

Fixing “*Broken Windows*”

Housing Initiatives to Prevent Crime, Injury and Illness



Presented by
The Connecticut Division of Criminal Justice, Office of the Chief States Attorney

The Connecticut Criminal Justice Policy Advisory Commission Meeting
December 19, 2019 at the Connecticut Legislative Office Building

HOUSING BUREAU OF THE OFFICE OF THE CHIEF STATE'S ATTORNEY

<https://portal.ct.gov/DCJ/Programs/Programs/Criminal-Housing-Matters>

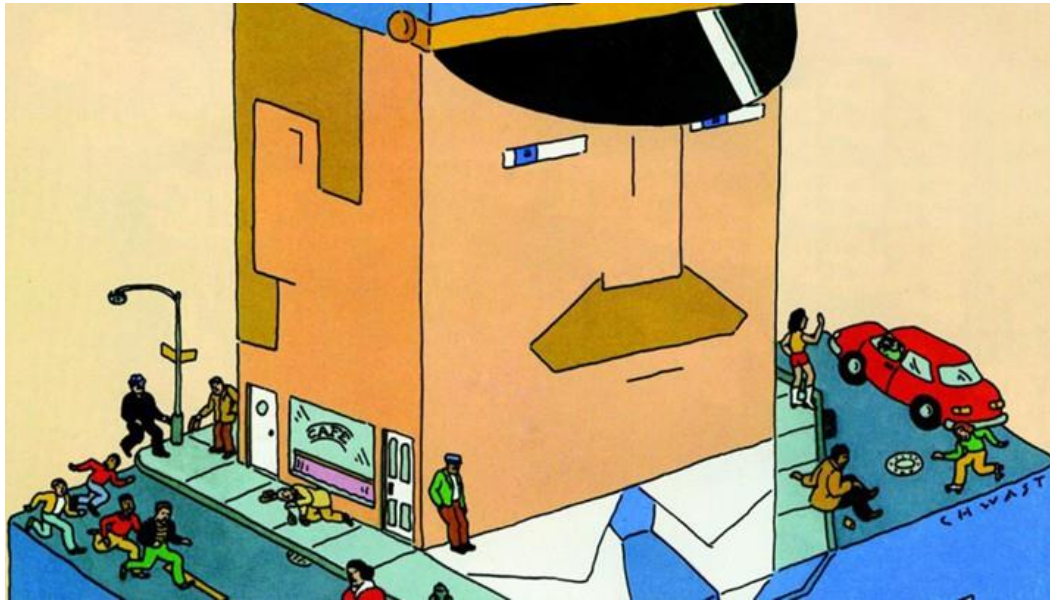
TYPES OF CASES WE HANDLE:

- **CRIMINAL LANDLORD-TENANT MATTERS**
 - Criminal Lockout, Illegal utility shut-off on tenant by landlord, Criminal Damage of landlord's property by a tenant, Criminal Trespass by landlord into tenant's unit, Bad checks for rent or security deposit.
- **STATE AND LOCAL HEALTH AND SAFETY CODE VIOLATIONS WITH COMPLIANCE AS THE GOAL**
 - Fire Safety, Building, Health, Housing, Zoning and Anti-Blight

“Broken Windows” Theory (1982)

- Political Scientist James Q. Wilson and Criminologist George Kelling

<https://www.theatlantic.com/magazine/archive/1982/03/broken-windows/304465/>



The “*Broken Windows*” Theory

- Visible signs of crime, anti-social behavior and civil disorder create an environment that encourages further crime and disorder, including serious crimes.
- The theory suggests that law enforcement methods that target nuisance crimes help to create an atmosphere of order and lawfulness, thereby preventing more serious crimes.

Criticisms of “*Broken Windows*”

- Motivated “zero tolerance” policing, wherein officers arrest for petty crimes.
- In practice resulted in stopping, frisking and arresting more people, particularly in high crime areas which were populated with minorities and low income persons.
- Resulted in a spike in reports of police unfairly targeting minorities, especially Black and Hispanic men.

Consider the Theory

(The famous evocation of how disorder begins)

A piece of property is abandoned, weeds grow up, a window is smashed. Adults stop scolding rowdy children; the children, emboldened, become more rowdy. Families move out, unattached adults move in. Teenagers gather in front of the corner store. The merchant asks them to move; they refuse. Fights occur. Litter accumulates. People start drinking in front of the grocery; in time, an inebriate slumps to the sidewalk and is allowed to sleep it off. Pedestrians are approached by panhandlers.

Look again at the first steps...

- *A piece of property is abandoned*
- *Weeds grow up*
- *A window is smashed*



Dilapidated and Abandoned Property

- **CRIMINAL ASPECTS:**
 - Easy place to hide criminal acts and fire arms
 - Notoriously useful in drug dealing
 - Susceptible to arson
- **COMMUNITY ASPECTS:**
 - Causes preventable injury and illness
 - Dangerous nuisance to children
 - Decreases area property values
 - Promotes fear and destabilizes the community



What if...

- What if the authors of “*Broken Windows*” and policy makers who heeded them had taken another track?
- What if abandoned and dilapidated property had received the attention that, for thirty years, was instead placed on petty criminal acts?
- What if we address **housing** as a primary social determinant of health and recidivism of crime?

Abandoned Housing/Crime Studies

- 1993- Criminologist William Spelman in Austin, TX : Crime rates on blocks with open abandoned buildings were twice as high as rates on matched blocks without open buildings.
- 2005 – Sociologist Lance Hannon in NYC: in high poverty areas, the number of abandoned houses in a given census tract correlated with homicide levels.

Remediating Abandoned, Inner City Buildings Reduces Crime and Violence in Surrounding Areas

<https://safeguardproperties.com/remediating-abandoned-inner-city-buildings-reduces-crime-and-violence-in-surrounding-areas-penn-study-finds/>



WHY INCREASE CODE ENFORCEMENT FOR PUBLIC HEALTH?



1 in 10 have
water leaks



1 in 6 have
structural
problems



1 in 4 have
lead based paint



LACK OF HOUSING STANDARDS – *THE EFFECT*



Driving Public Health 3.0 in the Motor City

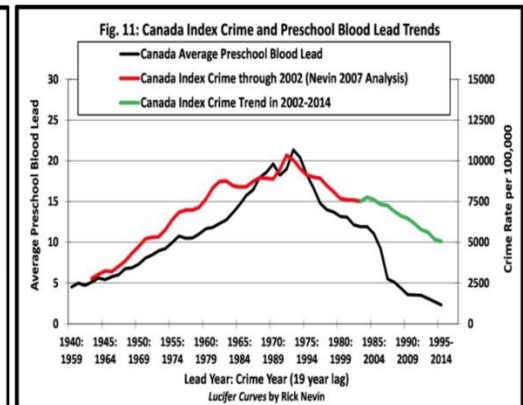
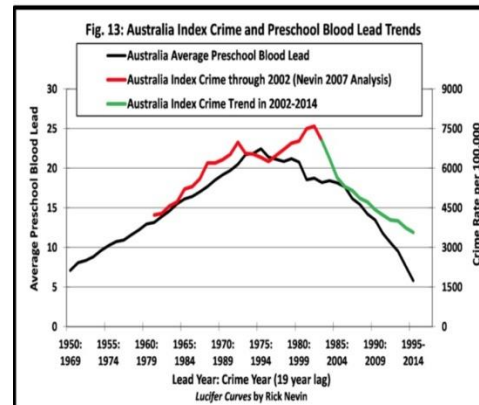
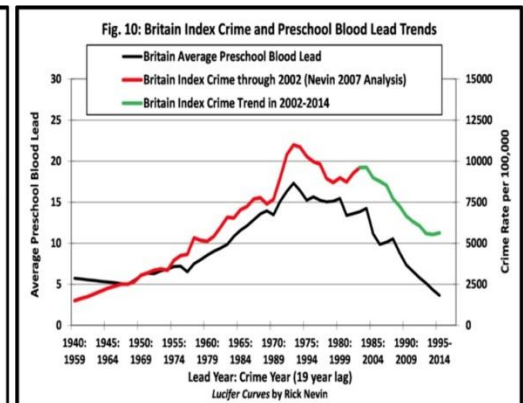
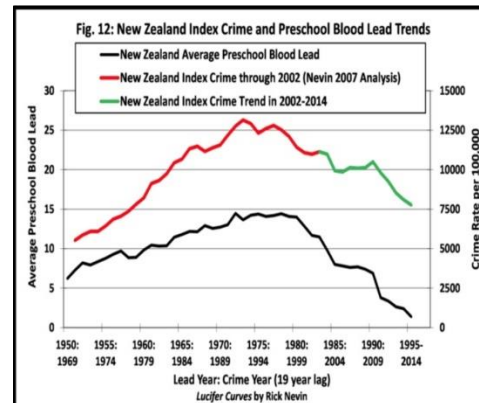
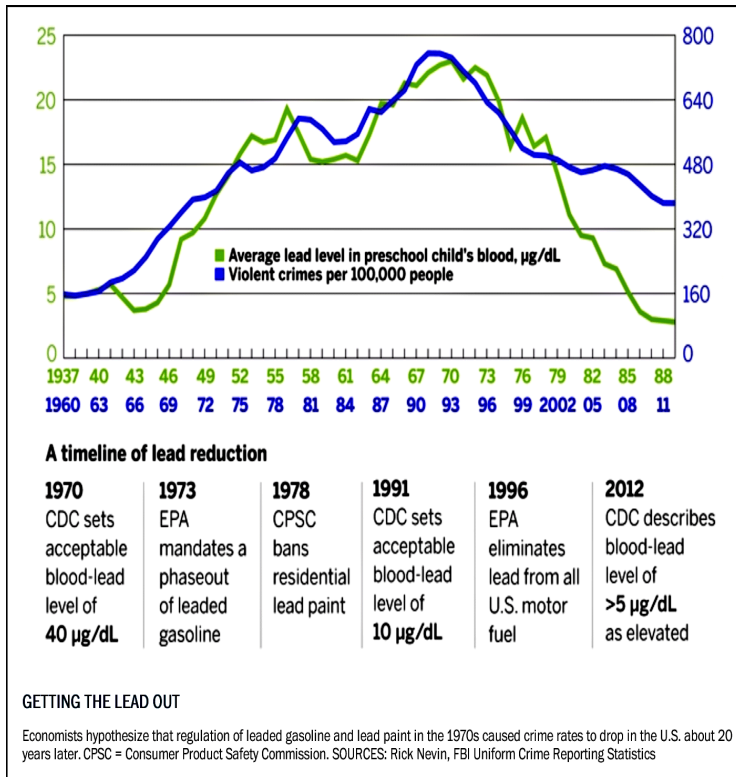
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If you start at City Hall and drive 15 minutes east to Gross Pointe, a wealthy suburb of Detroit, you'll cross a difference of nearly 12 years in life expectancy and 10 percent in teen pregnancy rates. Detroit's children continue to suffer infant mortality, asthma, and lead exposure at higher rates than their counterparts elsewhere.



Source: Office of the United States Assistant Secretary of Health with support from Healthy People 2020

Lead Poisoning and Violent Crime



<https://www.motherjones.com/kevin-drum/2018/02/an-updated-lead-crime-roundup-for-2018/>

Asthma in Connecticut

Asthma is a chronic disease of the respiratory system that is characterized by reversible obstruction of the airways and airway hyper-responsiveness to a variety of stimuli.

It has been found that the following population subgroups are disproportionately affected by asthma: children, females, Hispanics, non-Hispanic Blacks, and residents of the state's five largest cities.

Connecticut Statistics:

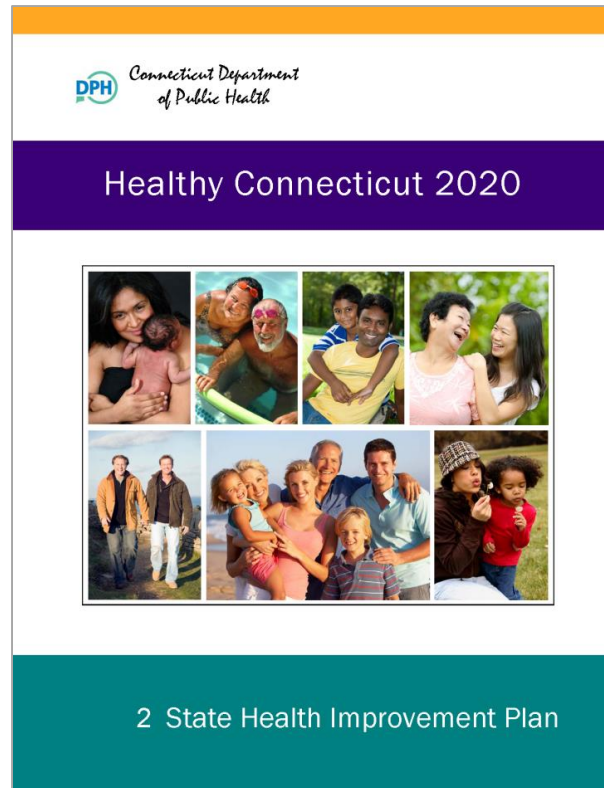
- Among Connecticut residents surveyed in 2018, **62,400 (9.7%) children** and **290,300 (10.3%) adults** suffered from asthma.
- Asthma is the single most avoidable cause of hospitalization, yet it is consistently one of the most common admitting diagnoses in pediatrics. It is also the number one reason children miss school.
- In 2018, Connecticut incurred **\$102 million** acute care charges due to asthma as a primary diagnosis, of which **\$74 million (73%)** were charged to public funds (Medicaid or Medicare).
- Residents from the five largest cities (Bridgeport, Hartford, New Haven, Stamford, and Waterbury) account for 18% of Connecticut's total population, yet they account for nearly half (**44% or \$43 million**) of the **\$102 million** asthma acute care charges in 2018.



CT's Aging Housing Stock

- **78%** of CT's housing stock was built prior to 1980.
- **48%** of CT's housing stock was built prior to 1960.
- **35%** of CT's housing stock was built prior to 1950.
(US Census, 2000)
- Approximately **31%** of CT housing is renter occupied.
(US Census, American Community Survey, 2009)

CT'S STATE HEALTH IMPROVEMENT PLAN



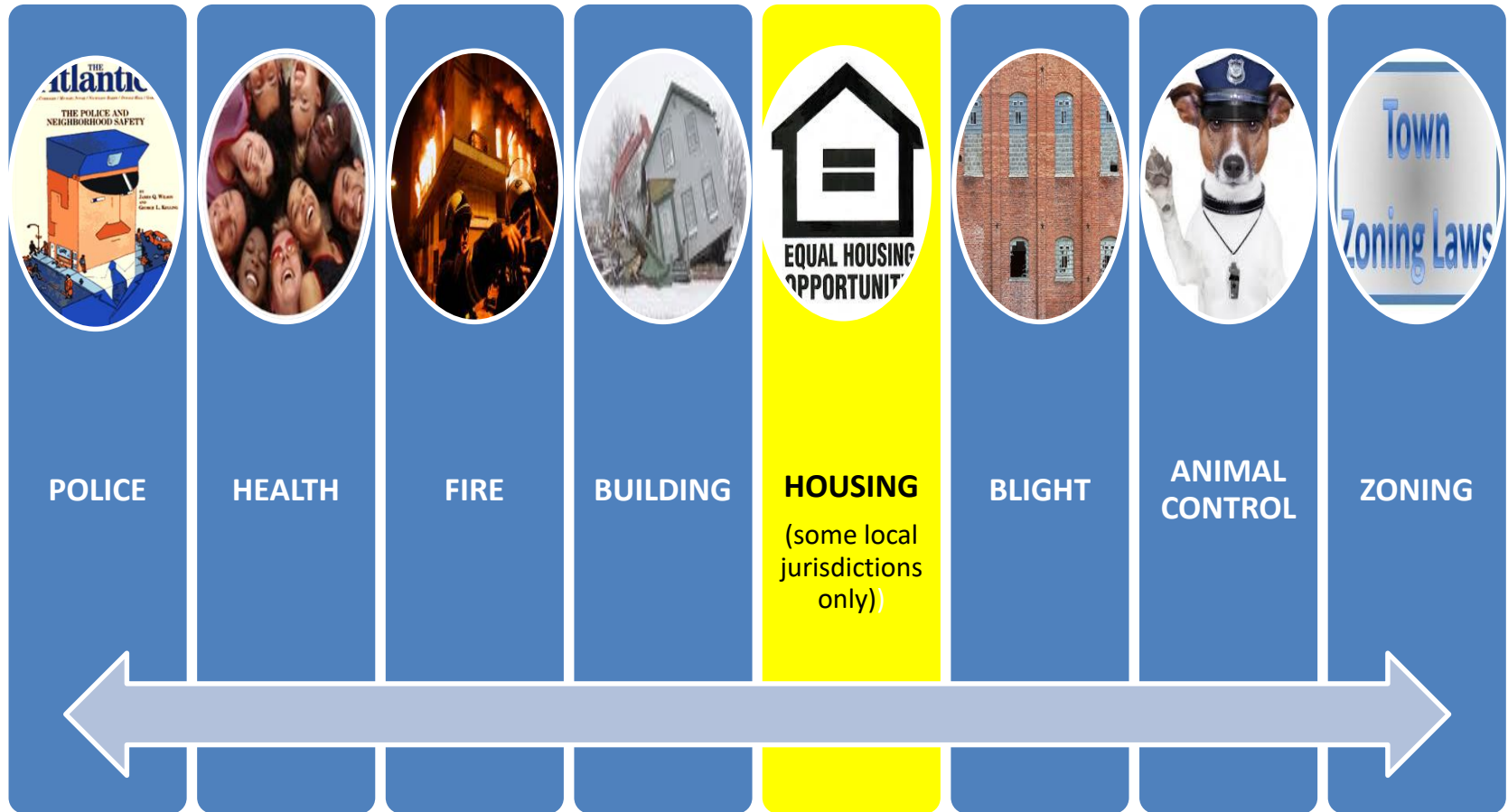
<https://portal.ct.gov/DPH/State-Health-Planning/Healthy-Connecticut/Healthy-Connecticut-2020>

HEALTHY HOUSING STRATEGIES

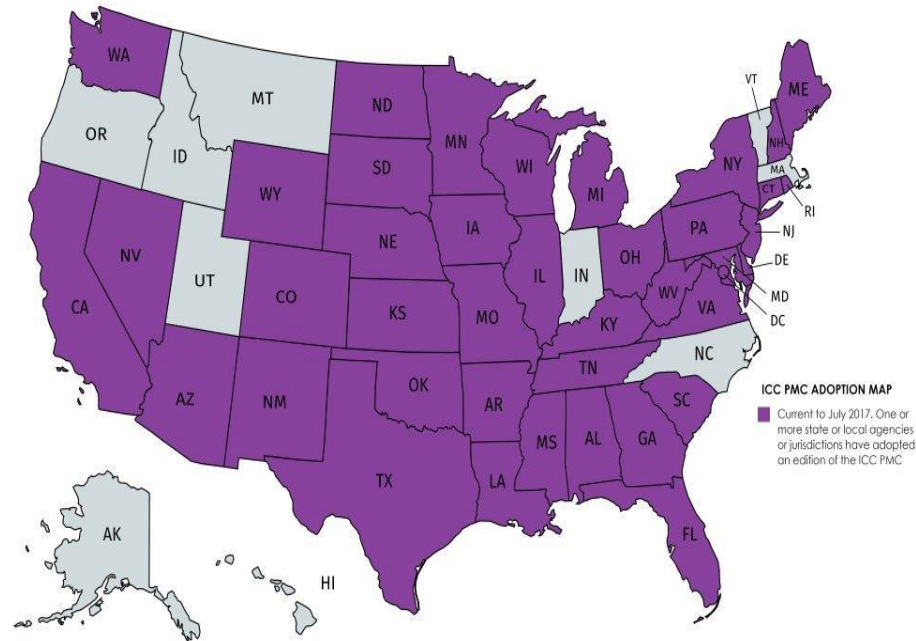
Environmental Health Action Agenda

-  1 ADOPT A STATEWIDE PROPERTY MAINTENANCE CODE.
-  2 ESTABLISH CLEAR INCENTIVES FOR PROPERTY OWNERS TO COMPLY WITH CT'S HEALTH AND SAFETY CODES THROUGH A "**COOPERATIVE COMPLIANCE**" MODEL.
-  3 INCREASE AWARENESS ON THE IMPORTANCE OF HEALTHY HOUSING IN PREVENTING INJURY AND ILLNESS, ADDRESSING INEQUALITIES IN HEALTH, ECONOMIC AND SOCIAL FACTORS, AS WELL AS IN REDUCING CRIME.

CT HEALTH AND SAFETY CODES



Whole or Partial U.S. State Adoption Map (2018)



Created with mapchart.net

Implemented Statewide:

District of Columbia, Illinois, Maryland, New York, Rhode Island,
South Dakota, Tennessee, Virginia, and West Virginia

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Housing Inspections Directors Of Health

CGS §47a-50 to 55 (enacted 1949)

Public Health Enforcement of Health and Safety Standards is Mandated but the Sections Are Antiquated

Applies in rentals in one or two family dwellings, as well as tenement houses and mobile homes.

Provides for enforcement by local health official.

Enforcement obligation may be shared or transferred by municipal ordinance. (see next slide).

CT's Energy Savings Programs are Paying for Housing Improvements as a Great Investment in Energy Efficiency and Health

CT Children's Healthy Homes Program

<https://www.connecticutchildrens.org/community-child-health/community-child-health-programs/healthy-homes-program/>

CT Green Bank

<https://ctgreenbank.com/financing-for-health-safety-issues/>

WHO NEEDS HEALTHY HOUSING?

- Children
- Age at home seniors
- Homeless
- Disabled
- Re-entry population
- Persons struggling with mental health and substance abuse
- Veterans
- Victims of sexual assault and domestic violence

WE ALL DO!



Healthy housing = Healthy people and communities.

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