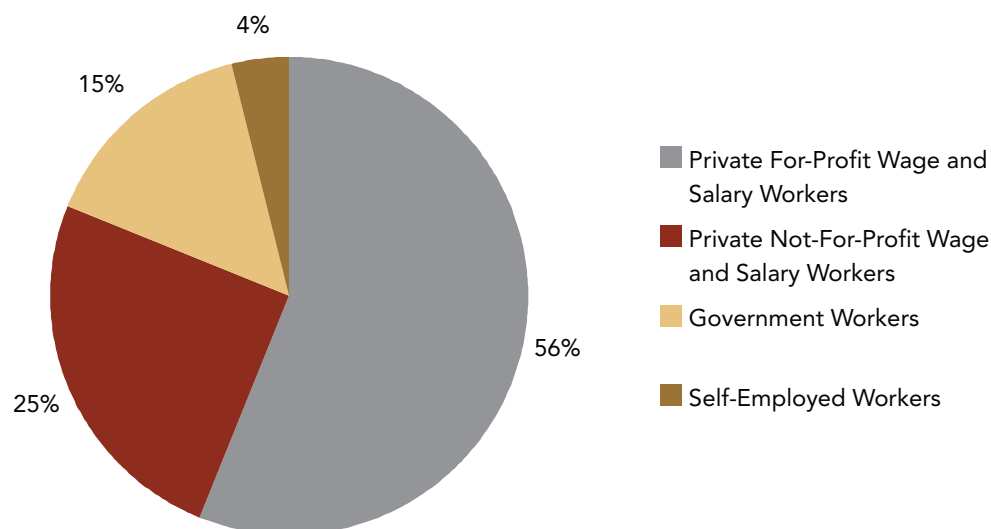
When comparing women in New Haven with women in Connecticut and women in the United States as a whole, more striking differences emerge. Women in New Haven are significantly more likely to work in nonprofit jobs than women in the state and nation (13 and 11 percent, respectively). Two-thirds of women in Connecticut and the United States work in the private sector, a much higher

proportion than women in New Haven (56 percent; U.S. Department of Commerce 2008–2010a).

Similar differences exist in the patterns of men’s employment in New Haven and men’s employment in both Connecticut and the United States. Whereas one in five men in New Haven works in the nonprofit sector (20 percent), just six percent of men in Connecticut and five percent in the United States are employed as not-for-profit wage and salary workers. Sixty-two percent of men in New Haven work in the private sector, compared with three-quarters of men in Connecticut and the United States (74 percent and 75 percent, respectively; U.S. Department of Commerce 2008–2010a).

These differences between both women’s and men’s distribution across employment sectors in New Haven when compared with Connecticut and the United States suggest that New Haven offers its residents, to some extent, different job opportunities than are found in the state and the nation as a whole. The prominence and size of New Haven’s educational and health/biotech establishments is a likely reason for this large nonprofit sector. New Haven provides an unusually high share of nonprofit jobs, which typically offer many women employment opportunities; nationally, a higher proportion of women than men work in the nonprofit sector (U.S. Department of Commerce 2008–2010a). For those employed in managerial and professional jobs, however, the average hourly earnings of full-time workers in the nonprofit sector are less than those of full-time private industry workers (Butler 2009). Perhaps the relatively low representation of the private sector in New Haven helps to account for men’s relatively low earnings.

**Figure 2.7.**  
Women’s Distribution Across Employment Sectors in New Haven, 2008–2010



Notes: For employed women aged 16 and older. Includes part-time and full-time workers.  
Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

## All Our Kin Promotes Economic Security

A 2011 study by the Connecticut Center for Economic Analysis showed that the New Haven nonprofit All Our Kin's Tool Kit Licensing Program—which provides materials, mentoring, and support to help family, friend, and neighborhood caregivers fulfill state licensing requirements—has created \$18.4 million in additional tax revenue for the state, increased the earning potential of women, and provided high-quality, culturally-competent child care (Waite et al. 2011). For every parent licensed to become a childcare provider through the Tool Kit project, four to five parents were able to enter the workforce. If a caregiver was already running an unlicensed childcare center, his or her profits tended to increase substantially. Sixty percent of providers earned \$5,000 more the first year after licensing and 45 percent earned at least \$10,000 more the second year after licensing than they had earned before.





### III. Economic Security

#### *Key Findings*

- In New Haven, households headed by single mothers have the lowest median annual income (\$22,660) of all family household types. The income of households headed by single mothers is 59 percent of the income of all households in the city and just 32 percent of the income of married couple households with children. Households headed by single mothers in New Haven also have the highest poverty rates among all family household types: more than four in ten (44 percent) of households headed by single mothers in the city are poor.
- Women in New Haven are more likely than men to be poor. Women aged 65 years and older are more than twice as likely as men in the same age group to live in poverty.
- Hispanics in New Haven are more likely than whites, blacks, and Asians to live in poverty. Forty-three percent of Hispanic women and thirty-three percent of Hispanic men are poor. Hispanic women are more than twice as likely as white (17 percent) and Asian (19 percent) women to live in poverty. Their poverty rate is also 13 percentage points greater than black women's poverty rate (30 percent).

## *Introduction*

Women's economic security depends on having enough income and financial resources to cover their expenses and save for retirement. Many women find, however, that multiple factors undermine their efforts to make ends meet and save for the future. The persistent gender wage gap, women's prevalence in low-paid, female-dominated occupations, and women's relatively fewer hours of paid employment compared with men's make women more vulnerable to poverty and more likely to face economic insecurity in retirement. In addition, due to family caregiving responsibilities, women often take time out of the labor force, which diminishes their lifetime earnings and leaves them with lower incomes and fewer assets in their later years (Hartmann and English 2009).

Many women in New Haven encounter these barriers to economic security and stability. More than one quarter of the city's residents live in poverty, and women are more likely than men to be poor (U.S. Department of Commerce 2008–2010a).<sup>12</sup> A close look at women's economic status in the city—including women's median income, poverty status, and use of public programs—helps to pinpoint their specific challenges and opportunities. It also reveals the need to expand promising initiatives to ensure the economic well-being of women and their families.

## *Median Household Income*

Women's economic security is directly linked to their household income, which includes not only earnings from jobs, but also income from other sources such as investments, retirement funds, government benefits such as Temporary Assistance for Needy Families (TANF), and Social Security. In New Haven, the median annual income for households of all races and ethnicities combined is \$38,585, which is much lower than the median annual income for comparable households in Connecticut (\$67,067) and the United States (\$51,222).<sup>13</sup> White households in New Haven have the highest income (\$47,860), followed by Asian (\$45,192), black (\$32,096), and Hispanic (\$28,869) households (U.S. Department of Commerce 2008–2010a).

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<sup>12</sup> In this report, women who are described as living in poverty or poor refers to those who live in households with incomes at 100 percent or below the federal poverty threshold as calculated with data from the American Community Survey (ACS).

<sup>13</sup> Eight types of income are reported in the American Community Survey: wage or salary income; self-employment income (which includes both farm and non-farm self-employment income); interest, dividends, net rental income, royalty income, or income from estates and trusts; Social Security income; Supplemental Security Income (SSI); public assistance income; retirement, survivor, or disability income; and other income (which includes unemployment compensation, worker's compensation, Department of Veterans Affairs payments, alimony and child support, and contributions received periodically from people not living in the household). The median household income divides the distribution of total income received by households into two parts, with one-half of all households below the median income and the other half above. In the American Community Survey, the median income for households is based on the distribution of all households, including those with no income.

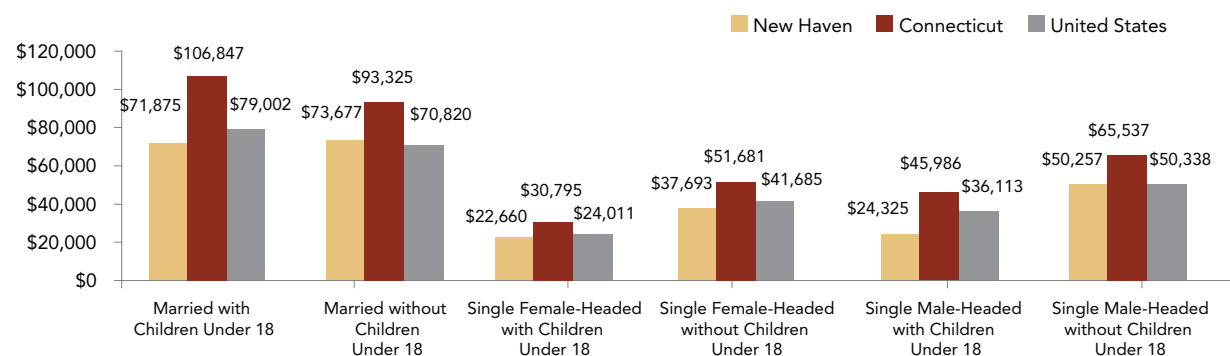


Stark discrepancies exist not only between the incomes of households from different race and ethnic groups, but also in the incomes of different family household types in New Haven. Married couple families, which often benefit from two incomes, have the highest median annual incomes. In New Haven, married couples with and without children under the age of 18 have incomes of \$71,875 and \$73,677, respectively. These incomes are much less than the incomes of comparable households in Connecticut (\$106,847 for married couples with children and \$93,325 for married couples without children; Figure 3.1).

Households headed by single parents in New Haven have median annual incomes that are quite low relative to the incomes of other family household types, suggesting that many single mothers and fathers in the city face significant economic hardship. Households headed by single women with children under age 18 have the lowest median annual income at \$22,660; the income for households headed by comparable men is slightly higher at \$24,325. In Connecticut, households headed by single parents also have incomes that are much lower than those of married couple households, but the disparity between single father- and single mother-headed households is greater, with single fathers faring significantly better than single mothers (and also much better than single fathers in New Haven). In the state as a whole, the median annual income for households headed by single fathers is \$45,986, compared with just \$30,795 for those headed by single mothers (Figure 3.1).

Households headed by single women with children under age 18 have the lowest median annual income at \$22,660.

**Figure 3.1.**  
**Median Annual Income by Household Type in New Haven, Connecticut, and United States, 2008–2010**



Notes: For all households, including those with no income. 2010 inflation-adjusted dollars.

Source: IWPR compilation of American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

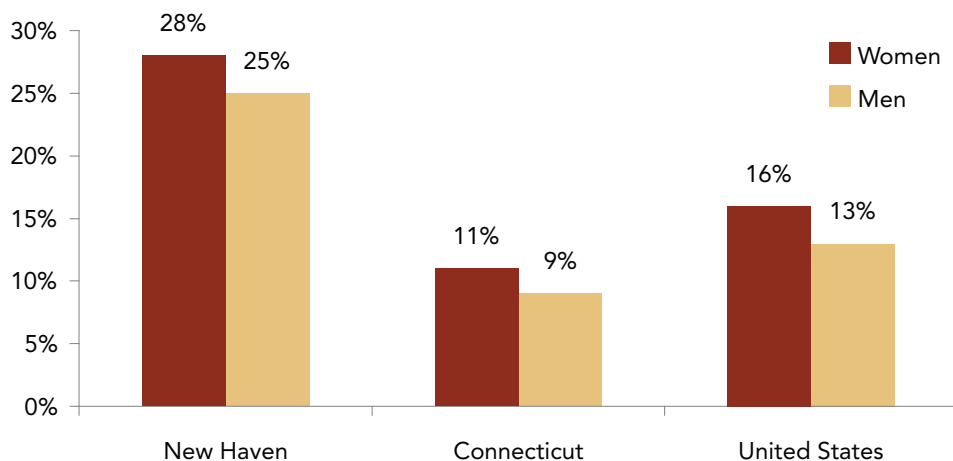
## Poverty

While women's increased labor force participation and earnings have helped many women to achieve economic security and stability, other women face substantial economic hardship. In New Haven between 2008 and 2010, more than one in four individuals was poor and more than half of those living in poverty were female (Figure 3.2).

The poverty rate in New Haven is considerably higher than in the state of Connecticut as a whole (where approximately one in ten individuals is poor) and in the United States (where the overall poverty rate is about 14 percent). In all three geographic areas, the poverty rate among the female population is higher than among the male population. In New Haven, 28 percent of women and 25 percent of men live in poverty, compared with 11 percent of women and 9 percent of men in Connecticut and 16 percent of women and 13 percent of men in the United States (Figure 3.2).

The federal poverty threshold on which poverty rates are based, however, does not come close to capturing the cost of living for most families in the United States. Established by the federal government in the 1960s, the federal poverty threshold has been adjusted for inflation but not for increases in mainstream living standards, and therefore does not accurately measure the resources needed to avoid economic hardship (Fremstad 2010). A family is considered poor if its pre-tax cash income falls below the poverty threshold; in 2011, the poverty line for a single woman with two children was \$18,123 (U.S. Department of Commerce 2011)—an amount that is not enough for her to make ends meet, let alone build assets to ensure long-term economic security. Given the inadequacy of the official poverty measure, the proportion of women and men in New Haven who face economic hardship is likely much higher than the proportion living in poverty as calculated based on the federal poverty threshold.

**Figure 3.2.**  
Poverty Rates by Gender in New Haven, Connecticut, and United States, 2008–2010



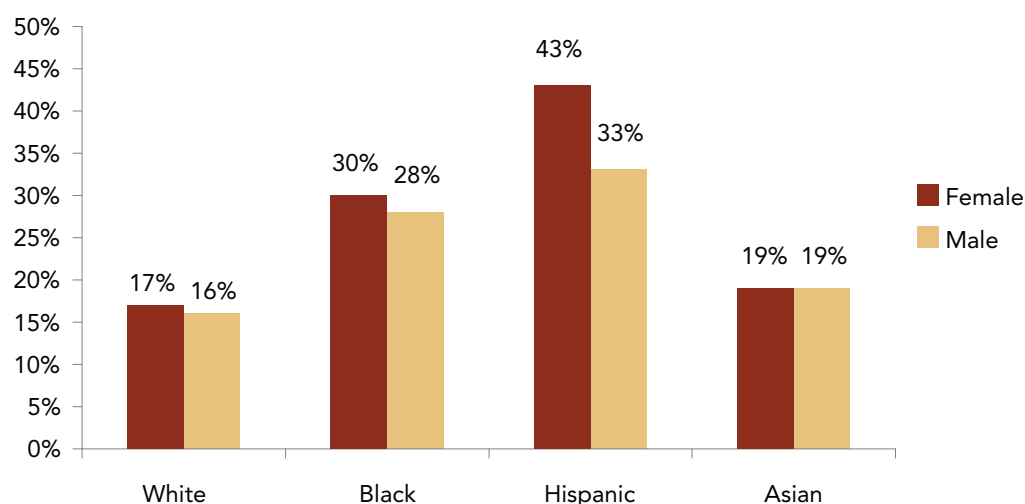
Note: Percent living below the federal poverty line among individuals of all ages.

Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).



In New Haven, Hispanics and blacks face disproportionately high poverty rates. Hispanics are most likely to live in poverty: more than four in ten female Hispanics (43 percent) and one in three male Hispanics live below the federal poverty line. Among blacks in New Haven, 30 percent of women and girls and 28 percent of men and boys are poor. The poverty rates are much lower among whites and Asians. Seventeen percent of white women and girls, 16 percent of white men and boys, and 19 percent of both female and male Asian residents of New Haven live in poverty (Figure 3.3).

**Figure 3.3.**  
Poverty Rates by Gender and Race/Ethnicity, New Haven, 2008–2010



Notes: Percent living below the federal poverty line among individuals of all ages. Whites are identified as exclusive: white, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

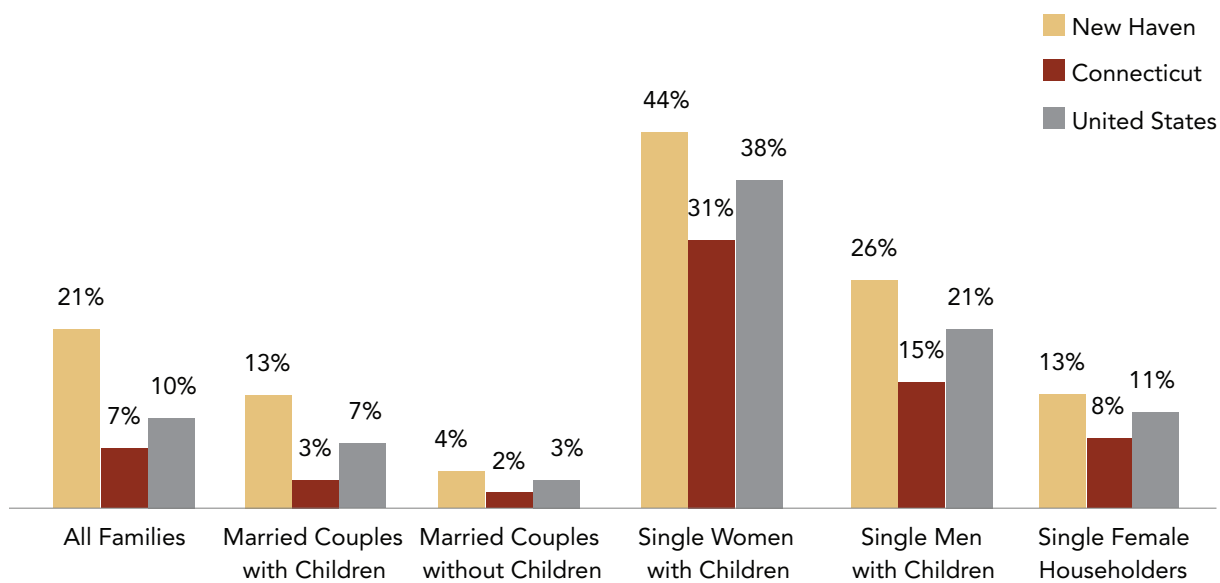
In New Haven, more than four in ten (44 percent) households headed by single women in the city with children under age 18 are poor, compared with 26 percent of those headed by single men with children and 13 percent of those headed by married couples with children.

As is the case in Connecticut as a whole and in the nation, poverty rates in New Haven also vary considerably by family household type.<sup>14</sup> Households headed by single women with children are much more likely to be poor than households headed by single fathers or married couples with children. In New Haven, more than four in ten (44 percent) households headed by single women in the city with children under age 18 are poor, compared with 26 percent of those headed by

<sup>14</sup> In the American Community Survey, a family household consists of a household head and one or more persons who are related to the household head by birth, marriage, or adoption and who are living together in the same household. Family households are classified as either a married-couple family or a family headed by a man or woman without a spouse present. Family households with no spouse present include household heads of all marital statuses except those who are married and have their spouse present. Households where an unmarried partner is present are classified as family households only if there are other persons in the household who are related to the household head by birth, marriage, or adoption.

single men with children and 13 percent of those headed by married couples with children. Thirty-one percent of households headed by single mothers in Connecticut and 38 percent of those headed by single mothers in the United States are poor, compared with 15 percent of households headed by single fathers in the state and 21 percent of those headed by single fathers in the nation. Households headed by married couples with children under age 18 in Connecticut and the United States fare much better: only three percent of these households in the state and seven percent in the nation are poor (Figure 3.4).

**Figure 3.4.**  
Poverty Rates for Selected Family Types in New Haven, Connecticut, and United States, 2008–2010



Notes: "With children" includes those under 18 years.

Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

Among the immigrant population in New Haven, poverty rates are similar to poverty rates of the native-born population overall. Nearly three in ten female immigrants in New Haven (29 percent) live below the federal poverty line, a slightly higher proportion than among male immigrants (26 percent). An additional 18 percent of female immigrants live near the poverty line, along with 23 percent of male immigrants (U.S. Department of Commerce 2008–2010b).<sup>15</sup>

<sup>15</sup> Those who live near poverty include women and girls who live in households with incomes between 100 and 200 percent of the federal poverty line as calculated in the IPUMS ACS (Ruggles et al. 2010).

## *Older Women's Economic Security*

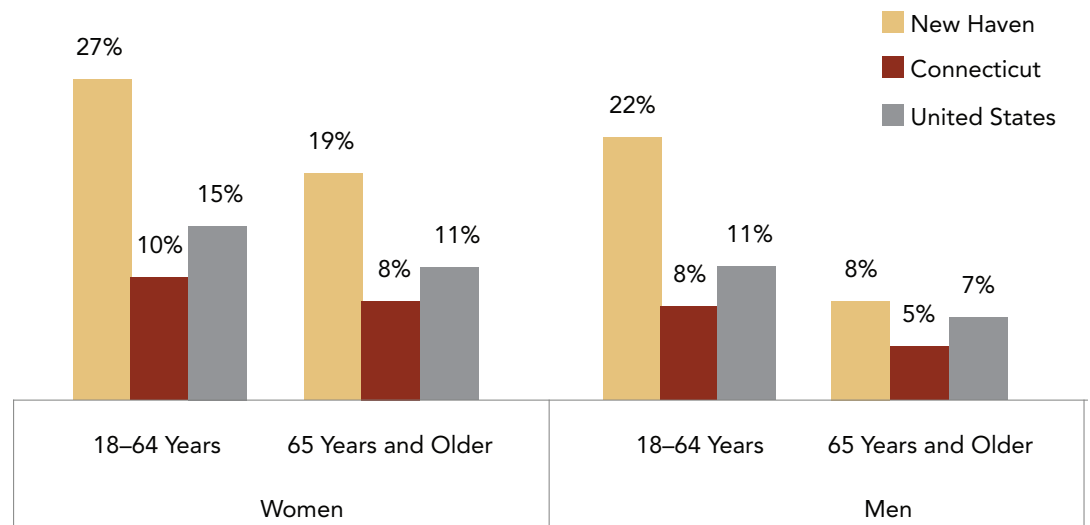
Many older women experience significant economic hardship and live in households with incomes that fall below the federal poverty line. In New Haven, nearly one in five (19 percent) women aged 65 and older is poor, compared with just eight percent of men. Although older women in Connecticut as a whole and the United States are also more likely than older men to be poor, the disparity between older women's and older men's poverty rates is much larger in New Haven than in the state and nation. In Connecticut, eight percent of women and five percent of older men are poor; in the United States eleven percent of older women and seven percent of older men are poor (Figure 3.5).<sup>16</sup>

In general, the primary reasons for higher poverty rates among older women compared with older men are women's low lifetime earnings due to the gender wage gap, family caregiving responsibilities, and occupational segregation. Older women are also more likely to experience chronic health conditions that require intensive personal care and lead to substantial out-of-pocket expenses. Moreover, many women aged 65 and older are unmarried (separated, widowed, or divorced) and therefore may not have access to a spouse's retirement benefits or other resources. Women's longer life expectancy (U.S. Census Bureau 2010) also means that women who are married often outlive their spouses and lose some or all of the spouse's pension benefits as a result (Hartmann and English 2009).

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<sup>16</sup> It is also important to note that the poverty threshold for elderly people (\$10,788 for an individual aged 65 and older in 2011; U.S. Department of Commerce 2011) falls far short of the cost of living for older women in New Haven. Wider Opportunities for Women has developed the Elder Economic Security Standard Index (Elder Index) to measure the income required to meet basic needs for persons older than 65 in the United States. This index shows that although "[e]xpenses vary widely across different types of communities...[t]he statewide annual average for older single adults [in Connecticut] is \$21,000 for [a home owner] with no mortgage and \$24,000 for a single renter" (Gerontology Institute, University of Massachusetts Boston, and Wider Opportunities for Women 2009). Both figures are much higher than the poverty threshold set by the federal government for elderly persons.

**Figure 3.5.**  
Poverty Rates by Gender and Age in New Haven, Connecticut, and United States, 2008–2010



Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

## *Social Security*

Given the economic vulnerability of many older women, Social Security provides an especially important economic base. In 2009, Social Security lifted more than 14 million women and men aged 65 and older above the poverty line; without Social Security's programs, one-third of women in the United States aged 65–74 and half of women aged 75 and older would be poor (Hartmann, Hayes, and Drago 2011). Research suggests that Social Security's programs were especially critical for women and men during the recent recession (Hess, Hayes, and Hartmann 2011), as people experienced a decline in home values (Baker 2009), in home equity (Baker 2011), and in income from other assets (Hartmann, Hayes, and Drago 2011). Without Social Security, many more women and men in Connecticut and across the nation would be unable to make ends meet.

In Connecticut, 94 percent of the population aged 65 and older receives Social Security benefits, a slightly higher proportion than in the United States as a whole (92 percent). More older women in the state receive Social Security benefits than older men (267,626 compared with 197,651), a pattern that also holds true in the smaller geographic area of New Haven County, where 65,420 women and 46,685 men aged 65 and older are Social Security beneficiaries (Social Security Administration 2011).

The benefits that Social Security provides, however, are relatively modest. In New Haven County, the average monthly benefit for women aged 65 and older is \$1,121, compared with \$1,453 for comparable men (data are not available for New Haven City). For women aged 65 and older in Connecticut, the average monthly

benefit is \$1,125, slightly higher than the average monthly benefit for comparable women in the nation (\$1,011), but significantly lower than the average monthly benefit for men aged 65 and older in the state as a whole (\$1,476) and in the United States (\$1,332; Social Security Administration 2011).

Despite the modest nature of its benefits, Social Security is a vital source of economic support, especially for older women. Its programs provide more than three-fifths of total income for women aged 65 and older and more than half of all income for men of the same age range (Hartmann, Hayes, and Drago 2011). While Social Security is important to both women and men, it especially helps older women, whose longer life expectancy means that they often rely on the program for a longer period of time. In addition, older women are less likely to have income from their own pensions (either their own or a spouse's or former spouse's); only 28 percent of women aged 65–74 receive pension income, compared with 42 percent of men aged 65–74. When women do have a pension plan they receive, on average, less than half as much as men (Hartmann, Hayes, and Drago 2011).

### *The Earned Income Tax Credit (EITC) Increases Families' Economic Security*

Another option for increasing families' economic security is the Earned Income Tax Credit (EITC), a refundable tax credit for low- and moderate-income working people. In 2012, working families with children whose annual incomes are below about \$36,900 to \$50,300 (depending on marital status and the number of dependent children) may qualify for the federal EITC (Center on Budget and Policy Priorities 2012). Each year in New Haven, a team of nonprofit agencies recruits volunteers to provide free income tax preparation and benefits assessment for eligible low-income individuals and families and to help those who qualify take advantage of the EITC. Fifteen Volunteer Income Tax Assessments (VITA) sites are located throughout New Haven.

### *Safety Nets for Economic Security*

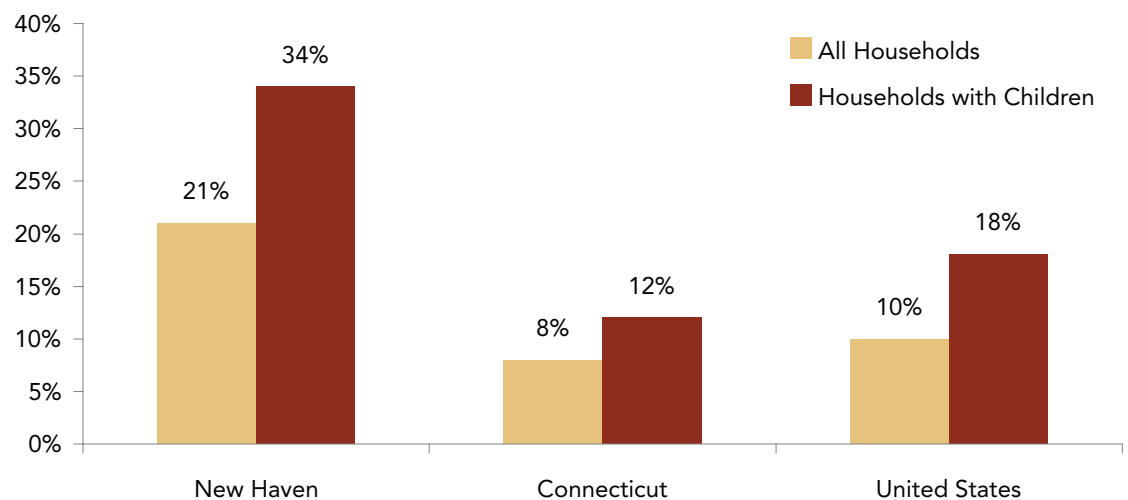
Like Social Security, other public programs, such as Temporary Aid to Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP, formerly called food stamps), can play a vital role in assisting women and families who lack economic security. While these forms of assistance alone do not alleviate poverty for many families, the benefits they offer can lessen the financial hardship some face and help families make ends meet in difficult economic times.

In New Haven, a higher proportion of households receive cash assistance or food stamps than in Connecticut as a whole and the United States. Four percent of households in the city receive cash assistance, compared with two percent in the state and nation. About one in five households (21 percent) overall in New Haven and one in three households with children (34 percent) receive food stamps, a considerably larger proportion than in Connecticut (where 8 percent of all households and 12 percent of households with children receive food stamps) and the United States (where 10 percent of all households and 18 percent of households with children receive food stamps; Figure 3.6).

### The New Haven Diaper Bank Addresses Poverty

Many parents—disproportionately single mothers—must choose between paying for food and rent and paying for disposable diapers. In some cases, lack of access to diapers hinders parents' ability to send their child to day care. Most day care centers require a substantial personal supply of disposable diapers, and parents who cannot afford these diapers are sometimes forced to find riskier childcare options or stay home with their children, losing the possibility of employment. Since 2004, the New Haven Diaper Bank (TDB) has served families in the New Haven community and surrounding towns by providing free diapers. The impact of TDB on the community has led to the introduction of legislation in the U.S. Congress to ensure that the basic needs of children are met.

**Figure 3.6.**  
Percent of All Households and Households with Children Receiving Food Stamps in New Haven, Connecticut, and United States, 2008–2010



Note: Households with children includes those with children under age 18.

Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

<sup>1/7</sup> Nationally, homeownership rates are lower in urban areas than in the suburbs (U.S. Department of Commerce 2012b).

The proportion of households receiving food stamps in New Haven varies widely by race and ethnicity. Asian households are the least likely to receive food stamps (2 percent), followed by white (6 percent), black (30 percent), and Hispanic households (39 percent; U.S. Department of Commerce 2008–2010a).

## *Homeownership and Housing*

Homeownership is part of the American dream. For many people, owning their home is the key to ensuring long-term residential and economic stability. In New Haven, 30 percent of households own their homes, a proportion that is much lower than in Connecticut as a whole and the United States, where about two-thirds of households own their homes (69 percent in Connecticut and 66 percent in the United States).<sup>17</sup> Homeownership rates in New Haven are much higher among white households (42 percent) than among black and Asian households (23 percent each) and Hispanic households (22 percent; U.S. Department of Commerce 2008–2010a).

Many New Haven residents lack affordable housing. More than half (52 percent) of all households in the city spend at least 30 percent of their monthly income on housing costs (U.S. Department of Commerce 2008–2010a), a level of housing costs that the U.S. Department of Housing and Urban Development (HUD) describes as unaffordable for most families (2003). In Connecticut and the United States, the proportion of households with unaffordable housing is slightly lower. Forty-one percent of households in the state and thirty-six percent in the nation spend thirty percent or more of their monthly income on housing (U.S. Department of Commerce 2008–2010a).

Intake and re-admission data collected by Homeless Management Information Systems (HMIS) from six emergency shelters (not including domestic violence shelters) in the New Haven area further indicate that unaffordable housing and homelessness are serious problems for many women and men.<sup>18</sup> During a one-year period between January 1, 2010 and December 31, 2010, a total of 2,376 individuals aged 18 and older (722 women and 1,654 men) sought shelter services. The vast majority of women (637 of 705, or 90 percent) and men (1,426 of 1,521, or 94 percent) who reported their housing status were homeless or seriously at risk of becoming homeless.<sup>19, 20</sup>

<sup>18</sup> Five of the six shelters are located in the City of New Haven, with the other located nearby.

<sup>19</sup> Four women and 110 men did not know or refused to provide information about their housing status. Data on homelessness or housing status were also not entered for an additional 13 women and 23 men. HMIS data provided by Nutmeg Consulting LLC, e-mail communication, February 17, 2012. Percentages calculated by IWPR.

<sup>20</sup> Most, but not all, of those seeking services are residents of New Haven City.



## New Haven Home Recovery Provides Shelter and Housing Assistance

New Haven Home Recovery, Inc. (NHHR), established in response to an immediate need in the community for shelter for women and their children, provides a place for 18 single women and 13 women with children every night.

The number of clients seeking help from emergency shelters in the New Haven area varies considerably according to contextual factors such as age and race or ethnicity. Among all women seeking services, the largest share were aged 31–50 (45 percent), followed by women aged 18–30 (39 percent). The largest share of men seeking services were also aged 31–50 (51 percent). The proportion of older men, however, seeking services was double the proportion of older women. Twenty-five percent of adult male clients were aged 51–61 and seven percent were aged 62 and older. Only 16 percent of adult female clients were aged 51 and older.

A substantial majority of women and men seeking emergency shelter services in 2010 were either white or black. Among women, 347 of 722 clients (48 percent) were black and 295 clients (41 percent) were white. Among men, 676 of 1,654 individuals seeking services (41 percent) were black and 625 (38 percent) were white.<sup>21</sup> Nineteen percent (139 of 722) the women and twenty percent (335 of 1,654) of the men seeking services identified their ethnicity as Hispanic.

In addition to shelters, public housing programs offer another source of assistance for women (and men) struggling to afford housing. In New Haven, female-headed households are about three times as likely as male-headed households to reside in public housing; as of March 16, 2012, a total of 2,079 public housing units in the city were occupied by 1,522 female headed households and 557 male-headed households.<sup>22</sup> An additional 3,081 households in New Haven participate in the Housing Choice Voucher program (formerly Section 8),<sup>23</sup> a program of the federal government that helps very low-income families to afford housing in the private market by subsidizing a portion of their rent (U.S. Department of Housing and Urban Development 2012b). Eighty-eight percent (2,703) of these households are headed by women.<sup>24</sup>

<sup>21</sup> IWPR calculations using 2010 HMIS data.

<sup>22</sup> Public housing units come in different sizes and types, ranging from single family homes to high rise complexes, and are managed by local housing agencies that allow low-income families to live in the units at a cost they can afford. The U.S. Department of Housing and Urban Development supports public housing programs by administering federal aid to the local housing agencies (U.S. Department of Housing and Urban Development 2012a).

<sup>23</sup> New Haven Housing Authority, e-mail communication, March 16, 2012.

<sup>24</sup> New Haven Housing Authority, e-mail communication, March 16, 2012.





## IV. Education

### *Key Findings*

- In 2011, girls in New Haven in third through eighth grades outperformed boys on nearly every section of the Connecticut Mastery Test, including in mathematics (in all grades except third and sixth) and in fifth and eighth grade science, the only years for which data are available by gender in this subject.
- Women and men in New Haven have similar levels of education, reflecting the national trend in which women have made steady progress in closing the education gap with men. Among women in New Haven from different race and ethnic groups, however, significant disparities in education levels emerge. More than half of white women (52 percent) have a bachelor's degree or higher, compared with 14 percent of black women and 12 percent of Hispanic women.
- In New Haven, as in the United States as a whole, men earn more than women with similar levels of education, leading to a persistent gender wage gap.
- Women in New Haven with a bachelor's degree earn nearly twice as much as women without a high school diploma.
- Women in the city with bachelor's degrees, however, earn less than men with only some college education or an associate's degree.

- Women and men in New Haven are more likely than their counterparts nationally to hold bachelor's degrees or higher. They are also more likely than women and men across the nation to have less than a high school diploma.

## *Introduction*

Education is a key to women's long-term economic security and stability. In the United States and around the world, adults with higher levels of education consistently earn more than those with lower levels and are less likely to live in poverty (Gornick and Jäntti 2010).

Nationally, women have made significant strides in higher education; they now outnumber men in both undergraduate and graduate degree programs (Snyder and Dillow 2011). Nonetheless, women's median annual earnings continue to be less than men's and women are more likely than men to be poor. These factors suggest that although women on the whole fare well educationally, it is critical to ensure both that their education prepares them for future economic success and that they do not face discrimination in the labor market. It is also critical to attend to the barriers that some girls, particularly those from low-income families, encounter in striving to achieve their educational goals.

In New Haven's public schools, girls outperform boys in many ways. Both girls and boys from the city's low-income neighborhoods, however, have significantly lower test scores than students from more affluent neighborhoods and are less likely to graduate with the skills necessary to succeed in college and later in life (a pattern that holds true across the state as well; Connecticut Commission on Educational Achievement 2012). One of New Haven's greatest challenges, then, is to close the gap between wealthy and poor students—a challenge the city strives to address through its School Change Initiative. Like school districts across the nation, New Haven must also face the challenge of examining how well the education system serves women and girls and prepares them for jobs and careers with family-sustaining wages.

## *Early Care and Education*

Meeting one's full educational potential often begins with a strong foundation in early childhood, which for many includes early care and education programs. Research suggests that participating in these programs helps children to develop strong social and cognitive skills that prepare them for educational success (Schweinhart et al. 2005). Care and education in the early years have many benefits, including gains in math and language skills, improved scholastic achievement, and an increased likelihood that a child will enroll in postsecondary education (Campbell et al. 2001).

The benefits of strong early care and education programs are particularly important in places such as New Haven, where a relatively high percentage of young children face risk factors—such as poverty and low levels of parental education—that make it more difficult to succeed educationally. A study by the Highscope Educational Research Foundation of more than 120 children born into poverty found that those who had been enrolled in a high-quality preschool program were much more likely not only to have graduated from high school, but also to have attended college and own a home (Schweinhart et al. 2005).

To address the challenges posed by risk factors such as poverty and limited parental education, and to help close the achievement gap in New Haven’s schools, the New Haven Early Childhood Council has created an early care and education system that serves about 2,700 children by improving and coordinating their access to high quality early childhood care and education. The Council has developed child care centers throughout New Haven and helped boost preschool attendance from 64 percent in 2001 to 73 percent in 2008. It has also worked to improve the quality of care offered by center and home-based providers, connecting early care and education teachers to continuing education and professional development opportunities and assisting providers through the accreditation process (New Haven Early Childhood Council 2009).

While early care and education programs benefit children in many ways, they also provide an important workforce support for mothers and fathers. Affordable, quality child care makes it possible for parents to do their jobs while knowing their children are receiving adequate care and a strong educational foundation. Unfortunately, for many families the cost of child care is prohibitively expensive. A family in Connecticut with two workers that has one preschooler and one schoolchild pays an average of \$1,301 per month for child care, making child care the largest expense. In some cases, the high cost of child care threatens a family’s economic security or makes it impossible for a second parent to work and add to the family’s income (Wider Opportunities for Women 2012).

For many women, a strong early care and education system is an absolutely critical form of workforce support. According to one national study, three of four employed mothers work at least 30 hours per week, and more than nine in ten use some kind of child care (Boushey and Wright 2004).

## *Academic Achievement in New Haven*

Like early care and education, a strong primary and secondary education helps lay the groundwork for future economic security and stability. In New Haven, girls appear to be faring fairly well at establishing this foundation relative to their male counterparts. Recent test results show that in the city’s public schools, girls outperform boys in many ways.<sup>25</sup> In 2010–2011, girls in New Haven’s third through

In 2010–2011, girls in New Haven’s third through eighth grades scored higher than boys on nearly every section of the Connecticut Mastery Test (CMT).

<sup>25</sup> The New Haven Public School (NHPS) district consists of more than 40 schools that serve a student body comprised primarily of students of color. Black students constitute the largest group in New Haven’s public schools (55 percent), followed by Hispanic students (31 percent) and white students (11 percent; Appendix II, Table 8).

eighth grades scored higher than boys on nearly every section of the Connecticut Mastery Test (CMT), including in mathematics (in all grades except third and sixth) and in fifth and eighth grade science, the only years for which data are available by gender in this subject (Table 4.1). Girls were also significantly more likely to score at or above proficiency on the writing section of the CMT than boys at every grade level (Table 4.1).

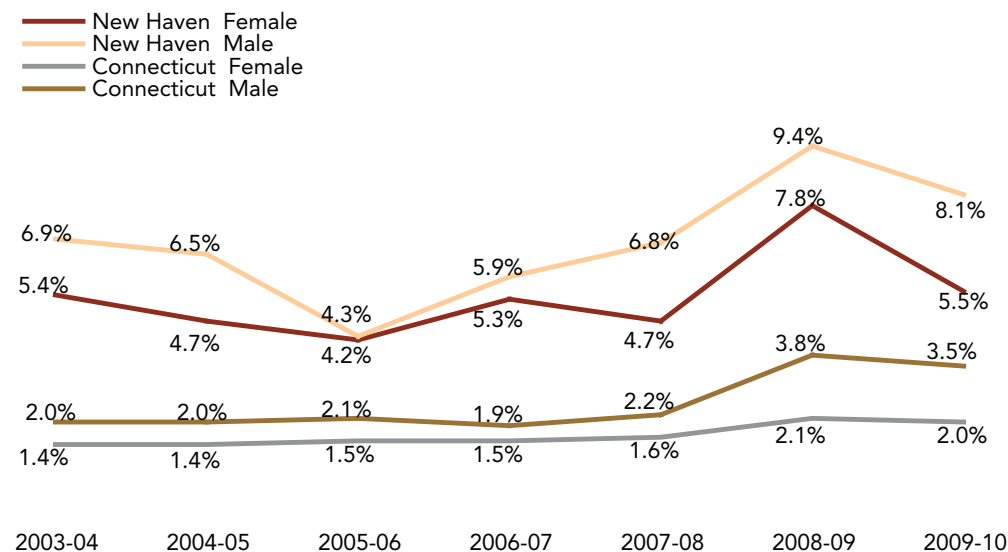
**Table 4.1.**  
Percentage of Third Through Eighth Graders Who Scored At or Above Proficiency on Math, Reading, Science, and Writing by Gender, New Haven, 2010–2011

Subject	3rd Grade		4th Grade		5th Grade		6th Grade		7th Grade		8th Grade	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Math	65%	70%	70%	65%	73%	71%	73%	73%	77%	73%	72%	67%
Reading	51%	49%	50%	48%	51%	48%	73%	73%	79%	71%	71%	64%
Writing	72%	54%	77%	60%	83%	65%	78%	65%	65%	49%	67%	50%
Science	N/A	N/A	N/A	N/A	61%	57%	N/A	N/A	N/A	N/A	56%	50%

Source: IWPR compilation of data from the Connecticut State Department of Education (2012a).

Although girls generally outperform their male peers in New Haven's public schools in the third through eighth grades, their relative success compared with boys in high school is more mixed. In 2011, girls in the city's schools received, on average, better writing scores on the SAT than boys (421 for girls compared with 407 for boys), but girls' math, reading, and composite scores in New Haven and Connecticut were lower than boys'. The composite scores of both girls (1221) and boys (1230) in New Haven are significantly below the average composite scores of girls (1503) and boys in Connecticut (1525; Table 4.2). They are also well below the minimum scores required for top colleges in the United States (Connecticut State Department of Education 2010).

**Figure 4.1.**  
**Dropout Rates by Gender for New Haven and Connecticut, 2003–2010**



Note: Students in grades 9–12.

Source: IWPR compilation of data from the Connecticut State Department of Education (2012e).

While test scores in New Haven’s public schools are lower than in Connecticut as a whole, recent results from the Connecticut Academic Performance Test (CAPT), administered to students in grade 10, show that student performance in the city’s schools has improved over the last several years. In all subjects combined (mathematics, reading, writing, and science), 62 percent of all students tested in 2011 were proficient or more than proficient, compared with 58 percent in 2010, 53 percent in 2009, and 57 percent in 2008. Students in New Haven were most likely to be proficient (or above proficient) in writing (75 percent), followed by reading (61 percent), science (58 percent), and mathematics (54 percent; Connecticut State Department of Education 2012c).

In striving to make educational gains, the New Haven public schools must contend with certain challenges, including a relatively high proportion of students whose families lack economic security and stability. Nearly four in five students (78 percent) in New Haven’s public schools qualify for free- or reduced-price lunch, compared with one-third (34 percent) of all students in Connecticut (Connecticut State Department of Education 2012d). New Haven’s schools also have a dropout rate that is higher than Connecticut’s schools as a whole, with the dropout rates for boys in both the city and state remaining consistently higher than the dropout rates for girls. Among girls in New Haven, the dropout rate rose from 5.4 percent in the 2003–2004 school year to 7.8 percent in the 2008–2009 school year. For boys in the city, the dropout rate increased from 6.9 percent in 2003–2004 to 9.4 percent in 2008–2009. Some variation occurred in the dropout rates from year to year, with the 2005–2006 school year marking the low point for both girls (4.2 percent) and boys in New Haven (4.3 percent). Between the 2008–2009 and 2009–2010 school year, however, the dropout rates for both girls and boys significantly decreased (Figure 4.1).



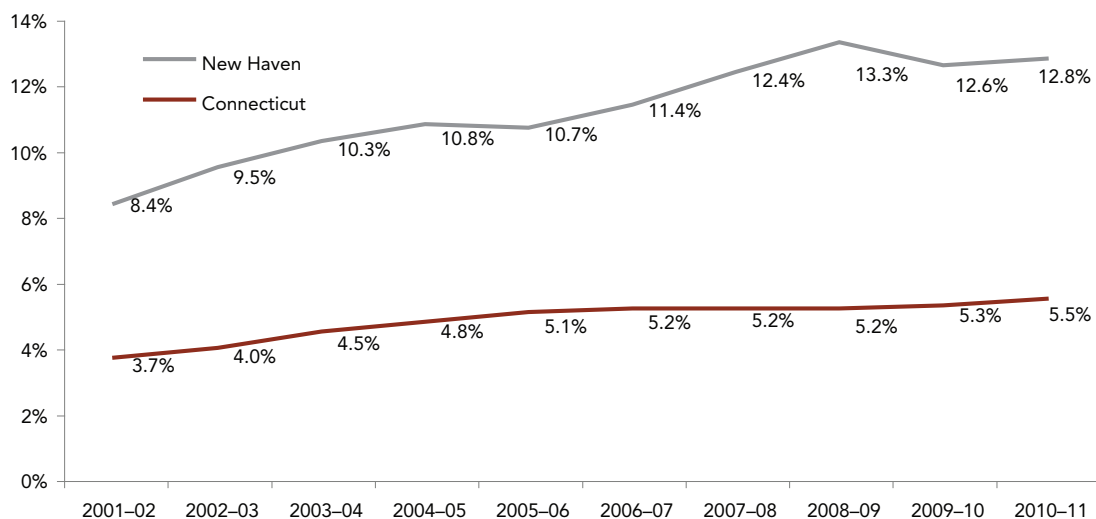
Table 4.2.  
Average SAT Scores by Gender, New Haven and Connecticut, 2011

Subject	New Haven		Connecticut	
	Female	Male	Female	Male
<b>Composite</b>	1221	1230	1503	1525
<b>Math</b>	391	409	491	522
<b>Reading</b>	410	413	499	505
<b>Writing</b>	421	407	513	498

Source: IWPR compilation of data from the Connecticut State Department of Education (2012b).

In recent years, the city's schools have also experienced challenges stemming from a shift in the student body as the number of English language learners (ELLs) has increased (along with the number of ELLs in Connecticut's schools as a whole). In New Haven, the number of ELLs has increased significantly between 2001 and 2011, while total enrollment has remained fairly stable. The number of ELLs has grown from 1,629 students or 8.4 percent of total enrollment in the 2001–2002 school year, to 2,446 students (or 12.8 percent of total enrollment) in the 2010–2011 school year (Figure 4.2).

Figure 4.2.  
Percent of English Language Learners in New Haven and Connecticut Public Schools, 2001–2011



Source: IWPR compilation of data from the Connecticut State Department of Education (2012f).

## *Educational Attainment*

In New Haven, women and men have similar levels of education, reflecting the national trend in which women have made steady progress in attaining higher educational levels and closing the education gap with men. One-third of both women (32 percent) and men (34 percent) aged 25 and older in the city have a bachelor's degree or higher, and 22 percent of women and 18 percent of men have some college or an associate's degree. One in five women and men (19 and 20 percent, respectively) aged 25 and older in New Haven has less than a high school diploma (Figure 4.3).

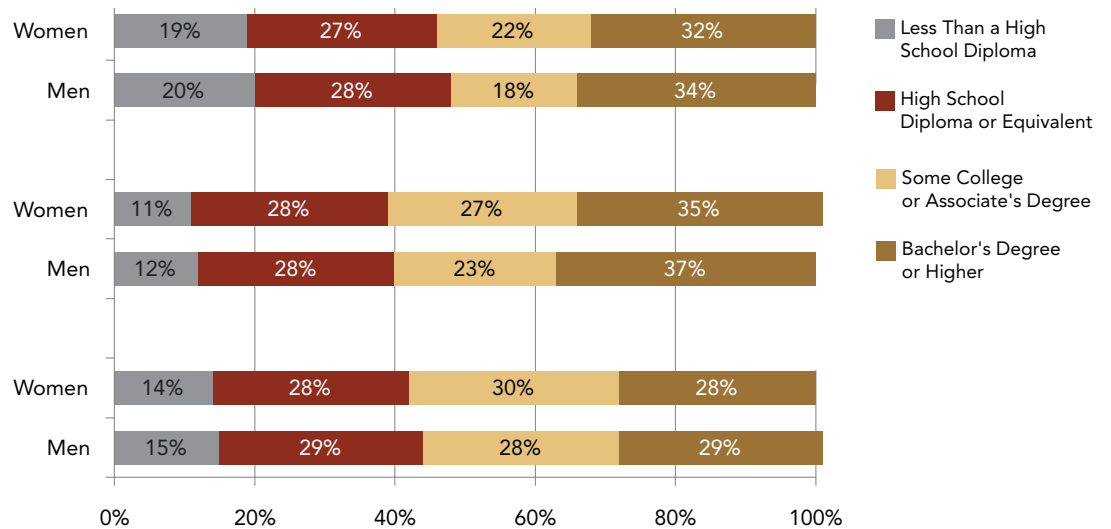
Overall, the educational attainment of women in New Haven is lower than that of both women and men in Connecticut. In the state as a whole, 35 percent of women and 37 percent of men have a bachelor's degree or higher; 27 percent of women and 23 percent of men have some college or an associate's degree. Only 12 percent of men and 11 percent of women in Connecticut have less than a high school diploma (Figure 4.3).

The comparisons between the education levels of New Haven's residents and those of women and men across the nation, however, are more mixed, with more individuals in New Haven concentrated at both the high end and the low end of the educational spectrum. Women and men in the city are more likely than their counterparts in the nation as a whole to have a bachelor's degree or higher. At the same time, women and men in New Haven are more likely than women and men in the United States to have less than a high school diploma (Figure 4.3).

Much like women and men overall in New Haven, immigrant women in the city tend to fall into disparate groups when it comes to education. More than four in ten (44 percent) have a bachelor's degree or higher, a larger proportion than immigrant men (36 percent) in New Haven as well as immigrant women (31 percent) and immigrant men (32 percent) in Connecticut. The relatively large proportion of immigrant women in New Haven with at least a bachelor's degree may be due to a sizable presence of immigrant women as students and staff at the city's largest employers, Yale University and the Yale-New Haven Hospital. At the same time, one in four (25 percent) immigrant women in New Haven has less than a high school diploma, a proportion that is similar to immigrant men in the city (24 percent) and immigrant women and men in Connecticut (23 percent each), but much higher than native-born women and men in New Haven (17 percent each) and Connecticut (nine percent and 10 percent, respectively; Appendix II, Table 9).



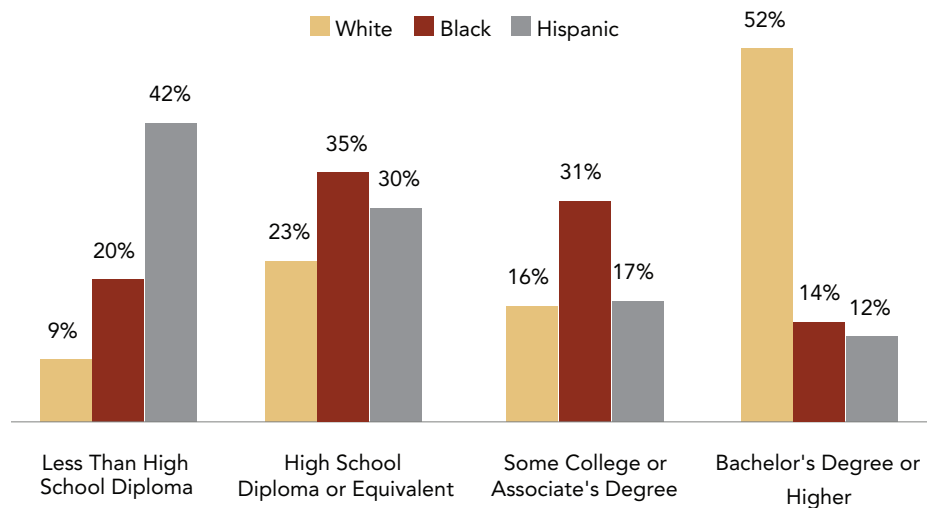
**Figure 4.3.**  
Educational Attainment of Women and Men Aged 25 Years and Older in  
New Haven, Connecticut, and United States, 2008–2010



Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

When comparing the educational attainment of women in New Haven from different race and ethnic groups, significant disparities emerge. In New Haven, more than half (52 percent) of white women hold a bachelor's degree or higher, compared with 14 percent of black women and 12 percent of Hispanic women (Figure 4.4). The same pattern exists in Connecticut as a whole and in the nation. In Connecticut, 38 percent of white women hold a bachelor's degree or higher, compared with 18 percent of black women and 16 percent of Hispanic women. In the United States, 30 percent of white women, 19 percent of black women, and 14 percent of Hispanic women have a bachelor's degree or higher (Appendix II, Table 10).

**Figure 4.4.**  
Educational Attainment of Women Aged 25 and Older by Race/Ethnicity,  
New Haven, 2008–2010



Notes: Sample size is insufficient to reliably estimate the educational attainment of Asian women.

Whites are identified as exclusive: white, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

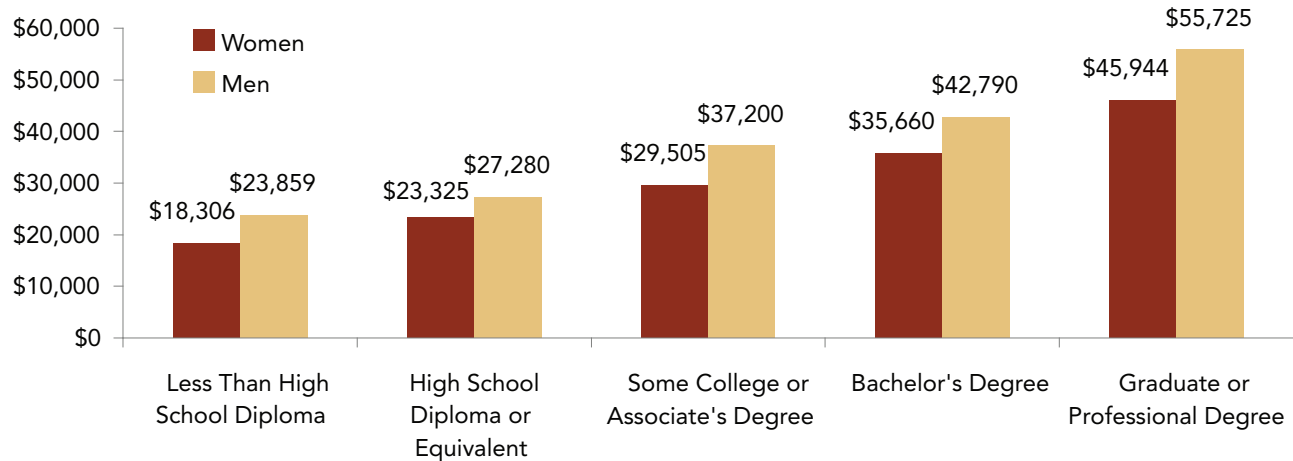
## Education and Earnings

Wage data show the importance of postsecondary education for women in New Haven and across the nation. In New Haven, the median annual earnings for female workers with less than a high school diploma are about half (\$18,306) the median annual earnings for those with a bachelor's degree (\$35,660). Among male workers in the city, the same pattern holds true: the median annual earnings for those with less than a high school diploma are \$23,859, compared with \$42,790 for those with a bachelor's degree. Women and men with a graduate or professional degree have the highest earnings (\$45,944 and \$55,725, respectively; Figure 4.5).

Although women benefit economically from achieving higher levels of education, men experience greater returns in the labor market from education. In New Haven, as in Connecticut and the United States, male workers earn more than female workers with equivalent levels of education (Figure 4.5; Appendix II, Table 11). This disparity in earnings is due not only to discrimination in the labor force, but also to occupational segregation. Research shows that at each skill level (low, medium, high), female-dominated professions, such as teaching and social work, are lower-paid than male-dominated professions, such as computer software engineering and construction management (Hegewisch et al. 2010).

In New Haven, the median annual earnings for female workers with less than a high school diploma are about half (\$18,306) the median annual earnings for those with a bachelor's degree (\$35,660).

**Figure 4.5.**  
**Median Annual Earnings by Gender and Educational Attainment, Aged 25 Years and Older, New Haven, 2006–2010**



Notes: 2010 inflation-adjusted dollars.

Includes full- and part-time workers.

Source: IWPR compilation of American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

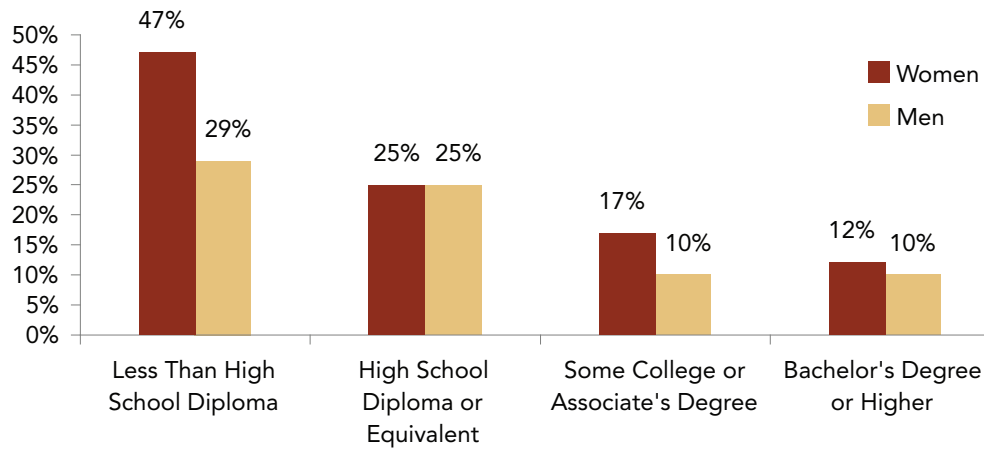
## *Education and Poverty*

A close look at poverty rates among women and men with varying education levels indicates that education is crucial to women's (and men's) basic economic security. In New Haven, nearly half (47 percent) of women with less than a high school diploma live in poverty, compared with one in four (25 percent) of those with a high school diploma or the equivalent and just 12 percent of those with a bachelor's degree or higher. Men without a high school diploma are also much more likely to live in poverty than men with a college or advanced degree (29 percent compared with 10 percent; Figure 4.6). In both Connecticut and the United States, this pattern of lower poverty rates among those with higher education levels also holds true (Table 4.3).

While having higher levels of education is critical to the economic security of both women and men, the economic risks of not completing secondary education are far greater for women. Women in New Haven who do not have a high school diploma are 62 percent more likely than comparable men to be poor (Figure 4.6). In Connecticut as a whole and in the United States, women without a high school diploma or the equivalent are also significantly more likely than comparable men to be poor, although the difference in their poverty rates is somewhat smaller. In the state, women without a high school diploma or the equivalent are 44 percent more likely than men without a high school diploma or the equivalent to be poor; in the nation, women are 36 percent more likely than men to live below the federal poverty line (Table 4.3).

Figure 4.6.

Poverty Rates for the Population Aged 25 Years and Older by Educational Attainment and Gender, New Haven, 2008–2010



Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

Women in New Haven who do not have a high school diploma are 62 percent more likely than comparable men to be poor.

The low earnings and high poverty rates of women with lower levels of education make it especially important to ensure that all women and girls have access to higher education and the support necessary to succeed in achieving their educational goals. Women who are parents, in particular, often encounter distinctive challenges in pursuing their educational goals, including the need for child care and for greater and more specialized student services for those raising children (Miller, Gault, and Thorman 2011).

### Higher Education: A New Haven Promise

To address the growing financial burden of pursuing higher education, the City of New Haven has partnered with Yale University and the Community Foundation for Greater New Haven to create New Haven Promise, a scholarship program that works to ensure that all New Haven public school students have the opportunity to pursue postsecondary education, regardless of their financial circumstances. The Promise scholarship, which provides full tuition to any public, in-state college or university, and up to \$2,500 annually for any private, in-state institution, is available to all New Haven Public School students with a cumulative 3.0 GPA and at least ninety percent attendance in high school (New Haven Public Schools 2012b). In the first year of "Promise"—which is part of the larger initiative launched in 2009 in New Haven called "School Change"—71 girls and 41 boys received the scholarship.

Table 4.3.

Poverty Rates by Gender and Educational Attainment in New Haven, Connecticut, and United States, Aged 25 Years and Older, 2008–2010

Educational Attainment	New Haven		Connecticut		United States	
	Women	Men	Women	Men	Women	Men
<b>Population 25 Years and Older with Earnings</b>						
<b>Less Than High School Diploma</b>	47%	29%	26%	18%	30%	22%
<b>High School Diploma or Equivalent</b>	25%	25%	11%	8%	14%	11%
<b>Some College or Associate's Degree</b>	17%	10%	8%	5%	11%	7%
<b>Bachelor's Degree</b>	12%	10%	3%	2%	4%	4%

Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).



## V. Health and Well-Being

### *Key Findings*

- The availability of reliable, gender-specific health data for New Haven City varies greatly by health condition, highlighting the need for expanded data collection and distribution. Particularly pressing gaps in data include information about cardiovascular disease, various forms of cancer, mental health conditions, and addictive behaviors, including smoking.
- Women in New Haven are more likely than men to have health insurance. White women have the highest rate of coverage among women and men in the city at 95 percent. Hispanic men have the lowest coverage rates (58 percent). Although women overall have higher rates of coverage than men, significant disparities exist between women of different races and ethnicities. Twenty-one percent of Hispanic women in New Haven are uninsured, compared with five percent of white women and ten percent of black women.
- Overall, black and Hispanic women in New Haven have worse health outcomes than the city's white women, particularly on indicators of maternal health. New Haven's black women have the highest rates of infant mortality and babies born at low birth weight, and black and Hispanic women in the city and are less likely than white women to have adequate prenatal care.
- Approximately half of girls (47 percent) as well as half of boys (51 percent) are overweight.



## *Introduction*

Health is a critical and complicated component of women's and girls' lives. Poor health can pose serious obstacles to economic stability, educational attainment, and employment opportunities, just as good health can help women prosper in all of these areas. Yet, health can also be quite hard to control. A person's health is shaped by personal factors such as genetics, family history, and lifestyle choices, as well as by one's environment. The contexts in which people live and work play very important roles in determining whether they are protected from or put at risk of disease, as well as the diseases to which they are exposed (World Health Organization 2008).

Overall, Connecticut residents enjoy relatively good health, but there are very serious and striking health disparities across the state, particularly in communities with significant populations of low-income residents and people of color. As one of the state's few "urban cores" where a majority of residents are ethnic minorities and many live in poverty, New Haven suffers from pronounced racial and ethnic health disparities. For example, New Haven's black and Hispanic residents have far higher rates of infant mortality, babies born with low birth weight, and teen births than the city's white residents. Some evidence also suggests that certain chronic diseases—such as heart disease, diabetes, and stroke—disproportionately affect the city's black and Hispanic women.

Despite these disparities, women in New Haven often have better health outcomes than their male counterparts. For example, when accounting for distributional age differences among women and men, women are less likely to die from heart disease and stroke. While the exact reasons for these differences are unclear, they may stem partly from the fact that women are more likely to engage in preventive care measures, such as making regular visits to the doctor and maintaining healthy eating habits (American Society for Microbiology 2008; Bertakis et al. 2000).

## *Access to Health Care: Health Insurance Coverage*

Health insurance is critical to the ability of women and girls to access health care. In general, women in New Haven, as in Connecticut and the United States, are insured at higher rates than men. The largest difference between women and men occurs within the Hispanic population; 79 percent of Hispanic women are insured, compared with 58 percent of Hispanic men.<sup>26</sup> Although women in New Haven enjoy relatively high rates of health insurance coverage, substantial disparities exist in the city among women of different race and ethnic groups. White women are the

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<sup>26</sup> Those with health insurance were covered by one of the following options at the time the American Community Survey data were collected: (1) employer-provided insurance; (2) privately purchased insurance; (3) Medicare; (4) Medicaid or other governmental insurance; (5) TRICARE or other military care; or (6) Veterans Administration-provided insurance. The Census Bureau does not consider respondents to have coverage if their only coverage is from Indian Health Services (IHS), since IHS policies are not always comprehensive.



most likely to have health insurance coverage (95 percent), followed by black women (90 percent) and Hispanic women (79 percent). Women of all three race and ethnic groups are, on the whole, more likely to have health insurance coverage than comparable women in Connecticut and the United States (Table 5.1).

**Table 5.1.**  
Health Insurance Coverage by Gender and Race/Ethnicity in New Haven, Connecticut, and United States, 2008–2010

	New Haven		Connecticut		United States	
	Women	Men	Women	Men	Women	Men
<b>White</b>						
<b>With Health Insurance Coverage</b>	95%	89%	95%	92%	90%	87%
<b>Black</b>						
<b>With Health Insurance Coverage</b>	90%	83%	88%	80%	82%	73%
<b>Hispanic</b>						
<b>With Health Insurance Coverage</b>	79%	58%	79%	65%	66%	57%

Note: For women and men aged 16 and older.

Whites and blacks are identified as exclusive: white, not Hispanic; and black, not Hispanic.

Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

Source: IWPR analysis of 2008–2010 IPUMS American Community Survey microdata (Ruggles et al. 2010).

## Chronic Disease

Despite relatively high rates of health insurance coverage in New Haven, chronic diseases, which are the most common causes of death (Kung et al. 2008) and disability (Centers for Disease Control and Prevention 2006) in the United States, pose a serious concern for many women in New Haven. In particular, available data on cardiovascular disease, cancer, HIV/AIDS, diabetes, and asthma suggest that each affects the health and well-being of many of the city's women and girls.

### Cardiovascular Disease and Diabetes

Women in New Haven are less likely than men to die from cardiovascular disease (heart disease or stroke) or diabetes (when using an age-adjusted mortality rate, which accounts for distributional age differences among population groups;

Appendix II, Table 16). Nonetheless, these diseases pose a serious concern for many women in New Haven, particularly among women from the most under-resourced neighborhoods, which are predominantly black and Hispanic. When surveyed for a project conducted by the Community Alliance for Research and Engagement (CARE), women in New Haven's six most under-resourced neighborhoods reported rates of heart disease and diabetes—as well as obesity, asthma, and high cholesterol—that were above those of the survey's male respondents (Ickovics, Rosenthal, and Carroll-Scott N.d.). Although these data suggest that there may be gender differences in these diseases in New Haven, there is insufficient citywide data collected on these conditions. Therefore, it is difficult to draw definitive conclusions about the extent to which women and men are affected by them.

## Cancer

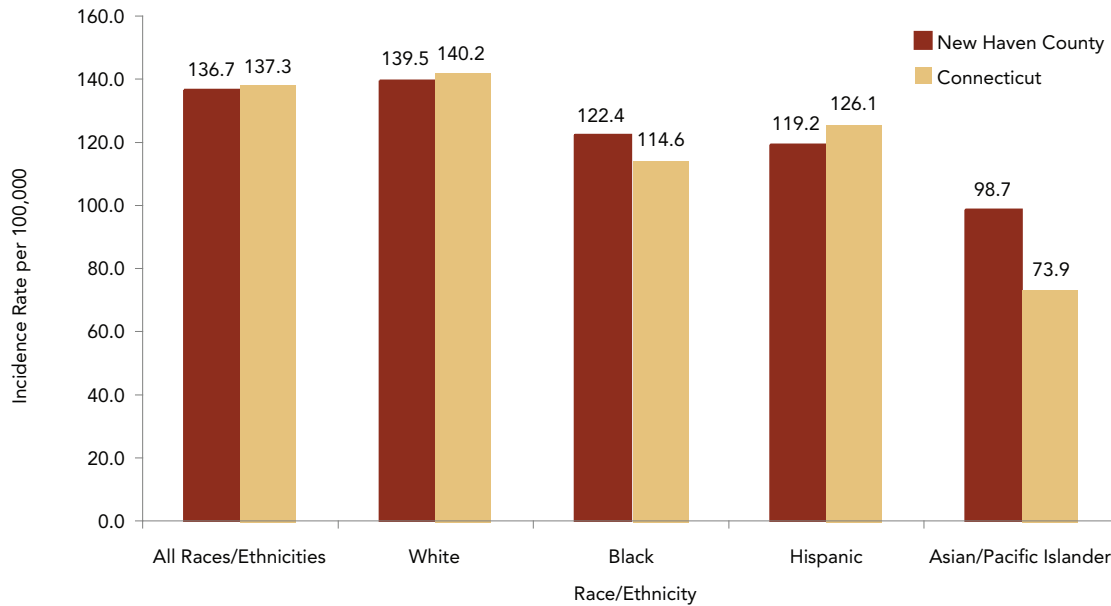
In recent decades, the nation has made considerable progress in the prevention, detection, and treatment of certain forms of cancer. Nevertheless, cancer is the second leading cause of death for all women in the United States, after heart disease (Centers for Disease Control and Prevention 2011a). Lung and breast cancer are the forms of cancer from which women are most likely to die (Centers for Disease Control and Prevention 2012).

In New Haven County, women of all races and ethnicities combined fare slightly better than in Connecticut when it comes to the incidence of breast cancer, with an average incidence of 136.7 per 100,000 (compared with 137.3 for the state) between 2005 and 2009.<sup>27</sup> The rates for white and Hispanic women in the county are lower than the comparable rates for white and Hispanic women in Connecticut. Conversely, black women in New Haven County have a higher incidence of breast cancer than black women in Connecticut (122.4 vs. 114.6; Figure 5.1). Since the demographic profiles of New Haven County and New Haven City, however, are very different, the cancer rates for New Haven County are not necessarily indicative of the city's rates.

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<sup>27</sup> Since rates of cancer incidence and mortality are not available for New Haven City, county rates are used here instead. New Haven County, however, has different demographics than New Haven City, so the rates presented do not necessarily present an accurate depiction of cancer incidence among women in the New Haven City.

**Figure 5.1.**  
**Breast Cancer Incidence Rates by Race/Ethnicity, New Haven County and Connecticut, 2005–2009**



Note: Whites are identified as exclusive: white, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

Source: IWPR compilation of 2005–2009 data from the National Cancer Institute (2010).

While women overall in New Haven County have a slightly lower incidence rate of breast cancer than in Connecticut as a whole, they have slightly higher rates of cervical cancer compared with all women across the state. In New Haven County, women have an average cervical cancer incidence of 7.1 per 100,000 from 2005–2009, compared with 6.1 per 100,000 in the state as a whole. In both New Haven County and Connecticut, Hispanics have the highest cervical cancer rates (9.3 and 10.7 per 100,000, respectively), followed by blacks (8.5 per 100,000 in New Haven County and 7.6 per 100,000 in Connecticut) and whites (6.6 per 100,000 in New Haven County and 5.4 per 100,000 in Connecticut; Appendix II, Table 17).

Women's incidence rates of ovarian cancer in New Haven County are slightly lower than their rates of ovarian cancer in Connecticut as a whole. From 2005–2009, the incidence rate of ovarian cancer for women in New Haven County was 12.5 per 100,000, compared with 12.9 per 100,000 for women in the state. In both New Haven County and Connecticut, white and Hispanic women had higher incidence rates of ovarian cancer than black women (Appendix II, Table 18).

## HIV/AIDS

As of 2009, close to half (46 percent) of the 10,574 people in Connecticut living with HIV/AIDS resided in New Haven, Bridgeport, or Hartford (Connecticut Department of Public Health 2010). In New Haven, as in the state of Connecticut as a whole, the number of new cases of HIV/AIDS in the city has declined dramatically in recent years, dropping from 106 new diagnoses in 2002 to 41 in

2010, with some variation from year to year (Connecticut Department of Public Health 2012). During this time period, women's share of new diagnoses also decreased (from 47 percent in 2002 to 32 percent in 2010), with the low point occurring in 2009, when women made up just 15 percent of newly diagnosed cases in the city (Connecticut Department of Public Health 2012). More research—including research disaggregated by gender, age, and race/ethnicity—is needed to examine trends among women of different race and ethnic groups.

## Asthma

In New Haven, adult women are significantly more likely than men to be hospitalized for asthma; between 2001 and 2005, their hospitalization rates were 39.7 per 10,000, compared with 22.1 per 10,000 for adult men (Appendix II, Table 12). Girls (aged 0–17) in the city, however, were less likely to be hospitalized for asthma than boys; the asthma hospitalization rate for girls was 64.0 per 10,000 compared with 78.9 per 10,000 for boys (Appendix II, Table 13). Among both children and adults, blacks and Hispanics in New Haven were much more likely to be hospitalized for asthma than their white counterparts (Appendix II, Tables 14 and 15).<sup>28</sup>

## Burden of Disease

While an age-adjusted mortality rate suggests that women in New Haven are less likely than men to die from heart disease and stroke, a different result emerges when a crude mortality rate (CMR) is used. Unlike the age-adjusted mortality rate, the crude mortality rate does not account for age differences among groups and thus shows the burden of disease for populations, rather than the risk of disease. In New Haven, women of all races and ethnicities combined have a slightly higher crude mortality rate (CMR) than comparable men for heart disease (146 compared with 144 per 100,000), diabetes (23 compared with 20 per 100,000), and strokes (32 compared with 28 per 100,000; Table 5.2), indicating that the burden of these diseases is slightly higher for women.

White women have much higher crude mortality rates from heart disease and strokes than black women, while black women have a higher CMR for diabetes (Table 5.2). These differences between CMRs for white and black women may be due partly to the different age structures between the two groups. Because the average age for white women in New Haven is higher than the average age for black women, white women may experience more heart disease as well as other diseases that disproportionately affect older people.<sup>2</sup>

<sup>28</sup> For both adults and children, the rates of hospitalizations for asthma were considerably higher in New Haven and similar urban areas in the state between 2001 and 2005 than in the rest of Connecticut. A fact sheet by the Connecticut Department of Public Health (2009b) shows that among all residents in the state's five largest cities (Bridgeport, Hartford, New Haven, Stamford, and Waterbury), the asthma hospitalization rate for this five-year period among all residents was 27.0 per 10,000, compared with 9.9 per 10,000 for the rest of Connecticut. In each of the five cities and in the rest of Connecticut, rates of hospitalization were higher for adult women than adult men.

<sup>29</sup> The sample size is too small to reliably estimate the CMR for Hispanic men and women in New Haven.

Table 5.2.

Crude Mortality Rates per 100,000 for Selected Causes by Gender and Race/Ethnicity, New Haven, 2005–2009

Cause of Death	All Races		White		Black	
	Women	Men	Women	Men	Women	Men
<b>Coronary Heart Disease</b>	145	144	295	235	123	166
<b>Diabetes</b>	23	20	27	22	36	32
<b>Stroke</b>	32	28	65	47	29	26

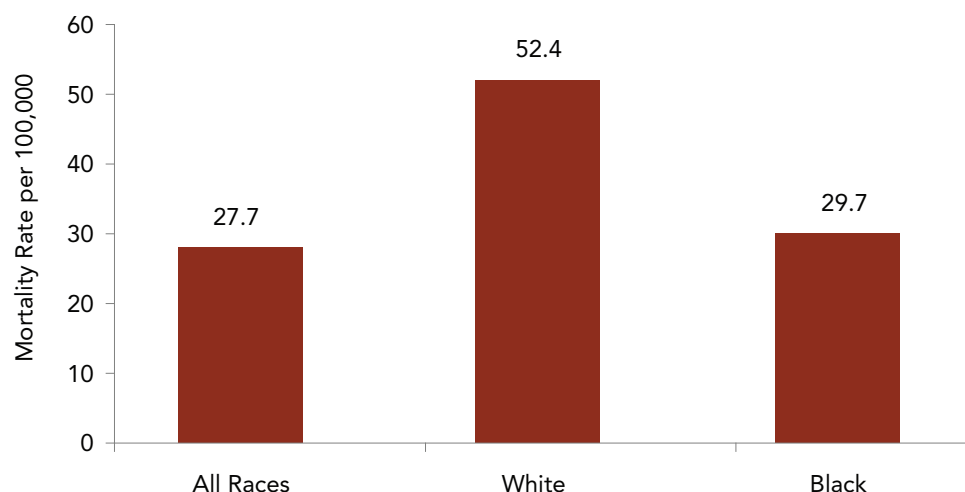
Notes: Whites and blacks are identified as exclusive: white, not Hispanic; and black, not Hispanic.

Source: City of New Haven calculations based on data from Connecticut Department of Public Health Death Master File and the 2010 U.S. Census (City of New Haven 2012a).

With regard to cancer, white women in New Haven City have a significantly higher crude mortality rate for breast cancer than black women (Figure 5.2). There are not enough incidences of ovarian and cervical cancer to reliably estimate the crude mortality rates for these causes among women in New Haven.

Figure 5.2.

Crude Mortality Rates for Breast Cancer per 100,000 Women by Race/Ethnicity, New Haven, 2005–2009



Notes: Whites and blacks are identified as exclusive: white, not Hispanic; and black, not Hispanic.

Source: City of New Haven calculations based on data from Connecticut Department of Public Health Death Master File and the 2010 U.S. Census (City of New Haven 2012a).

## Girls' Health in New Haven: Health Behaviors and Chronic Disease

When started at an early age, certain behaviors, such as tobacco and alcohol use and poor dietary habits, can lead to chronic diseases later in life. A 2011 survey by the Community Alliance for Research and Engagement (CARE) of students in twelve kindergarten through eighth grade schools in New Haven found that a significant proportion of both girls and boys in this age group engage in health behaviors that could negatively affect their well-being in the years to come. Approximately half (47 percent of girls and 51 percent of boys) of those surveyed were overweight or obese, a problem that may stem from poor dietary habits and inadequate physical activity. Four in ten boys and more than one in three girls (35 percent) surveyed in the CARE study reported drinking more than three cans of soda or sugar-sweetened beverages per day. Only 16 percent of girls and 21 percent of boys said they eat at least five servings of fruits and vegetables every day, and just 13 percent of girls and 24 percent of boys reported getting an average of at least one hour of physical activity each day.

The poor health behaviors of many girls and boys surveyed do not necessarily stem from a lack of information about good health provided in New Haven's local schools. About half (51 percent) of both girls and boys surveyed said they had seen or heard messages in school about nutrition "most or all of the time." A slightly larger proportion (58 percent of girls and 57 percent of boys) reported the same about exercise (Peters et al. N.d.).

## *Reproductive and Maternal Health*

Access to prenatal care and perinatal/postnatal mental health services are important indicators in assessing women's health status. Without these services, women and their children are more likely to experience negative health outcomes.

### Prenatal Care

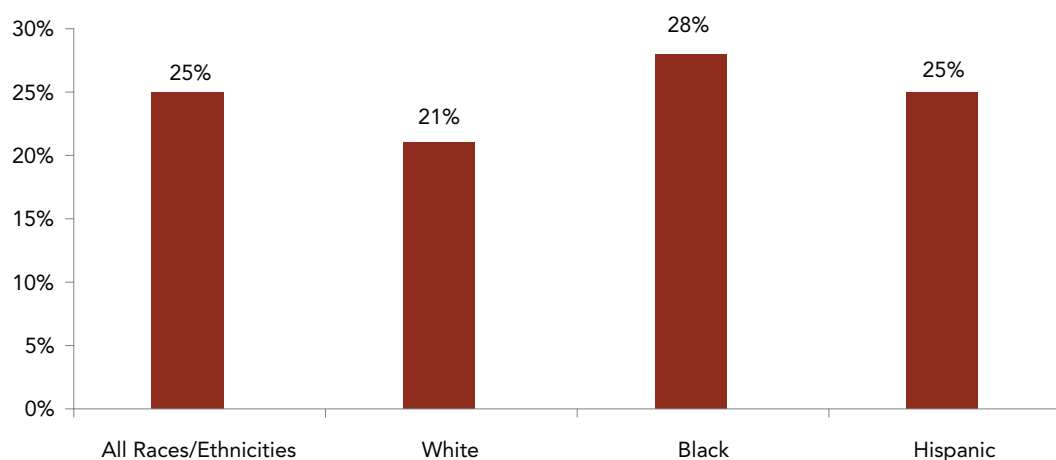
Women who receive adequate prenatal care are, in general, more likely to deliver healthy babies (U.S. Department of Health and Human Services 2009).<sup>30</sup> In New Haven, however, one in four pregnant women receives non-adequate prenatal care. The proportion of women receiving non-adequate care varies across race and ethnic groups: black women and Hispanic women are more likely (28 percent and 25 percent, respectively) to receive non-adequate care than white women (21 percent;

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<sup>30</sup> The Connecticut Department of Public Health bases their designation of adequate and non-adequate prenatal care on the Adequacy of Prenatal Care Utilization (APNCU) Index. The index characterizes prenatal care based on utilization of prenatal services, namely the adequacy of timing of the initiation of prenatal care (i.e., how soon care began after gestation began) and the utilization of prenatal care visits after care has been initiated (i.e., how regularly the mother had prenatal care visits after her first visit). The APNCU Index does not evaluate the adequacy of the care provided, but only how often and how early the care was received (Kotelchuck 1994).

Figure 5.3). To address these disparities, it is critical to assist women in accessing prenatal services and, where these services are lacking, to work toward increasing their availability.

**Figure 5.3.**  
Percent of Women Receiving Non-Adequate Prenatal Care by  
Race/Ethnicity, New Haven, 2008



Notes: For mothers of all ages.

Whites and blacks are identified as exclusive: white, not Hispanic; and black, not Hispanic.

Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

Source: IWPR compilation of data from the 2008 Connecticut Department of Public Health Registration Report (Connecticut Department of Public Health 2011a).

## Infant Mortality

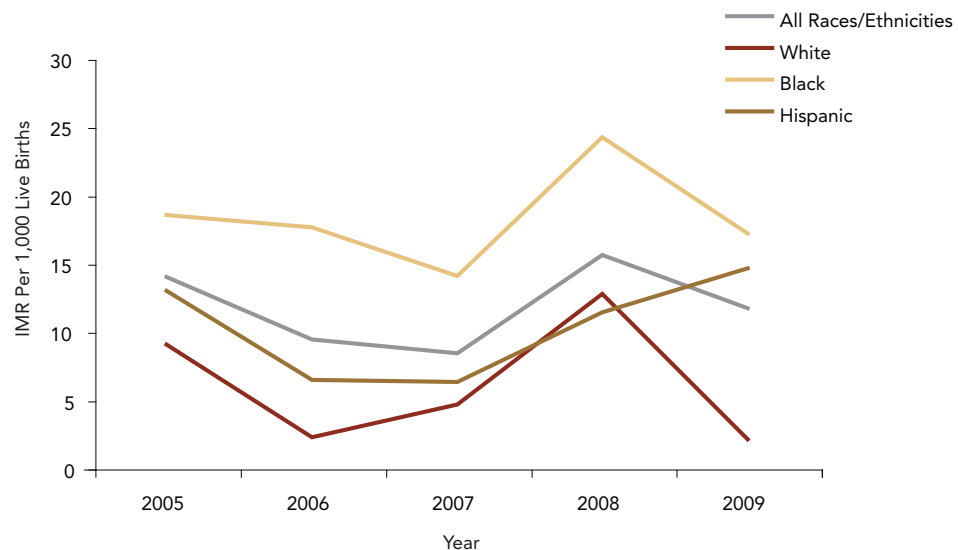
New Haven's infant mortality rate (IMR) is relatively high compared with that of the entire state. Between 2005 and 2009 the annual average IMR for women of all races and ethnicities combined in New Haven was 11.8 per 1,000 live births.

During the same time period, the IMR for Connecticut was 6.0 per 1,000 (Connecticut Department of Public Health 2011a).

In New Haven, there are significant disparities in infant mortality rates among women from different race and ethnic groups. Between 2005 and 2009, the average infant mortality rates for blacks and Hispanics in New Haven were 18.3 and 10.3 per 1,000 live births respectively, while the IMR for whites in the city was 6.2 per 1,000 live births (Figure 5.4).



**Figure 5.4.**  
Annual Infant Mortality Rates per 1,000 Live Births by Race/Ethnicity, New Haven, 2005–2009



Note: Race categories are identified as exclusive: white, not Hispanic; black, not Hispanic; and other, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race. 2009 data are categorized as "provisional" by the City of New Haven.

Source: City of New Haven calculations based on birth and death certificates recorded by the New Haven Health Department (City of New Haven 2011a).

## The Partnership to Eliminate Disparities in Infant Mortality

In the fall of 2011, New Haven became one of five cities in the nation to participate in a national initiative to address racial disparities in infant mortality. The Partnership to Eliminate Disparities in Infant Mortality (PEDIM) Action Learning Collaborative, funded in part by the W.K. Kellogg Foundation, brings together multi-disciplinary state and local teams to collaboratively develop innovative strategies for addressing these racial inequities.

## Low Birth Weight

Babies with low birth weights are a health concern in both New Haven and Connecticut. Among New Haven's live births in 2008, 11 percent of babies had low birth weights (LBW), compared with eight percent in Connecticut. In 2008, babies with low birth weight made up 16 percent of the births to black women in New Haven, compared with eight percent to white and Hispanic women and nine percent to women of other races and ethnicities (Table 5.3). In 2008, babies born to black women made up the largest share of those born with low birth weight in New Haven at 51 percent, followed by those born to Hispanic women (28 percent) and white women (17 percent; Connecticut Department of Public Health 2011a).

Table 5.3.

Babies Born with Low Birth Weight as Percent of All Births, by Race and Ethnicity of Mother, New Haven and Connecticut, 2008

Race/Ethnicity	New Haven		Connecticut	
	Number	Percent	Number	Percent
<b>All Races/Ethnicities</b>	234	11%	3,214	8%
<b>White</b>	39	8%	1,553	7%
<b>Black</b>	120	16%	684	14%
<b>Hispanic</b>	65	8%	706	8%
<b>Other</b>	10	9%	256	9%

Note: Race categories are identified as exclusive: white, not Hispanic; black, not Hispanic; and other, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race. "Other" refers to cases where a self-reported race is something other than white or black but is not marked as unknown.

Source: IWPR compilation of data from the 2008 Connecticut Department of Public Health Registration Report (Connecticut Department of Public Health 2011a).

## Teenage Pregnancy

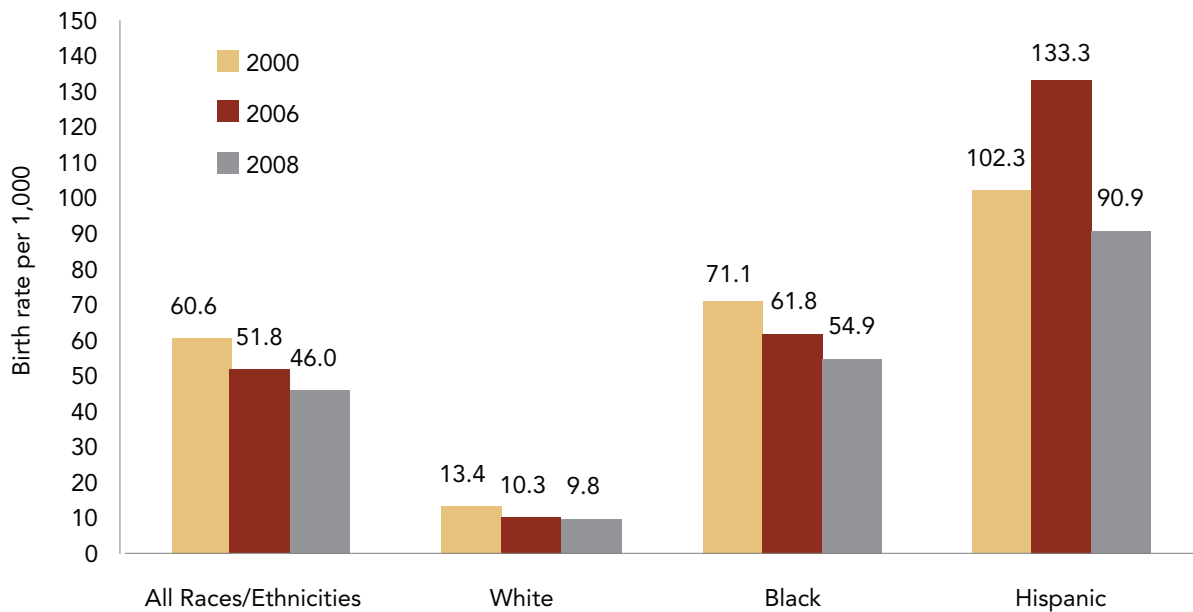
Teenage pregnancy can have serious educational and economic consequences for both the mother and child. While teen birth rates are declining in New Haven and

### Creating a Healthy Start for Women and Children

New Haven Healthy Start (NHHS) is a federally-funded urban health initiative to reduce rates of infant mortality and racial and ethnic health disparities in birth outcomes. The program uses a consumer/community driven approach to address infant mortality through the lens of the Life Course Health Perspective, targeting the social determinants of health that contribute to health inequities. NHHS implements a care coordination model that includes outreach, care coordination, case management, and education and training. During the 2011 calendar year, NHHS provided care coordination services to 867 pregnant women: 792 of these pregnant women received outreach services; and 623 infants were provided with care coordination services. Since 2002, NHHS has served 14,035 women and 7,906 infants.

**Figure 5.5.**

Teen Birth Rates in New Haven per 1,000 Teens Aged 15–19 by Race/Ethnicity, New Haven, 2000, 2006, and 2008



Note: Whites and blacks are identified as exclusive: white, not Hispanic; and black, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

Source: IWPR calculations based on the 2000, 2006, and 2008 Connecticut Department of Public Health Registration Reports (Connecticut Department of Public Health 2011a), using population data from the 2006 and 2008 American Community Survey (ACS) and the 2000 U.S. Census.

nationally, these rates (for teens aged 15–19) in New Haven are double the rates for Connecticut, with black and Hispanic girls in the city comprising about 94 percent of all births to teenage mothers in 2008 (Appendix II, Table 19). Teen birth rates in New Haven have dropped dramatically in the past decade, declining from 60.6 per 1,000 girls in 2000 to 46.0 per 1,000 in 2008. While birth rates for teens of all races and ethnicities combined have declined significantly since 2000, for Hispanic teens this drop began in 2006 (Figure 5.5).

### New Haven's School-Based Health Centers Provide Outreach

In August 2010, New Haven's School-Based Health Centers (SBHCs) began providing hormonal contraception to students who obtained parental permission to use the SBHC. Since then, more than 2,500 visits for comprehensive adolescent reproductive health care have occurred, where students received abstinence and contraceptive counseling, condoms, and hormonal contraception.

## Mental Health and Pregnancy

Research shows that depression disproportionately affects women (Mazure and Keita 2006; New Haven MOMS Partnership 2012; Smith et al. 2011) and, in New Haven, may be a significant issue among the city's low-income mothers. One study of 1,100 pregnant women and mothers with children from 0–2 years of age at public OB/GYN clinics in New Haven (which serve disproportionately low-income mothers) found that eighteen percent of the women had probable depression, and those with probable depression were more than one and a half times more likely to have given birth to a pre-term baby (Smith et al. 2011).

## Sexual Health

National data show that women are more likely than men to get a sexually transmitted infection (U.S. Department of Health and Human Services 2012). In keeping with this trend, women in New Haven are much more likely to be diagnosed with chlamydia and gonorrhea than their male counterparts. In 2010, the chlamydia rate for women and girls aged 10 and older was 182.4 per 10,000, compared with 64.3 per 10,000 for comparable males (Appendix II, Table 20). In the same year, the gonorrhea rate for women and girls aged 10 and older was 34.2 per 10,000, compared with 26.2 per 10,000 for men and boys of the same age range (Appendix II, Table 21). While the exact causes behind women's higher reported rates are unclear, it is likely due to both their increased risk—women are biologically more susceptible to certain STIs—and the fact that women visit the doctor more often and, therefore, might be more likely to be screened for STIs (Centers for Disease Control and Prevention 2011b).

On average, women in New Haven have much higher rates of chlamydia and gonorrhea than comparable women in Connecticut. The chlamydia rate of 182.4 per 10,000 for women in New Haven was more than three times the rate for all women in Connecticut (56.7). The gonorrhea rate of 34.2 per 10,000 women in New Haven was nearly four times the rate for all women in the state (8.9 per 10,000; Appendix II, Tables 22 and 23).<sup>31</sup> In New Haven, black women and men have higher incidence rates for both infections than their white and Hispanic counterparts (Appendix II, Tables 20 and 21). In New Haven, as in much of the nation, teens between the ages of 15 and 19 make up a significant proportion of diagnosed cases of gonorrhea and chlamydia among the female population. In New Haven, approximately four in ten diagnosed cases of both diseases are among pre-teens and teens aged 10–19 (Appendix II, Table 24).

The higher rates of chlamydia and gonorrhea infection among women and men in New Haven compared with those in Connecticut as a whole are likely due largely to the fact that New Haven is, unlike most of Connecticut, an urban center.

<sup>31</sup> Incidence rates for chlamydia and gonorrhea were calculated using data on diagnosed cases of these STIs provided by the Connecticut Department of Public Health (2011b) and population data from the 2010 U.S. Census.

### The MOMS Partnership Provides a New Collaboration for the Health of Mothers

The New Haven **M**ental Health **O**utreach for **M**other**S** (**MOMS**) Partnership develops public health approaches to ensuring that pregnant and parenting women who live in the City of New Haven achieve the highest possible standards of mental health and well-being throughout their lives. In 2011, a needs assessment done on the 513 pregnant or parenting mothers who participate in the MOMS Partnership (**M**ental Health **O**utreach for **M**other**S**) found that many experience significant barriers to mental health care, such as fear of losing custody of their children (18 percent), being unsure where to go for help (27 percent), and feeling embarrassed about needing care (24 percent). A central goal of MOMS is to help women reduce stress in their lives through the provision of high quality mental health services in community settings.

Nationwide, metropolitan areas have high rates of sexually transmitted infections, often between one and a half and three times the national average (Benbow 2007). While these rates can be attributed in part to increased STI testing in urban areas, they also stem from the complex interplay of poverty, racial inequality, homelessness, and incarceration present in racially diverse cities such as New Haven. Low-income urban communities are more likely to have problems with drug use (Nandi et al. 2010) and residential segregation (Lichter, Parisi, and Taquino 2011), both of which increase the risk of transmitting and contracting an STI for those who live there.

### Women's Health Research at Yale Provides Gender-Specific Data on Causes and Treatments of Disease and on Health Promotion

Until recent years, women were not fully included as subjects in health research. Women's Health Research at Yale was founded in 1998 to help close the scientific knowledge gap created by the historical exclusion of women in health studies. This center initiates and supports medical research on an array of pressing women's health concerns, including heart disease, cancers, bone health, depression, and addictive behaviors such as smoking. It engages and collaborates with the community to advance the well-being of women. One of its key goals is to provide real-world findings that can be used by the community to improve health and health care.



## VI. Crime and Safety

### *Key Findings*

- Community violence affects both women and men in New Haven, although in different ways. Women are disproportionately vulnerable to domestic violence and rape, while men are more likely than women to be homicide victims.
- Domestic violence undermines the economic security and safety of many women and girls in New Haven. Between July 1, 2010, and June 30, 2011, one local organization that works with domestic violence cases in the Greater New Haven area received 2,291 calls to its 24-hour hotline and was involved with 5,788 court and 1,651 non-court cases.
- Youth violence threatens the safety of many teen girls (and boys) in New Haven. According to one recent survey, nearly half of girls and about six in ten boys in the seventh and eighth grades in New Haven's public schools say they have started a fistfight. Eighteen percent of girls and approximately three in ten boys report they have hurt someone badly in a physical fight, and more than one in ten girls and one in five boys say they have participated in gang fights.



## *Introduction*

Feeling safe in our communities, schools, and neighborhoods is essential to the well-being of women and girls. Without a sense of safety, the ability to thrive is significantly compromised. Unfortunately, many women, men, and children in New Haven—as in Connecticut and the United States as a whole—live with the threat or reality of violence on an ongoing basis.

The experiences of women and girls with violence in New Haven differ from those of men and boys. Women are disproportionately vulnerable to domestic violence and rape; men are more likely than women to be homicide victims. These forms of violence are crucial to address, since experiencing or witnessing violence can have profound short- and long-term physical, social, and psychological consequences (Crowne et al. 2011; Gudino, Nadeem, Kataoka, and Lau 2011; McKelvey et al. 2011).

While violence can affect people from all backgrounds, contextual factors such as poverty status, gender, and race/ethnicity make some individuals more vulnerable than others (Truman 2011). The prevalence of violence in New Haven, particularly in low-income neighborhoods, points to the need to strengthen community initiatives that ensure the safety of women, men, and children.

## *Violent Crime*

Violent crime rates are one resource for assessing crime and safety in a given area.<sup>32</sup> According to statistics collected by the Federal Bureau of Investigation, in 2010 there were 1,992 violent crimes reported in New Haven, or 16.0 per 1,000 residents. These numbers reflect an overall decline in reported violent crime in New Haven between 1990 and 2010. From 1990 to 2000, a sharp decrease in violent crime took place in the city (there were a total of 3,991 violent crimes in 1990 and 1,715 in 2000). The number of violent crimes rose again between 2000 and 2010 with some variation from year to year, but did not return to 1990 levels (Table 6.1).<sup>33</sup> In 2011, however, the number of murder and non-negligent manslaughter victims in New Haven rose to 34, exceeding the number of victims of these crimes in 1990 (31;

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<sup>32</sup> Different sources of data on violence define the term in different ways. The Federal Bureau of Investigation (FBI) focuses on violent crime and includes within this category murder and non-negligent manslaughter, rape, robbery, and aggravated assault, which usually involves the use of a weapon and is likely to result in serious bodily harm (U.S. Department of Justice 2012a). Other sources define violence to include a wider range of actions, such as fighting and verbal abuse. In this chapter, “violent crime” is defined following the FBI’s use of the term, and “violence” is used more broadly to refer to behaviors that inflict or threaten to inflict physical or psychological injury on individuals.

<sup>33</sup> The violent crime rate in New Haven is considerably higher than in Connecticut (which had 2.8 violent crimes per 1,000 residents in 2010) and the United States (which in the same year had 4.0 violent crimes per 1,000 residents; U.S. Department of Justice 2012a). Crime statistics, however, are not easily comparable across geographic areas. Many factors affect the prevalence and type of crime in a given place, including the degree of urbanization, economic conditions, variations in the population (especially youth concentration), and modes of transportation (U.S. Department of Justice 2011a).



Table 6.1.

## Violent Crime in New Haven in 1990, 2000, and 2010

Source: IWPR compilation of data from the U.S. Department of Justice (2012a).

Violent Crime	1990	2000	2010
<b>Total</b>	3,991	1,715	1,992
<b>Robbery</b>	1,784	660	787
<b>Aggravated Assault</b>	2,008	974	1,112
<b>Forcible Rape</b>	168	63	70
<b>Murder and Non-Negligent Manslaughter</b>	31	18	23

Source: IWPR compilation of data from the U.S. Department of Justice (2012a).

Table 6.1).<sup>34</sup> But in the first six months of 2012, only nine homicides took place in the city, compared with eighteen homicides during the same period in 2011 (New Haven Register 2012).

Data on violent crime in New Haven show that women and men are disproportionately vulnerable to different types of crimes. Men are significantly more likely than women to be homicide victims. Of the city's 193 victims of murder and non-negligent manslaughter between 2001 and 2011, 90 percent of victims (173) were male.<sup>35</sup> Women and girls, however, are far more vulnerable to rape and sexual assault. The New Haven Police Department recorded 68 reported rapes of female victims in the city in 2010 and 37 in 2011.<sup>36</sup>

Official data on rape, however, are unlikely to accurately capture the number of rapes in New Haven, for two reasons. First, they include only reported rapes, and most rape victims do not report the crime to the police. One study found that only 36 percent of completed rapes, 34 percent of attempted rapes, and 26 percent of sexual assaults that occurred between 1992 and 2000 came to police attention (Rennison 2002). Second, these data are based on the Uniform Crime Reporting

<sup>34</sup> Data for 2011 provided by the New Haven Police Department, e-mail communication, January 3, 2012.

<sup>35</sup> Data from the National Incident-Based Reporting System provided by Connecticut State Police, Department of Emergency Services and Public Protection, e-mail communication, April 17, 2012.

<sup>36</sup> New Haven Police Department, e-mail communication, January 11, 2012.

(UCR) Program definition of rape, which from 1927 to 2011 included only forcible rapes of women by men (U.S. Department of Justice 2012b). In January 2012, the UCR definition of rape was revised to include both male and female victims and perpetrators and to reflect more forms of sexual penetration than the previous definition recognized. The U.S. Department of Justice has suggested that this revised definition will lead to a more accurate and comprehensive reporting of rape nationwide (2012b).

A recent national survey that includes unreported as well as reported rapes indicates that rape happens to women and girls with alarming frequency. In Connecticut in 2010, the lifetime prevalence of rape among women aged 18 and older was 22 percent, compared with 18 percent nationwide.<sup>37</sup> Most female victims were first raped before the age of 25 and almost half were raped before the age of 18. Victimization at a young age increases the chances of experiencing re-victimization later in life. More than one third of women who were raped as minors were also raped as adults, compared with 14 percent of women who had no history of victimization prior to adulthood (Black et al. 2011).

While both women and men are disproportionately vulnerable to certain types of violence, research indicates that contextual factors place some individuals at higher risk than others. In New Haven, people of color and young persons are especially at risk for experiencing violence, particularly in neighborhoods with limited economic opportunity as indicated by low labor force participation rates (Garcia 2011). From 2000 to 2009, the highest violent crime rates in New Haven's neighborhoods (19.28 - 29.05 violent crimes per 1,000 residents) were in Dixwell, Newhallville, Wooster Square/Mill River, portions of Downtown, Fair Haven, and the Hill (Garcia 2011).

## *Domestic Violence*

Historically, advocates and scholars have viewed domestic violence (often referred to as intimate partner violence) as involving physical battering. Recently, however, many have come to recognize it more broadly as a pattern of behavior in which one person seeks to isolate, dominate, and control the other by employing psychological, sexual, economic, and/or physical abuse (Black et al. 2011; Stark 2007). This pattern of control affects the lives of many women in the United States. A recent study estimates that more than one in three (36 percent) women across the nation experience domestic violence at some point in their lives (Black et al. 2011).

While both women and men can be victims of physical violence perpetrated by intimate partners, research shows that women are at much higher risk. One study that analyzed data from the National Crime Victimization Survey (NCVS) found that in a one-year period, 85 percent of nonfatal violent victimizations in the United States by intimate partners were committed against women (Rennison 2003). Another study found that young women aged 20 to 24 are the most vulnerable to nonfatal intimate partner violence (Catalano 2007).

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<sup>37</sup> "Lifetime prevalence" shows the proportion of people who have been victimized at least once (Black et al. 2011).

## The New Haven Family Alliance Fosters Healthy Relationships

Since 2010, the New Haven Family Alliance (NHFA) has partnered with Hillhouse High School to facilitate “Introduction to Healthy Relationships” workshops. Attended by over one hundred 9–12th grade female students to date, these workshops use teaching tools that were created based on research that assesses the impact of violence on young women in New Haven (e.g., Ellis-West et al. 2011). These same tools are used with community members and NHFA staff to encourage dialogue and action towards improving interpersonal relationships in New Haven.

While consistent, comprehensive data on violence in New Haven are not readily available, several indicators suggest that domestic violence is a serious problem for many women and girls in the Greater New Haven area. Data from the Birmingham Group Health Services, which provides a range of domestic violence services, show that there were 2,291 calls to the organization’s 24-hour hotline for July 1, 2010–June 30, 2011 from the Greater New Haven area.<sup>38</sup> These calls represent a duplicated count (some individuals may have called more than once). Among all the hotline calls, 877 were from women in the City of New Haven. All of the 2,291 hotline calls were placed by women over the age of 18.<sup>39</sup>

Additional data on domestic violence-related court cases and clients also reveal the prevalence of this form of abuse in the Greater New Haven area. Between July 1, 2010, and June 30, 2011, the Birmingham Group Health Services worked with 5,788 court cases for the Greater New Haven area involving a domestic violence arrest. In addition, the organization provided domestic violence services to 1,651 non-court clients in the Greater New Haven area, including 516 from the City of New Haven.<sup>40</sup>

While some domestic violence victims are able to access services, others are not, for various reasons. For some women, it may be particularly hard to remove themselves from violent relationships. Women with limited economic resources often find that they have few options other than to stay with their abuser (Anderson et al. 2003). In addition, several studies indicate that members of the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community who are victims of intimate partner violence face specific barriers to safety. They may encounter discrimination in their interactions with criminal justice personnel and, due to limited outreach about violence in LGBTQ relationships, may lack access to information about the services available to them, including protections under the law (Merrill and Wolfe 2000).

<sup>38</sup> The Greater New Haven Area as defined here includes New Haven, West Haven, East Haven, North Haven, Hamden, North Branford, Branford, Guilford, Madison, Milford, Orange, Bethany, and Woodbridge.

<sup>39</sup> Birmingham Group Health Services, e-mail communication, November 23, 2011.

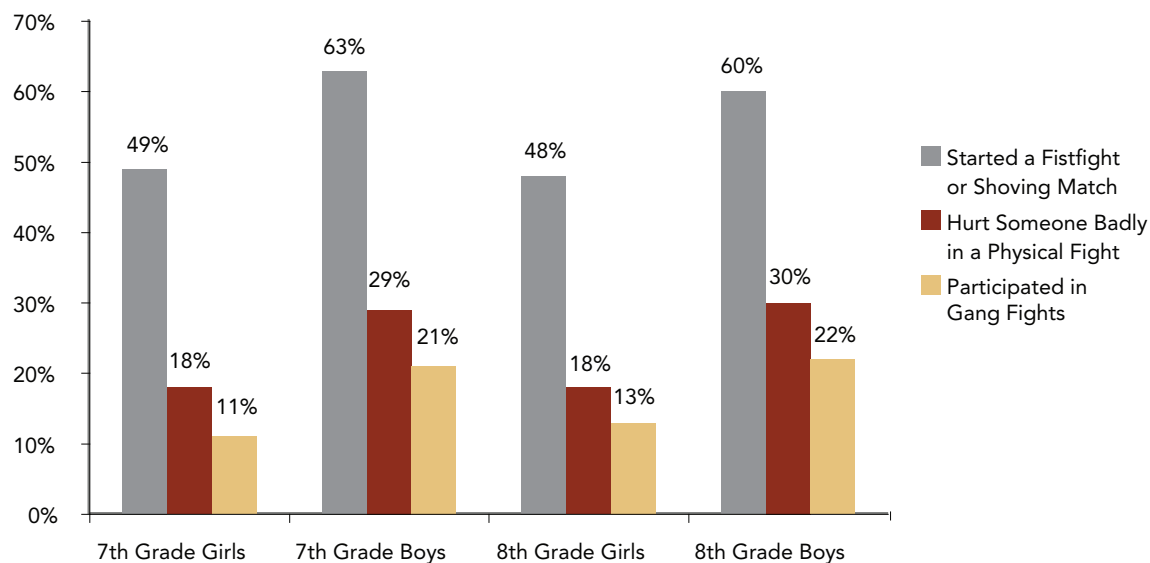
<sup>40</sup> These numbers represent an unduplicated count.

## Youth Violence and Gang Activity

Like domestic violence, youth violence—especially gun violence and gang activity—is a serious public health concern for girls and boys in New Haven. One study found that gun violence reached its highest level in the city in more than a decade in 2007 and many youth do not feel safe in their neighborhoods (New Haven Family Alliance and Robert Wood Johnson Clinical Scholars Program 2009). This lack of a sense of safety perpetuates the violence: when youth feel at risk for victimization, they are more likely to engage in violent behaviors (Anderson 1999).

Findings from the 2010 Student Health and Behavior Survey (SHBS), which surveyed 98 percent (or 2,559 students) of seventh and eighth graders in New Haven’s public schools, indicate that girls are less likely than boys to initiate violence. A significant proportion of both girls and boys, however, report that they have been involved in violent incidents. Nearly half of seventh grade and eighth grade girls say they have started a fistfight or shoving match, compared with about six in ten seventh and eighth grade boys. Eighteen percent of seventh and eighth grade girls report that they have hurt someone badly in a physical fight, as well as twenty-nine percent of seventh grade boys and thirty percent of eighth grade boys. And 11 percent of seventh grade girls and 13 percent of eighth grade girls say have participated in gang fights, compared with 21 percent of seventh grade boys and 22 percent of eighth grade boys (Figure 6.1).

**Figure 6.1.**  
**Type of Youth Violence Perpetrated by Gender, New Haven, 2010**



Source: IWPR compilation of data from the New Haven Public School Social Development Department’s *Student Health and Behavior Survey (SBHS): Results 2010, District Report*.

For some girls (and boys) in New Haven, the threat or reality of violence is part of everyday life. One-third (32 percent of 7th grade girls and boys and 34 percent of

8th grade girls and boys) surveyed in the 2010 SHBS said they had witnessed someone get shot or stabbed at least once during the last year.<sup>41</sup> Another report based on 15 focus groups with 19 girls and 10 boys aged 14–19 found that teen girls from distressed neighborhoods in New Haven experience violence to be pervasive, arbitrary, and unavoidable. The majority of teenage girls who participated in the focus groups had immediate family members who had been shot. Some had friends who had been killed, and some had themselves been the target of a shooting (Ellis-West et al. 2011).

The same study finds that while community violence affects both girls and boys, teen girls and boys perceive the greatest threats to their safety differently. Boys tend to identify crossing over into rival neighborhoods as a key threat to their safety, while girls focus on their lack of safety in places traditionally considered safe, such as their homes (Ellis-West et al. 2011).

Research suggests that the experiences of violence among boys and girls in New Haven may differ especially among those who are parents. Teen mothers with children are more likely to be primary caretakers than teen fathers. As a result, many teen mothers speak about the stress of raising their children in an unsafe environment and their desire to provide their children with a secure home and the resources necessary to succeed in life (New Haven Family Alliance and Robert Wood Johnson Clinical Scholars Program 2009).

### *Teen Dating Violence or Harassment*

In addition to youth and community violence, some teen girls and boys in New Haven may be affected by two other forms of violence that have recently captured the attention of the national media, researchers, and others: teen dating violence and harassment in schools.

While data for New Haven are not available, a recent survey of 2,392 youth in ninth through twelfth grades in Connecticut indicates that violence and harassment among teens undermines feelings of safety in some schools. Five percent of girls and boys said they did not go to school on one or more of the past thirty days because they felt they would be unsafe at school, or on their way to or from school (Centers for Disease Control and Prevention 2011c).<sup>42</sup> Approximately one in four girls and boys said that they have been harassed or bullied on school property one or more times during the past twelve months (Centers for Disease Control and Prevention 2011c). Twenty-one percent of girls and 36 percent of boys were in a physical fight one or more times in the past twelve months, and 13 percent of boys and 6 percent of girls were in a fight on school property (Centers for Disease Control and Prevention 2011c; Figure 6.2).

Teen girls and boys perceive the greatest threats to their safety differently. Boys tend to identify crossing over into rival neighborhoods as a key threat to their safety, while girls focus on their lack of safety in places traditionally considered safe, such as their homes.

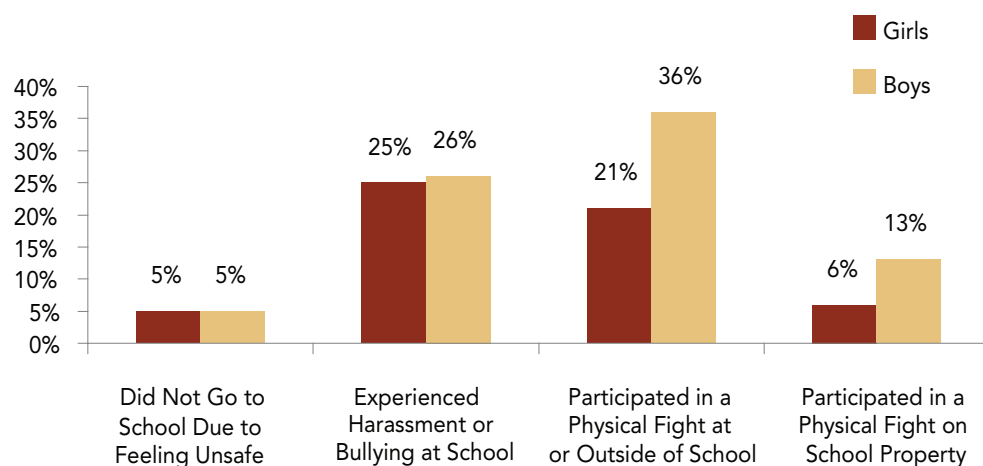
Many teen mothers speak about the stress of raising their children in an unsafe environment and their desire to provide their children with a secure home and the resources necessary to succeed in life.

<sup>41</sup> Since not all students responded to every question, these percentages should be viewed "as a close approximation of the school population, not a precise count of every student" (New Haven Public School Social Development Department 2010).

<sup>42</sup> The 2009 Youth Risk Behavior Survey (Centers for Disease Control and Prevention 2011c) was administered to ninth through twelfth grade students in all 50 states and the District of Columbia.

Among teens as well as adults, violence and harassment sometimes takes place within dating relationships. Approximately one in five girls (21 percent) and 14 percent of boys in Connecticut high schools who were surveyed in the 2009 Youth Risk Behavior Survey said that their partner has verbally or emotionally abused them during the past 12 months. Nine percent of girls and eleven percent of boys reported that they had been hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend in the past twelve months. Eight percent of girls and six percent of boys also reported having been forced to have sexual intercourse when they did not want to do so (Figure 6.3).

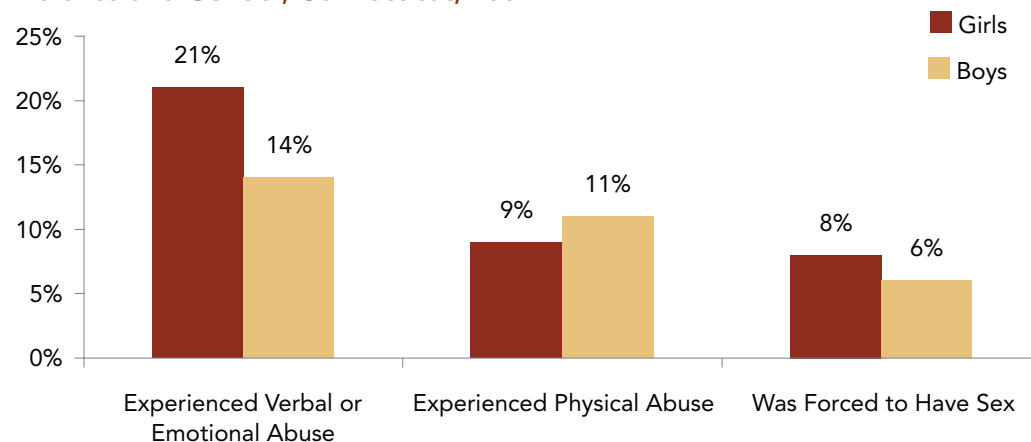
**Figure 6.2.**  
Percent of High School Students Feeling Unsafe or Experiencing Violence or Harassment by Gender, Connecticut, 2009



Note: For students in grades 9–12.

Source: IWPR compilation of data from the Centers for Disease Control and Prevention (2011c).

**Figure 6.3.**  
Percent of High School Students Experiencing Dating Violence by Type of Violence and Gender, Connecticut, 2009



Note: For students in grades 9–12.

Source: IWPR compilation of data from the Centers for Disease Control and Prevention (2011c).



A recent national survey conducted by the American Association of University Women found that sexual harassment in schools across the United States is pervasive. Nearly half (48 percent) of students in grades 7–12 reported experiencing some form of sexual harassment in the 2010–2011 school year. Girls were significantly more likely than boys to be harassed (56 percent compared with 40 percent) and more likely to say that the harassment negatively affected them by causing them to have trouble sleeping (22 percent of girls and 14 percent of boys), making them not want to go to school (37 percent of girls and 25 percent of boys), or changing the way they go to or come home from school (10 percent of girls and 6 percent of boys; Hill and Kearl 2011).

## *Consequences of Community Violence*

While the psycho-social and economic effects of violence and harassment against teen girls and women has not been systematically analyzed in New Haven, one study that conducted focus groups with adolescent girls and boys found that pervasive community violence has negatively affected many girls and women in the city. Widespread community violence was cited as a reason for women and men alike to refrain from intervening when they witness violence, and for women and girls to feel perpetually unsafe on the streets and in their own homes (Ellis-West et al. 2011).

Other national studies show that violence against women and girls has devastating consequences for victims. Those who experience violence are more likely to develop mental health issues (Fergusson, Boden, and Horwood 2008; Kilpatrick and Acerno 2003), have low expectations for the future (O'Donnell, Schwab-Stone, and Mueyee 2002), experience poorer physical health, and engage in poor health behaviors (Weissbecker and Clark 2007). Adolescents who witness violence, even without direct victimization, also face increased risk of post-traumatic stress disorder and major depressive episode (Zinzow et al. 2009). In some instances, the effects of violence lead to an ongoing cycle of harm: girls who experience violence are more likely to be victimized as adults (Whitfield et al. 2003).

At a societal level, the economic consequences of violence are also severe. One study estimates that each year female victims of intimate partner violence in the United States lose almost eight million days of paid work because of the violence, a loss that equals approximately 32,000 full-time jobs and 5.6 million days of household productivity. This same study found that the cost of intimate partner violence in 1995 was \$5.8 billion, with \$4.1 billion paying for direct medical and mental health services (Max et al. 2004). In 2011 dollars, these costs would be more than \$8.6 billion, with about \$6 billion for direct medical and mental health services.<sup>43</sup>

These facts point to the need to continue developing our understanding of violence against women and girls through research and improved data collection that can lead to promising anti-violence programs and practices. The lack of sustained data collection on violence in New Haven, as in most other cities and localities across the nation, makes it difficult to effectively target resources and develop initiatives that directly address the needs of the community's members.

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<sup>43</sup> IWPR calculations using CPI-U data for all items from the US Department of Labor (2012b). The cost due to medical and mental health services needed is likely to be higher than estimated here because medical care expenditures in the CPI-U outpaced overall inflation by 23 percent between 1995 and 2011.







Photo courtesy of The Community Foundation for Greater New Haven.

## VII. Political Participation and Leadership

### Key Findings

- In New Haven, women voted at higher rates than men in the last three general elections. The greatest voter turnout in these three elections in New Haven was 2008, when 19,283 women and 13,520 men went to the polls.
- Women are active in New Haven's city government and in 2012–2013 hold a majority of seats on its legislative body, the Board of Alderman. They are less well-represented, however, on the city's boards and commissions, where they hold just 40 percent of all occupied posts.

### Introduction

Political participation allows women to shape laws and policies that reflect their interests and needs. By voting, running for office, and becoming involved in public life, women can raise the visibility of their interests and concerns.

Despite the critical importance of women's involvement in political processes, women are underrepresented in governments across the nation. At the national level, they make up only 18 percent of the Representatives and Senators in the U.S. Congress: women hold just 94 of 535 Congressional seats (Women in Congress 2012). At the state level, just 24 percent of state legislators in the United States are women (Center for American Women and Politics 2012a). In part, women's

underrepresentation in politics stems from the lack of encouragement—and sometimes explicit discouragement—they receive to pursue careers in the public sphere (Caiazza 2006; Fox and Lawless 2004). Some community-based organizations, commissions, and regional and national groups strive to amplify women's voices in political debate by promoting women's involvement in politics and encouraging them to take on public leadership roles.

This section presents data on several aspects of women's involvement in the political process in New Haven: voter registration and turnout, women's prevalence in elected and appointed offices, women in New Haven's city government, women's institutional resources in the state, and philanthropic giving in support of women and girls in New Haven.

### *At the Ballot Box: Voter Registration and Turnout in New Haven*

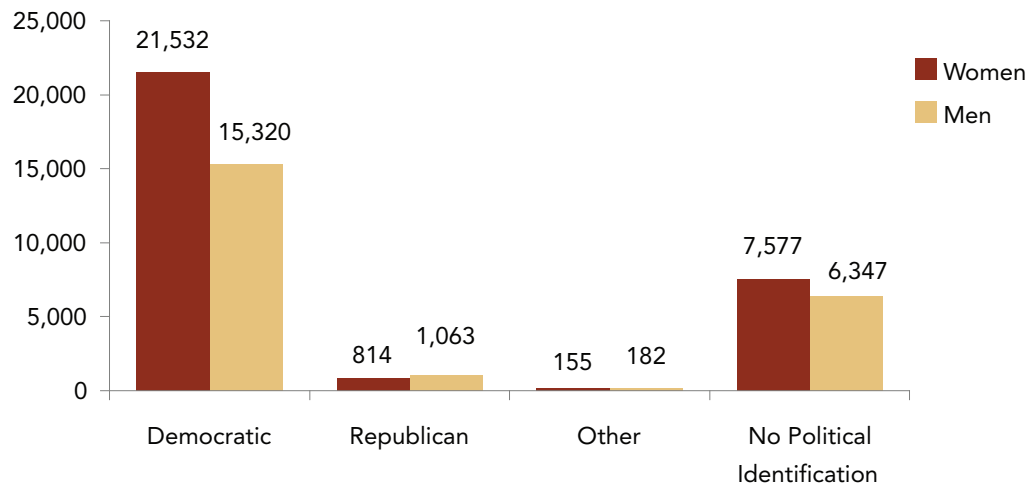
Voting is one way women and men communicate their needs and ensure their concerns are addressed in political discussion and debate. Although women were denied the right to vote until 1920 and in the decades following were often not considered serious political actors (Carroll and Zerrili 1993), women today constitute a powerful component of the electorate in the United States. In the nation as a whole, women now make up a majority of registered voters and vote more often than men (Center for American Women and Politics 2005).

This pattern appears likely to have held true in New Haven's recent elections. According to data from the Connecticut Voter Registration System (CONNVerSe), as of February 2012 there were 64,177 registered voters in the city, including 30,078 female and 22,912 male voters (11,187 registered voters were not identified by gender). Among registered voters whose gender is identified by CONNVerSe, more women voted in the last three general elections than men. In the 2008 elections, a total of 19,283 women in the city voted, compared with 13,520 men. Two years later, 10,893 women voted in the general elections, compared with 8,150 men. In 2011, 6,145 women and 4,902 men cast votes in the general elections (CONNVerSe 2012).

A strong majority of female registered voters in New Haven identify as Democrats. Among the 30,078 registered voters in the city who are women, 21,532 are registered with the Democratic party and 814 with the Republican party (7,732 either express no political identification or identify with a group other than the Democratic or Republican parties). Among the 22,912 male registered voters in New Haven, a significantly higher proportion also identify with the Democratic party (15,320) than the Republican party (1,063). An additional 6,529 male registered voters either express no political identification or identify with a group other than the Democratic and Republican Parties (Figure 7.1).

Women today constitute a powerful component of the electorate in the United States. In the nation as a whole, women now make up a majority of registered voters and vote more often than men.

**Figure 7.1.**  
Political Identification Among Registered Voters by Gender, New Haven, 2012



Note: Only 83 percent of voters are identified by sex.

Source: IWPR compilation of data from the Connecticut Voter Registration System.

## Women in Elm City Government<sup>44</sup>

Participating in city government represents another way that New Haven's women can ensure their voices and concerns inform local policies and political processes. In New Haven for 2012–2013, women hold a majority of (16 of 30) of seats on the city's legislative body, the Board of Aldermen.<sup>45</sup> Their strong presence provides an opportunity to shape a wide range of legislative initiatives. In a typical year, approximately 950 bills are introduced and about 700 receive final action (City of New Haven 2012b).

Women are less well-represented overall on the city's more than 40 boards and commissions. As of February 2012, women held 40 percent (104 of 257) of all occupied posts, which are typically appointed by the mayor with approval from the Board of Alderman. On four boards and commissions, however, women held at least two-thirds of occupied posts: the Financial Review and Audit Commission (four of six occupied posts), the Mental Health Catchment Area Council #7 (the only post), the New Haven Food Policy Commission (six of eight occupied posts), and the Youth Commission (six of eight occupied posts).

In New Haven for 2012–2013, women hold a majority of (16 of 30) of seats on the city's legislative body, the Board of Aldermen. Their strong presence provides an opportunity to shape a wide range of legislative initiatives. In a typical year, approximately 950 bills are introduced and about 700 receive final action.

<sup>44</sup> New Haven is often referred to as "the Elm City," a nickname it acquired when the first public tree planting program led to the presence of many elm trees in the city.

<sup>45</sup> Tabulation of Board of Alderman list available on the City of New Haven's website <<http://www.cityofnewhaven.com/aldermen/index.asp>> (accessed March 20, 2012).

Women's representation on many other boards and commissions is lower. On the Development Commission and the Substance Abuse Commission, women hold three of twelve occupied posts. On the Parks Commission, they hold two of eight occupied posts. Women also have low representation on the Board of Fire Commissioners, the Historic District, and the Housing Authority (one of five occupied posts each). Only one of seven occupied posts on the Tweed New Haven Airport Authority Board is filled by a woman, and there are no women on the Board of Ethics, the Tax Assessment Board of Appeals, and the Transit District (which have two, three, and two occupied posts, respectively; City of New Haven 2012c).<sup>46</sup>

Women are also not well-represented within the New Haven Police Department (NHPD) in relation to their share of the city's total population. Although women make up slightly more than half of the overall population in New Haven, only 16 percent (64 of 396) of individuals who hold sworn positions in the NHPD are women. Women make up a larger share of those who hold non-sworn positions in New Haven (40 of 54, or 74 percent).<sup>47</sup> Women's low representation among law enforcement personnel in relation to their share of the total population is a pattern in police departments nationwide. As of 2010, only 12 percent of all sworn law enforcement officers were women, while in civilian law enforcement positions, women made up 61 percent of employees (U.S. Department of Justice 2011b).

In 2011, women in New Haven were also less likely than men to occupy city government positions in six of seven job categories covered in the city's reported data on equal employment opportunity. Women hold a significantly higher share of office and clerical positions, but a much smaller share of positions as officials and managers, professionals, technicians, skilled craft workers, unskilled laborers, and protective service workers (Figure 7.2).<sup>48,49</sup>

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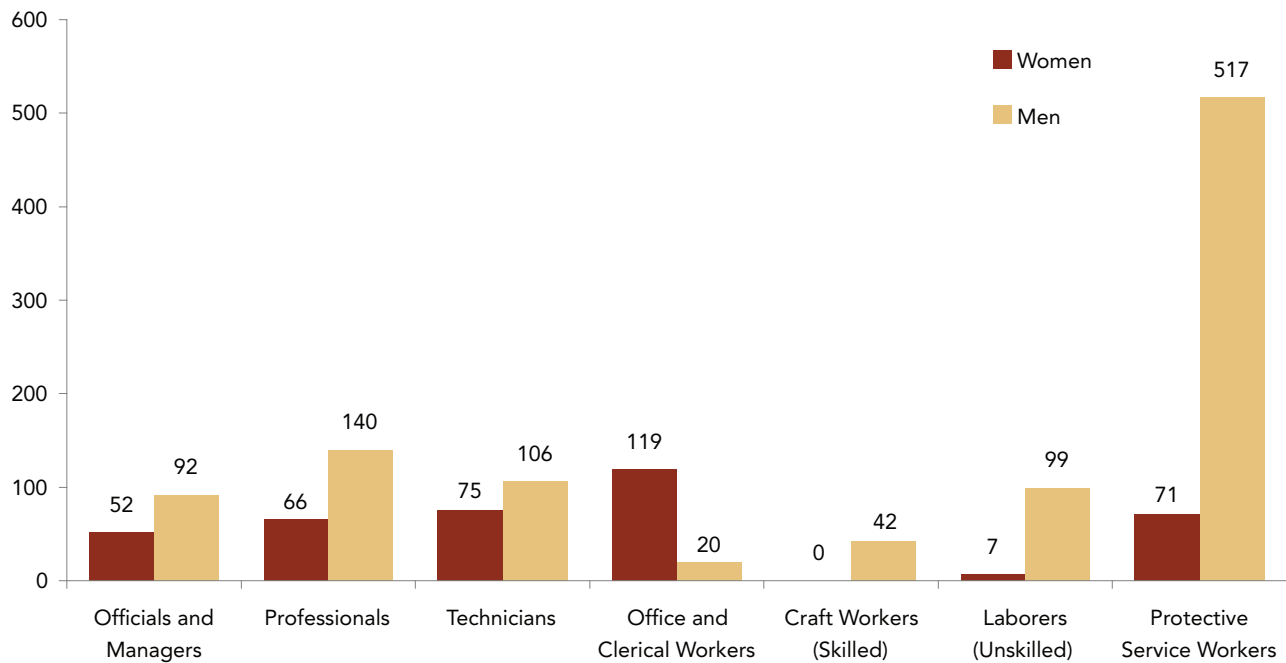
<sup>46</sup> Tabulations of lists from the City of New Haven's website <[http://www.cityofnewhaven.com/Government/Boards\\_Commissions.asp](http://www.cityofnewhaven.com/Government/Boards_Commissions.asp)> (accessed March 30, 2012).

<sup>47</sup> New Haven Police Department, e-mail communication, May 19, 2012.

<sup>48</sup> Those considered "professionals" work in occupations requiring specialized and theoretical knowledge usually acquired through a college education, work experience, or other training (e.g., social workers, registered nurses, doctors, economists, teachers, police and fire captains and lieutenants). "Technicians" include individuals employed in occupations that require knowledge and skill gained through specialized post-secondary school education or on-the-job training (e.g., computer programmers, licensed practical nurses, highway technicians, police and fire sergeants). "Skilled craft workers" includes those who perform jobs requiring manual skill acquired through on-the-job training, an apprenticeship, or other training program (e.g., mechanics, electricians, stationary engineers, and carpenters). "Protective service workers" includes "workers entrusted with public safety, security, and protection from destructive forces," such as police patrol officers, firefighters, guards, deputy sheriffs, and correctional officers. For a more detailed description of the different job categories included in equal employment opportunity reporting, see the U.S. Equal Employment Opportunity Commission's website at <<http://www.eeoc.gov/employers/eeo4survey/e4instruct.cfm>> (accessed March 19, 2012).

<sup>49</sup> Data provided by the City of New Haven, e-mail communication, December 8, 2011.

**Figure 7.2.**  
**Numbers of Women and Men Employed in City Government, New Haven, 2011**

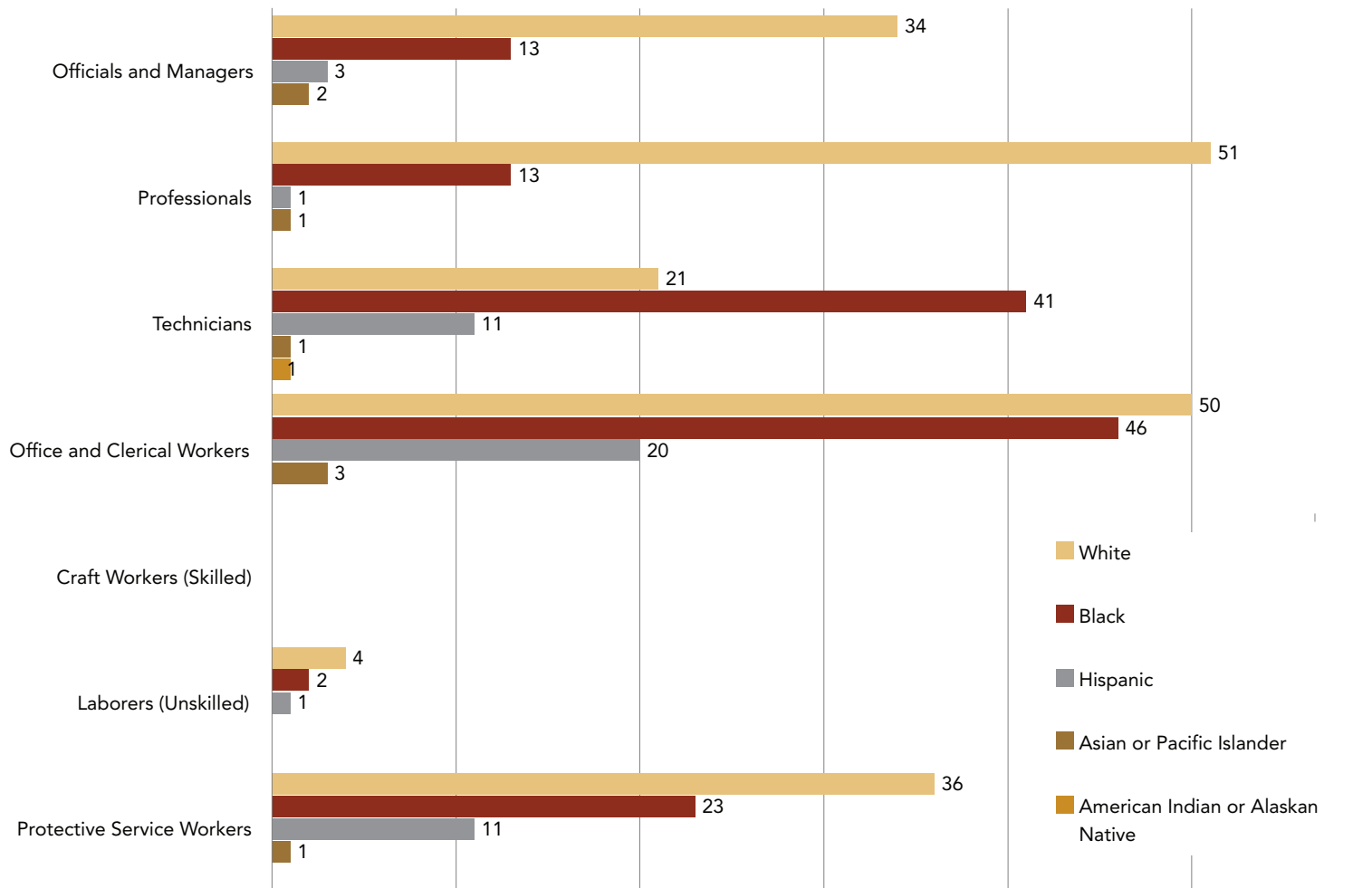


Source: IWPR compilation of data from the City of New Haven's EE-04 report (City of New Haven 2011b).

Significant disparities exist in the numbers of women from different race and ethnic groups who work in these job categories in New Haven's city government. Among all the job categories combined, white women comprise the largest share of female employees (196 of 390, or 50 percent), followed by black women (138 of 390, or 35 percent), Hispanic women (47 of 390, or 12 percent), Asian or Pacific Islander women (8 of 390, or 2 percent), and American Indian or Alaskan Native women (1 of 390, or less than 1 percent).<sup>50</sup> White women are significantly more likely than women of other races and ethnicities to work as officials and managers, professionals, and protective service workers, and slightly more likely to hold positions as office and clerical workers. Black women, however, are much more likely than women of other race and ethnic groups to work for the city as technicians (Figure 7.3).

<sup>50</sup> Percentages do not add to 100 due to rounding.

**Figure 7.3.**  
**Numbers of Women Employed in City Government by Race/Ethnicity, New Haven, 2011**



Note: Whites, blacks, Asians, and American Indians or Alaskan Natives are identified as exclusive from Hispanics. Persons whose ethnicity is identified as Hispanic may be of any race.

Source: IWPR compilation of data from the City of New Haven's EE-04 report (City of New Haven 2011b).



### The Elm City Resident Card: "My City. My Card"

In recent years, the City of New Haven has worked with its immigrant population and local groups to implement policies and programs that can help to increase the leadership and civic engagement of its immigrant community, particularly among those who are undocumented and therefore "living in the shadows." One important initiative is the city's creation of a resident card that serves as a "multipurpose identification card" for residents, regardless of their immigration status (Matos 2008).

Launched in 2007, the Elm City Resident Card grants access to public libraries and city services, such as the recycling center. It serves as a debit card that city residents can use to pay for select parking meters and to make purchases at select local stores (Matos 2008). The card is intended, in part, to increase immigrants' access to local services, bank accounts, and financial institutions (particularly for those who are undocumented and may have no other official form of identification). It is also intended to improve public safety and facilitate the civic engagement of all community members (Matos 2008).

### *Women's Institutional Resources' Connecticut's Permanent Commission on the Status of Women*

Women's institutional resources in state government, including commissions for women and women's caucuses, can increase the visibility of women's interests and concerns. When adequately staffed and funded, these resources can provide a vehicle through which women can bring their experiences and interests to the attention of policymakers and the general public (Oliver 2005).

While New Haven does not have a commission for women, Connecticut has a state-level commission, the *Permanent Commission on the Status of Women*. Formed in 1973 by the General Assembly as part of the State of Connecticut's effort to encourage the participation of women in state-level leadership positions, the Commission seeks to ensure the health, safety, educational success, and economic self-sufficiency of women, and to eliminate gender discrimination. To that end, the Commission provides information to the state's leaders about the nature and scope of discrimination, recommends changes to legislation, and assesses the effects on women of the programs and practices of state agencies (Permanent Commission on the Status of Women 2012).

As part of its effort to fulfill this mandate, the Commission has created the *Government Appointments Project* (ConnGAP), which monitors the status of women in the political and civic arena and recommends qualified women for positions of

leadership and influence (Permanent Commission on the Status of Women 2010). Recently, women have held a low proportion of key leadership positions in Connecticut's state government relative to their share of the state's total population. In 2011, they occupied 34 percent of executive branch agency top level positions (Permanent Commission on the Status of Women 2011), and in 2012, women held 30 percent of seats in the state legislature (Center for American Women and Politics 2012a). Only 47 of 151 (31 percent) of the state's house members and 9 of 36 (25 percent) state senators were women. Compared with states across the nation, however, the representation of women in Connecticut's state legislature is fairly strong. The 30 percent of Connecticut state legislators who are women is 6 percentage points higher than the proportion of women in state legislatures in the nation as a whole. Among all 50 states, Connecticut has the ninth highest share of women holding state senate and house or assembly seats (Center for American Women and Politics 2012a). As of 2012, Connecticut also had three women who hold statewide elective executive positions: Nancy Wyman (D) as Lieutenant Governor, Denise Merrill (D) as Secretary of State, and Denise Nappier (D) as State Treasurer (Center for American Women and Politics 2012b).

With regard to the representation of women in the U.S. Congress, Connecticut falls slightly below the average of all states as a whole. Only 14 percent (one in seven) of Connecticut's members in Congress are women, compared with the 18 percent of U.S. Congressional members from all states combined who are women. The lone

### Mothers for Justice/Christian Community Action Advocates on Behalf of Low-Income Families

Since 1993, Mothers for Justice (MFJ), an all-women advocacy group within Christian Community Action (CCA), has worked in the New Haven community to support local low-income families. The Mothers for Justice meet monthly to discuss problems facing low-income families in the city and have testified before the Connecticut General Assembly for legislative reform to improve the lives of local families and the community as a whole.

Many members of MFJ are single parents who have experienced homelessness and, therefore, have a unique perspective on problems in the city's neighborhoods, schools, and homes. Their most recent initiative has been a documentary film project, "Living in a Broken System," which gave group members the chance to interview members of the community about their experiences with receiving TANF support and to advocate before officials in the Connecticut Department of Social Services and the Department of Labor in addition to local and state legislators. Through this initiative, MFJ aimed to engage with the community and to draw attention to the problems that families on federal assistance often experience.

woman among Connecticut's five members of the House of Representatives and two Senators is Rep. Rosa DeLauro (D-CT), who represents the 3rd Congressional District of Connecticut, which includes New Haven. Rep. DeLauro, however, is a strong advocate for women's rights and has supported issues critical to women such as equal pay, access to employment in non-traditional jobs, and affordable health care.<sup>51</sup>

### *The Community Fund for Women and Girls at the Community Foundation for Greater New Haven*

While recent data on philanthropic giving is not readily available at the state or local level, the philanthropic community in Connecticut is strong, especially when it comes to the number of charitable funds that support women and girls. Currently, eleven philanthropic women's funds exist throughout the state to enhance the lives of women and girls (Connecticut Council for Philanthropy 2012). In New Haven, the Community Fund for Women & Girls (a component fund of The Community Foundation for Greater New Haven) promotes social and economic advancement for women and girls through strategic philanthropy, grants, advocacy, and collaboration. Since its establishment in 1995, the Fund has awarded over \$655,000 (170 grants to 99 individual organizations) to nonprofit agencies in the region with nearly one-third of awards going to organizations in New Haven. More than 17,000 women and girls have participated in programs supported by this fund (Community Foundation for Greater New Haven 2012).

### *Women's Leadership in New Haven*

Women's leadership in New Haven is evident in many ways. Women head nonprofit organizations and small businesses, lead sororities and other affinity groups, and contribute their time and assets to the improvement of their homes, neighborhoods, schools, and other city institutions. These efforts have significant influence in shaping the environment of New Haven.

While women play a vital role in New Haven's public life, the data in this report point to factors that can limit the leadership and public engagement of some women in the city, including low earnings and poverty, low levels of education, and experiences of violence. National research points to additional obstacles that prevent some women from taking on leadership roles in their communities: women often experience a general discomfort with taking on leadership roles, and some fear retribution for speaking out. Others may lack appropriate mentors or role models (Caiazza 2006). These obstacles point to the importance of developing tools (such as internships, apprenticeships, and workshops) that build leadership among women and sharing those tools among community stakeholders to create a more involved and enriched New Haven.

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<sup>51</sup> Information available at <<http://delaurow.house.gov/contact.cfm>> (accessed May 23, 2012).





## VIII. Creating a Brighter Future for Women and Girls in New Haven

**T**he *Status of Women and Girls in New Haven* examines critical issues that shape the lives of women and girls in the city. In recent decades, women and girls have made great progress, but the need for improvements in their social, economic, and health status remains. For example, women in New Haven continue to earn, on average, less than their male counterparts and are disproportionately vulnerable to poverty. Women and girls in the city also face challenges such as domestic violence, sexual harassment, and health concerns. These challenges suggest that although women and girls have made substantial gains, additional efforts are needed to make New Haven a place where they can maximize their potential and fully enjoy economic security, safety, and good health.

Changes to public policies as well as community investments and program initiatives provide excellent opportunities to create a better future for women and girls. To implement changes that benefit women and girls—and therefore all members of New Haven’s communities—it is necessary to understand the challenges that women and girls face, the interconnections among these challenges, the varied experiences of women and girls, and the need for improved data systems.

### *Interconnected Challenges*

The issues discussed in this report are closely intertwined. For instance, economic security directly relates to health and well-being, since without quality jobs women often lack access to health insurance and health care. Similarly, educational



attainment is integral to economic security, pointing to the importance of critical workforce supports such as child care that enable women and teenage girls with children to pursue a postsecondary degree. In addition, research points to links between violent crime and high poverty rates, suggesting that those who live in neighborhoods with limited economic opportunities are especially vulnerable to violence. Understanding the multiple connections between the issues in this report is essential to creating public policies and developing program initiatives that capitalize on women's and girl's successes and better address their needs.

## *Diversity and Disparity*

Attending to the disparities between women and girls from different race, ethnic, and socio-economic groups is another key to implementing changes that further women's and girl's continued advancement. Women and girls from low-income communities in New Haven, who are predominantly black and Hispanic, disproportionately bear the burden of many of the city's challenges, such as unemployment, poverty, poor health, and crime. Addressing sources of inequity will be essential to the city's ability to make the most of its rich and diverse human resources.

## *The Need for Data*

Reliable data are essential to assessing the status of women and girls and to pinpointing promising policies and programs initiatives that will lead to sustained positive change. On some indicators, however, current and consistent quantitative data, disaggregated by gender and race/ethnicity, are lacking. More consistent, hard data—especially on issues such as health and safety—are needed to accurately assess the needs of women and girls in New Haven and to track progress toward addressing those needs. It is critical to develop more complete data collection systems so that the information necessary to respond to the issues that many women and girls face in the city is available.

## *Recommendations for Policy and Practice*

In assessing the status of women and girls in New Haven, a powerful theme comes through: New Haven is home to many individuals and organizations striving to come together to understand and improve the circumstances of women and girls. These individuals and organizations have developed initiatives designed to strengthen the city's educational system, provide workforce opportunities for youth, increase the safety of women and girls, improve child care systems, expand women's and girl's access to health care and services, and much more. Their efforts have already made gains, showing how individuals can come together to implement promising and innovative solutions.

Policymakers, service providers, and other community stakeholders in New Haven can continue to strengthen and expand local efforts to improve the status of women and girls by implementing the following changes:

- creating better mechanisms for the systematic collection and sharing of data on key indicators for New Haven’s women and girls across government and non-government organizations and programs (such as councils, commissions, or task forces);
- focusing workforce pipeline efforts on supporting better education, skills acquisition, and stable employment for women, especially women of color;
- encouraging employers to take steps to remedy gender wage inequities, such as conducting internal audits on pay equity;
- supporting programs that provide essential services such as child care, job training, counseling, transportation, and affordable housing, especially for households headed by single women;
- implementing a school-based curriculum that promotes financial literacy and capability for girls in New Haven, beginning in elementary school;
- implementing a policy that supports STEM programming and strong career and education counseling for girls, beginning in elementary school;
- working with New Haven Promise to track data on the application, admissions, matriculation, and retention of New Haven’s female students at the college level;
- systematically collecting and analyzing data on health, mental health, and addiction among women across the lifespan in New Haven;
- implementing more intensive reproductive health and sexually transmitted infection prevention initiatives within low-income communities;
- implementing a comprehensive health curriculum in the New Haven School District that addresses physical and mental health, including the prevention of dating violence and the advancement of reproductive health; and
- making a concerted effort to increase the number of women in positions of leadership and create a pipeline for young women to take on leadership roles.

Such changes are essential to improving the economic security and well-being of the New Haven community. Women and girls are an integral part of the city’s future, and their progress can positively affect the lives of all its residents. We hope the information and recommendations in this report will strengthen efforts to make New Haven a community where women and girls from all walks of life can thrive. And we hope it will lead to new, innovative approaches to create a brighter future for women and girls in New Haven and for the city as a whole.





## Appendix I: Methodology

In analyzing the status of women and girls in New Haven, IWPR selected indicators that prior research and experience have shown to be integral to women's lives and that allow, for the most part, for comparability between New Haven, Connecticut, and the United States. To ensure the indicators reflect issues critical to women and girls in New Haven, IWPR chose them in conversation with members of a consortium comprised of local experts on women's issues who work in diverse fields, including law enforcement, women's health, education, philanthropy, immigration services, business development, and employment services (see list of consortium members on p. iii).

The data for this report come from multiple sources, which are noted in the text. Much of the data come from local, state, and federal government agencies, including the Centers for Disease Control, the Connecticut Department of Public Health, the Connecticut State Department of Education, the Federal Bureau of Investigation, the New Haven Health Department, and the U.S. Census Bureau. Local researchers and organizations also provided data on topics such as homelessness and housing, political participation, and domestic violence. On some indicators, however, current and consistent quantitative data, disaggregated by gender and race/ethnicity, were not available. Gaps in the data presented are due to a variety of factors, including unavailable or outdated data and difficulties in accessing data.

Many of the figures and tables in the report rely on the U.S. Census Bureau's American Community Survey (ACS), an annual survey of a representative sample of the entire resident population in the United States, including both households and group quarter (GQ) facilities. GQ facilities include places such as college residence halls, residential treatment centers, skilled nursing facilities, group homes, military barracks, correctional facilities, workers' dormitories, and facilities for people experiencing homelessness. GQ types that are excluded from ACS sampling and data collection include domestic violence shelters, soup kitchens, regularly scheduled mobile vans, targeted non-sheltered outdoor locations, commercial maritime vessels, natural disaster shelters, and dangerous encampments.

To ensure sufficient sample sizes for the analysis of ACS data, IWPR used estimates that combine several years of data (2008–2010). When the three-year estimates did not yield a sufficient sample size, five-year estimates were used. Except where otherwise noted, the data for New Haven cover only the City of New Haven and do not include all of New Haven County.

Most of the tables and figures in this report present data for individuals, often disaggregated by race and ethnicity. In general, race and ethnicity are self-identified; the person providing the information on the survey form determines the group to which he or she (and other members of the household) belong. In this report, whites are identified as exclusive from Hispanics or Latinos, who may be of any race. When microdata from the IPUMS American Community Survey are analyzed, blacks (which include those who identified as black or African

American) and Asians are also identified as exclusive from Hispanics or Latinos. In instances where ACS data are analyzed using tabulations from the American Fact Finder, blacks and Asians are not identified exclusively from Hispanics or Latinos, since the American Fact Finder does not provide tabulations that separate Hispanics from blacks and Asians for the selected indicators and main geographic area (the City of New Haven) analyzed in this report. Because individuals who did not choose white, black/African American, Hispanic/Latino, or Asian as well as those who chose more than one race category represent a small percentage of residents in New Haven, it was not feasible to reliably estimate their status on the indicators selected for this report when race/ethnicity was disaggregated.

## Appendix II: Tables

Table 1.  
Distribution of Women and Girls by Age, New Haven and Connecticut,  
2008–2010

Age Groups	New Haven		Connecticut	
	Female	Male	Female	Male
Less Than 15 Years	17%	20%	18%	20%
15–24 Years	22%	22%	13%	14%
25–44 Years	31%	32%	25%	26%
45–64 Years	20%	19%	28%	28%
65 Years and Older	10%	7%	16%	12%
Total	100%	100%	100%	100%

Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

Table 2.  
Distribution of Households by Type, New Haven and Connecticut, 2008–  
2010

Household Type	New Haven	Connecticut
Total Number of Family and Non-Family Households	48,679	1,361,186
Married Couple Family	25%	50%
Female Householder, No Husband Present	23%	13%
Male Householder, No Wife Present	5%	4%
Non-Family Household, Householder Living Alone	36%	27%
Non-Family Household, Householder Not Living Alone	11%	6%
Total	100%	100%

Note: Households include those with and without dependent children.

Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

Table 3.  
Immigrant and Native-Born Populations by Gender and Age in New Haven, Connecticut, and United States, 2008–2010

	New Haven			Connecticut			United States		
	Immigrant	Native-Born	Total	Immigrant	Native-Born	Total	Immigrant	Native-Born	Total
<b>Female</b>									
<b>Less Than 15 Years</b>	3%	20%	17%	5%	20%	18%	5%	21%	19%
<b>15–24 Years</b>	16%	22%	21%	9%	13%	13%	10%	14%	14%
<b>25–44 Years</b>	49%	28%	31%	39%	23%	25%	41%	24%	26%
<b>45–64 Years</b>	22%	20%	20%	29%	28%	28%	30%	26%	26%
<b>65 Years and Older</b>	10%	10%	10%	16%	16%	16%	14%	15%	14%
<b>Total<sup>a</sup></b>	100%	100%	99%	98%	100%	100%	100%	100%	99%
<b>Male</b>									
<b>Less Than 15 Years</b>	3%	24%	20%	5%	22%	20%	5%	23%	21%
<b>15–24 Years</b>	16%	24%	22%	11%	15%	14%	12%	15%	15%
<b>25–44 Years</b>	57%	26%	32%	42%	24%	26%	43%	25%	27%
<b>45–64 Years</b>	19%	19%	19%	30%	28%	28%	29%	25%	26%
<b>65 Years and Older</b>	5%	7%	7%	12%	12%	12%	10%	11%	11%
<b>Total<sup>a</sup></b>	100%	100%	100%	100%	101%	100%	99%	99%	100%

Note: <sup>a</sup>Totals may not add to 100 due to rounding.

Source: IWPR analysis of 2008–2010 IPUMS American Community Survey microdata (Ruggles et al. 2010).

Table 4.  
Median Annual Earnings by Gender and Nativity in New Haven,  
Connecticut, and United States, 2008–2010

	Immigrant	Native-Born
<b>New Haven</b>		
<b>Women</b>	\$36,460	\$39,499
<b>Men</b>	\$32,000	\$45,575
<b>Connecticut</b>		
<b>Women</b>	\$38,486	\$45,738
<b>Men</b>	\$46,000	\$60,984
<b>United States</b>		
<b>Women</b>	\$30,384	\$36,460
<b>Men</b>	\$35,448	\$48,787

Note: For women and men aged 16 and older who are employed full-time, year-round.

Source: IWPR analysis of 2008–2010 IPUMS American Community Survey microdata (Ruggles et al. 2010).

Table 5.

Distribution of Women Across Broad Occupational Groups by Race/Ethnicity, New Haven, 2008–2010

Occupation	All Races/Ethnicities		White		Black		Hispanic	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Management, Business, and Financial Occupations	2,192	7%	1,292	11%	536	5%	185	3%
Computer, Engineering, and Science Occupations	1,476	5%	707	6%	204	2%	206	4%
Education, Legal, Community Service, Arts, and Media Occupations	6,474	21%	3,595	30%	1,615	14%	698	13%
Healthcare Practitioners and Technical Occupations	2,136	7%	881	7%	839	7%	137	2%
Service Occupations	7,512	24%	1,912	16%	3,754	33%	1,533	28%
Sales and Office Occupations	8,727	28%	3,263	27%	3,385	30%	1,673	30%
Natural Resources, Construction, and Maintenance Occupations	176	1%	38	0%	95	1%	20	0%
Production, Transportation, and Material Moving Occupations	2,609	8%	336	3%	909	8%	1,086	20%
Total <sup>a</sup>	31,302	101%	12,024	100%	11,337	100%	5,538	100%

Notes: For employed women 16 years or older. Includes part-time and full-time workers.

Whites are identified as exclusive: white, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

<sup>a</sup>Totals may not add to 100 due to rounding.

Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

Table 6.

Distribution of Women Across Broad Occupational Groups by Race/Ethnicity, Connecticut, 2008–2010

Occupation	All Races/Ethnicities		White		Black		Hispanic	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Management, Business, and Financial Occupations	117,306	14%	97,027	15%	7,656	9%	6,604	7%
Computer, Engineering, and Science Occupations	26,843	3%	19,761	3%	1,519	2%	1,194	1%
Education, Legal, Community Service, Arts, and Media Occupations	145,396	17%	120,147	19%	10,454	12%	9,519	10%
Healthcare Practitioners and Technical Occupations	76,243	9%	61,109	10%	6,239	7%	3,895	4%
Service Occupations	170,323	20%	103,682	16%	26,818	31%	31,025	33%
Sales and Office Occupations	273,494	32%	207,266	33%	28,122	33%	29,191	31%
Natural Resources, Construction, and Maintenance Occupations	4,448	1%	2,944	0%	277	0%	951	1%
Production, Transportation, and Material Moving Occupations	43,114	5%	23,802	4%	4,554	5%	10,996	12%
<b>Total<sup>a</sup></b>	<b>857,167</b>	<b>101%</b>	<b>635,738</b>	<b>100%</b>	<b>85,639</b>	<b>99%</b>	<b>93,375</b>	<b>99%</b>

Notes: For employed women 16 years or older. Includes part-time and full-time workers.

Whites are identified as exclusive: white, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

<sup>a</sup>Totals may not add to 100 due to rounding.

Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).



Table 7.  
Distribution of Women Across Broad Occupational Groups by Race/Ethnicity, United States, 2008–2010

Occupation	All Races/Ethnicities		White		Black		Hispanic	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Management, Business, and Financial Occupations	8,947,134	13%	6,569,756	14%	920,123	11%	762,308	9%
Computer, Engineering, and Science Occupations	1,874,317	3%	1,269,791	3%	160,390	2%	118,421	1%
Education, Legal, Community Service, Arts, and Media Occupations	9,873,689	15%	7,387,589	16%	1,050,324	12%	891,601	10%
Healthcare Practitioners and Technical Occupations	5,678,768	8%	4,179,340	9%	631,848	7%	342,521	4%
Service Occupations	14,222,301	21%	8,103,440	18%	2,327,508	27%	2,791,092	31%
Sales and Office Occupations	22,550,494	33%	15,566,477	34%	2,732,844	32%	2,899,757	33%
Natural Resources, Construction, and Maintenance Occupations	597,169	1%	336,150	1%	58,124	1%	171,254	2%
Production, Transportation, and Material Moving Occupations	3,976,715	6%	2,129,675	5%	614,152	7%	918,455	10%
Total <sup>a</sup>	67,720,587	100%	45,542,218	100%	8,495,313	99%	8,895,409	100%

Notes: For employed women 16 years or older. Includes part-time and full-time workers.

Whites are identified as exclusive: white, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

<sup>a</sup>Totals may not add to 100 due to rounding.

Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

Table 8.  
Percent of Students Enrolled in Public Schools in the New Haven School District by Race/Ethnicity, 2011

Race/Ethnicity	Percent of Students
White	11%
Black	55%
Hispanic	31%
Asian	1%
Other	2%
Total	100%

Note: Race categories are identified as exclusive: white, not Hispanic; black, not Hispanic; and other, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

Source: IWPR compilation of data from New Haven Public Schools (2012a).

Table 9.  
Educational Attainment of Women and Men Aged 25 and Older by Nativity in New Haven, Connecticut, and United States, 2008–2010

	Immigrant			Native Born		
	Women	Men	Total	Women	Men	Total
<b>New Haven</b>						
Less Than High School Diploma	25%	24%	24%	17%	17%	17%
High School Diploma or Equivalent	20%	31%	26%	28%	30%	29%
Some College or Associate's Degree	11%	9%	10%	24%	22%	23%
Bachelor's Degree or Higher	44%	36%	40%	31%	32%	31%
Total <sup>a</sup>	100%	100%	100%	100%	101%	100%
<b>Connecticut</b>						
Less Than High School Diploma	23%	23%	23%	9%	10%	9%
High School Diploma or Equivalent	25%	27%	26%	28%	29%	28%
Some College or Associate's Degree	22%	18%	20%	28%	24%	26%
Bachelor's Degree or Higher	31%	32%	32%	35%	38%	36%
Total <sup>a</sup>	101%	100%	101%	100%	101%	99%
<b>United States</b>						
Less Than High School Diploma	31%	33%	32%	11%	12%	11%
High School Diploma or Equivalent	22%	22%	22%	29%	30%	30%
Some College or Associate's Degree	20%	17%	19%	32%	30%	31%
Bachelor's Degree or Higher	27%	28%	27%	28%	29%	28%
Total <sup>a</sup>	100%	100%	100%	100%	101%	100%

Note: <sup>a</sup>Totals may not add to 100 due to rounding.

Source: IWPR analysis of 2008–2010 IPUMS American Community Survey microdata (Ruggles et al. 2010).

Table 10.

Educational Attainment of Women Aged 25 and Older by Race/Ethnicity in New Haven, Connecticut, and United States, 2008–2010

	All Races/ Ethnicities	White	Black	Hispanic
<b>New Haven</b>				
Less Than High School Diploma	19%	9%	20%	42%
High School Diploma or Equivalent	27%	23%	35%	30%
Some College or Associate's Degree	22%	16%	31%	17%
Bachelor's Degree or Higher	32%	52%	14%	12%
Total <sup>a</sup>	100%	100%	100%	101%
<b>Connecticut</b>				
Less Than High School Diploma	11%	7%	18%	31%
High School Diploma or Equivalent	28%	28%	31%	28%
Some College or Associate's Degree	27%	27%	33%	26%
Bachelor's Degree or Higher	35%	38%	18%	16%
Total <sup>a</sup>	101%	100%	100%	101%
<b>United States</b>				
Less Than High School Diploma	14%	9%	17%	37%
High School Diploma or Equivalent	28%	30%	29%	25%
Some College or Associate's Degree	30%	31%	34%	24%
Bachelor's Degree or Higher	28%	30%	19%	14%
Total <sup>a</sup>	100%	100%	99%	100%

Notes: Sample size is insufficient to reliably estimate the educational attainment of Asian women.

Whites are identified as exclusive: white, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

<sup>a</sup>Totals may not add to 100 due to rounding.

Source: IWPR calculations based on American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2008–2010a).

Table 11.

Median Annual Earnings by Gender and Educational Attainment in New Haven, Connecticut, and United States, 2006–2010

Educational Attainment	New Haven		Connecticut		United States	
	Women	Men	Women	Men	Women	Men
<b>Total Population 25 Years and Older with Earnings</b>	\$29,561	\$34,702	\$35,234	\$52,326	\$28,514	\$41,354
<b>Less Than High School Diploma</b>	\$18,306	\$23,859	\$18,742	\$26,808	\$14,645	\$22,792
<b>High School Diploma or Equivalent</b>	\$23,325	\$27,280	\$26,441	\$40,858	\$21,631	\$33,173
<b>Some College or Associate's Degree</b>	\$29,505	\$37,200	\$33,397	\$49,646	\$27,701	\$41,530
<b>Bachelor's Degree</b>	\$35,660	\$42,790	\$45,529	\$71,477	\$40,313	\$59,922
<b>Graduate or Professional Degree</b>	\$45,944	\$55,725	\$60,443	\$93,713	\$53,023	\$80,111

Notes: For those aged 25 and older who work either part-time or full-time.

2010 inflation-adjusted dollars.

Source: IWPR compilation of American Community Survey data accessed through the American Fact Finder (U.S. Department of Commerce 2006–2010).

Table 12.

Numbers and Rates of Asthma Hospitalizations per 10,000 Among Adults Aged 18 and Older by Gender, New Haven and Connecticut (Minus Five Largest Cities), 2001–2005

Gender	New Haven		Connecticut	
	Number	Rate	Number	Rate
<b>Women</b>	974	39.7	6,866	12.4
<b>Men</b>	475	22.1	2,716	5.4

Note: Data for Connecticut does not include Bridgeport, Hartford, New Haven, Stamford, or Waterbury.

Source: IWPR compilation of data from the Connecticut Department of Public Health (2009b).

Table 13.

Numbers and Rates of Asthma Hospitalizations per 10,000 Among Children Aged 0–17 by Gender, New Haven and Connecticut (Minus Five Largest Cities), 2001–2005

Gender	New Haven		Connecticut	
	Number	Rate	Number	Rate
Girls	490	64.0	1,689	10.2
Boys	636	78.9	2,630	15.1

Note: Data for Connecticut does not include Bridgeport, Hartford, New Haven, Stamford, or Waterbury.

Source: IWPR compilation of data from the Connecticut Department of Public Health (2009b).

Table 14.

Numbers and Rates of Asthma Hospitalizations per 10,000 Among Adults Aged 18 and Older by Race/Ethnicity, New Haven and Connecticut (Minus Five Largest Cities), 2001–2005

Race/Ethnicity	New Haven		Connecticut	
	Number	Rate	Number	Rate
All Races/Ethnicities	1,449	31.4	9,582	9.1
White	190	9.7	7,203	7.8
Black	859	58.1	1,016	21.8
Hispanic	391	46.8	1,077	21.3
Other	9	2.6	286	7.7

Notes: Data for Connecticut does not include Bridgeport, Hartford, New Haven, Stamford, or Waterbury.

Race categories are identified as exclusive: white, not Hispanic; black, not Hispanic; and other, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

Source: IWPR compilation of data from the Connecticut Department of Public Health (2009b).

Table 15.

Numbers and Rates of Asthma Hospitalizations per 10,000 Among Children Aged 0–17 by Race/Ethnicity, New Haven and Connecticut (Minus Five Largest Cities), 2001–2005

Race/Ethnicity	New Haven		Connecticut	
	Number	Rate	Number	Rate
<b>All Races/Ethnicities</b>	1,126	71.6	4,319	12.7
<b>White</b>	97	39.5	2,608	9.5
<b>Black</b>	642	85.5	691	35.2
<b>Hispanic</b>	370	76.0	599	21.4
<b>Other</b>	17	18.9	421	23.0

Notes: Data for Connecticut does not include Bridgeport, Hartford, New Haven, Stamford, or Waterbury.

Race categories are identified as exclusive: white, not Hispanic; black, not Hispanic; and other, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

Source: IWPR compilation of data from the Connecticut Department of Public Health (2009b).

Table 16.

Age-Adjusted Mortality Rates per 100,000 for Selected Causes by Gender and Race, New Haven, 2005–2009

Cause of Death	Women			Men		
	All Races	White	Black	All Races	White	Black
<b>Coronary Heart Disease</b>	147.6	155.7	142.4	222.2	213.9	262.0
<b>Diabetes</b>	25.6	18.5	41.6	30.1	20.8	53.6
<b>Stroke</b>	32.4	33.0	32.5	44.7	43.2	42.6
<b>Breast Cancer</b>	30.6	38.4	33.4	N/A	N/A	N/A

Note: Whites and blacks are identified as exclusive: white, not Hispanic; and black, not Hispanic.

Source: City of New Haven analysis of data from the Connecticut Department of Public Health Death Master File and the 2010 U.S. Census (City of New Haven 2012a). Age standardization to the U.S. Standard 2000 population.

Table 17.

Average Annual Count and Incidence Rates per 100,000 for Cervical Cancer by Race/Ethnicity, New Haven County and Connecticut, 2005–2009

Race/Ethnicity	New Haven County		Connecticut	
	Number	Rate	Number	Rate
<b>All Races/Ethnicities</b>	33	7.1	117	6.1
<b>White</b>	23	6.6	82	5.4
<b>Black</b>	5	8.5	13	7.6
<b>Hispanic</b>	4	9.3	19	10.7

Notes: White are identified as exclusive: white, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

Individuals who identified as Asian/Pacific Islander or American Indian/Alaskan Native are included in the total for all races/ethnicities but are not reported in the race/ethnic breakdown due to small sample size.

Source: IWPR compilation of data from the National Cancer Institute (2010).

Table 18.

Average Annual Count and Incidence Rates per 100,000 for Ovarian Cancer by Race/Ethnicity, New Haven County and Connecticut, 2005–2009

Race/Ethnicity	New Haven County		Connecticut	
	Number	Rate	Number	Rate
<b>All Races/Ethnicities</b>	66	12.5	280	12.9
<b>White</b>	57	13.2	246	13.4
<b>Black</b>	4	7.4	13	8.1
<b>Hispanic</b>	3	13.2	14	11.5

Notes: Whites are identified as exclusive: white, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

Individuals who identified as Asian/Pacific Islander or American Indian/Alaskan Native are included in the total for all races/ethnicities but are not reported in the race/ethnic breakdown due to small sample size.

Source: IWPR compilation of data from the National Cancer Institute (2010).



Table 19.

Numbers and Rates of Teen Births per 1,000 Teens by Race/Ethnicity, New Haven and Connecticut, 2000, 2006, and 2008

Race/ Ethnicity	New Haven						Connecticut					
	2000		2006		2008		2000		2006		2008	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
<b>All Races/ Ethnicities</b>	330	60.6	275	51.8	273	46.0	3,284	31.2	2,871	23.4	2,791	22.6
<b>White</b>	23	13.4	21	10.3	15	9.8	1,064	14.4	805	9.4	723	8.6
<b>Black</b>	146	71.1	132	61.8	127	54.9	780	62.4	697	47.5	635	42.8
<b>Hispanic</b>	129	102.3	114	133.3	130	90.9	1,258	90.4	1,289	79.4	1,353	74.2
<b>Other</b>	3	N/A	8	N/A	N/A	N/A	56	N/A	67	N/A	70	N/A

Note: Race categories are identified as exclusive: white, not Hispanic; black, not Hispanic; and other, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race.

Source: IWPR calculations based on the 2000, 2006 and 2008 Connecticut Registration Reports (Connecticut Department of Public Health 2011a), using population data from the 2006 and 2008 American Community Survey and the 2000 U.S. Census.

Table 20.

Chlamydia Diagnoses and Rates per 10,000 (Aged 10 and Older) by Gender and Race/Ethnicity, New Haven, 2010

Race/Ethnicity	Female		Male	
	Number	Rate	Number	Rate
<b>All Races/Ethnicities</b>	1,076	182.4	346	64.3
<b>White</b>	80	40.4	11	5.8
<b>Black</b>	597	278.0	197	113.5
<b>Hispanic</b>	185	130.3	34	23.4

Notes: Whites and blacks are identified as exclusive: white, not Hispanic; and black, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race. Individuals who did not identify their race/ethnicity or identified as Asian or American Indian are included in the total for all races/ethnicities but are not reported in the race/ethnic breakdown due to small sample size.

Source: IWPR calculations based on data from Connecticut Department of Public Health (2011b), using population data from the 2010 U.S. Census.

Table 21.

Gonorrhea Diagnoses and Rates per 10,000 (Aged 10 and Older) by Gender and Race/Ethnicity, New Haven, 2010

Race/Ethnicity	Female		Male	
	Number	Rate	Number	Rate
<b>All Races/Ethnicities</b>	202	34.2	141	26.2
<b>White</b>	13	6.6	4	2.1
<b>Black</b>	144	67.1	96	55.3
<b>Hispanic</b>	25	17.6	16	11.0

Notes: Whites and blacks are identified as exclusive: white, not Hispanic; and black, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race. Individuals who did not identify their race/ethnicity or identified as Asian or American Indian are included in the total for all races/ethnicities but are not reported in the race/ethnic breakdown due to small sample size.

Source: IWPR calculations based on data from Connecticut Department of Public Health (2011b), using population data from the 2010 U.S. Census.

Table 22.

Chlamydia Diagnoses and Rates per 10,000 Among Women Aged 10 and Older by Race/Ethnicity, New Haven and Connecticut, 2010

Race/Ethnicity	New Haven		Connecticut	
	Number	Rate	Number	Rate
<b>All Races/Ethnicities</b>	1,076	182.4	9,222	56.7
<b>White</b>	80	40.4	1,591	13.4
<b>Black</b>	597	278.0	2,889	176.1
<b>Hispanic</b>	185	130.3	1,565	80.1

Notes: Whites and blacks are identified as exclusive: white, not Hispanic; and black, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race. Individuals who did not identify their race/ethnicity or identified as Asian or American Indian are included in the total for all races/ethnicities but are not reported in the race/ethnic breakdown due to small sample size.

Source: IWPR calculations based on data from the Connecticut Department of Public Health (2011b), using population data from the 2010 U.S. Census.

Table 23.  
Gonorrhea Diagnoses and Rates per 10,000 Among Women Aged 10 and Older by Race/Ethnicity, New Haven and Connecticut, 2010

Race/Ethnicity	New Haven		Connecticut	
	Number	Rate	Number	Rate
<b>All Races/Ethnicities</b>	202	34.2	1,447	8.9
<b>White</b>	13	6.6	180	1.5
<b>Black</b>	144	67.1	660	40.2
<b>Hispanic</b>	25	17.6	256	13.1

Notes: Whites and blacks are identified as exclusive: white, not Hispanic; and black, not Hispanic. Persons whose ethnicity is identified as Hispanic or Latino may be of any race. Individuals who did not identify their race/ethnicity or identified as Asian or American Indian are included in the total for all races/ethnicities but are not reported in the race/ethnic breakdown due to small sample size.

Source: IWPR calculations based on data from the Connecticut Department of Public Health (2011b), using population data from the 2010 U.S. Census.

Table 24.  
Gonorrhea and Chlamydia Diagnoses Among Women and Girls by Age, New Haven, 2010

Age Groups	Gonorrhea		Chlamydia	
	Number	Percent	Number	Percent
<b>All Ages<sup>a</sup></b>	202	100%	1,077	101%
<b>10–14 Years</b>	3	2%	17	2%
<b>15–19 Years</b>	79	39%	405	38%
<b>20–24 Years</b>	81	40%	419	39%
<b>25–29 Years</b>	27	13%	139	13%
<b>30–39 Years</b>	6	3%	78	7%
<b>40 Years and Older</b>	6	3%	18	2%

Note: <sup>a</sup>Totals may not add to 100 due to rounding.

Source: IWPR compilation of data from Connecticut Department of Public Health (2011b).

## References

- American Society for Microbiology. 2008. "Men and Women Have Different Eating Habits, Study Shows." *Science Daily*, March 19. <<http://www.sciencedaily.com/releases/2008/03/080319120318.htm>> (accessed February 27, 2012).
- Anderson, Elijah. 1999. *The Code of the Street: Decency, Violence, and the Moral Life of the Inner City*. New York, NY: W.W. Norton and Company.
- Anderson, Michael A., Paulette M. Gillig, Marilyn Sitaker, Kathy McCloskey, Kathleen Malloy, and Nancy Grigsby. 2003. "Why Doesn't She Just Leave?": A Descriptive Study of Victim Reporting Impediments to Her Safety." *Journal of Family Violence* 18 (3): 151–155.
- Baker, Dean. 2009. "Housing Prices Enter Free Fall." *Housing Market Monitor*. <<http://www.cepr.net/index.php/data-bytes/housing-market-monitor/house-prices-enter-free-fall>> (accessed February 17, 2012).
- Baker, Dean. 2011. "Data Shows Further House Price Declines in February." *Housing Market Monitor*. <<http://www.cepr.net/index.php/data-bytes/housing-market-monitor/2011-04>> (accessed February 17, 2012).
- Benbow, Nanette, ed. 2007. *Big Cities Health Inventory: The Health of Urban America*. Washington, DC: National Association of County and City Health Officials.
- Bertakis, Klea D., Rahman Azari, Jay Helms, Edward J. Callahan, and John A. Robbins. 2000. "Gender Differences in the Utilization of Health Care Services." *The Journal of Family Practice* 49 (2): 147–152.
- Black, M.C., K.C. Basile, M.J. Beidung, S.G. Smith, M.L. Walters, M.T. Merrick, J. Chen, and M.R. Stevens. 2011. National Center for Injury Prevention and Control. Centers for Disease Control and Prevention. *The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report*. Atlanta, GA: The National Center for Injury Prevention and Control.
- Blau, Francine D., and Lawrence M. Kahn. 2007. "The Gender Pay Gap: Have Women Gone as Far as They Can?" *Academy of Management Perspectives* 21 (1): 7–23.
- Boushey, Heather and Joseph Wright. 2004. "Working Moms and Child Care." Data Brief No. 3. Washington, DC: Center for Economic and Policy Research.
- Butler, Amy. 2009. "Wages in the Nonprofit Sector: Management, Professional, and Administrative Support Occupations." U.S. Department of Labor. Bureau of Labor Statistics. <<http://www.bls.gov/opub/cwc/cm20081022ar01p1.htm>> (accessed March 25, 2012).
- Caiazza, Amy. 2006. *Called to Speak: Six Strategies That Encourage Women's Political Activism*. Report #I916. Washington, DC: Institute for Women's Policy Research.
- Campbell, Frances A., Elizabeth P. Pungello, Shari Miller-Johnson, Margaret Burchinal, and Craig T. Ramey. 2001. "The Development of Cognitive and Academic Abilities: Growth Curves From an Early Childhood Educational Experiment." *Developmental Psychology* 37 (2): 231–242.

Carroll, Susan J. and Linda M.G. Zerrilli. 1993. "Feminist Challenges to Political Science." In *Political Science: The State of the Discipline II*, ed. Ada W. Finifter. Washington, DC: American Political Science Association.

Catalano, Shannan. 2007. *Intimate Partner Violence in the United States*. Washington, DC: U.S. Department of Justice. Office of Justice Programs. Bureau of Justice Statistics. <<http://bjs.ojp.usdoj.gov/content/pub/pdf/ipvus.pdf>> (accessed February 14, 2012).

Center for American Women and Politics. 2005. "Gender Differences in Voter Turnout." Rutgers University: Institute of Politics. <<http://www.cawp.rutgers.edu/research/topics/documents/genderdiff.pdf>> (accessed February 28, 2012).

Center for American Women and Politics. 2012a. "Women in State Legislatures 2012." <[http://www.cawp.rutgers.edu/fast\\_facts/levels\\_of\\_office/documents/stleg.pdf](http://www.cawp.rutgers.edu/fast_facts/levels_of_office/documents/stleg.pdf)> (accessed May 20, 2012).

Center for American Women and Politics. 2012b. "Statewide Elective Executive Women 2012." <[http://www.cawp.rutgers.edu/fast\\_facts/levels\\_of\\_office/documents/stwide.pdf](http://www.cawp.rutgers.edu/fast_facts/levels_of_office/documents/stwide.pdf)> (accessed May 25, 2012).

Centers for Disease Control and Prevention. 2006. "Prevalence of Doctor-Diagnosed Arthritis and Arthritis-Attributable Activity Limitation—United States, 2003–2005." *MMWR Weekly* (55): 1089–1092. <<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5540a2.htm>> (accessed May 24, 2012).

Centers for Disease Control and Prevention. 2011a. "Leading Causes of Death in Females: United States, 2007." <<http://www.cdc.gov/Women/lcod/>> (accessed May 13, 2012).

Centers for Disease Control and Prevention. 2011b. "10 Ways STDs Impact Women Differently from Men." <<http://www.cdc.gov/nchhstp/newsroom/docs/STDs-Women-042011.pdf>> (accessed February 2, 2012).

Centers for Disease Control and Prevention. 2011c. *2009 Youth Risk Behavior Survey Results, Connecticut High School Survey*. <[http://www.ct.gov/dph/lib/dph/hisr/pdf/yrbs2009ct\\_summary\\_tables.pdf](http://www.ct.gov/dph/lib/dph/hisr/pdf/yrbs2009ct_summary_tables.pdf)> (accessed December 2, 2011).

Centers for Disease Control and Prevention. 2012. "Cancer Among Women." (May 1). <<http://www.cdc.gov/cancer/dcpc/data/women.htm>> (accessed July 1, 2012).

Center on Budget and Policy Priorities. 2012. "Policy Basics: The Earned Income Tax Credit." <<http://www.cbpp.org/cms/index.cfm?fa=view&id=2505>> (accessed May 12, 2012).

City of New Haven. 2011a. Data on infant mortality rates calculated by the City of New Haven Health Department, e-mail communication, December 21, 2011.

City of New Haven. 2011b. EE-04 report provided by the City of New Haven, e-mail communication, December 8, 2011.

City of New Haven. 2012a. Data on crude and age-adjusted mortality rates for selected causes, provided by the City of New Haven Health Department, e-mail communications, January 20 and January 27.

City of New Haven. 2012b. "Board of Alderman." <<http://www.cityofnewhaven.com/aldermen/LegislativeServices.asp>> (accessed May 3, 2012).

City of New Haven. 2012c. "Boards and Commissions." <[http://www.cityofnewhaven.com/Government/Boards\\_Commissions.asp](http://www.cityofnewhaven.com/Government/Boards_Commissions.asp)> (accessed March 30, 2012).

Community Foundation for Greater New Haven. 2012. <<http://www.cfgnh.org/Lead/WomensPhilanthropy/tabid/193/Default.aspx>> (accessed May 9, 2012).

Connecticut Commission on Educational Achievement. 2012. *Every Child Should Have a Chance to be Exceptional. Without Exception.* <[http://www.ctedreform.org/pdf/commission\\_report.pdf](http://www.ctedreform.org/pdf/commission_report.pdf)> (accessed July 1, 2012).

Connecticut Council for Philanthropy. 2012. "Connecticut Council for Philanthropy: Women's and Girl's Funds in Connecticut." <[http://www.ctphilanthropy.org/s\\_ccp/doc.asp?CID=15042&DID=34703](http://www.ctphilanthropy.org/s_ccp/doc.asp?CID=15042&DID=34703)> (accessed May 9, 2012).

Connecticut State Department of Education. 2010. Connecticut Education Data and Research. "SAT – Average Composite Score." <[http://sdeportal.ct.gov/Cedar/WEB/ct\\_report/SATDTViewer.aspx](http://sdeportal.ct.gov/Cedar/WEB/ct_report/SATDTViewer.aspx)> (accessed February 29, 2012).

Connecticut State Department of Education. 2012a. "Connecticut Mastery Test 4th Generation Reports from Connecticut Education Data and Research (CEDAR)." <[http://sdeportal.ct.gov/Cedar/WEB/ct\\_report/CMTLandingDT.aspx](http://sdeportal.ct.gov/Cedar/WEB/ct_report/CMTLandingDT.aspx)> (accessed February 16, 2012).

Connecticut State Department of Education. 2012b. "SAT: Average Composite Scores from Connecticut Education Data and Research (CEDAR)." <[http://sdeportal.ct.gov/Cedar/WEB/ct\\_report/SATDTViewer.aspx](http://sdeportal.ct.gov/Cedar/WEB/ct_report/SATDTViewer.aspx)> (accessed February 16, 2012).

Connecticut State Department of Education. 2012c. "Connecticut Academic Performance Test 3rd Generation Reports from Connecticut Education Data and Research (CEDAR)." <[http://sdeportal.ct.gov/Cedar/WEB/ct\\_report/CAPTlandingDT.aspx](http://sdeportal.ct.gov/Cedar/WEB/ct_report/CAPTlandingDT.aspx)> (accessed February 16, 2012).

Connecticut State Department of Education. 2012d. "Students Eligible for Free/Reduced Price Lunch from Connecticut Education Data and Research (CEDAR)." <[http://sdeportal.ct.gov/Cedar/WEB/ct\\_report/StudentNeedDTViewer.aspx](http://sdeportal.ct.gov/Cedar/WEB/ct_report/StudentNeedDTViewer.aspx)> (accessed February 16, 2012).

Connecticut State Department of Education. 2012e. "Annual Dropout Percentage Rates by Gender from Connecticut Education Data and Research (CEDAR)." <[http://sdeportal.ct.gov/Cedar/WEB/ct\\_report/DropoutDTViewer.aspx](http://sdeportal.ct.gov/Cedar/WEB/ct_report/DropoutDTViewer.aspx)> (accessed May 31, 2012).

Connecticut State Department of Education. 2012f. "Number of English Language Learners (ELL) from Connecticut Education Data and Research (CEDAR)." <[http://sdeportal.ct.gov/Cedar/WEB/ct\\_report/DropoutDTViewerEllDTViewer.aspx](http://sdeportal.ct.gov/Cedar/WEB/ct_report/DropoutDTViewerEllDTViewer.aspx)> (accessed June 14, 2012).

Connecticut Department of Public Health. 2009a. "Population, Births, Deaths, Fetal Deaths, and Infant Deaths by Place of Occurrence and Residence and Marriages by Place of Occurrence." Table 2-A.

<[http://www.ct.gov/dph/cwp/view.asp?a=3132&q=394598&dphNav\\_GID=1601&dphNav\\_GID=1601](http://www.ct.gov/dph/cwp/view.asp?a=3132&q=394598&dphNav_GID=1601&dphNav_GID=1601)> (accessed February 24, 2012).

Connecticut Department of Public Health. 2009b. "Asthma Data Fact Sheet for the Five Largest Cities in Connecticut." Hartford, CT: Connecticut Department of Public Health.

Connecticut Department of Public Health, AIDS and Chronic Diseases Section. 2010. *Epidemiologic Profile of HIV/AIDS in Connecticut*. Hartford, CT: Connecticut Department of Public Health.

Connecticut Department of Public Health. 2011a. Registration Report Tables: 2000, 2006, and 2008.

<[http://www.ct.gov/dph/cwp/view.asp?a=3132&q=394598&dphNav\\_GID=1601](http://www.ct.gov/dph/cwp/view.asp?a=3132&q=394598&dphNav_GID=1601)> (accessed November 14, 2011).

Connecticut Department of Public Health. 2011b. IWPR calculations based on sexual health data provided by the Connecticut Department of Public Health, e-mail communication, December 2, 2011.

Connecticut Department of Public Health HIV Surveillance Program. 2012. "New Haven HIV Infection Cases by Year of Diagnosis, Sex, Race, and Risk (2002- December 31, 2010)."

<[http://www.ct.gov/dph/lib/dph/aids\\_and\\_chronic/surveillance/city\\_and\\_county/city\\_new\\_haven\\_hiv\\_aids\\_trends\\_table.pdf](http://www.ct.gov/dph/lib/dph/aids_and_chronic/surveillance/city_and_county/city_new_haven_hiv_aids_trends_table.pdf)> (March 1, 2012).

Connecticut Voter Registration System (CONNveRSe). 2012. Calculations by the Institute for Women's Policy Research using 2008, 2010, and 2011 data provided by the City of New Haven, e-mail communication, February 23, 2012.

Crowne, Sarah S., Hee-Soon Juon, Margaret Ensminger, Lori Burrell, Elizabeth McFarlane, and Anne Duggan. 2011. "Concurrent and Long-Term Impact of Intimate Partner Violence on Employment Stability." *Journal of Interpersonal Violence* 26 (6): 1282-1304.

Data Haven. 2011. "Understanding the Greater New Haven Region Through Data." New Haven, Connecticut: The Community Foundation for Greater New Haven.

Ellis-West, Shirley, Sherman Malone, Barbara Tinney, Chisara Asomugha, Jill Barron, Luke Hansen, Marjorie S. Rosenthal, and Katherine Yun. 2011. *We Just Kept Walking Towards It: The Girls' Experience With Violence Project*. New Haven, CT: New Haven Family Alliance.

Fergusson, David M., Joseph M. Boden, L., and John Horwood. 2008. "Exposure to Childhood Sexual and Physical Abuse and Adjustment in Early Adulthood." *Child Abuse & Neglect* 32 (6): 607-619.

Fox, Richard L. and Jennifer L. Lawless. 2004. "Entering the Arena? Gender and the Decision to Run for Office." *American Journal of Political Science* 48 (2): 264-280.

Fremstad, Shawn. 2010. *A Modern Framework for Measuring Poverty and Basic Economic Security*. Washington, DC: Center for Economic and Policy Research.



Fullerton, Howard N. 1999. "Labor Force Participation: 75 Years of Change, 1950–98 and 1998–2025." *Monthly Labor Review* (December): 3–12.

Garcia, Mario. 2011. *Creating a Healthy and Safe City: The Impact of Violence in New Haven*. <[http://ctdatahaven.org/know/images/f/f6/Creating\\_a\\_Healthy\\_and\\_Safe\\_City\\_2011\\_sm1.pdf](http://ctdatahaven.org/know/images/f/f6/Creating_a_Healthy_and_Safe_City_2011_sm1.pdf)> (accessed December 6, 2011).

Gerontology Institute, University of Massachusetts Boston, and Wider Opportunities for Women. 2009. "Elder Economic Security Initiative Program: The Elder Economic Security Standard Index for Connecticut." <[http://www.wowonline.org/ourprograms/eesi/documents/CTElderIndexReport\\_FINAL.pdf](http://www.wowonline.org/ourprograms/eesi/documents/CTElderIndexReport_FINAL.pdf)> (accessed April 25, 2012).

Gornick, Janet C., and Markus Jäntti. 2010. "Women, Poverty, and Social Policy Regimes: A Cross-National Analysis." Working Paper No. 534. *Luxembourg Income Study Working Paper Series*. Luxembourg: Luxembourg Income Study (LIS). <<http://www.lisproject.org/publications/liswps/534.pdf>> (accessed February 28, 2012).

Gudino, Omar G., Erum Nadeem, Sheryl H. Kataoka, and Anna S. Lau. 2011. "Relative Impact of Violence Exposure and Immigrant Stressors on Latino Youth Psychopathology." *Journal of Community Psychology* 39 (3): 316–335.

Hartmann, Heidi and Ashley English. 2009. "Older Women's Retirement Security: A Primer." *Journal of Women, Politics, & Policy* 30 (2–3): 109–140.

Hartmann, Heidi, Jeff Hayes, and Robert Drago. 2011. *Social Security Especially Vital to Women and People of Color, Men Increasingly Reliant*. Report #D494. Washington, DC: Institute for Women's Policy Research.

Hayes, Jeff and Heidi Hartmann. 2011. *Women and Men Living On the Edge: Economic Insecurity After the Great Recession*. Report #C386. Washington, DC: Institute for Women's Policy Research.

Hegewisch, Ariane and Claudia Williams. 2011. "The Gender Wage Gap: 2010." Fact Sheet #C350. Washington, DC: Institute for Women's Policy Research.

Hegewisch, Ariane, Hannah Liepmann, Jeffrey Hayes, and Heidi Hartmann. 2010. "Separate and Not Equal? Gender Segregation in the Labor Market and the Gender Gap." Report #377. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/initiatives/employment-job-quality>> (accessed December 21, 2011).

Hess, Cynthia, Jeff Hayes, and Heidi Hartmann. 2011. *Retirement on the Edge: Women's and Men's Economic Insecurity After the Great Recession*. Report #D500. Washington, DC: Institute for Women's Policy Research.

Hill, Catherine and Holly Kearn. 2011. *Crossing the Line: Sexual Harassment at School*. Washington, DC: American Association of University Women.

Ickovics J, L. Rosenthal, and A. Carroll-Scott. N.d. Unpublished survey by CARE: Community Alliance for Research and Engagement. Yale School of Public Health.

Institute for Women's Policy Research. 2012a. "Improved Job Growth in January for Both Women and Men: Women Re-Entering the Labor Force, But Men Leaving." Quick Figures #Q008. Washington, DC: Institute for Women's Policy Research.

- Institute for Women's Policy Research. 2012b. "Overview: State-by-State Rankings and Data on Indicators of Women's Social and Economic Status, 2010." Table 1. <<http://www.iwpr.org/initiatives/states/2010-state-by-state-overview>> (accessed May 21, 2012).
- Kalleberg, Arne L. 2000. "Nonstandard Employment Relations: Part-time, Temporary and Contract Work." *Annual Review of Sociology* (26): 341–365.
- Kalleberg, Arne L., Barbara F. Reskin, and Ken Hudson. 2000. "Bad Jobs in America: Standard and Nonstandard Employment Relations and Job Quality in the United States." *American Sociological Review* 65 (2): 256–78.
- Kesselman, Amy. 2001. "Women's Liberation and the Left in New Haven, Connecticut, 1968–1972." *Radical History Review* 81 (Fall): 15–33.
- Kilpatrick, Dean G. and Ron Acierno. 2003. "Mental Health Needs of Crime Victims: Epidemiology and Outcomes." *Journal of Traumatic Stress* 16 (2): 119–132.
- King, Miriam, Steven Ruggles, Trent Alexander, Donna Leicach, and Matthew Sobek. 2010. Integrated Public Use Microdata Series, Current Population Survey: Version 2.0. <<http://cps.ipums.org/cps>> (accessed January 7, 2012).
- Kotelchuck, Milton. 1994. "Overview of the Adequacy of Prenatal Care Utilization Index." Chapel Hill, NC: Department of Maternal and Child Health at the University of North Carolina at Chapel Hill.
- Krantz-Kent, Rachel. 2009. "Measuring Time Spent in Unpaid Household Work: Results from the American Time Use Survey." *Monthly Labor Review* (July): 46–59.
- Kung, Hsiang-Ching, Donna L. Hoyert, Jiaquan Xu, and Sherry L. Murphy. 2008. "Deaths: Final Data for 2005." *National Vital Statistics Reports* 56 (10). <[http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56\\_10.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_10.pdf)> (accessed May 24, 2011).
- Lambert, Susan J. and Julia R. Henly. 2009. *Scheduling in Hourly Jobs: Promising Practices for the Twenty-First Century Economy*. Washington, DC: The Mobility Agenda.
- Lichter, Daniel T., Domenic Parisi, and Michael C. Taquino. 2011. "The Geography of Exclusion: Race, Segregation, and Concentrated Poverty." Paper presented at the annual meeting of the Population Association of America, Washington, DC. <<http://npc.umich.edu/publications/u/2011-16%20NPC%20Working%20Paper.pdf>> (accessed May 25, 2012).
- Lovell, Vicky. 2003. *No Time to Be Sick: Why Everyone Suffers When Workers Don't Have Paid Sick Leave*. Report #B242. Washington, DC: Institute for Women's Policy Research.
- Matos, Kica. 2008. "The Elm City Resident Card: New Haven Reaches Out to Immigrants." *Federal Reserve Bank of Boston* (1): 1–7. <<http://www.bos.frb.org/commdev/necd/2008/issue1/elmcitycard.pdf>> (accessed May 2, 2012).
- Max, Wendy, Dorothy P. Rice, Eric Finkelstein, Robert A. Bardwell, and Steven Leadbetter. 2004. "The Economic Toll of Intimate Partner Violence Against Women in the United States." *Violence and Victims* 19 (3): 259–72.

- Mazure, Carolyn M. and Gwendolyn Puryear Keita, eds. 2006. *Understanding Depression in Women: Applying Empirical Research to Practice and Policy*. Washington, DC: American Psychological Association.
- McKelvey, Lorraine M., Leanne Whiteside-Mansell, Robert H. Bradley, Patrick H. Casey, Nicola A. Conners-Burrow, and Kathleen W. Barrett. 2011. "Growing Up in Violent Communities: Do Family Conflict and Gender Moderate Impacts on Adolescents' Psychosocial Development?" *Journal of Abnormal Child Psychology* 39 (1): 95–107.
- Merrill, Gregory S., and Valerie A. Wolfe. 2000. "Battered Gay Men: An Exploration of Abuse, Help Seeking, and Why They Stay." *Journal of Homosexuality* 39 (2): 1–30.
- Miller, Kevin, Barbara Gault, and Abby Thorman. 2011. "Improving Child Care Access to Promote Postsecondary Success Among Low-Income Parents." Report #C378. Washington, DC: Institute for Women's Policy Research.
- Miller, Kevin and Claudia Williams. 2010. "Valuing Good Health in Connecticut: The Cost and Benefits of Paid Sick Days." The Institute for Women's Policy Research: Washington, DC.
- Minnis, Mhyra S. 1953. "Cleavage in Women's Organizations: A Reflection of the Social Structure of a City." *American Sociological Review* 18 (1): 47–53.
- Nandi, A., T.A. Glass, S.R. Cole, H. Chu, S. Galea, D.D. Celentano, G.D. Kirk, D. Vlahov, W.W. Latimer, and S.H. Mehta. 2010. "Neighborhood Poverty and Injection Cessation in a Sample of Injection Drug Users." *American Journal of Epidemiology* 171 (4): 391–8.
- National Cancer Institute. 2010. "Incidence Rate Reports for Breast Cancer, Connecticut Cancer Profiles." <http://statecancerprofiles.cancer.gov/incidencerates/index.php?stateFIPS=09&cancer=055&race=00&age=001&type=incd&sortVariableName=rate&sortOrder=default> (accessed December 1, 2011).
- New Haven Early Childhood Council. 2009. "New Haven Early Childhood Council." New Haven, CT: New Haven Early Childhood Council.
- New Haven Family Alliance and Robert Wood Johnson Clinical Scholars Program. 2009. *Understanding Youth Violence in New Haven: A Photovoice Project with Youth of New Haven*. [http://www.cfgnh.org/Portals/0/Uploads/Documents/Public/Reports/Report\\_YouthViolence\\_2009.pdf](http://www.cfgnh.org/Portals/0/Uploads/Documents/Public/Reports/Report_YouthViolence_2009.pdf) (accessed December 2, 2011).
- New Haven Public Schools. 2012a. "Demographics." <http://www.nhps.net/nhpsdemographics> (accessed January 10, 2012).
- New Haven Public Schools. 2012b. "New Haven School Change." <http://promise.nhps.net/> (accessed January 10, 2012).
- New Haven Public School Social Development Department. 2010. *Student Health and Behavior Survey (SBHS): Results 2010, District Report*. New Haven, CT: New Haven Public School District.
- New Haven Register*. 2012. "New Haven Murder and Homicide Map." Chris March. <http://newhavenhomicides.blogspot.com/2011/10/map-of-all-new-haven-homicides-in-2011.html> (accessed June 25, 2012).

O'Donnell, Deborah A., Mary E. Schwab-Stone, and Adaline Z. Muyeed. 2002. "Multidimensional Resilience in Urban Children Exposed to Community Violence." *Child Development* 73 (4): 1265–1282.

Oliver, Leah. 2005. "Women's Legislative Caucuses." *National Conference of State Legislatures Legisbrief* 13 (29): 1–2.

Permanent Commission on the Status of Women. 2010. "Connecticut Government Appointments Project: Fact Sheet (FAQs)." <<http://ctpcsw.files.wordpress.com/2010/07/conngap-faqs1.pdf>> (accessed February 28, 2012).

Permanent Commission on the Status of Women. 2011. *ConnGAP Report 2011*. Hartford, CT: The Permanent Commission on the Status of Women. <<http://www.cfgnh.org/Portals/0/Uploads/Documents/Public/WG/conngap-report1.pdf>> (accessed May 31, 2012).

Permanent Commission on the Status of Women. 2012. "Who We Are and What We Do." <<http://ctpcsw.com/who-we-are-what-we-do/>> (accessed May 3, 2012).

Peters, S., A. Carroll-Scott, C. McCaslin, and J. Ickovics. N.d. *CARE-NHPS Student Health and Behavior Survey, 2011*. New Haven, CT: Community Alliance for Research and Engagement (CARE).

Rennison, Callie Marie. 2002. "Rape and Sexual Assault: Reporting to Police and Medical Attention, 1992–2000." NCJ 194530. Bureau of Justice Statistics. Washington, DC: U.S. Department of Justice. <<http://bjs.ojp.usdoj.gov/content/pub/pdf/rsarp00.pdf>> (accessed December 2, 2011).

Rennison, Callie Marie. 2003. "Intimate Partner Violence, 1993–2001." NCJ 197838. Bureau of Justice Statistics. Washington, DC: U.S. Department of Justice. <<http://bjs.ojp.usdoj.gov/content/pub/pdf/ipv01.pdf>> (accessed December 2, 2011).

Ruggles, Steven, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. 2010. *Integrated Public Use Microdata Series: Version 5.0* [Machine-readable database]. Minneapolis: University of Minnesota.

Shaefer, Harry Luke. 2008. *Spells of Vulnerability: Nonstandard Work and the U.S. Social Safety Net*. Ph.D. Dissertation, University of Chicago.

Schweinhart, Lawrence J., J. Montie, Z. Xiang, W.S. Barnett, C.R. Belfield, and M. Nores. 2005. *Lifetime Effects: the HighScope Perry Preschool Study Through Age 40*. Ypsilanti, MI: HighScope Press.

Singer, Audrey, Jill H. Wilson, and Brooke DeRenzis. 2009. *Immigrants, Politics, and Local Response in Suburban Washington*. Washington, DC: The Brookings Institution.

Smith, Megan, Lin Shao, Heather Howell, Haiqun Lin, and Kimberly A. Yonkers. 2011. "Perinatal Depression and Birth Outcomes in a Healthy Start Project." *Maternal and Child Health Journal* 15 (April): 401–409.

Snyder, Thomas D. and Sally A. Dillow. 2011. U.S. Department of Education. Institute of Education Sciences. National Center for Education Statistics. "Digest of Education Statistics, 2010." Chapter 3, Part I. <<http://nces.ed.gov/pubs2011/2011015.pdf>> (accessed May 3, 2012).

Social Security Administration. Office of Retirement and Disability Policy. Office of Research, Evaluation, and Statistics. 2011. *OASDI Beneficiary By State and County, 2010*. Calculations by the Institute for Women's Policy Research. Tables 1–5. Washington, DC: Social Security Administration.

<[http://www.ssa.gov/policy/docs/statcomps/oasdi\\_sc/2010/oasdi\\_sc10.pdf](http://www.ssa.gov/policy/docs/statcomps/oasdi_sc/2010/oasdi_sc10.pdf)> (accessed February 3, 2012).

Society for Human Resource Management (SHRM). 2011. *2011 Employee Benefits: Examining Employee Benefits Amidst Uncertainty*. Alexandria, VA: SHRM.

Stark, Evan. 2007. *Coercive Control: How Men Entrap Women in Personal Life*. New York: Oxford University Press.

Truman, Jennifer. 2011. "Criminal Victimization, 2010." NCJ 235508. Bureau of Justice Statistics. Washington, DC: U.S. Department of Justice.

University of Virginia Library. 2012. "1994 City Files."

<<http://www2.lib.virginia.edu/ccdb/ccdb/view?year=1994&type=city&state=9&items=9052000&vars%5B%5D=1054>> (accessed March 11, 2012).

U.S. Census Bureau. 2010. "Expectation of Life and Expected Deaths by Race, Sex, Age: 2007." In *Statistical Abstract of the United States: 2011* (130th Edition). Washington, DC.

<<http://www.census.gov/compendia/statab/2011/tables/11s0105.pdf>> (accessed May 31, 2011).

U.S. Department of Commerce, Bureau of the Census. 2011. "Poverty thresholds by Size of Family and Number of Children – 2011."

<<http://www.census.gov/hhes/www/poverty/data/threshld>> (accessed March 22, 2012).

U.S. Department of Commerce, Bureau of the Census. 2012a. "Poverty Definitions."

<<http://www.census.gov/hhes/www/poverty/methods/definitions.html>> (accessed March 3, 2012).

U.S. Department of Commerce, Bureau of the Census. 2012b. "Housing Vacancies and Homeownership: Annual Statistics: 2011." Table 14.

<<http://www.census.gov/hhes/www/housing/hvs/annual11/ann11ind.html>> (accessed April 27, 2012).

U.S. Department of Commerce, Bureau of the Census, American Fact Finder. 2006. Calculations by the Institute for Women's Policy Research.

<<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>> (accessed December 22, 2011).

U.S. Department of Commerce, Bureau of the Census, American Fact Finder. 2008. Calculations by the Institute for Women's Policy Research.

<<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>> (accessed December 22, 2011).

U.S. Department of Commerce, Bureau of the Census, American Fact Finder. 2010.

<<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>> (accessed December 22, 2011).

U.S. Department of Commerce, Bureau of the Census, American Fact Finder. 2008–2010a. Calculations by the Institute for Women's Policy Research.

<<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>> (accessed December 22, 2011).

U.S. Department of Commerce, Bureau of the Census, American Community Survey. 2008–2010b. Calculations by the Institute for Women’s Policy Research based on Ruggles et al. *Integrated Public Use Microdata Series: Version 5.0* [Machine-readable database]. Minneapolis: University of Minnesota, 2010. <<http://usa.ipums.org/usa/>> (accessed December 22, 2011).

U.S. Department of Commerce, Bureau of the Census, American Fact Finder. 2006–2010. Calculations by the Institute for Women’s Policy Research. <<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>> (accessed December 22, 2011).

U.S. Department of Commerce, Bureau of the Census, U.S. Census. 2000. Calculations by the Institute for Women’s Policy Research. <<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>> (accessed December 22, 2011).

U.S. Department of Commerce, Bureau of the Census, U.S. Census. 2010. Calculations by the Institute for Women’s Policy Research. <<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>> (accessed December 22, 2011).

U.S. Department of Health and Human Services. 2009. “Prenatal Care.” <<http://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.pdf>> (accessed April 27, 2012).

U.S. Department of Health and Human Services, National Institutes of Health. 2012. “Gender-Specific Health Challenges Facing Women.” <<http://www.niaid.nih.gov/topics/womensHealth/Pages/diseases.aspx>> (accessed June 30, 2012).

U.S. Department of Housing and Urban Development. 2003. *Trends in Worst Case Housing 1978-1999: A Report to Congress On Worst Case Housing Needs – Plus Update On Worst Case Housing Needs in 2001*. Washington, DC: U.S. Department of Housing and Urban Development.

U.S. Department of Housing and Urban Development. 2012a. “HUD’s Public Housing Program.” <[http://portal.hud.gov/hudportal/HUD?src=/topics/rental\\_assistance/phprog](http://portal.hud.gov/hudportal/HUD?src=/topics/rental_assistance/phprog)> (accessed March 17, 2012).

U.S. Department of Housing and Urban Development. 2012b. “Housing Choice Vouchers Fact Sheet.” <[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/public\\_indian\\_housing/programs/hcv/about/fact\\_sheet](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/about/fact_sheet)> (accessed March 17, 2012).

U.S. Department of Justice, Federal Bureau of Investigation. 2011a. “Uniform Crime Reports – Their Proper Use.” <<http://www.fbi.gov/about-us/cjis/ucr/ucr-statistics-their-proper-use>> (accessed February 7, 2012).

U.S. Department of Justice, Federal Bureau of Investigation. 2011b. “Table 74 – Full-Time Law Enforcement Employees by Population Group, Percent Male and Female, 2010.” Police Employee Data, *Uniform Crime Reports: Crime in the United States, 2010*. <<http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2010/crime-in-the-u.s.-2010/tables/10tbl74.xls/view>> (accessed May 22, 2012).



- U.S. Department of Justice, Federal Bureau of Investigation. 2012a. *Crime in the United States Uniform Crime Reports, 1990–2010*. U.S. Department of Justice. <<http://www.ucr-datatool.gov/>> (accessed February 7, 2012).
- U.S. Department of Justice. 2012b. (January 6). “Attorney General Eric Holder Announces Revisions to the Uniform Crime Report’s Definition of Rape.” <<http://www.fbi.gov/news/pressrel/press-releases/attorney-general-eric-holder-announces-revisions-to-the-uniform-crime-reports-definition-of-rape>> (accessed January 25, 2012).
- U.S. Department of Labor, Bureau of Labor Statistics. 2010. *Highlights of Women’s Earnings in 2009*. Report #1025. Washington, DC: U.S. Department of Labor.
- U.S. Department of Labor, Bureau of Labor Statistics. 2012a. “Glossary.” <<http://www.bls.gov/bls/glossary.htm#L>> (accessed March 3, 2012).
- U.S. Department of Labor, Bureau of Labor Statistics. 2012b. “Consumer Price Index: All Urban Consumers–(CPI-U) U.S. City Average.” <<ftp://ftp.bls.gov/pub/special.requests/cpi/cpiai.txt>> (accessed May 22, 2012).
- U.S. Equal Employment Opportunity Commission. 2012. “EEOC Form 164, State and Local Government and Information (EEO-4) Instruction Booklet.” <<http://www.eeoc.gov/employers/eeo4survey/e4instruct.cfm>> (accessed March 19, 2012).
- Waite, William, Fred Carstensen, Jill Coghlan, Marcello Graziano, and Kathryn Parr. 2011. *Assessing the Economic Impact of the AOK Family Child Care Licensing Program*. Storrs, CT: Connecticut Center for Economic Analysis, University of Connecticut.
- Weissbecker, Inka and Colleen Clark. 2007. “The Impact of Violence and Abuse on Women’s Physical Health: Can Trauma-Informed Treatment Make a Difference?” *Journal of Community Violence* 35 (7): 909–923.
- Wenger, Jeffrey. 2001. *The Continuing Problems with Part-Time Jobs*. Washington, DC: Economic Policy Institute. <[http://www.epi.org/publication/issuebriefs\\_ib155/](http://www.epi.org/publication/issuebriefs_ib155/)> (accessed February 28, 2012).
- Whitfield, Charles L., Robert F. Anda, Shanta R. Dube, and Vincent J. Felitti. 2003. “Violent Childhood Experiences and the Risk of Intimate Partner Violence in Adults: Assessment in a Large Health Maintenance Organization.” *Journal of Interpersonal Violence* 18 (2): 166–185.
- Wider Opportunities for Women. 2012. *The Basic Economic Security Tables for Connecticut*. Washington, DC: Wider Opportunities for Women.
- Williams, Claudia, Robert Drago, and Kevin Miller. 2011. “44 Million U.S. Workers Lacked Paid Sick Days in 2010: 77 Percent of Food Service Workers Lacked Access.” Fact Sheet #293. The Institute for Women’s Policy Research: Washington, DC.
- Women in Congress. 2012. “Historical Data.” <<http://womenincongress.house.gov/historical-data/representatives-senators-by-congress.html?congress=112>> (accessed February 28, 2012).
- World Health Organization. Commission on the Social Determinants of Health. 2008. *Closing the Gap: Health Equity through Action on the Social Determinants of Health*. <[http://whqlibdoc.who.int/publications/2008/9789241563703\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf)> (accessed March 5, 2012).



Zinzow, Heidi M., Kenneth J. Ruggiero, Heidi Resnick, Rochelle Hanson, Daniel Smith, Benjamin Saunders, and Dean Kilpatrick. 2009. "Prevalence and Mental Health Correlates of Witnessed Parental and Community Violence in a National Sample of Adolescents." *Journal of Child Psychology and Psychiatry* 50 (4): 441–450.

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INSTITUTE FOR  
WOMEN'S POLICY RESEARCH

1200 18th St. NW, Suite 301  
Washington, DC 20036  
Phone: (202) 785-5100  
Fax: (202) 833-4362

## **Consortium for New Haven Women & Girls**

Community Services Administration  
City Hall, New Haven  
165 Church Street, 2nd Floor  
New Haven, CT 06510