A photograph of a modern building's interior, featuring a prominent staircase with glass railings and large windows that offer a view of the city. The image is overlaid with a semi-transparent orange and teal graphic design. The text is centered in the upper half of the image.

HEALTH AND SOCIAL EQUITY IN REAL ESTATE

State of the Market

HEALTH AND SOCIAL EQUITY IN REAL ESTATE

State of the Market



Front cover: The Bullitt Center in Seattle features an open staircase with natural lighting. (Nic Lehoux)

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ABOUT THE URBAN LAND INSTITUTE

The Urban Land Institute is a global, member-driven organization comprising more than 45,000 real estate and urban development professionals dedicated to advancing the Institute's mission of providing leadership in the responsible use of land and in creating and sustaining thriving communities worldwide.

ULI's interdisciplinary membership represents all aspects of the industry, including developers, property owners, investors, architects, urban planners, public officials, real estate brokers, appraisers, attorneys, engineers, financiers, and academics. Established in 1936, the Institute has a presence in the Americas, Europe, and Asia Pacific regions, with members in 80 countries.

The extraordinary impact that ULI makes on land use decision-making is based on its members sharing expertise on a variety of factors affecting the built environment, including urbanization, demographic and population changes, new economic drivers, technology advancements, and environmental concerns.

More information is available at uli.org. Follow ULI on Twitter, Facebook, LinkedIn, and Instagram.

ULI Building Healthy Places Initiative

Around the world, communities face pressing health challenges related to the built environment. Through the Building Healthy Places Initiative, launched in 2013, ULI is leveraging the power of ULI's global networks to shape projects and places in ways that improve the health of people and communities. Building Healthy Places is working to make health, social equity, and wellness mainstream considerations in real estate practice. Learn more and connect with Building Healthy Places: www.uli.org/health.

PROJECT CONSULTANTS

Integral Group

Integral Group is a global network of deep green planning and design professionals. Integral's design expertise includes application of sustainability and healthy buildings frameworks, mechanical and electrical design, energy modeling, and performance engineering. Integral's policy and planning work includes development of sustainability policies, plans, and programs that meet multiple objectives, addressing the nexus of social, environmental, and economic sustainability. Integral works with developers, local governments, and corporate clients to deliver tools and roadmaps supporting long-range climate, sustainability, and resilience targets.

HR&A

HR&A Advisors Inc. (HR&A) is a consulting firm with foundations in real estate, public policy, and economic development. HR&A leverages its deep understanding of government, knowledge of local and private economic forces, and commitment to analytical rigor to promote social and economic justice. HR&A helps government, civic, and business leaders promote more inclusive development and build more dynamic and equitable cities.

REPORT SUMMARY

In 2019, the Urban Land Institute undertook an assessment of the state of health and social equity in professional real estate practice. The goal of the assessment was to understand the extent that real estate practitioners had adopted health and social equity practices, and to identify opportunities to catalyze broader adoption.

Research for the assessment took place over eight months, from April to November 2019. With funding from the Robert Wood Johnson Foundation, the assessment was managed by the Building Healthy Places Initiative with consultants Integral Group and HR&A Advisors. The team conducted an industry-wide survey fielded between August and September 2019 with nearly 700 respondents, held expert interviews with 23 industry leaders, and facilitated workshops, all with the advice of a group of industry leaders.

The assessment identified a growing interest in and awareness of health and social equity within the real estate industry. The movement toward health is being propelled by a variety of factors, including evidence demonstrating a return on investment, increased demand from tenants and customers, public policies and incentives, and the rise of healthy building certification systems. It was understood by many to be an evolution of the sustainable building movement.

The assessment concluded that the movement for health and social equity was still in its early days at the end of 2019. In the survey, less than a third of respondents could be characterized as consistent adopters of health-promoting practices, and only 12 percent were characterized as consistent adopters of social equity-promoting practices.

Shortly after the research was completed and just as this report was about to go to press, the COVID-19 pandemic dramatically altered life across the globe. The pandemic has disproportionately harmed communities of color and has illuminated health disparities rooted in systemic racism. In the summer of 2020, the murder of George Floyd sparked protests across the country and a nationwide reckoning with racism.

The pandemic and the protests have helped raise awareness across the country and within the real estate industry about racial and social inequities, as well as about the critical importance of public health, the role of the real estate industry in disease mitigation, and the need to address health inequities experienced by communities of color. Today, social equity and health are front of mind for industry leaders. As a result, the trend toward health and equity can be expected to accelerate.

When research was conducted in 2019, industry actors were often aware of the potential to enhance health and social equity outcomes, and had a desire to do so, but they often lacked the knowledge about how to do so. Today, the imperative to address health and racial equity is growing exponentially. As industry actors respond, the expectations of building users and communities are also changing. In the coming years, a focus on health and social equity will no longer be just “nice to have” for real estate leaders—focusing on health and social equity will be essential.

The assessment findings and recent events suggest ample opportunities for ULI; for individual development, design, and consulting firms; and for other industry organizations to support the movement toward healthy, equitable, and more sustainable places. Specific opportunities identified in the assessment include (1) the development of more guidance on social equity-promoting practices and (2) the formulation of more consistent metrics for measuring social equity outcomes. ULI’s role as a convener of practitioners for learning and sharing remains more essential than ever.

For many industry leaders, the focus on health, social equity, and racial justice in real estate is new. For others, these topics have been urgent priorities for a long time. Regardless of experience level, it is essential to learn from and partner with leaders and groups that have been at the forefront of the movement for racial justice and health equity. As the healthy building movement evolves, the focus on community-level outcomes and social equity must stand front and center.

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Support for this research was provided by the Robert Wood Johnson Foundation. The views expressed in this publication do not necessarily reflect the views of the Foundation.

A courtyard provides a green, outdoor space for residents of 1221 Broadway in San Antonio.

CHRIS COOPER



CONTENTS

Executive Summary	3	Opportunities and Recommendations	75
Introduction	17	Recommendations for ULI	76
Background	18	Recommendations for Development, Design, and Consulting Firms	80
Definitions	20	Recommendations for Associations and Certification Organizations	82
Research Methods	27		
Findings	33	Acknowledgments and Resources	84
Awareness of Health and Social Equity Practices	34	Acknowledgments	84
Adoption	45	Acronyms	86
Motivators and Barriers	58	Interview Questions	87
		Bibliography	88
		Notes	90

Zygmunt Arendt inserted supportive housing for formerly homeless seniors into the heart of the city, and was designed via an extensive community outreach process to fit seamlessly into its Victorian context.



BRUCE DAMONTE



EXECUTIVE SUMMARY

INTRODUCTION

This report summarizes an assessment conducted by the Urban Land Institute over the course of eight months, starting in April 2019, exploring the state of health and social equity in professional real estate practice. The assessment identified opportunities for ULI and other real estate organizations and leaders to support change within the industry such that health and social equity are core considerations in real estate practice.

The assessment was undertaken by Integral Group and HR&A Advisors and was managed by ULI's Building Healthy Places Initiative. It was supported by the Robert Wood Johnson Foundation. An advisory group of industry experts helped guide the research design and interpret the findings.

The assessment included an industry-wide survey with over 700 respondents, interviews with 23 experts, workshops, and secondary research to gather data on awareness and adoption of practices that support health and social equity and on motivators and barriers to taking action. The report includes a set of recommendations based on the findings that describe future action that can be taken by ULI, real estate industry firms, and industry associations and certification organizations to support further awareness and uptake.

Purpose

ULI undertook this assessment in order to:

- > Gain an understanding of how the real estate industry addresses health and social equity to help promote them as mainstream real estate considerations;
- > Identify gaps, barriers, and motivations;
- > Inform ULI's ongoing work on health and real estate—including activities, topical focus, approaches, and evaluation practices—and strengthen ULI's overall approach;
- > Refine the health and social equity adoption curve; and
- > Align real estate professionals to take action to advance the integration of health and social equity in real estate practice.

REFLECTIONS ON THE EVENTS OF 2020

The research for this assessment was largely completed in 2019. As a result, the body of the report reflects the state of the industry before the COVID-19 pandemic and the nationwide protests for racial justice in summer 2020 that followed the murder of George Floyd by police officers in Minneapolis.

The pandemic and the protests have helped raise awareness across the country and within the real estate industry about racial and social inequities, as well as about the critical importance of public health, the role of the real estate industry in disease mitigation, and the need to address health inequities experienced by communities of color. Today, social equity and health are front of mind for industry leaders.

New ULI and industry efforts are reckoning with past inequities and committing to antiracist action and more rapid progress on diversity and inclusion. Recent events confirm that social movements can help increase awareness of issues and potential strategies and increase motivations for action.

Throughout the report, stand-alone updates are included in blue callout boxes.

Research Questions

The assessment addresses the following research questions:

- > What is the current state of knowledge and awareness in the real estate industry about the built environment's contribution to health and social equity?
- > What is the current state of practice in the real estate industry projects in terms of health and social equity?
- > What are the key motivators for and barriers to taking action to promote health and social equity?
- > How can the adoption curve for health and social equity efforts be characterized?
- > How can ULI and partners make the greatest impact on the real estate and land use industry when it comes to promoting health and social equity?

Definitions

Health and equity issues are interconnected and intersect with real estate and land development in inextricable ways. In this assessment, social equity encompasses issues relating to racial justice, income, gender parity, and inclusion of people of all origins, ages, and abilities. The following definitions are used to frame the discussion of health and social equity in the assessment:

Health: Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. Health is shaped by a variety of factors, including the built environment, access to job opportunities, education, and more.¹

Social Equity: Equity means just and fair inclusion. An equitable society is one in which all can participate and prosper. The goal of social equity must be to create conditions that allow all to reach their full potential.²

Health Equity: Health equity means everyone has a fair and just opportunity to be healthier. This condition requires removing obstacles to health such as poverty and discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.³

Real estate development projects and other place-based activities can directly influence health and social equity. Addressing health issues through an equity lens helps ensure that health-promoting strategies are inclusive, and it prevents the exacerbation of existing inequities. A focus on racial equity can help ensure the actions of the real estate industry do not perpetuate racially biased practices and systems.

Research Methods

Research for the assessment was conducted over an eight-month period beginning in April 2019. Methods included a literature review of research conducted by ULI and others, two phases of interviews with a total of 23 experts and practitioners, workshops, and an industry-wide survey distributed to 9,000 ULI members as well as practitioners affiliated with other organizations. The survey received 693 responses and collected demographic data as well as information on uptake of specific approaches and tactics, motivations and barriers, and perceptions about ULI. Survey data were used to develop an adoption propensity score for practices that promote health and social equity.

FINDINGS

Awareness

Awareness of health and, to a lesser degree, social equity has emerged as a progression of the sustainable building movement, with input from medical and public health professionals and social equity advocacy organizations.

Knowledge of health-related practices was more advanced than knowledge of social equity-related practices.

Pre-pandemic, health and wellness were a growing area of focus for real estate practitioners and advocates. In contrast, beyond nonprofit housing developers, the industry was relatively unaware of both how social equity relates to real estate development and what potential benefits could come from practices that support social equity.

Lack of knowledge—especially about social equity practices—served to hinder adoption.

While awareness of baseline design strategies to address health in the built environment has increased in recent years, many practitioners noted that there are no standard guidelines for implementing social equity practices and that they do not know where to begin. Further, health practices that are programmatic or that address population health and health equity issues were less well known than practices that can be adopted during the planning and design stage of development projects.

Adoption was also hindered by the lack of a comprehensive evidence base about the impacts of social equity investments.

The early implementation of practices by any industry generally must demonstrate effectiveness. Despite interest in measuring social equity outcomes, many leaders in the adoption of health and social equity practices in real estate were only starting to develop strategies to track their impact and measure benefits. Many survey respondents acknowledged they are not tracking outcomes and impacts but should be, and they reported that they were interested in learning best practices and metrics used by other firms.

Partnerships between health professionals and real estate practitioners can build the evidence base and a common language.

Although some thought leaders engaged in partnerships and knowledge-sharing activities, a disconnect between how real estate practitioners and public health professionals measure outcomes remained. To effectively connect the dots between these two fields, the groups were seen as needing a common language.

Healthy design is evolving to address population health rather than solely the health of individuals. New initiatives aim to address previously overlooked issues and emerging opportunities to systemically improve health and social equity.

Emerging practice is focused on addressing population health, which takes into account the health of surrounding communities and social determinants of health. Thus, health is increasingly regarded through a social equity lens, though awareness of specific population health strategies remains relatively low.

A movement is emerging to address health and social equity by incorporating relevant considerations into existing certifications and similar frameworks. Examples include pilot credits for social equity in Leadership in Energy and Environmental Design certifications and the National Association for the Advancement of Colored People's Centering Equity in the Sustainable Buildings Sector initiative.

Adoption

Adoption of strategies to promote health and equity continues to evolve (figure ES.1). A small but meaningful number of real estate professionals were implementing health and social equity practices. The overall trend was upward, but adoption of social equity practices lagged behind that of health and wellness. Enactment of these strategies was being driven by a combination of factors that include local, state, and federal incentives; public perception; and demonstrated return on investment.

Real estate practitioners who regularly implemented practices supporting health and social equity were identified as innovators and early adopters. Regular implementation had not permeated mainstream practice.

The survey asked respondents about a wide range of health- and social equity-promoting practices, as described in Figure ES.2. The assessment used implementation frequency to estimate the overall level of adoption of health and social equity practices for each respondent, benchmarking the share of real estate practitioners across the industry who adopt these practices.

Across the actions surveyed, 77 percent and 61 percent of respondents were estimated to be either regular or occasional adopters of health and social equity practices, respectively. The results indicate that over three-quarters and well over half of those surveyed engaged to some extent with a wide range of health and social equity practices, respectively, and were familiar with some, but not necessarily all, of the practices (figure ES.1).

Respondents reported adopting health practices 2.5 times more frequently than social equity practices. Half of respondents were occasional adopters of both health and social equity practices.

Of the respondents, 29 percent were regular adopters of health-related practices and 12 percent were adopters of social equity-related practices (figure ES.2). About half of respondents fell into the occasional adopter category for both health and social equity—48 percent for health practices and 49 percent for social equity practices. Given the established user segments of the traditional adoption curve, these numbers suggest that health and social equity had not yet permeated mainstream practice.

Figure ES.1:

Adoption of Health and Social Equity Practices

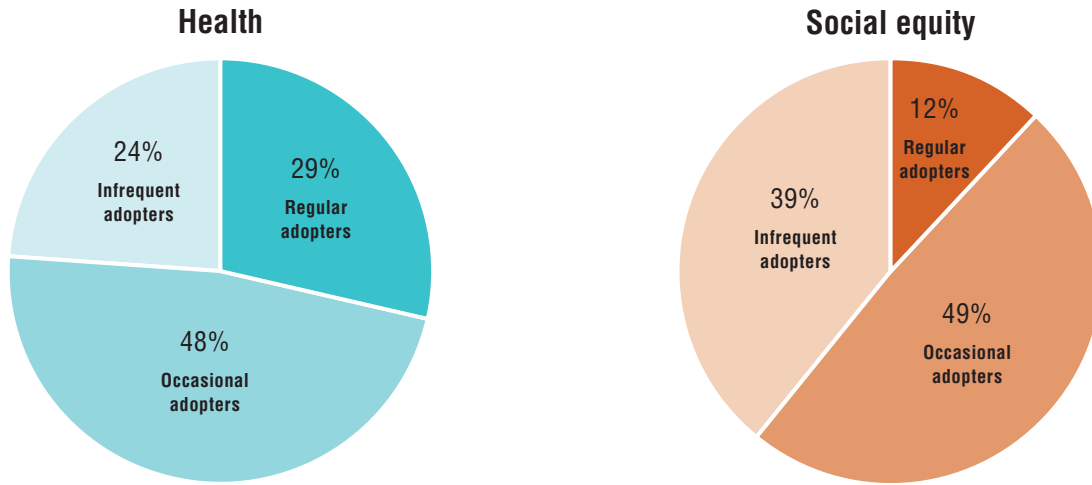


Figure ES.2:

Health and Social Equity Practices Included in Survey

Site Selection and Initial Planning

- Selected mixed-use, walkable, or transit-rich sites
- Assessed potential impacts of natural disasters and climate change
- Identified and engaged with stakeholders
- Made changes in response to needs identified by stakeholders
- Assessed cultural identity/history and made changes to respond to context
- Supported existing local businesses
- Built affordable housing
- Supported tenant rights education, affordable housing advocacy, etc.
- Provided wealth-building opportunities to community members/residents

■ Health ■ Social equity ■ Both

Design

- Inclusive design and signage
- Outdoor amenities and infrastructure to promote biking and walking
- Access to nature
- Indoor and outdoor publicly accessible community spaces and parks
- Features that promote indoor physical activity
- Indoor and outdoor noise-reduction strategies

Operations

- Provided or supported healthy food options
- Hired local or MWDVBE businesses as subcontractors
- Facilitated educational events, classes, and other programming
- Partnered with nonprofit to respond to community needs/priorities
- Funded or offered cultural, educational, or other programming
- Funded nonprofit or other organizations for the above programming
- Connected residents to supportive services and resources

Note: MWDVBE = minority, women, disabled veteran business enterprise.

The survey showed relatively low uptake of a variety of practices supporting social equity.

Some social equity practices not widely adopted by ULI respondents include providing wealth-building opportunities (11 percent), connecting residents with services (23 percent), and providing or supporting healthy food options (also a health issue, at 23 percent).

Health and social equity practices are applied at different phases of development, including design, construction, and operations.

Practices vary not only in the area of focus, but also in when, where, and how they are applied in the development process.

Health strategies employed in the planning and design phases were perceived as easier to implement than operational policies and programming.

While building design strategies were pursued with relative frequency, practitioners suggested that policy-based, programmatic, and/or behavioral strategies, such as requiring healthy food in cafeterias or providing health programming, could also have an important impact. Despite their potential, programmatic strategies—such as replacing vending machines or introducing healthy food items in office cafeterias—can be challenging.

Most respondents said they engaged communities and act on needs identified by stakeholders.

Of the respondents reported, 60 percent they regularly or frequently engage stakeholders and have made changes to their plans in response to the needs identified by stakeholders. A similar proportion, 53 percent of respondents, reported assessing and making changes in response to a community's cultural identity and history.

The most frequently adopted planning strategies included those that address transit, walkability, and biking infrastructure and access to nature or open space.

For example, 68 percent of respondents said they regularly or frequently incorporate outdoor amenities to promote biking and walking and 63 percent said they at least regularly select mixed-use, walkable, transit-rich

sites. Less popular design and planning practices included inclusive design/signage (44 percent), assessment of climate change risk (40 percent), and noise reduction strategies (38 percent).

The survey found variations in adoption depending on the respondents' work and location.

The survey found differences in the level of adoption of practices between public and private sector entities, the types of projects being developed, and in what region practitioners operate.

Of the professional subgroups, nonprofit developers and institutions led adoption across health and social equity practices.

Across the subgroups, nonprofit developers/institutions reported the highest frequency of adoption of health practices (42 percent), followed by for-profit developers/interests (39 percent) and design firms (31 percent).⁴ True to their mission of serving low-income and often disadvantaged populations, nonprofit developers and institutions had higher adoption rates on almost all social equity practices surveyed compared with their for-profit counterparts. The overall frequency of adoption of social equity practices for nonprofit developers/institutions (47 percent) was much higher than for the rest of the other subgroups and the industry as an average.

Practices supporting health and social equity were applied more frequently in residential projects than in commercial projects.

Solely residential-focused respondents showed greater adoption of both health and social equity practices than did respondents who were commercial/industrial land use practitioners. This finding to some extent is in conflict with perceptions that commercial office developers regularly adopt health practices, and it is likely that many progressive developers of mixed-use residential and commercial development projects, who were excluded from this analysis, adopt these practices more frequently.

Adoption of practices supporting health and social equity varied by region.

The proportion of adopters varied across the six geographic regions surveyed. The Northwest and Northeast regions showed greater adoption of health practices (36 percent and 33 percent, respectively) versus other regions, while the Southeast and the Southwest showed the lowest adoption frequency, at 19 percent for both. The Northeast and Northwest again showed the greatest adoption of social equity practices, but at much lower levels, at 17 percent each. The Midwest at 9 percent and the Southwest at 8 percent had the lowest adoption frequency.

Of the respondents who reported that they never implement certain practices, many indicated interest in doing so.

Respondents who “never” adopt certain practices were offered the option to report whether they were interested in doing so (“never, but interested”). Across all the health and social equity practices, roughly half of the respondents who reported that they “never” implemented practices also said they were at least interested in doing so.

Designers and construction leaders have an interest in adopting practices, but they are not key decision-makers in the development process.

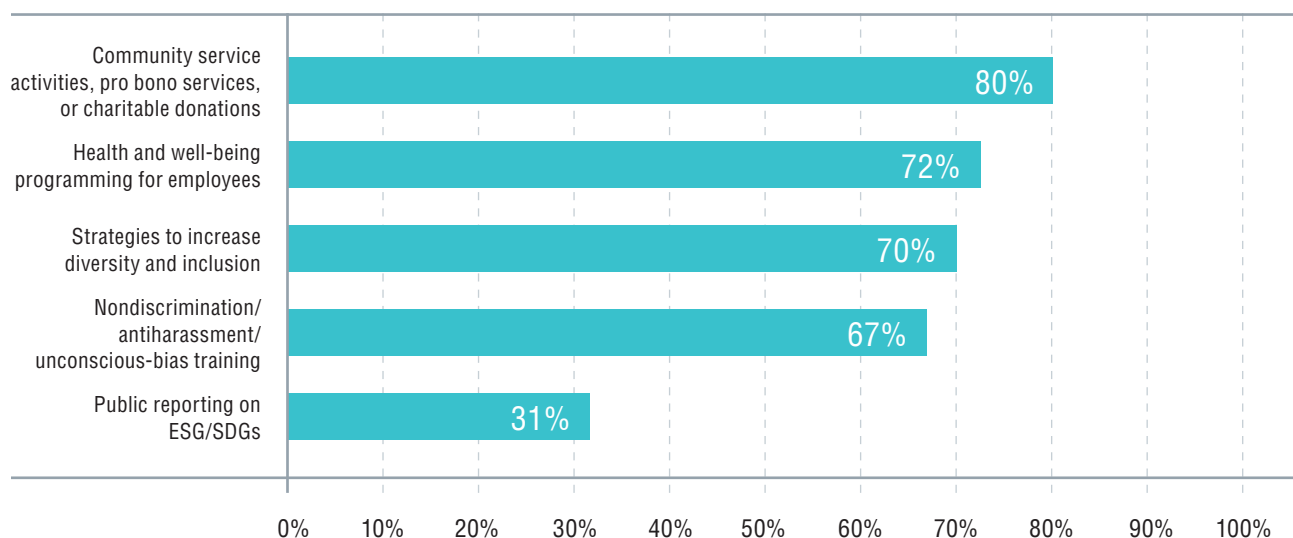
Respondents from the design and construction subgroups selected “never, but interested” in adopting practices, but these groups are often engaged on projects at a point after which development objectives or overall concepts have been solidified.

The majority of survey respondents said their organizations have internal corporate policies to address health and social equity.

Survey results showed that a large proportion of companies support employee engagement in community service or charitable giving (80 percent), thereby supporting social equity, and 72 percent provided health and well-being programming (figure ES.3).

Figure ES.3:

Internal Policies and Practices of Firms Surveyed



Note: ESG = environment, social, governance; SDG = sustainable development goals.



People participate in the vision and planning of the two-mile scenic Ruston Way Waterfront in Tacoma.

Motivators and Barriers

When the research for this assessment was conducted, top motivators for and barriers to adoption of health and social equity practices were identified. Since then, many in the real estate industry have responded to the protests for racial justice and to the pandemic by taking specific actions at the portfolio and building levels. This work illustrates how current events can influence motivations.

At the time of the research, key motivators and barriers included the following (figure ES.4).

Financial return on investment was a key motivator for health practices, but not necessarily for social equity practices.

The most frequently reported motivator for respondents' implementation of health practices was an anticipated increase to their project return on investment (39 percent of all respondents selected this motivation). Unlike for health practices, motivations for social equity adoption included improving social outcomes, strengthening an organization's reputation, and conforming to local regulations.

Cost was the biggest barrier to adoption of health and social equity practices, but limited awareness and limited capacity also played a role.

For both health and social equity practices, cost was the most frequently cited barrier to further implementation (52 percent and 42 percent of respondents cited this reason, respectively). Health practices were nonetheless more frequently implemented than social equity practices, in part because health-related actions were perceived to have greater evidence of return on investment that can offset the additional cost requirement.

Reputation, certification programs, corporate leadership, and government policies and incentives all helped drive action on health and social equity.

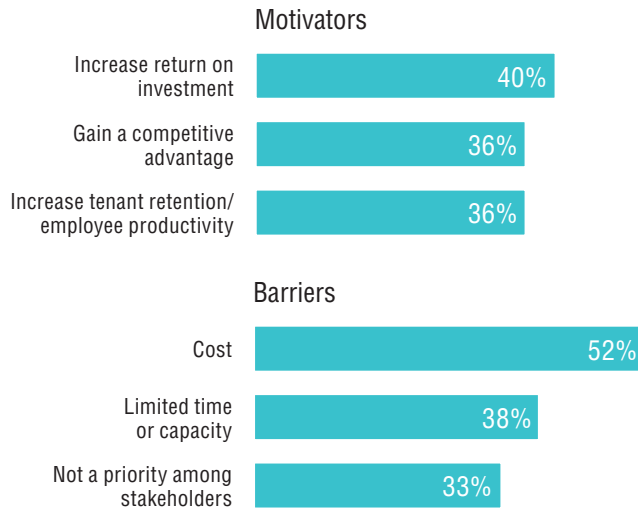
Reputational value was especially important when it comes to social equity.

Upholding their organization's reputation was reported as a top motivator for implementing social equity practices by 35 percent of respondents.

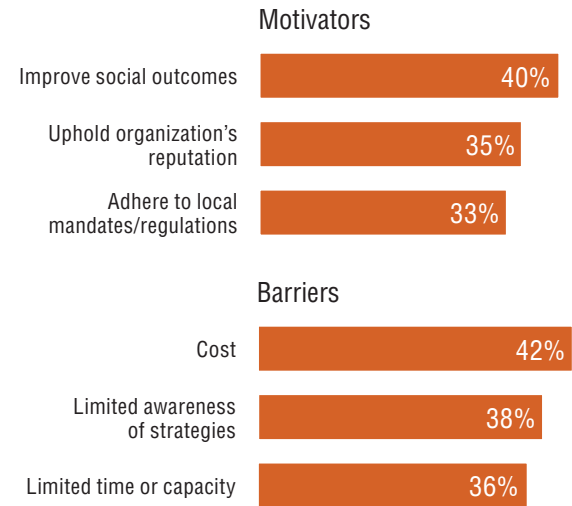
Figure ES.4:

Motivators and Barriers for Health and Social Equity–Related Practices

Health practices



Social equity practices



Building certification programs were driving adoption. Certification programs have been instrumental in raising awareness and driving adoption of a variety of health practices that can be implemented on a project. In addition to the health and economic benefits of implementing specific practices, building certification can add reputational value and provide a competitive edge, which translate to financial gain.

Support from corporate leadership was driving adoption. Many industry practitioners who were adopting health and social equity practices said they have a champion in their organization, often in a senior leadership position, who strives to do right by the community. Organizations with mission and values statements that referenced health or social equity were driven to demonstrate their commitment on every project.

Government incentives, policies, and regulations were driving adoption. Across all survey respondents, 32 percent reported that they take advantage of incentives to help implement health and social equity practices (for examples, see figure 18). The public sector in many cases has focused attention on incentivizing these practices through regulatory flexibility or direct funding that can offset costs.

The public sector subgroup reported much higher adoption of health and social equity practices and an overall greater interest in doing so than other subgroups (excluding nonprofit developers/institutions). Public sector interest in specific strategies may indicate future codification of such practices into regulations or incentives, which will lead to broad adoption across the industry.



From a living wall to skylights, the healthy features of Park 2020 in Amsterdam aim to benefit employees.



In Indianapolis, hospital workers and visitors sit outside at the Sidney and Lois Eskenazi Health Campus, which not only provides health care but also actively promotes health and well-being.

OPPORTUNITIES AND RECOMMENDATIONS

Given strong current trends and growing interest, there is ample opportunity for ULI and industry groups to continue to support awareness and adoption of health and social equity practices in real estate.

For ULI

ULI is the largest cross-disciplinary network of real estate and land use professionals in the United States. It is already having an impact on the industry. Across all survey respondents, 33 percent reported that they have changed the way they make decisions at work as a result of what they've learned about health and wellness at ULI, while 52 percent stated that they have plans to apply the insights they've gained at ULI to their work. To amplify its impact, ULI should consider the following strategies to expand understanding and accelerate the adoption of health and social equity practices across the industry.

Convene groups to explore challenges and identify solutions regarding social equity and the social determinants of health.

ULI adds value to the real estate industry through its thought leadership. To accelerate adoption of health and social equity practices, ULI should regularly convene a group of experts to identify specific solutions that will enable practitioners to overcome barriers to implementation.

Support capacity building around issues of health, social equity, and racial justice for members of ULI and their respective organizations.

Because many health and social equity practices are relatively new concepts, there is a need for real estate practitioners to better understand what these practices entail, what their value proposition is, and how to implement practices. ULI could play a role, in partnership with industry leaders and other organizations, to create resources, provide support to practitioners, and act as a technical resource for practitioners with an interest in adopting new practices.

Create a social equity toolkit to support implementation and measurement of outcomes.

ULI and other industry leaders have created frameworks for the development and implementation of health and wellness practices in development projects, but there is not currently a standard framework for the implementation of social equity practices by the real estate industry. A new or expanded toolkit would illustrate the range of potential actions developers could take to address social equity issues.

Develop and disseminate business cases and research on best practices.

Business cases can influence the adoption of health and social equity practices in development projects. For example, 52 percent of survey respondents indicated a desire for business cases that demonstrate the potential for health and social equity investments to generate return on investment. Survey respondents also indicated that one of the primary tools to enhance their ability to adopt health and social equity practices is best practices research (51 percent of respondents selected this option).

Support public policies that promote health and social equity in real estate.

ULI should develop a public policy toolkit or compilation of resources that demonstrates the public sector's role in encouraging further uptake of public strategies that advance health equity in the real estate industry. ULI could also provide members with a resource that tracks local policy innovations and reform efforts.

Build a strong ULI agenda to consistently address social equity and racial equity.

ULI should elevate the importance of these issues and increase awareness by integrating the discussion of social equity into regularly scheduled ULI meetings and into the production of public-facing content. In addition to continuing to integrate social equity concerns into existing programming, ULI should consider the creation of a new center or initiative to drive comprehensive ULI programming and research into issues of racial and social equity.

For Development, Design, and Consulting Firms

Advocate for the adoption of health and social equity practices.

Real estate companies should engage in internal discussions within their organizations about health and social equity issues relevant to the communities within which they have development projects, and company leadership should allocate resources to implementing relevant practices.

Replicate successful strategies, where appropriate, and share successes.

Real estate firms should stay abreast of successful approaches to implementing health and social equity practices with an eye toward best practices that may be transferable to their work. Although all development projects require different combinations of strategies depending on specific community needs, many individual practices are transferable and could be replicated from development project to development project.

Commit to comprehensive stakeholder engagement at all stages of planning and development.

Real estate developers should commit to a stakeholder engagement process that is inclusive and representative of local communities and that spans the duration of a development project from planning through operation. Relevant health and social equity practices may be identified through this process, and in particular those that have the potential to deliver the biggest social return on investment.

Broaden the promotion of health and social equity to “beyond the building.”

Real estate developers, design firms, and consultants should broaden the potential reach of health practices. Health strategies that straddle the periphery of a development project have the potential to provide benefits to the surrounding community, at relatively minimal additional cost.



Milwaukee's RiverWalk, which helped spur a successful redevelopment corridor while providing healthy public spaces, was a ULI 2017–2018 Global Awards for Excellence winner.

KENNETH J. KAY

The Century Building, the first affordable housing development in downtown Pittsburgh, promotes health by creating spaces like this green rooftop.

ERIC STAUDENMAIER

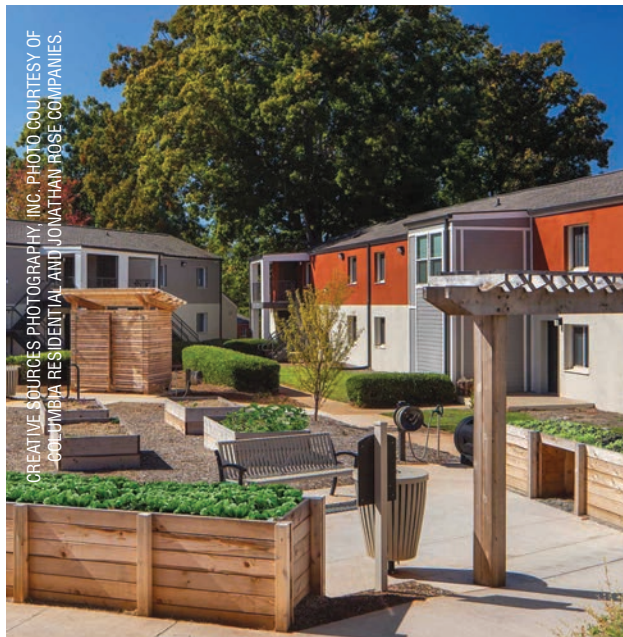


Establish corporate social responsibility targets and report publicly on progress.

To formalize a corporate commitment to issues such as health and social equity, companies should introduce a corporate social responsibility (CSR) or environmental, social, and governance (ESG) initiative within their organization. Reporting frameworks such as the Global Reporting Initiative (GRI) provide guidance on tracking and reporting key performance indicators relating to corporate health, social equity, and sustainability performance. This internal initiative could be customized to align with the company's values and the types of products or services it provides.

Use tools and metrics to track benefits and enhance adoption.

Real estate owners and operators should increase their use of tools that track key metrics, where appropriate, to measure outcomes and provide justification for future investments. To further the adoption of health and social equity practices, financial institutions should incorporate the use of such metrics in loan-making processes and municipalities should incorporate the tracking of health and social equity practices and define performance targets that can be associated with successful or accelerated attainment of entitlements, incentives, and grants.



Featuring a community garden, Amani Place—a multifamily residential property in Atlanta—was the first affordable housing development in the Southeast to achieve Fitwel certification.

Partner with experts to facilitate effective integration of health and social equity practices.

To support the value proposition and build on existing momentum, health researchers could help measure impacts and further build the evidence base for health and social equity practices. On development projects, developers could partner with third parties, such as local public health organizations, to identify health equity issues, concerns, and opportunities within the community and to measure impacts and benefits.

For Associations and Certification Organizations

Create a database of tools and metrics that respond to the needs of real estate practitioners.

Noting the gaps identified through this research, and drawing from the outcomes of future ULI convenings recommended earlier, industry associations and building and community certification organizations should develop tools that real estate practitioners could use to implement and measure health and social equity practices, specific to the focus and expertise of practitioner groups.

Advocate for public policies that support health and social equity.

Voluntary building certifications can pave the way to regulatory requirements for design approaches, by demonstrating proof of concept through practitioner adoption of new and innovative practices. Another motivator of early adoption is local government incentives and policies that reward developers for integrating innovative practices that support positive social outcomes.

Integrate social equity goals into existing frameworks.

Existing frameworks should evolve to explicitly target social equity goals, with social equity considered both in the project delivery process and as a project outcome.

At the Bullitt Center, a green office building in Seattle, all building materials and finishes are free of 14 classes of toxic chemicals.

NIC LEHOUX



INTRODUCTION

Community garden space is one of many health-focused amenities at Mariposa, a market-rate and affordable housing development in Denver.

JOHN R. PETTIGREW



BACKGROUND

ULI launched the Building Healthy Places (BHP) Initiative in 2013 out of a recognition that the real estate industry has a key role to play in addressing pressing health challenges and proactively promoting health and social equity. BHP recognizes that, while cities around the world are seeing more investment than ever before, this activity has been accompanied by a growing chasm between rich and poor, haves and have-nots. The impacts of climate change, income inequality, chronic disease, and other urgent problems sap the vitality and future of individuals, cities, and the real estate industry.

To address growing inequities, BHP seeks to define the opportunity for the real estate industry to support positive change. The challenge is clear and tools exist to reduce harmful impacts and improve health, livability, and prosperity. Through engaging ULI members individually and via member networks, promoting healthier and more equitable communities, and sharing and advancing development practices for health, wellness, and social equity, BHP can generate momentum for the industry to build healthier, more equitable places that benefit all. As city makers and community builders, members of the real estate industry are positioned to implement practices that produce results that both are good for business and improve health and social equity.

Assessment Purpose and Objectives

The purpose of the assessment is to:

- > Gain an understanding of how the real estate industry addresses health and social equity to help promote them as mainstream real estate considerations;
- > Identify gaps, barriers, and motivations to encourage additional action;
- > Inform ULI's ongoing work on health and real estate—including activities, topical focus, approaches, and evaluation practices—and strengthen ULI's overall approach;
- > Refine the health and social equity adoption curve; and
- > Align real estate professionals to take action to advance the integration of health and social equity in real estate practice.

Research Questions

The assessment addresses the following research questions:

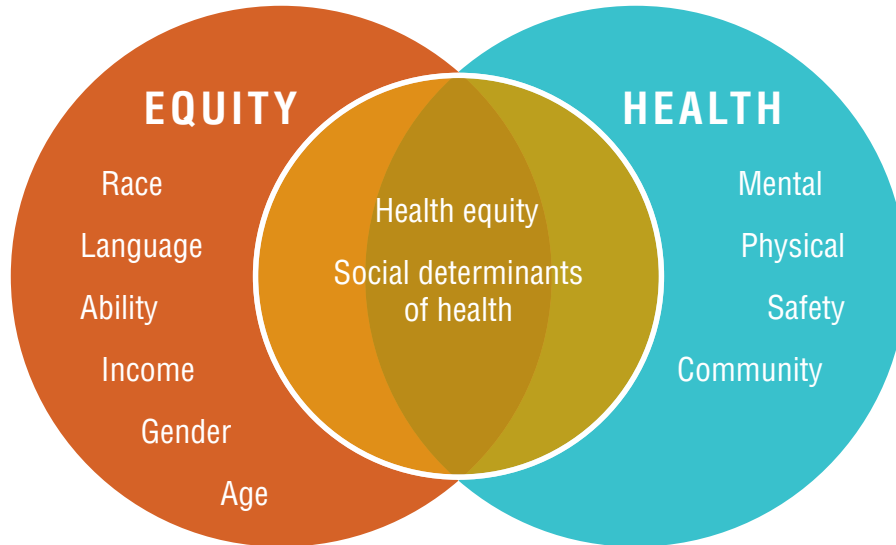
- > What is the current state of knowledge and awareness in the real estate industry about the built environment's contribution to health and social equity?
- > What is the current state of practice in real estate industry projects in terms of health and social equity?
- > What are the key motivators for and barriers to taking action to promote health and social equity?
- > How can the adoption curve for health and social equity be characterized?
- > How can ULI and partners make the greatest impact on the real estate and land use industry in promoting health and social equity?



A Rebar parklet in San Francisco transforms the street into an outdoor seating area.

Figure 1:

Issues Map Illustrating Relationship between Health and Social Equity



DEFINITIONS

A first step to understanding adoption of health and social equity practices in real estate is to define a set of terms. In this assessment, social equity is a term that encompasses issues relating to income equality, racial justice, gender parity, and inclusion of all languages and abilities. Racial justice and racial equity are increasingly important issues for the real estate industry.

Health—often stated as health and wellness—encompasses issues relating to physical, mental, and community health. As shown in figure 1, health and equity issues are inextricably linked.

The following definitions are used to frame the discussion of health and social equity in the assessment:

Health: Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. Health is shaped by a variety of factors, including the built environment, access to job opportunities, education, and more.⁵

Social Equity: Equity means just and fair inclusion. An equitable society is one in which all can participate and prosper. The goal of social equity must be to create conditions that allow all to reach their full potential.⁶

Health Equity: Health equity means everyone has a fair and just opportunity to be healthier. This condition requires removing obstacles to health such as poverty and discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.⁷

AMPLIFIED FOCUS ON HEALTH AND SOCIAL EQUITY IN 2020

The research for this assessment was conducted in 2019. As a result, the body of the report reflects the state of the industry before the COVID-19 pandemic and the nationwide protests for racial justice that followed the murder of George Floyd by police officers in Minneapolis. In 2020, the world is confronting a health and economic crisis unlike any seen in our lifetimes. In the United States, the coronavirus pandemic has both exacerbated and illuminated racial injustice, which was the subject of massive nationwide protests during the summer of 2020—sparked by yet another incident of police brutality. Racism and deep systemic inequity and inequality play out in multiple arenas in American life, including in land use, housing, transportation, and real estate.

The research for the assessment addressed reductions in exposure to toxins and enhancement of public health, but it did not explicitly address real estate's role in preventing the spread of communicable disease. Since March 2020, the global public health crisis has stimulated conversation about the built environment's impact on individual and community vulnerability to transmissible disease, including the disproportionate exposure of low-income communities and communities of color.

Building owners and developers the world over have responded to the threat of the pandemic with swift action to adapt design and operational practices to reduce risks to operations and maintenance staff, occupants, and residents. Healthy building certification systems including WELL and Fitwel have created new modules to help mitigate the spread of the disease. The impact of the COVID-19 pandemic will without a doubt transform design, leasing, and operational practices over the long term as tenant and occupant needs evolve.

The research for this assessment similarly addressed opportunities to advance social equity but did not explicitly address systemic racism as an issue within land use and the real estate industry. ULI and other organizations have facilitated dialogue and have acknowledged that policy and practices relating to land use, transportation, and the built environment have contributed to the creation of cities and communities that are unhealthy, unequal, and unjust. These inequities disproportionately impact Black and brown populations, causing trauma and leading to negative health and economic outcomes.

The events of 2020 have elevated the importance of health and social equity as a focus within the real estate industry and have raised awareness among industry leaders of the impacts of racism on the built environment and on public health. Awareness is coupled with a growing sense of urgency among ULI members, leaders, and others to reckon with this legacy and to take action to address it.

It is core to the mission of ULI to provide leadership in the responsible use of land and in creating and sustaining thriving communities worldwide. A truly just city is one where everyone is able to thrive. Recognizing that ULI, with the rest of the real estate industry, must advance health, social equity, and racial justice in the years to come, ULI as an organization has reaffirmed its commitment to antiracism, to devoting resources to diversity and inclusion, and to leading its members to greater antiracism understanding and action. A June 2020 statement to ULI members from leadership states: "ULI opposes all forms of racial discrimination and injustice. . . . ULI commits to being a catalyst for change in our industry and in our diverse communities." Specifically, ULI committed to accelerating representation among ULI membership, staff, and member leadership; identifying the problems and advancing best practices that tackle systemic racism; and channeling the power of the ULI networks.



Talking about holistic change was daunting for neighbors and future tenants. But health outcomes became tangible proxies, in that they could help the community directly: outcomes like improved nutrition, walkability, safety, recreational opportunities, and gardens.”

—ANNE TORNEY, MITHUN (NOVEMBER 2019 INTERVIEW)

Health and Wellness in Real Estate

Adoption of strategies that address the interaction between the built environment and human health has increased steadily over the past decade. A growing body of research and evidence demonstrates the measurable benefits of pursuing health outcomes through planning, design, and operations of real estate development. While awareness about the health impacts of the built environment grows, the emergence of new tools, including healthy building certification programs and health impact assessments (HIAs), spurs the real estate industry to take action.

Health can be addressed at all stages of development, from planning to design and from construction to operations, policies, and programming. Efforts to address health may include

- > Community engagement to inform project design;
- > Site selection that takes into account environmental factors such as air quality and access to nature;
- > Construction practices that take into account the health and safety of workers;
- > Design considerations such as materials and products selection, daylighting, ventilation, and recreational facilities;
- > Operational practices such as monitoring air quality; and
- > Policies and programming that provide occupants healthy food, recreational opportunities, and access to health services.

Social Equity in Real Estate

The research also explored adoption of actions that support social equity, especially in communities that have traditionally not benefited from investment by the real estate industry and associated economic growth. These actions address a range of social equity issues, such as housing affordability and gentrification, economic opportunity, the legacy of racism, workforce diversity, and inclusive design.

These efforts can entail, for example, designing inclusive signage and facilitating access for people of different backgrounds and abilities, providing and preserving affordable housing, and providing services and opportunities that improve the ability of residents to participate more fully in the local economy and to prosper. Generally, and as discussed in more detail later, the real estate industry lacks awareness of actions to address social equity–related issues, and it has few tools to catalyze action.

Supporting social equity through real estate development can take many forms that address these highly varied issues. Such actions can involve

- > Outreach and engagement to understand community needs;
- > Design strategies and development project programs that reflect these needs;
- > Operational practices that provide access to or the direct provision of supportive services;
- > Displacement mitigation strategies; and
- > Other actions or policies, such as hiring practices, that support social and economic inclusion.

This report discusses social equity practices in broad terms, recognizing that there is no one-size-fits-all group of actions that addresses social equity in all communities, but rather that social equity requires customized sets of actions that meet specific needs within specific communities.

HEALTH IMPACT ASSESSMENTS

A health impact assessment (HIA) is a decision-making tool that measures how policy and development decisions influence the health of surrounding populations and affect different groups within a community, especially related to race, income, geography, and language groups. HIAs are important tools for responding to community needs, measuring outcomes, and garnering buy-in from the community.

HIAs require early surveys and community engagement to establish baseline conditions. Early community engagement solicits information on what changes the community wants to see, while post-construction surveys measure outcomes such as increased walking or biking, sense of social connection, feeling of safety, and other health equity considerations. Because HIAs require community engagement and transparency around local health equity, incorporating HIAs into development practices can begin to mend historic distrust between residents and real estate industry and public-sector decision-makers.

A 2019 study by the Pew Charitable Trusts found that HIAs can:

- Build trust and strengthen relationships between decision-makers and community residents;
- Contribute to more equitable access to resources such as healthy foods, safe places for physical activity, transit, and health care; and
- Protect vulnerable communities from disproportionate exposure to environmental hazards.^a

Coffelt-Lamoreaux Public Housing Redevelopment, Phoenix, Arizona

The Coffelt-Lamoreaux Public Housing redevelopment in Phoenix, Arizona, used an HIA to examine how residents' physical and mental health could be affected by improvements in site infrastructure, such as landscaping and street improvements, as well as by improvements in housing conditions. The HIA process included targeted stakeholder engagement, collection of environmental and health data, community workshops, park and street audits, and surveys. The HIA resulted in recommendations related to access to healthy foods, access to physical activity, access to safe streets and transportation, healthy and safe housing, social cohesion, and community well-being. Phoenix Revitalization Corporation, the Housing Corporation of Maricopa County, and Gorman used these data to influence the design of the buildings and programming to respond to community needs, as well as to inform potential funders about how to best add value to the project.^b

a. Pew Charitable Trusts, "Do Health Impact Assessments Promote Healthier Decision-Making?" (Issue Brief, February 28, 2019), <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2019/02/do-health-impact-assessments-promote-healthier-decision-making>.

b. Debarati Majumdar Narayan, *Coffelt-Lamoreaux Public Housing Redevelopment: Health Impact Assessment Report* (Phoenix, AZ: Local Initiatives Support Corporation, 2013), <https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/hia-map/state/arizona/coffelt-lamoreaux-public-housing-d>.



Cyclists pedal on a protected bicycle lane in the Mueller neighborhood of Austin.

Interaction of Health and Social Equity

Health, inherently a social issue, is a key indicator of the social well-being of communities and community members. Most strategies focused on addressing and improving social equity in communities can also enhance community health. While certain health-promoting approaches in the built environment may be limited to serving tenants or occupants—not benefiting nearby underserved or vulnerable communities—health-promoting strategies that address population health, health beyond the boundaries of a building or development site, or both, can advance social equity.

According to the U.S. Centers for Disease Control and Prevention (CDC), the conditions in which people live, learn, work, and play affect a wide range of health risks and outcomes.⁸ This concept is commonly referred to as the “social determinants of health” and includes conditions such as socioeconomic status, housing status, and safety, education, and environmental conditions. National Academy of Medicine research shows social determinants of health drive roughly 80 percent of health outcomes.⁹ Where people live in the United States often correlates with how long they live. Addressing social conditions—the determinants—improves crucial long-term health outcomes and overall population health.

Real estate development projects and other place-based activities can directly influence all of these factors. Addressing health issues through an equity lens helps ensure that health-promoting strategies are inclusive, and it prevents the exacerbation of existing inequities. As defined, health equity means everyone has a fair and just opportunity to be healthier. That condition requires the removal of obstacles to health, such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

It is generally recognized that health-related investments in underserved communities provide greater improvement in health outcomes than if the same strategy were implemented in a relatively affluent community—as in, for example, introducing a tree canopy for shade or providing healthy food assets.

THE SUSTAINABLE BUILDING MOVEMENT AND HEALTH

Over the past 20 years, largely driven by the U.S. Green Building Council's Leadership in Energy and Environmental Design (LEED) voluntary building certification program, the green building movement has radically shifted the real estate industry, increasing awareness and catalyzing sustainable building design and operation across disciplines. Real estate professionals have adopted new practices to reduce environmental damage and realize the economic and social value of sustainable, high-performance buildings.

Momentum around sustainable building elevated once-fringe practices by demonstrating the value proposition from the perspective of operational costs, occupant satisfaction, improved health and productivity, and risk reduction. LEED and other sustainable building certifications served to make sustainability meaningful, measurable, and investable. By delivering a systematized approach to market transformation, sustainable building certifications have helped define best practice, provide practical training opportunities for building practitioners to learn how to improve building performance, and created market incentives to entice building owners to adopt sustainable practices.

Sustainable building certifications require project teams to demonstrate that their design will deliver measurable effects associated with each strategy. This quantifiable approach substantiates the impact and, thus, the return on investment (whether financial or otherwise) for various strategies. Certification doesn't just draw funding and financing sources from the national, state, and local levels. In some jurisdictions, entitlements and permit approvals require sustainability performance and design strategies drawn from LEED and other certifications. These practices illustrate how certification programs can be vehicles for shifting "leading-edge" or innovative practices to the mainstream.



RAFTERMAN PHOTOGRAPHY

At 1315 Peachtree, a ULI 2013 Global Awards for Excellence finalist in Atlanta, the building systems were redesigned to achieve a 54 percent reduction in energy costs and a 68 percent reduction in greenhouse gas emissions.

Another prominent tool that demonstrates the growing integration of sustainability in the real estate sector is GRESB, the leading ESG benchmark for real estate and infrastructure, which now represents \$5.3 trillion in real asset value globally. GRESB data are used by investors to monitor investments across portfolios and understand the opportunities, risks, and choices that need to be made as the industry transitions to a more sustainable future. GRESB's Health and Wellbeing module is the first portfolio-level health assessment for real estate practitioners and investors.

From the beginning, sustainable building programs have aimed to promote global health and social equity through their attempt to mitigate climate change and its negative health impacts, because such harm often disproportionately affects low-income, minority, and other vulnerable populations. As the sustainable building movement evolves, it will increasingly focus on promoting health and social equity for the population outside the building walls, including the surrounding community and people affected by the supply chain and waste stream of the structures.

“The success of the green building movement demonstrates that driving broad-scale change in the built environment requires a systems-based approach that simultaneously reaches project-level practitioners such as architects, technical consultants, and developers; policymakers; and public and private financiers.”

—MATTHEW J. TROWBRIDGE, KELLY WORDEN, AND CHRISTOPHER PYKE^a

^a Matthew J. Trowbridge, Kelly Worden, and Christopher Pyke, “Using Green Building as a Model for Making Health Promotion Standard in the Built Environment,” *Health Affairs* 35, no. 1 (2016): 2065–66.

San Francisco's Public Utilities Commission headquarters has a sustainable design that includes features that benefit employee health, such as on-site bicycle parking to encourage active transportation.

LIEF KAIPER



RESEARCH METHODS

Research for the assessment was conducted over an eight-month period beginning in April 2019. Research methods included interviews, workshops, and an industry-wide survey. The work was led by the consultant team Integral Group and HR&A Advisors, under the direction of ULI's BHP Initiative. An advisory group of industry experts provided oversight on the research design and findings and advised on key issues, and industry partner organizations shared insights and research.¹⁰

A first phase of research set the context for the assessment. This phase included a literature review and a set of interviews focused on characterizing the current state of the real estate industry. Findings from this phase of research provided expert insight and informed the design of the survey.

Literature Review

Recognizing that the assessment has a place within a larger body of previous research conducted by ULI and others, the research team began by reviewing existing literature that characterized the current state of adoption of health- and social equity–supportive strategies in mainstream real estate practice.

The purpose of this secondary research was threefold: (1) it positioned the assessment to build on and complement existing research undertaken by ULI and others; (2) it revealed trends in uptake, which set context about adoption in the recent past; and (3) it served as a gap analysis, providing context as to what critical questions remaining unanswered could be addressed through the assessment.

The set of reports reviewed included relevant ULI publications and reports and publications from industry associations, nonprofit organizations, and private-sector industry actors who are active in the health and/or social equity space.¹¹ In addition, interviewees recommended other relevant documents that would support the assessment. Members of the advisory committee supported the literature review by sharing their own reports or recommending other relevant research. Finally, the team reviewed information provided by the allied partners, who shared their own primary research, including survey results and adoption data.

Interviews

To augment the secondary research and provide more nuanced insight into the current state of adoption of these practices, the research team conducted a series of interviews with subject matter experts. Interviewees included for-profit and nonprofit commercial, residential, and industrial industry actors who are leaders in equity, health, or both.¹²

The interviews explored the following:

- > Level of understanding and awareness about health and social equity
- > Level of action around implementing strategies that support health and social equity
- > Examples of types of practices being implemented
- > Methods and metrics for measuring impacts
- > Motivations and barriers to taking action
- > Recommendations for how ULI could support increased uptake and removal of barriers

Survey Design and Distribution

The research team designed a survey targeted at ULI members and other industry professionals. The purpose of the survey was to (1) gather a broad and representative sample of industry perspectives and gain an understanding of actions related to the uptake of health and social equity practices in the work of industry actors; (2) determine motivations and barriers; (3) gain an understanding of how demographic factors affect differences in adoption decisions; and (4) identify tools that could help increase adoption and recommendations for what ULI could do to support it. ULI distributed the survey to 9,000 members. In addition, the Center for Active Design (CfAD), American Institute of Architects (AIA), and CoreNet distributed a link to the survey through their communication channels.

The survey was organized into four parts:

- 1. Demographic Information:** Respondents were asked to self-report
 - a. Job position,
 - b. Number of years in the real estate industry,
 - c. Size of organization,
 - d. Types of projects and focus land uses, and
 - e. Geographic area in which their work is focused.

- 2. Uptake of Specific Approaches and Tactics:** This section asked respondents to indicate their frequency of adoption of a set of practices related to health and social equity. This section was designed to provide data on adoption of a broad range of tactics, which were grouped into four categories:
 - a. **Planning practices** that reflect and support the communities in which development projects are built, including engagement to define community needs
 - b. **Design practices** that support health and social equity
 - c. **Operational practices** that affect tenants and community members after completion of a development project
 - d. **Internal corporate practices** and policies

The practices surveyed, as listed in figure 2, although not exhaustive, aim to capture the breadth of potential action that real estate practitioners can take to address commonly identified health and social equity needs. The research suggests that many of the practices listed can and do affect both health and socioeconomic outcomes; as discussed earlier, health equity is a matter of social equity, and vice versa. For the purposes of identifying unique trends in adoption of health and social equity practices, however, this survey categorized each practice as supportive of either “health” or “social equity” or “both.”

- 3. Motivations and Barriers:** Depending on the rate of uptake of these practices, as determined by the previous section, the survey used “skip logic” to direct respondents who had low adoption of practices to answer a question on specific barriers to implementing such practices. For those who had occasional or high adoption of practices, the skip logic directed those respondents to several questions about motivators and one question about barriers. For both sets of questions, respondents were asked to choose their top three barriers and motivations.

- 4. ULI’s Role in Encouraging Adoption:** To determine ULI’s role in supporting increased adoption of practices, this set of questions asked respondents how they engage with ULI’s health- and social equity–related programming, what actions they have taken on the basis of what they have learned from ULI events and resources, and how they would rank a list of strategies and resources that they believe would enhance their ability to integrate health and social equity into their work.

Survey Analysis Approach

The survey received 693 responses, of which 638 responses were from ULI members. The most widely represented subgroups were for-profit developers, owners, and other private interests; design firms; and various other types of consultants. Although it is difficult to make direct comparisons, the distribution of responses from the survey generally aligns with the makeup of ULI’s membership, in which the largest professions represented are developers, investment and finance professionals, and architects.

Respondents represented a uniform range of real estate experience (in terms of professional tenure) and organization size, ranging from small companies with less than 10 employees to large firms with over 1,000 workers. Respondents work on development projects across the United States, with the Northeast and Southeast regions most represented in the survey, as well as across all land uses. The most reported land uses of focus were mixed-use, residential, office, and retail. ULI has about 38,500 members in North America; using a 95 percent confidence level, the margin of error for findings related to all respondents is 4 percent.¹³

Figure 2:

Health and Social Equity Practices Included in Survey

Site Selection and Initial Planning

Both	Selected mixed-use, walkable, or transit-rich sites
Both	Assessed potential impacts of natural disasters and climate change
Social equity	Identified and engaged with stakeholders
Social equity	Made changes in response to needs identified by stakeholders
Social equity	Assessed cultural identity/history and made changes to respond to context
Social equity	Supported existing local businesses
Social equity	Built affordable housing
Social equity	Supported tenant rights education, affordable housing advocacy, etc.
Social equity	Provided wealth-building opportunities to community members/residents

Health Social equity Both

Note: MWDVBE = minority, women, disabled veteran business enterprise.

Design

Both	Inclusive design and signage
Health	Outdoor amenities and infrastructure to promote biking and walking
Health	Access to nature
Health	Indoor and outdoor publicly accessible community spaces and parks
Health	Features that promote indoor physical activity
Health	Indoor and outdoor noise-reduction strategies

Operations

Both	Provided or supported healthy food options
Social equity	Hired local or MWDVBE businesses as subcontractors
Social equity	Facilitated educational events, classes, and other programming
Social equity	Partnered with nonprofit to respond to community needs/priorities
Social equity	Funded or offered cultural, educational, or other programming
Social equity	Funded nonprofit or other organizations for the above programming
Social equity	Connected residents to supportive services and resources

Frequency of Adoption of Health and Social Equity Practices

The survey asked respondents to self-report the frequency at which their organization implemented the 22 surveyed health and social equity practices. Response options included:

- Never,
- Never but interested,
- Occasionally (<30 percent),
- Regularly (30–70 percent),
- Most of the time (>71 percent), and
- N/A or I don't know.

Assessment analysis summarized the self-reported frequency of practices to generate an overview of the overall level of adoption of each practice by all respondents. The analysis also evaluated responses by industry sector subgroups to discern potential differences in the frequency of adoption across respondents in different professions.¹⁴

Industry sector subgroups¹⁵ included

- For-profit developers/interests,
- Nonprofit developers/institutions,
- Design firms,
- Other consultants,
- Construction, and
- Public sector officials.

Champion Station in Santa Clara, California, offers creative outdoor seating that encourages employees to spend time outside in the redeveloped office park.

DAVID WAKELY



Adoption Score

This analysis estimated each respondent's overall adoption of health or social equity practices. To do so, the research used an "adoption score," a proxy for the degree to which respondents implement practices, to estimate the percentage of respondents as either "adopters," "in-progress," or "nonadopters" of both health and social equity practices. Each respondent received a score based on the self-reported frequency with which the respondent's organization implemented surveyed practices (figure 3).

Each of the frequencies noted was allocated a point score ranging from 0 (never or never, but interested) to 3 (most of the time). A respondent was considered a regular adopter if the score averaged 2 out of 3 across all surveyed practices (e.g., regularly implementing all surveyed practices, or occasionally implementing some while implementing others regularly or most of the time).

Respondents were considered to be occasional adopters if the score, on average, was a 1 out of 3 across all surveyed practices. In the event of nonresponses, the analysis weighted raw scores, so respondents' final scores were indicative of the respondent's likely level of adoption and were not skewed by nonresponses.

Although the number of practices surveyed varied between health and social equity, if respondents reported that they on average adopted all practices at least “Regularly” (i.e., received a score over 2 on each question), they were considered to be “Regular Adopters.” This accounts for some respondents reporting to adopt most practices most of the time, and some adopting a fewer number of

practices occasionally or never. Similarly, if respondents reported that they on average adopted all practices at least “Occasionally” (i.e., received a score over 1 on each question), they were considered to be “Occasional Adopters.”

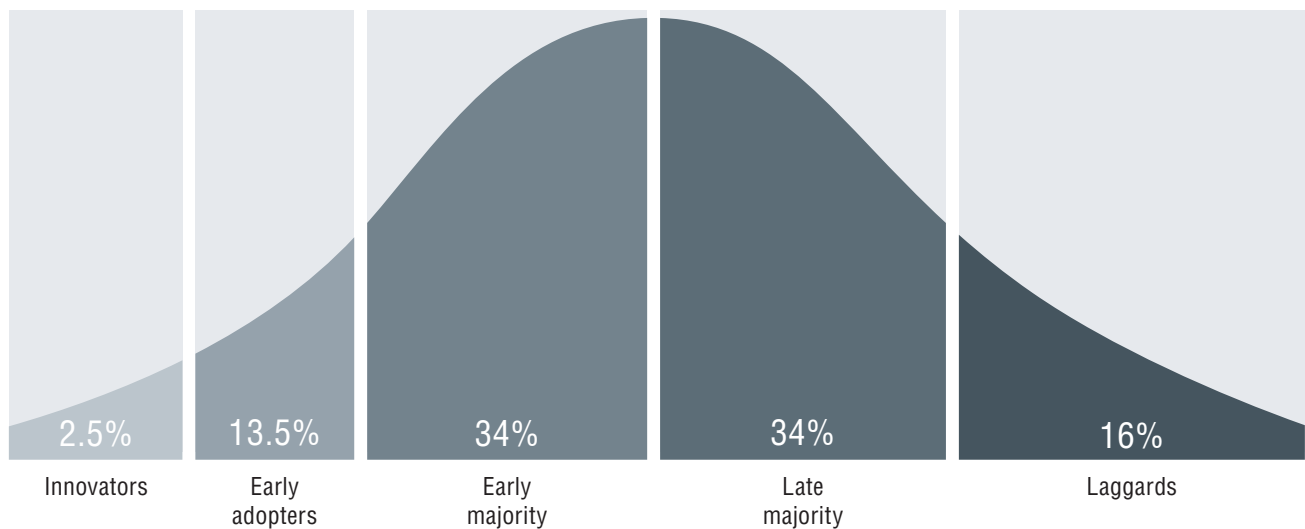
The assessment used the adoption score to estimate the proportion of the industry considered to be adopters of health and social equity practices. This proportion was translated to an adoption curve to provide additional context for the overall level of adoption of these practices by the real estate industry. The adoption curve is a bell curve used to describe the acceptance of new ideas by different population groups.¹⁶

As shown in figure 4, an adoption curve traditionally identifies different user segments, each of which has unique characteristics and propensity to adopt new ideas.

Figure 3:
Frequency Point Score

Never	0 point
Never, but interested	0 point
Occasionally (<30 percent)	1 point
Regularly (30–70 percent)	2 point
Most of the time (>71 percent)	3 point
N/A or I don't know	0 point

Figure 4:
Generic Adoption Curve User Segments



Source: Wayne W. LaMorte, “Diffusion of Innovation Theory” (Boston University School of Public Health, 2018).

In Singapore, the Interlace is a 1,040-unit mixed-use development with a variety of facilities that encourage physical activity, social interaction, and aging in place.

CAPITALLAND SINGAPORE/VOH HUP





FINDINGS



Grace West Manor in Newark, New Jersey, provides residents with a variety of social and health programming, including Zumba classes.

AWARENESS OF HEALTH AND SOCIAL EQUITY PRACTICES

Through research, interviews, and survey analysis, the assessment team found that the industry’s knowledge and awareness of health and social equity practices in real estate development vary widely, but that the trend is upward. Since the early 1990s, the real estate industry has increasingly recognized the environmental, financial, and social value of incorporating sustainable design practices into real estate development projects. Awareness of health and, to a lesser degree, social equity was seen to be a progression of the sustainable building movement, with input from medical and public health professionals and social equity advocacy organizations.

The research found that industry actors are increasingly aware of the potential to enhance health and social equity but that they are often less aware of the steps that need to be taken to do so. The COVID-19 pandemic has shed light on the connections between health and the built environment, and the disproportionate vulnerability of communities of color. With the proliferation of a national conversation around racial equity, awareness around social equity is growing, as industry actors examine the ways in which their operations may impede racial and social equity.

Knowledge of health-related practices was more advanced than knowledge of social equity–related practices.

Health and wellness have increasingly become an area of focus for real estate practitioners and advocates. Research proves that health-promoting features such as clean air and natural light can increase workers' productivity, quality of life, health, and potentially lifespan. Even before the pandemic, tenants and employees were increasingly demanding healthy indoor environments. Because developers and owners are motivated to meet tenant preferences, increase retention, and enhance revenue by incorporating health- and wellness-related elements into development projects, the real estate industry is now relatively well versed in these types of health-promoting practices. The COVID-19 pandemic's disproportionate mortality rate among communities of color has led to increased awareness of health and social equity. The American Public Health Association and other health organizations have declared racism to be a public health crisis, sparking discussion and calls to action to address systemic inequities.

In contrast, the research found that, beyond nonprofit housing developers, the real estate industry was relatively unaware of both how social equity relates to real estate development and what potential benefits could come from practices that support social equity. Relatively few real estate practitioners proactively addressed a broad spectrum of social equity–related issues, whether through planning or operational practices. Industry leaders indicated that social equity practices needed to be more widely understood in order for the industry to fully address factors related to the social determinants of health and to answer growing demands for more inclusive development projects. In the context of nationwide protests around racial equity, these demands may lead to the adoption of new, more inclusive practices.

REAL ESTATE RESPONSE TO COVID-19

The industry-wide assessment was conducted in 2019, before the onset of COVID-19 and the resultant global public health crisis. In the United States, since March 2020 the COVID-19 pandemic has had a major impact on real estate practice, requiring rapid adjustment of building management and operations, creating revenue challenges, and affecting design priorities.

Although the industry in recent years has become increasingly oriented to design that enhances health, the acute risk presented by COVID-19 has necessitated an additional level of consideration of health and safety in design and operation of buildings and public spaces. As a result, the COVID-19 pandemic is influencing building architecture, interior design, public space, occupancy, engineering, and operations and maintenance procedures.

In commercial buildings, office designs that formerly accommodated employees in open, shared spaces are being reconsidered, while retail and food service—whose business depends on customer volume and turnover—are significantly challenged by space restrictions. Industrial work environments are being challenged to operate at previous volumes, and many such environments require reconfiguration to ensure the safety of employees. Multifamily residential buildings are rethinking design and operational practices around common areas such as gyms, kitchens, and elevators.

Building certification systems such as WELL and Fitwel are responding with recommended strategies to help mitigate the spread of the coronavirus and other infectious diseases. Real estate businesses and industry associations are engaging in dialogue and exchanging best practices that seek to address health risks, accommodate evolving tenant needs, and help ensure the safety of occupants.

“ The real estate industry doesn’t realize how much they’re controlling. It’s not just about land. We control what people own, what they eat, and where they go to work because of where we choose to develop projects. The conversations around concentrated poverty, philanthropy, and development are intertwined, and we tend to separate them to the point where we can’t solve anything.”

—MALI SIMONE JEFFERS
AMBROSE PROPERTY GROUP
(JULY 2019 INTERVIEW)

Lack of knowledge—especially about social equity practices—served to hinder adoption.

The more that industry members understood the range of tactics and practices that can be implemented to address health and social equity issues, the more likely they were to consider adoption. This research illustrated a general lack of understanding about what these practices entail and about the potential for return on investment. This unfamiliarity was demonstrated through interview and survey responses, and by the fact that there is significantly less research and literature focused on social equity in real estate and a corresponding lack of use of social equity-enhancing practices. The protests of 2020 have stimulated discussion within the industry and mainstream media, raising awareness about the need to transform business practices to address racism and structural inequities.

While awareness of baseline design strategies to address health in the built environment has increased in recent years, many practitioners noted that there are not yet standard guidelines for implementing social equity practices and that they do not know where to begin. Further, health practices that are programmatic or that address population health and health equity issues were less well known than practices that can be adopted during the planning and design stage of development projects.

Real estate professionals can also look to organizations focused on racial and social justice—such as the National Association for the Advancement of Colored People (NAACP), the Urban League, and others—for informed perspectives and partnerships on strategies for addressing racial inequity in the communities where they work.

Third-party certifications could be useful tools to increase awareness of specific practices that support social equity and less-known health practices in development projects. However, while some industry members would like to rely on a checklist of practices to address health and social equity issues, mapping out the right strategies for a development project is rarely a cut-and-dry process and must be informed by the project’s specific use and social and geographical context, and by input from the local community.



Art and green space contribute to resident health at the Coffelt-Lamoreaux public housing redevelopment in Phoenix.

GOLDMAN SACHS'S ENVIRONMENTAL, SOCIAL, AND GOVERNANCE STRATEGIES

Goldman Sachs is a leading global investment banking, securities, and investment management firm. Its Merchant Banking Division Real Estate group (MBD RE) integrates environmental, social, and governance (ESG) considerations and practices throughout the real estate life cycle, with the goal of creating positive externalities in relation to investments while enhancing the firm's ability to generate positive returns for investors. The team views ESG initiatives as accretive, nonconcessionary, and a way to potentially unlock opportunities to improve the internal rate of return through increased revenues and decreased expenses and to manage risk through a focus on resiliency.

Historically, MBD RE's investing platform has integrated ESG into its strategies, and efforts are underway to better formalize implementation across all investment strategies globally beginning in 2020. Potential benefits of Goldman Sachs's approach may include reducing costs, retaining tenants, making properties more attractive, and differentiating its real estate from competitors in ways that are positive for investors, the environment, and the communities in which these assets operate.

Another potential benefit of ESG is that it can reduce a property's development or business plan execution risk. MBD RE's ESG team invests time and resources to better understand the communities in which MBD RE invests, including the challenges faced by those communities' residents and businesses. The ESG business model's objectives include contributing to local placemaking, contracting with local and diversely owned businesses, and collaborating with local institutions to be part of solutions that address hyperlocal issues.

“For ESG efforts to be successful, programs need to be more than a box-checking exercise; they have to be hyperlocal and authentic.”

—NICOLETTE RABADI JAZE, GOLDMAN SACHS (JULY 2019 INTERVIEW)

GOLDMAN SACHS



Adoption was also hindered by the lack of comprehensive evidence about the impact of social equity investments.

The early implementation of practices by any industry generally must demonstrate effectiveness to be supported. Despite interest in measuring social equity outcomes, many leaders in the adoption of health and social equity practices for real estate had only begun to experiment with strategies to track their impact and progress (figure 5).

Many survey respondents acknowledged that they are not tracking performance but should be, and they reported that they are interested in learning best practices and metrics used by other firms.

Jonathan Rose Companies, for example, collects health data (e.g., frequency of emergency room visits) from residents enrolled in its telehealth program, and it is working on developing additional metrics, such as impact of health and social equity on late rent payments and eviction rates.

“ Just as we’ve evolved to normalize sustainability into real estate, we can also help instill the notion that every occupant is entitled to a healthy environment, and it makes good business sense to provide this. It should be incumbent upon the entire industry to show this benefit.”

—MARA BAUM, HOK (JULY 2019 INTERVIEW)

Figure 5:

Metrics Used by Respondents

<p>Health metrics</p>	<ul style="list-style-type: none"> • Walk Score • Health impact assessments • Participation rates in health programs • Measured air quality improvements or alignment with standards • Demonstrated improved health outcomes
<p>Social equity metrics</p>	<ul style="list-style-type: none"> • Number of affordable housing units created/preserved • Number of quality jobs created • Percentage of employees living in the town where they work • Number of youths enrolled in after-school and summer programs • Indexes or tracking associated with community benefit agreements • Title VI compliance
<p>Health and social equity metrics</p>	<ul style="list-style-type: none"> • Demonstrated employee/tenant retention • Children’s Health Insurance Program (CHIP) Livable Place Index compliance

SEED (SOCIAL ECONOMIC ENVIRONMENTAL DESIGN) EVALUATOR

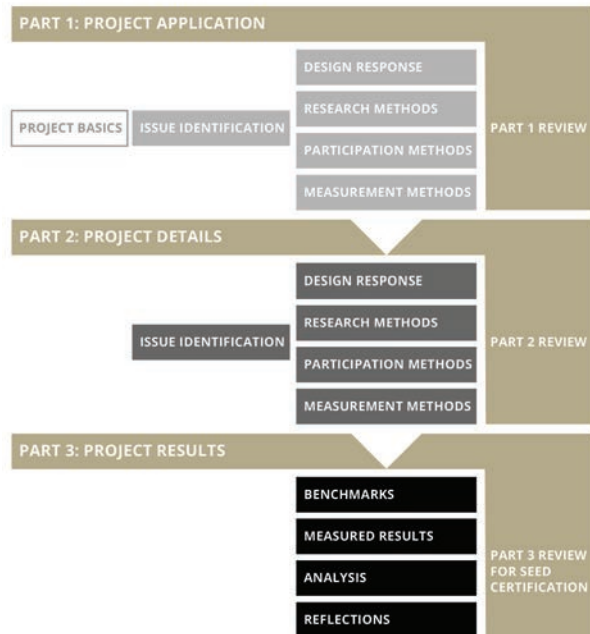
The SEED Network is a principle-based network of individuals and organizations dedicated to building and supporting a culture of civic responsibility and engagement in the built environment and the public realm. SEED is based on the idea that real estate development projects can have a positive impact, and the organization's mission is to advance the right of every person to live in a socially, economically, and environmentally healthy community.

SEED developed the SEED Evaluator tool to support equitable engagement in design and construction of buildings. In the 10 years since it was created, SEED has been used on nearly 1,000 projects. It offers a methodology for pursuing a participatory design process that provides a forum for a range of voices that could be affected in a project.

The SEED Evaluator provides a framework to help project teams identify the full set of critical issues faced by a given community and guidance to determine the issues of greatest priority. The tool requires teams to document their response to addressing each priority issue, emphasizing both qualitative (participatory methods) and quantitative data collection and metrics for measuring equitable outcomes.

BRADY GUY

SOCIAL ECONOMIC ENVIRONMENTAL DESIGN EVALUATOR



The SEED Evaluator is an interactive software program that provides a protocol to help guide, document, evaluate, and communicate the social, economic, and environmental outcomes of design projects. It is broken down into three parts:

SEED EVALUATOR PART 1: Project Application
Part 1 seeks information about the nature of the project, the project context, stakeholders, partners, and community frameworks including geographies, historical, and cultural considerations among others. It is here that community-identified social, economic and environmental issues are cited and used to describe how design, research, participation, and project measures of success responds to each.

SEED EVALUATOR PART 2: Project Details
Part 2 builds on the content submitted in Part 1 and acknowledges a project's development over time through updates and elaboration on each phase of the SEED process. These include opportunities for added depth within process-based benchmarking and time line development in each previously annotated area including design response, research methods, participation methods, and measurement of results.

SEED EVALUATOR PART 3: Project Results
Part 3 demonstrates the resolution of previously cited social, economic, and environmental issues within the broader context of the design project. It is broken down into sections that analyze implementation and post-implementation outcomes including what benchmarks were met and how the project results address anticipated measures. Positive and negative impacts are assessed in addition to reflections on project learning outcomes and transferable knowledge.

A diagram illustrates the three parts of the SEED Evaluator.

“Placemaking can rarely be formulaic or prescriptive—the whole principle is to give stakeholders a multitude of voices. SEED is performative versus prescriptive: users have to do the research, identify the local issues, and commit to following through. The Evaluator requires you to document your design strategies and evaluate impacts post-occupancy. You can’t just say ‘I did the research’ without a commitment.”

—BRAD GUY, SEED NETWORK (NOVEMBER 2019 INTERVIEW)

NAACP CENTERING EQUITY IN THE SUSTAINABLE BUILDING SECTOR INITIATIVE

Recognizing that Black, brown, and low-income communities are disproportionately affected by unhealthy, energy-inefficient, and disaster-vulnerable buildings, the NAACP launched the Centering Equity in the Sustainable Buildings Sector (CESBS) initiative in August 2018.

The CESBS Initiative brings together NAACP leaders and members from across the country, sustainable building professionals who are underrepresented, and people and organizations currently leading the sector. Together, they are building a collective policy platform and action agenda that embraces the full meaning of sustainability—with racial, economic, environmental, and climate justice at its core.

Universal design, social and economic inclusion, health equity, equitable emergency management and resilience to climate change, and fair treatment of workers are just a few areas that the CESBS Initiative considers fundamental to truly sustainable buildings and development.

“The goal of the CESBS Initiative is to catalyze the building of a bigger, broader tent for the sustainable building movement. We want to support communities that bear the brunt of unsustainable buildings—including adverse health impacts, unaffordable energy costs, and disproportionate harms from the climate crisis. We seek to universalize access to sustainable buildings, as well as bring the people on the front lines of environmental and climate injustice into leadership of the green building economy and movement. NAACP has taken this on as a civil rights issue.”

—MANDY LEE, NAACP (AUGUST 2019 INTERVIEW)



© 2014 BY TIMOTHY HURSEY/HOK

A family explores a wall of light at the Sidney and Lois Eskenazi Health Campus in Indianapolis.

The LEED-certified LIFT Wellness Center anchors a commercial and residential development in Jackson, Tennessee, and provides fitness facilities, classes, programs, and medical services.



ZVONKOVIC PHOTOGRAPHY



There is a need for real estate professionals to understand the context of public health and population health—that the health imperative goes beyond the building occupants. At the same time, there is a need for public health professionals to begin thinking in terms of creating a scalable, self-sustaining market for health promotion.”

—MATTHEW TROWBRIDGE, UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE (AUGUST 2019 INTERVIEW)

Partnerships between health professionals and real estate practitioners can build the evidence base and a common language.

One driver of adoption of health practices into development projects is organization of partnerships and convenings that bring together public health professionals and the real estate industry. This knowledge sharing has significantly increased the real estate industry’s understanding of the benefits and its capacity to measure health impacts of the built environment.

Public health professionals are becoming increasingly aware of the potential for development projects that are thoughtfully planned, designed, and operated to improve public health. Real estate practitioners recognize the marketing and financial benefits of addressing the health of occupants and surrounding communities. Leaders such as the Center for Active Design and the International WELL Building Institute proactively pursue partnerships with public health professionals and researchers, under the premise that advancement of this body of knowledge will be mutually beneficial.

Although some thought leaders engage in these types of partnerships and knowledge-sharing activities, there remains a disconnect between how real estate practitioners and public health professionals measure outcomes. To effectively connect the dots between these two fields, the groups need a common language to quantify successful outcomes. The Joint Call to Action to Promote Healthy Communities, a partnership between ULI and seven other professional membership organizations, takes an important step toward solidifying this connection by calling on members to collaborate with one another to create healthier, more equitable communities.¹⁷

Healthy design is evolving to address population health rather than solely the health of individuals. New initiatives aim to address previously overlooked issues and emerging opportunities to systemically improve health and social equity.

While awareness and adoption of healthy design strategies have increasingly become mainstream, the framing has evolved over time. The sustainable building movement raised awareness about environmental health by minimizing toxic exposure, banning tobacco, and promoting superior indoor environmental quality, including through increased access to daylight, air quality, and thermal comfort. The wellness movement broadened this to consider other aspects of occupant health and wellness such as the benefits of biophilic design and the impact of organizational policies on health. Both brought measurable benefits; however, those benefits were sometimes limited to certain demographics (i.e., “healthy for the wealthy”).

Emerging practice is focused on addressing population health, which takes into account the health of surrounding communities and social determinants of health. Thus, health is increasingly regarded through a social equity lens, though awareness of specific strategies remains relatively low compared with awareness of typical design strategies. A movement is emerging in the real estate industry to address health and social equity by incorporating relevant considerations into existing certifications and similar frameworks.

Examples of this effort include U.S. Green Building Council’s (USGBC) pilot credits for social equity in Leadership in Energy and Environmental Design (LEED) certifications¹⁸ and the National Association for the Advancement of Colored People’s (NAACP)’s Centering Equity in the Sustainable Building Sector (CESBS) initiative. (See sidebars.)

JONATHAN ROSE COMPANIES

Jonathan Rose Companies aims to improve the well-being of residents through environmentally, socially, and economically responsible development projects. The firm acknowledges that one's physical environment can shape the individual's health and economic outcomes. The company believes that high-quality housing can help solve equity issues and that changing the conditions in which people live can reduce stress levels and financial insecurity, and can increase positive outcomes for residents. To support this linkage, Jonathan Rose Companies created the "Communities of Opportunity" initiative, which guides the firm's community managers to incorporate a range of cost-effective health and social equity practices with the goal of connecting residents with programming and services to improve life outcomes.

Grace West Manor, a Community of Opportunity, is a 429-unit, affordable Section 8 property that houses seniors and low-income families in Newark, New Jersey. Using an asset-based approach to community development, Jonathan Rose Companies works to understand resident needs, recognizing that residents are experts in their own communities and can help better leverage existing community assets. The refurbished community center houses spacious community facilities, a computer lab, and community kitchen and is the venue for numerous programs for residents, including after-school programs, healthy eating classes, educational programming, arts and culture events, and yoga and exercise classes. A new gym, health consulting room, and sun room extension to the refurbished community room in the senior tower will also help facilitate additional health and recreation programming.

Through the Fannie Mae Innovation Challenge, Grace West Manor is piloting a free telehealth screening program for all residents in which trained technicians are present on site, twice weekly, to measure vital signs and health status. Results are sent digitally to remote nursing staff, who screen and take action if and when appropriate, providing health advice and recommendations. The program aims to improve residents' health and well-being and reduce expensive hospitalization costs through early intervention.

In addition to providing on-site programming and services, Jonathan Rose Companies also promotes knowledge-sharing between its network of property managers. Property managers convene monthly to discuss programmatic successes and challenges and join larger regional meetings to share information about external resources that can be leveraged to support programming and effective relationships with local nonprofits. For property managers outside of core regions or without specific resident services support, Jonathan Rose Companies provides a Toolkit guide to support their ability to assist residents.

“Our vision for Communities of Opportunity is to empower residents through the co-creation of interventions to improve their health and well-being (physical, mental, financial, social and spiritual), resulting in better life outcomes, with great housing communities as the platform.”

—JONATHAN F.P. ROSE^a

^a. Urban Land Institute, *Intersections: Health and the Built Environment* (Washington, D.C.: Urban Land Institute, 2013), 10, <https://uli.org/wp-content/uploads/ULI-Documents/Intersections-Health-and-the-Built-Environment.pdf>.

LEED CREDITS TO SUPPORT SOCIAL EQUITY

Leadership in Energy and Environmental Design (LEED) has been a major driver in mainstreaming sustainable building strategies. The U.S. Green Building Council (USGBC) describes LEED's value proposition as providing market recognition, accelerated leasing and absorption, higher resale value, and healthier indoor spaces. LEED buildings are expected to be better for building occupants, the community, and the environment. Although LEED's core rating system includes credits that address health and social equity issues such as air quality, nontoxic environments, access to transit, healthy food, and other strategies, USGBC continues to evolve the system to address other health and social equity issues.

In response to COVID-19, USGBC developed a series of LEED Safety First pilot credits, including a Cleaning and Disinfecting Your Space credit, a Re-enter Your Workspace credit, a Building Water System Recommissioning credit, a Managing Indoor Air Quality during COVID-19 credit, a Pandemic Planning credit, and a Social Equity in Pandemic Planning credit.

LEED also provides users specific guidance for promoting social equity through their projects, including the following pilot credits:

- **Social Equity within the Project Team:** This credit encourages a development project's owners, financiers, architects, engineers, and contractors to incorporate social equity into their daily activities. Strategies include paying prevailing wages to construction workers, offering workforce development, obtaining B-Corporation certification, and engaging in corporate sustainability reporting.
- **Social Equity within the Community:** This credit encourages a project team to address identified needs and disparities in the community surrounding the project. It outlines a process of engagement with community stakeholders that is focused on vulnerable populations to understand those needs and also allows certification through established frameworks, such as the SEED Evaluator (a program of the Social Economic Environmental Design Network) or Enterprise Green Communities.
- **Social Equity within the Supply Chain:** This credit encourages social equity for those involved in the production of materials and products for buildings, from raw materials extraction through final assembly. It rewards the establishment of supplier assessments, or scorecards, as well as the creation of supplier codes of conduct that address basic human rights.
- **Integrative Process for Health Promotion:** This credit encourages projects to (1) recruit a public health partner, (2) use public health data to prioritize population health needs and goals, (3) choose design and programmatic strategies to meet these objectives, and (4) monitor and evaluate health-related project outcomes.



The living green wall at Arbor House—a low-income multifamily housing development in the South Bronx, New York—was designed as part of the building's LEED Platinum certification to help maintain healthy indoor air quality and reduce residents' asthma rates.

LES BLUESTONE

ADOPTION

Adoption of health- and social equity–promoting strategies continues to evolve, but strategies to implement these actions were widely understood and frequently incorporated into real estate development practice because of a combination of factors that included local, state, and federal incentives; public perception; and demonstrated return on investment.

Evidence showed that a small but meaningful number of real estate professionals were adopting health and social equity practices, and that the trend was upward, with many more making progress toward adoption. However, adoption of social equity practices lagged behind that of health and wellness.

Real estate practitioners who regularly implemented practices supporting health and social equity were identified as innovators and early adopters. Regular implementation had not permeated mainstream practice.

The assessment used implementation frequency to estimate the overall level of adoption of health and social equity practices for each respondent, benchmarking the share of real estate practitioners across the industry who regularly or frequently adopt these practices. Respondents were assigned an “adoption score,” depending on the extent of their adoption of the health and social equity practices. The analysis team considered those respondents who, on average, indicated they were at least “regularly” implementing the practices to be regular adopters. Respondents who at least “occasionally” implement practices were considered to be occasional adopters.

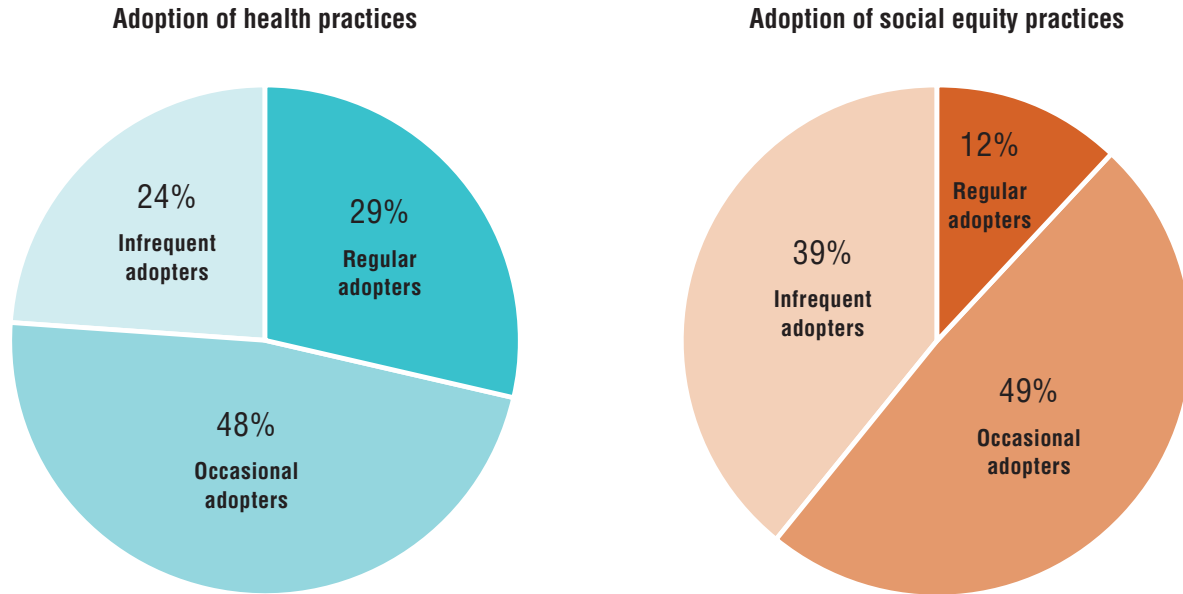


JONATHAN ROSE COMPANIES

Grace West Manor, an affordable housing complex in Newark, New Jersey, holds a telehealth event for residents.

Figure 6:

Adoption of Health and Social Equity Practices



Across the actions surveyed, an estimated 77 percent and 61 percent of respondents were either regular or occasional adopters of health and social equity practices, respectively (figure 6). The results were that over three-quarters and well over half of those surveyed engaged to some extent with a wide range of health and social equity practices, respectively, and are familiar with some, but not necessarily all, of the practices.

Of the respondents, 29 percent were estimated to be regular adopters of health-related practices and 12 percent adopters of social equity-related practices. These findings are generally aligned with the view that the real estate industry was more informed and proactive about health and wellness practices than those related to social equity.

Given the established user segments of the traditional adoption curve, having 29 percent adoption of health practices suggests that adopters of those actions include innovators, early adopters, and a portion of the early majority, whereas having 12 percent adoption of social equity practices suggests that adopters of those actions include innovators and early adopters but that the practice has yet to reach the early majority population.

Respondents reported adopting health practices 2.5 times more frequently than social equity practices. Half of respondents were occasional adopters of both health and social equity practices.

Figures 7–9 represent the distribution of survey respondents' aggregated adoption of practices, measured in terms of frequency of adoption and breadth of practices adopted. When read from left to right, the figures illustrate the distribution of survey respondents' adoption behavior, ranging from those who "regularly adopt all practices" (on the far left) to those who "never adopt any practices" (on the far right).

Nearly half of respondents fell into the "occasional adopter" category for both health and social equity—48 percent for health practices and 49 percent for social equity practices. This finding indicates that, although a smaller base of respondents has adopted these practices, for social equity in particular, three times as many respondents are implementing the practices occasionally as are doing so regularly, and that group could potentially be incentivized to do so more often in the future.

Figure 7:

Distribution of Respondents: Both Health and Social Equity Practices

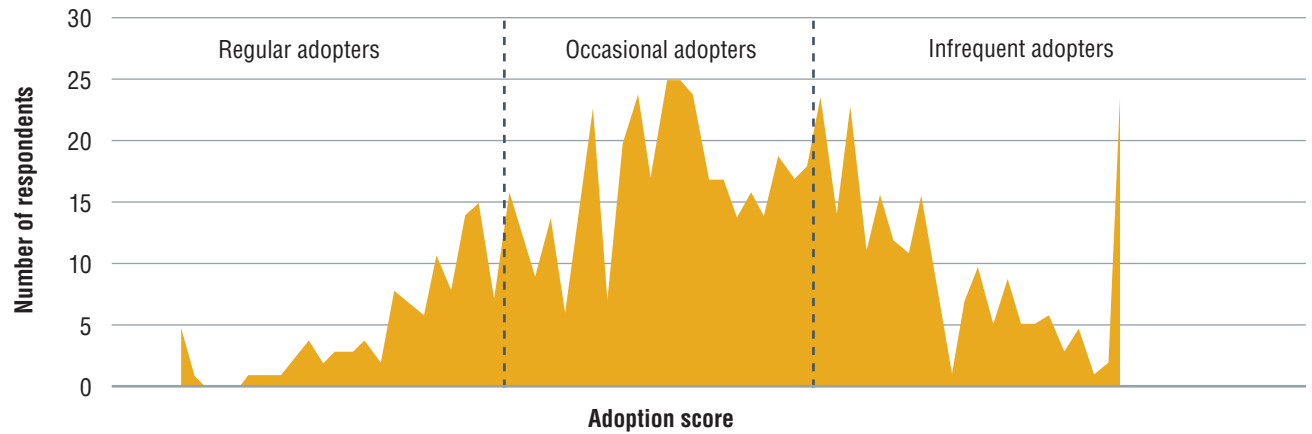


Figure 8:

Distribution of Respondents: Health Practices

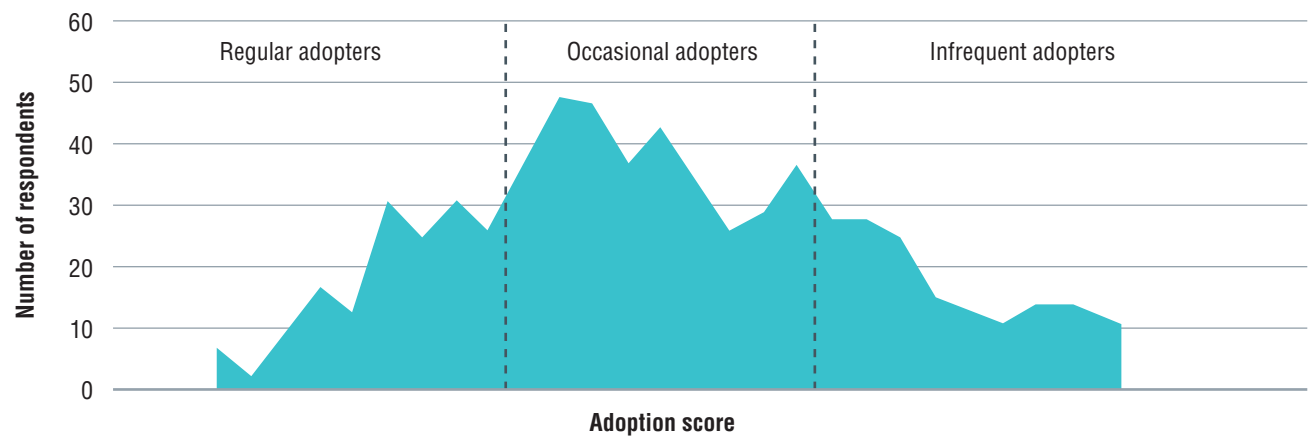
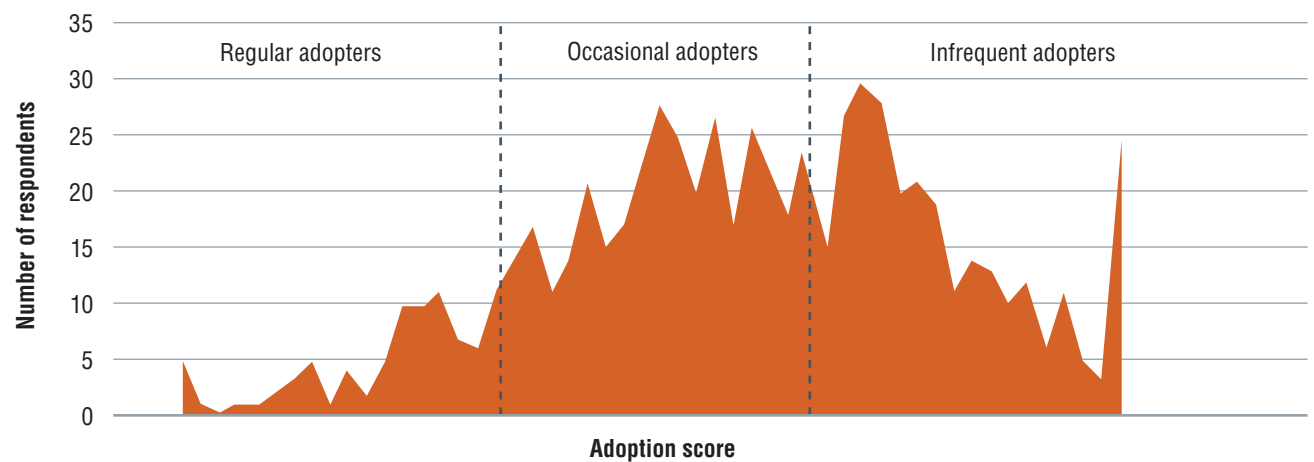


Figure 9:

Distribution of Respondents: Social Equity Practices



The Embarcadero Center in San Francisco is a Fitwel-certified multitenant base building that features a green amenity space.



BOSTON PROPERTIES

PROLOGIS: INDUSTRIAL SECTOR SUPPORTING HEALTHY, EQUITABLE COMMUNITIES

Prologis is a multinational, logistics-focused real estate investment trust with operations in 19 countries. Prologis is a leader in the promotion of health and wellness in the industrial land use space, recognizing that labor retention can be influenced by building design. Furthermore, Prologis leadership understands that the benefits are possible only by ensuring the quality of the company's own workforce environment, as well as the vitality of the broader local community. Prologis demonstrates its commitment to healthy work environments by supporting the health of its employees and by creating the conditions to ensure a healthy workplace for its customers throughout its warehouse properties.

PROLOGIS/SK LORENZEN MONUMENT PHOTOGRAPHY



Prologis Park Tacoma was the first WELL-certified logistics facility in the world.

For its offices, Prologis has invested in high-quality lighting, improved ventilation, and a commitment to maximizing safety. For its industrial parks and warehouses, Prologis supports the health of its customers' employees by creating access to outdoor recreational space, walking trails, interior aesthetics that promote a connection to nature ("biophilia"), and access to its facilities and parks through public and shared transit options.

Prologis has also been a leader in setting the standard for industrial buildings within the WELL certification protocol, having certified the first logistics facility in the world (Tacoma, Washington) and the first WELL gold-certified logistics facility (Tilburg, Netherlands). Beyond its offices and warehouses, Prologis is also committed to community investment to enhance local economies and create career opportunities. Introduced in 2018, Prologis's Community Workforce Initiative (CWI) provides mentorship, skills training, internships, and job-placement services for people pursuing careers in logistics, distribution, and transportation. Prologis's CWI program recently set a goal to train 25,000 individuals by 2025 through access to an online curriculum that Prologis codeveloped with JFF and through collaborations with local workforce programs.

"As owners of logistics real estate, we believe that our industry should take a more proactive role in advancing positive health impacts through building design, construction, and operation. Prologis's focus on creating healthy work environments positions us as a partner our current and future customers will turn to for solutions that deliver health and productivity benefits."

—ED NEKRITZ, PROLOGIS (EMAIL COMMUNICATION, JANUARY 2020)

The survey showed relatively low uptake of a variety of practices supporting social equity.

Some social equity practices not widely adopted by respondents included providing wealth-building opportunities (11 percent), connecting residents with services (23 percent), and providing or supporting healthy food options (also a health issue, at 23 percent).

Although these types of practices support economic stability and mobility, they may be seen as providing a lower return on investment than health and wellness practices, or as being entirely unprofitable. As discussed elsewhere, a clear barrier to adoption for many practitioners was cost, and many practitioners would not consider such practices without being able to articulate a positive return on their investment.

Health and social equity practices are applied at different phases of development, including design, construction, and operations.

Practices varied not only in the area of focus, but also in when, where, and how they are applied in the development process (figure 10). Certain health and social equity practices are implemented in the design phase and applied at the building level (e.g., daylight and views). These practices typically affect the building occupants (figure 11).

Other practices are applied during the construction process, such as hiring practices, supply chain considerations, and construction site health and safety conditions. Those typically affect the local workforce and can influence social and health practices among manufacturers and suppliers. Once the building is occupied, various operational, policy, and programmatic practices can affect both occupants and the surrounding community. Examples include the provision of community gardens, healthy food vendors, or medical clinics (figure 12).

Health strategies employed in the planning and design phases were perceived as easier to implement than operational policies and programming.

While building design strategies are pursued with relative frequency, practitioners suggested that policy-based, programmatic and/or behavioral strategies, such as requiring healthy food in cafeterias or providing health programming, could also have an important impact. Despite their potential, programmatic strategies—such as replacing vending machines or introducing healthy food items in office cafeterias—were perceived as challenging.

This perceived difficulty was demonstrated by the survey results: less than 36 percent of respondents said they regularly or frequently facilitate, fund, or partner to deliver ongoing programming and only 23 percent provided or supported healthy food options. Although certain health strategies, such as providing daylight and views, are universally recommended, the most effective health-promoting strategies are typically tailored to community and tenant needs, with the recognition that influencing occupant behavior can be challenging without the appropriate strategies and persistent commitment.

Research on existing community and environmental health should be part of the initial site selection and stakeholder engagement phases, in order to determine the range of health priorities for a particular project.

Most respondents said they engaged communities and act on needs identified by stakeholders.

The survey found that about 60 percent of all respondents reported that they regularly or frequently engage stakeholders and have made changes to their plans in response to the needs identified by stakeholders. Community engagement is mandated in some municipalities through local planning and land use processes and is otherwise often associated with successful attainment of entitlements—thus it has clear financial implications for developers. Elected officials who have influence over project planning and approval processes are ultimately responsible to their constituents, so community engagement can be a powerful tool to respond to community needs and help the public sector meet its social equity goals.

Figure 10:

Implementation of Surveyed Practices—Site Selection and Initial Planning Phase

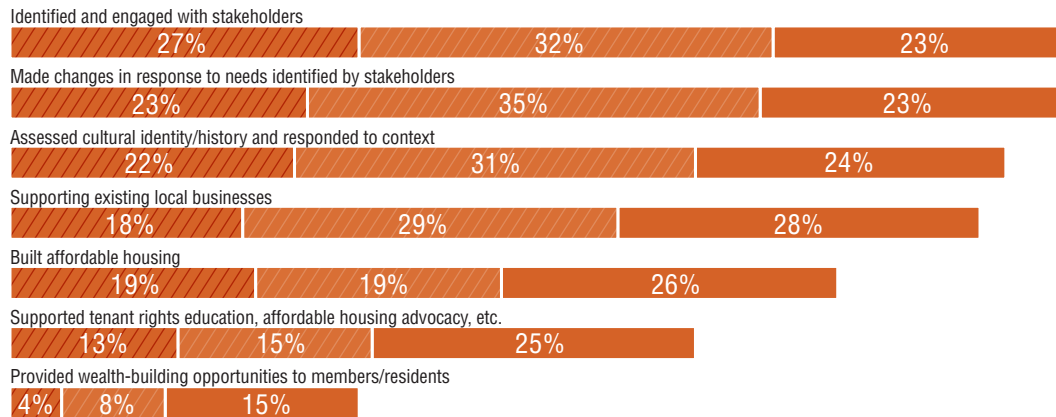


Figure 11:

Implementation of Surveyed Practices—Design Phase

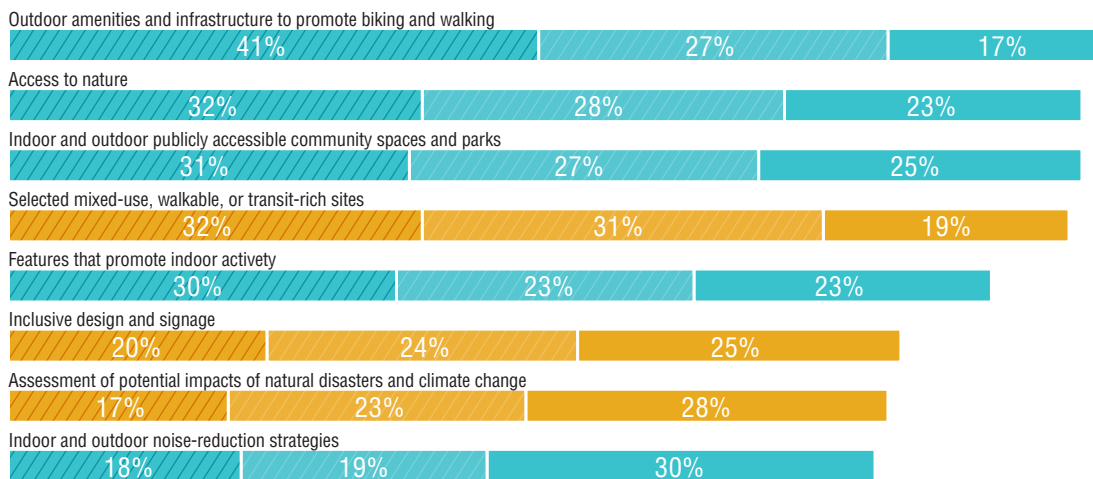
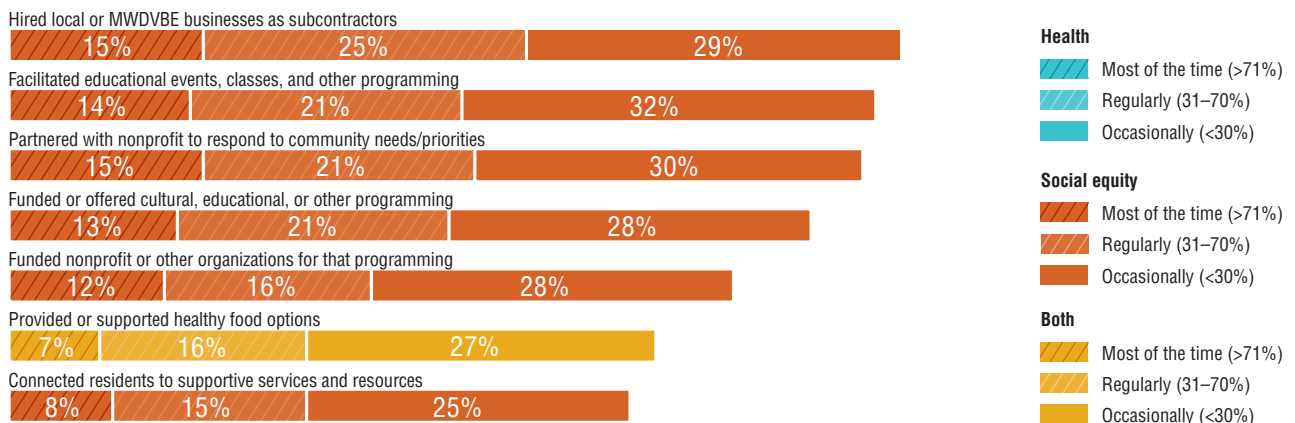


Figure 12:

Implementation of Surveyed Practices—Operations Phase



[N=693]

Note: MWDVBE = minority, women, or disabled veteran business enterprise.

“ There is no single, universal definition of a health-promoting space, building, or place. Rather, health promotion is defined by the intersection of population needs and the potential impact of interventions through building design, construction, and operations. This approach results in population-centric strategies tailored to specific groups and circumstances.”

—CHRIS PYKE, ARCSKORU ¹⁹

This survey, however, did not differentiate the type or depth of community engagement. Basic levels of engagement could include listening to and/or responding to comments during a public hearing during the public review period of a project. More involved engagement could entail working to understand a community’s desires before the project planning even begins and hosting regular public meetings with important stakeholders (e.g., local residents, business owners, and elected officials) to create dialogue throughout the planning process. Given the range of level of effort that can be employed to engage communities, certain approaches would likely be more effective than others at identifying actions that can support social equity.

A similar proportion, 53 percent of respondents, reported assessing and making changes in response to a community’s cultural identity and history. Those topics are often discussed before and during the community engagement process, and understanding a community’s cultural context can inform how a developer engages with local stakeholders, as well as the potential development project program and design characteristics.

The most frequently adopted planning strategies included those that address transit, walkability, and biking infrastructure and access to nature or open space.

Of survey respondents, 68 percent said they regularly or frequently incorporate outdoor amenities to promote biking and walking and 63 percent said they at least

regularly select mixed-use, walkable, transit-rich sites. Transit-oriented development has been encouraged by municipalities across the country, through both zoning changes and funding opportunities, to encourage the use of active and public transportation and to lower dependency on automobiles.

Along with providing health-related benefits, selecting transit-oriented development sites can increase access to jobs and economic opportunity for residents who do not own personal vehicles. Mixed-use sites can also offer retail, grocery, and other amenities that serve the broader community and are accessible to people with limited time or mobility options. The benefits of these site selection strategies are clear: places where residents are able to work and shop near where they live frequently generate rent premiums,²⁰ and transit-accessible sites are in high demand.

Less popular design and planning practices included inclusive design/signage (44 percent), assessment of climate change risk (40 percent), and noise reduction strategies (38 percent). Noise pollution is linked to health issues, including ability to concentrate and stress levels, as well as more severe problems like cardiovascular disease and cognitive impairment.²¹ The barrier to adoption of noise-reduction practices is generally awareness: some practitioners do not recognize the health benefits associated with noise reduction, while others are not aware of noise reduction strategies.

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Arlington Partnership for Affordable Housing (APAH) is a nonprofit affordable housing developer in Arlington, Virginia, with a portfolio of over 1,800 rental units. APAH actively works to meet not only the needs of its tenants, but also goals outlined in Arlington County's 10-Year Plan to End Homelessness. In particular, APAH improves the lives of low-income residents through the direct provision of supportive assistance programs and services, which it delivers in part through partnerships with other nonprofits.

Most recently, APAH formed the Community Progress Network, an interdisciplinary advisory group that promotes knowledge-sharing opportunities to identify service gaps and potential opportunities to meet resident needs. The network brings together residents, service providers, elected officials, and business leaders to discuss needed programs, policies, and investments. APAH provides dinner, free child care, and language translation services in five languages to remove barriers to civic participation for low-income communities. Held "on their own turf," these meetings show higher levels of engagement from residents and share meaningful issues directly affecting their families. These discussions have identified issues and potential solutions to improve the lives of community residents, at little cost to APAH. The network's Roundtable Dinners provided a new, more equitable channel for civic engagement.

NINA JANOPPAUL



Arlington (Virginia) Partnership for Affordable Housing conducted a "Data Walk" in which participants interacted with data on education, health, housing, and workforce development in Arlington to learn about poverty and equity in the community.



The survey found variations in adoption depending on the respondents' work and location.

The survey found differences in the level of adoption of practices across each subgroup. Nonprofit developers and institutions led the adoption on almost all social equity practices. True to their mission of serving low-income and often disadvantaged populations, nonprofit developers and institutions had higher adoption rates on almost all social equity practices surveyed compared with their for-profit counterparts. This subgroup was twice as likely to connect residents with supportive services (58 percent), facilitate educational classes and programming (68 percent), and support tenants' rights and affordable housing advocacy (58 percent). For-profit developers and interests, on the other hand, showed equal or, in some cases, greater adoption of health practices, perhaps due to perceptions that healthy buildings can generate greater return on investment and better attract tenants.



Sansome and Broadway Family Housing provides affordable housing for families, including formerly homeless families, in the heart of San Francisco.

In alignment with their mission to serve the general public, the public sector subgroup reported implementation frequency similar to that of the nonprofit developers and institutions subgroup and higher frequency than other subgroups. The public sector subgroup reported particularly high adoption in engaging with stakeholders (89 percent), addressing natural disasters and climate change (61 percent), and supporting tenant rights (53 percent).

The construction subgroup reported hiring local and/or minority, women, or disabled veteran business enterprise (MWDVBE) businesses at a frequency substantially higher than any other subgroup (68 percent). Inclusive procurement for publicly funded or approved construction projects is often an economic development tool, and this finding suggests that local policies have been successful in supporting adoption of this social equity practice.

Of the professional subgroups, nonprofit developers/institutions led adoption across health and social equity practices.

Across the subgroups, nonprofit developers/institutions reported the highest frequency of adoption of health practices (42 percent), followed by for-profit developers/interests (39 percent) and design firms (31 percent).²² (See figure 13.)

The frequency of adoption of social equity practices for nonprofit developers/institutions (47 percent) was much higher than the rest of the other subgroups and the industry as an average (figure 14). Construction (0 percent), other consultants (8 percent), and design firms (9 percent) reported lower frequencies of adoption of such practices, or none at all. Consistent with the aforementioned trends, social equity practices were more closely aligned with the mission of nonprofit organizations and the public sector, whereas profit-driven organizations were more likely to adopt health practices, although still at a lower frequency than their nonprofit counterparts.

Figure 13:

Adoption of Health Practices by Subgroup

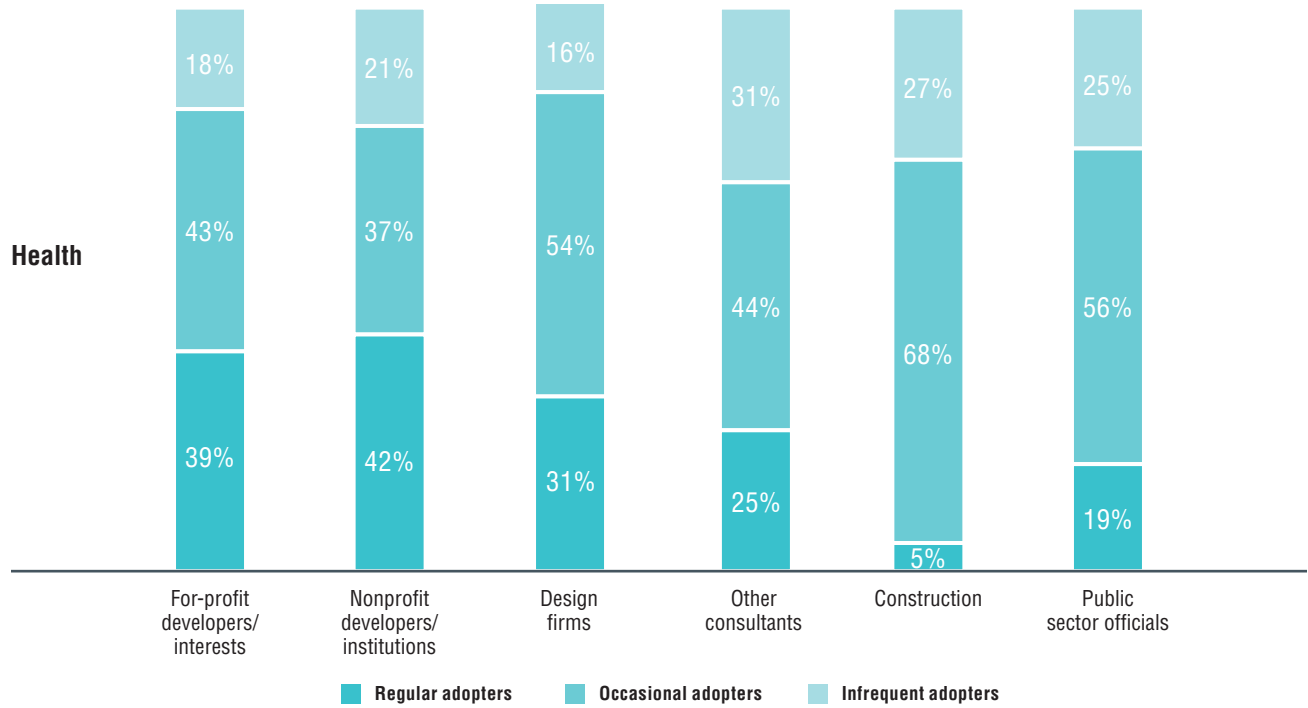
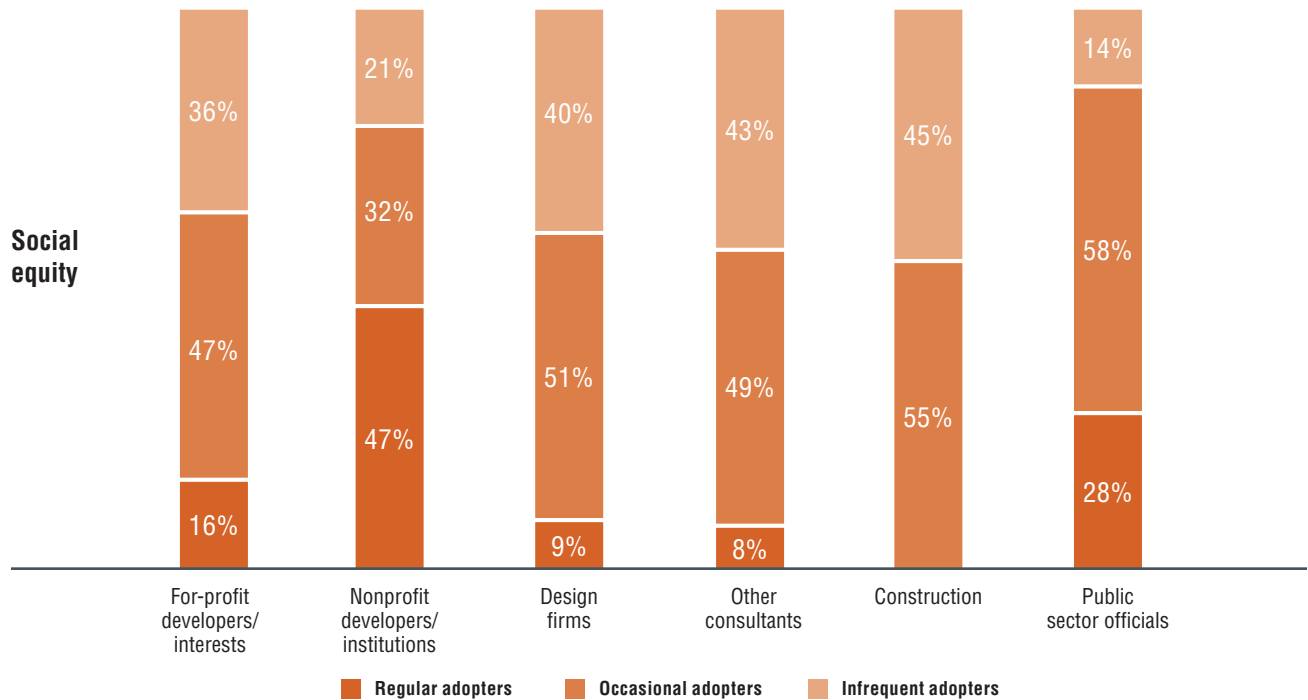


Figure 14:

Adoption of Social Equity Practices by Subgroup



Practices supporting health and social equity were applied more frequently in residential projects than in commercial projects.

Survey responses were also evaluated across different land uses and regional geography and by profession/industry sector to determine differences in adoption. For the relatively small subset of respondents who reported only working on a single land use regularly, and excluding mixed-use developers, residential-focused respondents showed greater adoption of both health and social equity practices than did respondents who were commercial/industrial land use practitioners (figure 15).

The analysis found that 30 percent of residential-focused respondents regularly adopted health practices versus 23 percent of commercial/industrial respondents. This finding to some extent is in conflict with perceptions that commercial office developers in particular regularly adopt health practices, and it is likely that many progressive developers of mixed-use residential and commercial development projects, who were excluded from this analysis, adopt these practices more frequently. This gap was more pronounced for social equity, wherein 12 percent of residential-focused respondents reported regularly adopting social equity–related practices versus 6 percent of commercial/industrial respondents.

Adoption of practices supporting health and social equity varied by region.

The proportion of adopters also varied across the six geographic regions surveyed. For the relatively modest subset of respondents who reported working within only one region, the Northwest and Northeast regions showed greater adoption of health practices (36 percent and 33 percent, respectively) versus other regions, while the Southeast and the Southwest showed the lowest adoption frequency, at 19 percent for both (figure 16). All regions appeared to include a relatively similar proportion of occasional adopters. Similar to health practices, the Northeast and Northwest regions reported greater adoption of social equity practices (17 percent), while the Midwest and the Southwest had the lowest adoption frequency, at 9 and 8 percent, respectively (figure 16).



Outdoor fitness equipment offers adults free places to exercise at a Fitness Zone in Miami.

Figure 15:

Residential vs. Commercial Adoption of Health and Social Equity Practices

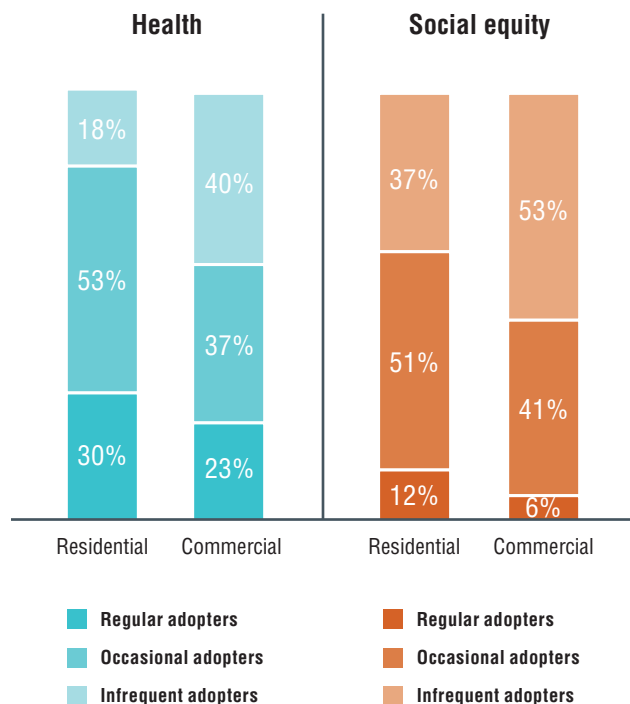
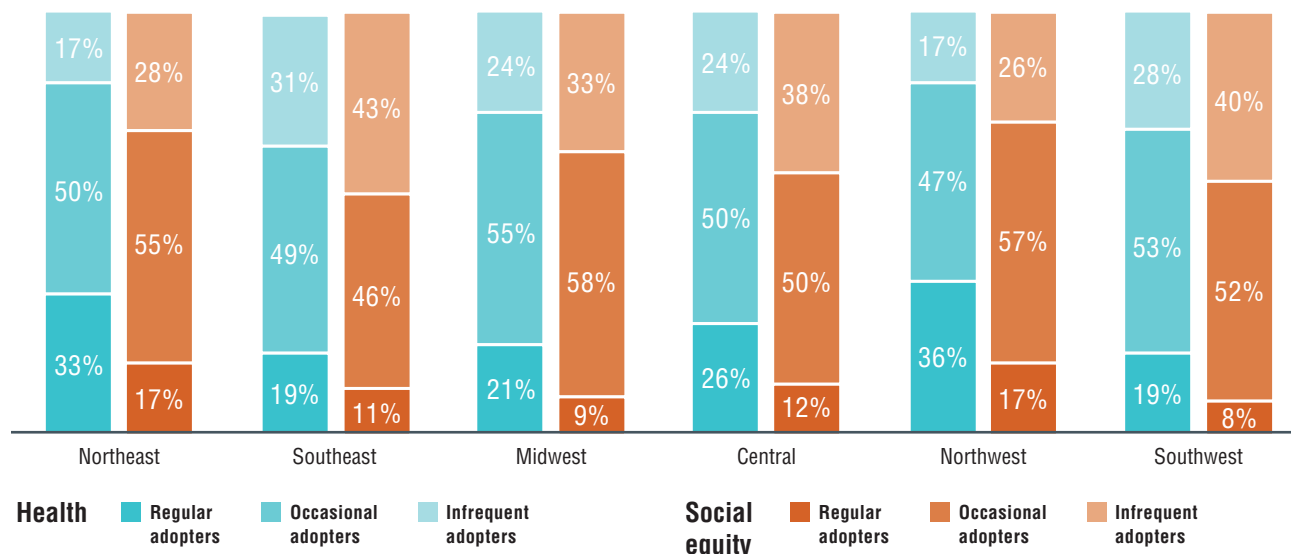


Figure 16:

Adoption of Health and Social Equity Practices by Geographic Region



Of the respondents who reported that they never implement certain practices, many indicated interest in doing so.

Respondents who “never” adopt certain practices were offered the option to report whether they were interested in doing so (“never, but interested”). Across all the health and social equity practices, 56 percent of respondents who reported that they “never” implemented practices also reported they were at least interested in doing so. This “never, but interested” group represented a significant portion of respondents who were not yet engaged in these practices but who might potentially do so with support.

For example, across all respondents surveyed, slightly more than half reported they did not engage in wealth-building practices, such as providing financial literacy resources or partnerships with nonprofits to deliver workforce training. However, half of those respondents were at least interested, indicating that 26 percent of all respondents were interested and could be encouraged to learn more about or even implement wealth-building tactics, as compared with less than 12 percent doing so at the time of the survey.

Designers and construction leaders have an interest in adopting practices, but they are not key decision-makers in the development process.

Respondents from the design and construction subgroups selected “never, but interested” in adopting practices much more frequently than respondents for the for-profit developers/interests subgroup who were not adopting. Those non-developer groups, however, are often engaged on projects at a point after which development objectives or overall concepts have been solidified. Also, they are not generally retained during project operations, so despite their interest, they may not have the opportunity to advocate for these actions.

The majority of survey respondents said their organizations have internal corporate policies to address health and social equity.

Survey results showed that a large proportion of companies support employee engagement in community service or charitable giving (80 percent), thereby supporting social equity, and 72 percent provide health and well-being programming. Just over one-third of organizations surveyed have human resources policies addressing diversity and nondiscrimination training. Despite this demonstrated commitment, less than one-third reported engaging in corporate social responsibility reporting, suggesting that public reporting does not necessarily drive internal actions.

MOTIVATORS AND BARRIERS

This section provides an overview of the key motivators that drive the adoption of health and social equity practices, as well as major barriers that prevent greater adoption (figure 17). Survey respondents were asked to select the top three motivators and barriers for their organizations. An understanding of major drivers and impediments can help inform specific tools and strategies to overcome barriers and future actions to accelerate the adoption of these practices.

Financial return on investment was key for health practices but not necessarily for social equity practices.

The most-frequently reported motivator for respondents' implementation of health practices was an anticipated increase to the project's return on investment (39 percent of all respondents selected this motivation). Other top

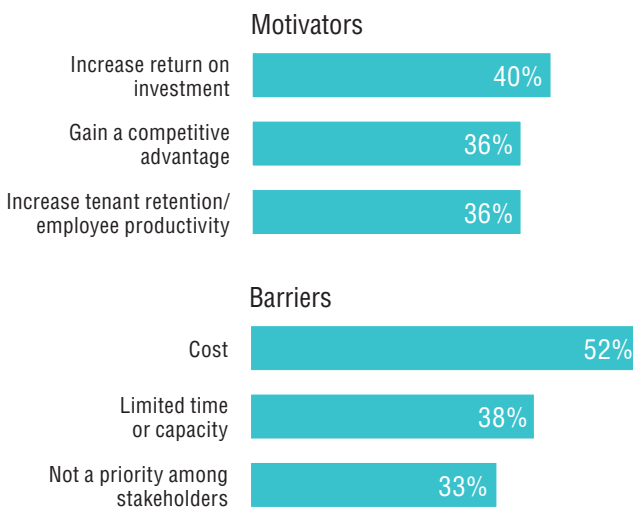
motivators included gaining a competitive advantage and increasing tenant retention/employee productivity, both of which similarly can result in increased return.

Unlike for health practices, motivations for social equity adoption include improving social outcomes, strengthening an organization's reputation, and conforming to local regulations. These reasons are not directly tied to improved financial outcomes. This finding is unsurprising because, to date, the financial benefits of social equity practices have been more difficult to quantify, and direct positive outcomes not guaranteed. Although developers generally have a shorter-term outlook on returns from development projects, some interviewees noted that the upfront cost of investing in social equity actions, such as engaging with local residents and responding to community needs, could have long-term payoffs.

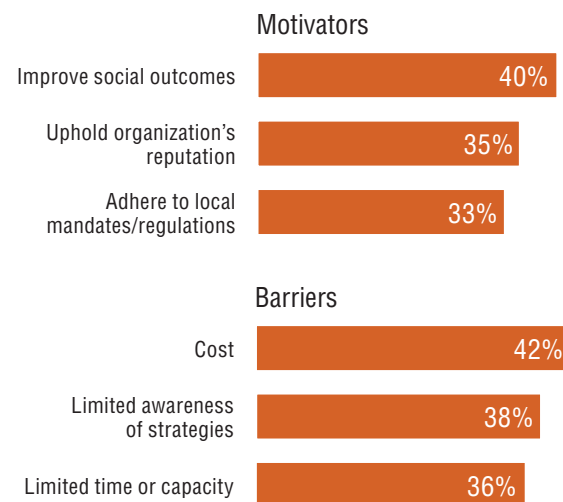
Figure 17:

Top Motivators and Barriers

Health practices



Social equity practices



SHIFTS IN MOTIVATIONS AND BARRIERS IN 2020

Motivators and barriers for adopting practices to address health in real estate have shifted significantly over the course of 2020. The pandemic and the protests have spurred national discourse on racial justice and thus have prompted accelerated efforts among real estate industry actors to promote health and social equity.

In response to the pandemic, industry professionals are increasingly motivated to adopt strategies that address health, because there is a clear risk to inaction. Although 33 percent of survey respondents in 2019 said that adopting health strategies was “not a priority among stakeholders,” it can be observed that health—especially as it relates to reducing the spread of transmissible disease—has become a high priority for the real estate industry. Many of the barriers to a focus on health cited by respondents—including cost and awareness—are rapidly shifting, as the pandemic raises the profile of health and the costs of not implementing health-related practices. Industry leaders have told ULI about shifting tenant expectations, rapidly evolving public health mandates and requirements, and the range of strategies they are using to respond.

As identified in the survey, upholding organizational values is one of the top motivators for implementing social equity practices. Public consciousness and demand are shifting toward a heightened awareness of racial and social equity, prompting changes in corporate values and policies. Real estate industry professionals are reacting accordingly. Over time, the commitments being made by corporations and institutions may translate to more widespread adoption of social equity practices.

Cost was the biggest barrier to adoption of health and social equity practices, but limited awareness and limited capacity also play a role.

For both health and social equity practices, cost was the most frequently cited barrier to further implementation (52 percent and 42 percent of respondents cited this reason, respectively). Health practices were more frequently implemented than social equity practices, in part because health-related actions were perceived to have greater evidence of return on investment that can offset the additional cost requirement. Although cost was the biggest barrier, respondents listed a broad range of barriers to adoption of social equity practices, including limited awareness of strategies and limited time or capacity to implement.

These findings underscore the assessment’s conclusion that many real estate practitioners lacked a clear understanding of how to address social equity in their daily practices. This range of barriers indicates that no single solution could enhance adoption. However, providing more educational resources and quantifying return on investment may raise awareness and help reduce cost-related barriers to accelerate adoption.

Reputation, certification programs, corporate leadership, and government policies and incentives all helped drive action on health and social equity.

Reputational value was especially important when it comes to social equity.

Upholding their organization’s reputation was reported as a top motivator for implementing social equity practices by 35 percent of respondents. This finding supports much of what the team heard during interviews with industry leaders—that some developers have implemented socially equitable development to boost their brand identity as a trusted firm. Some noted that stronger positive public perception can be better for business, especially if social equity actions align with local government priorities, and, they said, such perception could help the organization in indirect ways, such as in attracting higher-caliber talent.

Certification programs were driving adoption.

Certification programs have been instrumental in raising awareness and driving adoption of a variety of health practices that can be implemented on a project. In addition to the health and economic benefits of implementing specific practices, building certification can add reputational value and provide a competitive edge, which translate to financial gain.

“ There are added risks. Too often the developer is expected to shoulder the majority of that risk, with not enough follow-through commitment from those who are supposed to benefit, or the organizations that push for such changes.”

—SURVEY RESPONDENT

According to CfAD, 49 percent of building owners are willing to pay more for buildings demonstrated to have a positive impact on health. Roughly 9 percent of survey respondents reported having used the WELL and Fitwel certification programs. Adoption of those certification programs is growing rapidly, a development that might indicate future adoption of healthful practices across the industry.

Support from corporate leadership was driving adoption.

The most commonly selected reason for implementing social equity practices was to improve social outcomes (40 percent). Many industry practitioners who reported adopting health and social equity practices had a champion in their organization, often in a senior leadership position, who was driven to do right by the community. Champions in leadership positions can dedicate resources or staff time to developing, testing, and tracking strategies that address health and social equity issues. Industry leaders from organizations with commitment at the executive level report they are more likely to implement new practices and allocate their own time and resources to explain best practices and help their team seek creative solutions.

Organizations with mission and values statements that reference health or social equity were driven to demonstrate their commitment on every project. In particular, some mission-aligned nonprofit developers of affordable housing employed resident services coordinators who connect residents with local services, coordinate activities, and identify external funding and grants to leverage internal resources available for ongoing programming.

Government incentives, policies, and regulations were driving adoption.

Across all survey respondents, 32 percent reported that they take advantage of incentives to help implement health and social equity practices (for examples, see figure 18). The public sector has focused attention on incentivizing these practices through regulatory flexibility or direct funding that can offset costs.

The effect of incentives was confirmed by interviewees, who noted that their organizations' pursuit of social equity-related practices has given them an advantage when applying for funding, or was key to making a project politically feasible. These incentives or regulations can be used to “raise the floor” or establish the baseline adoption of practices by the real estate industry.

“ The inclusion of BHP’s design elements into the scoring criteria of my state’s Low-Income Housing Tax Credit program would incentivize adoption of related principles.”

—SURVEY RESPONDENT



The By the People Festival took place at the Parks at Walter Reed in Washington, D.C., featuring installations like these.

URBAN ATLANTIC

Serving a broad population of families, singles, children, and elderly, Urban Atlantic is an owner-developer of market-rate and affordable housing developments, with \$2.4 billion in developments, \$1.3 billion in investments, and \$2 billion in third-party investments. Based in Washington, D.C., the company handles projects that include large-scale mixed-use development; ground-up development and acquisition of luxury market-rate, affordable, and workforce rental and for-sale housing; and sophisticated and innovative investment in internally and externally sponsored projects.

For Urban Atlantic, inclusive community engagement is part of its competitive advantage. The company conducts community engagement in a project's design phase, as well as maintaining ongoing engagement and metric tracking throughout construction and operations. Many of Urban Atlantic's housing developments offer support services, such as after-school programming and links to community and medical services. The firm uses metrics—including the grades of participating students, the stability of employment among residents, and tenant retention—to measure outcomes. By tracking these metrics, Urban Atlantic can adjust programming to better serve its population and create a more desirable place for families to live.

“It’s worth communicating extensively with community stakeholders on the front end. If you try to listen and provide what people need, it changes how your neighbors feel about you and adds to the ultimate success of developments.”

—VICKI DAVIS, URBAN ATLANTIC (NOVEMBER 2019 INTERVIEW)

Figure 18:

Effective Incentives Identified by Survey Respondents

Funding/financing incentives	<ul style="list-style-type: none">• Tax increment financing• Low-income housing tax credits• New market tax credits• Opportunity zones• Community development block grants• Grants for LEED certification
Local requirements	<ul style="list-style-type: none">• Affordable housing density bonuses• Local hiring• Access to outdoor space• Bicycle and transit route proximity
Other	<ul style="list-style-type: none">• Technical assistance• Capacity building workshops

The public sector subgroup reported much higher adoption of health and social equity practices and an overall greater interest in doing so than other subgroups (excluding nonprofit developers/institutions), in part because public sector entities are fundamentally engaged in a social mission and are responsible to the general public, rather than to investors.

Thirty-three percent of survey respondents reported that local regulation was one of their top reasons for pursuing social equity practices, demonstrating the ability of local, state, and federal governments to shift industry norms. Public sector interest in specific strategies may indicate future codification of such practices into regulations or incentives, which will lead to broad adoption across the industry.

“Equity is a muscle and for many, especially white people, it’s atrophied, so we need to put in policies and systems to get people to flex it. As people develop that muscle, it becomes easier to prioritize the needs and voices of low-income people and people of color in all decisions.”

—CHRIS SCHILDT, POLICYLINK (JULY 2019 INTERVIEW)

The Pennsylvania Housing Finance Authority provided financing for the Century Building in Pittsburgh through low-income housing tax credits.



ERIC STAUDENMAIER

WELL BUILDING STANDARD



The WELL Building Standard was launched in 2014 by the International WELL Building Institute (IWBI) as a performance-based system for measuring, certifying, and monitoring features of buildings that affect human health and well-being. WELL combines best practices in building design, construction, and management with evidence-based medical and scientific research on environmental health, behavioral factors, health outcomes, and demographic risk factors that affect overall health.

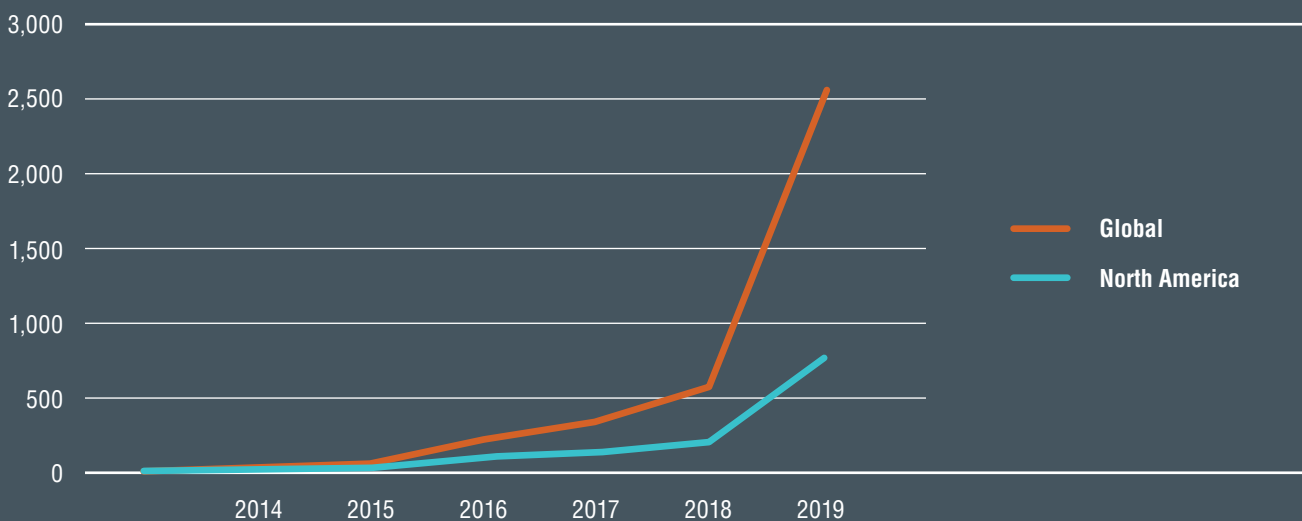
WELL HEALTH SAFETY RATING

As part of its work to address the global coronavirus health crisis, in July 2020 IWBI launched and announced open enrollment for the WELL Health-Safety Rating for Facility Operations and Management, with more than 200 organizations and real estate portfolios across the globe already enrolled. Organizations across a wide range of industries and geographic locations have responded to implement the program's science-backed guidance as they seek to instill confidence and trust among their staff and stakeholders and the broader community.

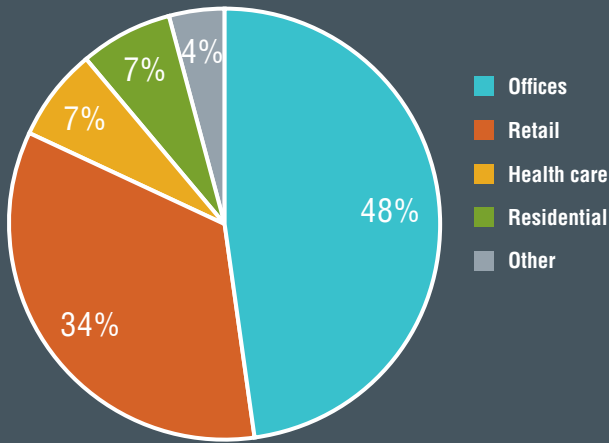
WELL Adoption Trends as of November 2019

Since the launch of the WELL Building Standard in October 2014, as of November 2019, nearly 5,000 projects in more than 60 countries have adopted WELL, encompassing close to 700 million square feet, with uptake increasing steadily year over year. WELL has evolved to accommodate diverse project types and geographies, and to respond to new evidence and ever-evolving public health imperatives, including IWBI's work to prioritize health and safety in a post-COVID-19 world with the recent launch of its third-party verified WELL Health-Safety Rating.

WELL Registered and Certified Projects, October 2014–September 2019



Types of Projects Using WELL Building Standard



In November 2019, WELL examined adoption trends in the United States and globally. The research found that the use of WELL standards had expanded from office, retail, and residential ventures to a broader range of project types, including health care, industrial, education, hospitality, senior living, and fitness. The most prevalent industries pursuing WELL in the commercial office sector were design and construction firms, finance, manufacturing, professional services, real estate, and technology.

When use is viewed by total project count, building tenants pursue WELL four times more often than owners to attract and retain talent, enhance employee engagement and productivity, and reduce absenteeism. When use is viewed by square footage, owner projects account for three times as much square footage as tenant projects.

In the United States, WELL is being applied in 41 states and territories and in more than 300 cities and is most prevalent in New York, Philadelphia, Los Angeles, San Francisco, and Chicago. By far the majority—82 percent of certified projects—are in the West and Northeast.



The Delos Headquarters in New York City has achieved platinum WELL certification.

WELL BUILDING STANDARD

Adoption Trends by Strategy

The WELL Building Standard covers a number of concepts that address health and social equity across a broad range of areas, including design, operations, policy, and performance outcomes.

WELL version 1 is made up of 100 features, which are either preconditions (mandatory) or optimizations (optional). About 40 percent of features are preconditions and therefore have 100 percent uptake for certification. Of the remaining optimization features, the most frequently adopted strategies cover a range of design, operational, and programmatic approaches to addressing health inside and outside the building.

Popular strategies by concept include the following:

- **AIR:** Healthy entrance (53 percent), increased ventilation (51 percent), combustion minimization (60 percent), pest control (57 percent)
- **WATER:** Drinking water promotion (63 percent)
- **NOURISHMENT:** Health food advertising (71 percent), mindful eating (51 percent)
- **LIGHT:** Low-glare environments (61 percent)
- **FITNESS:** Exterior active design (71 percent)
- **COMFORT:** Exterior noise intrusion (72 percent)
- **MIND:** Biophilia (95 percent), building health policy (58 percent), stress and addiction treatment (56 percent)

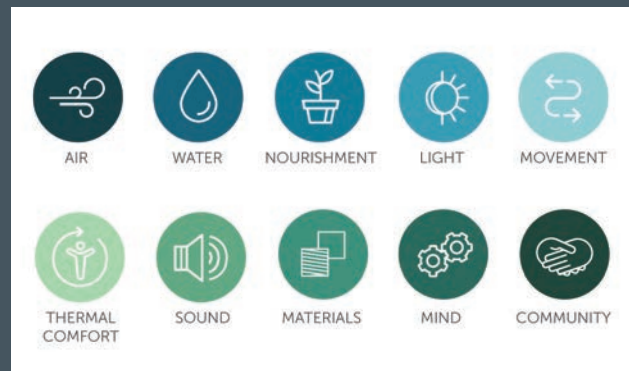
Most Achieved Optimizations in WELL Version 1, through Q3 2019

Feature name	Adoption rate
Biophilia I – qualitative*	95%
Exterior noise intrusion**	72%
Food advertising*	71%
Exterior active design	71%
Cleaning equipment	68%
Drinking water promotion	63%

* Optimization for Core and Shell only

** Optimization for New and Existing Interiors only

Concept Framework Used in WELL Version 2 and the WELL Community Standard Pilot



Consistent Growth in Uptake

The following chart shows features that have been increasingly adopted over time, possibly because of growing awareness and availability of technologies (e.g., as in the case of air quality monitoring), because projects are pursuing higher levels of certification and thus adopting additional strategies, or both. As IWBI has worked to respond to the pandemic and support the market to better position buildings in the fight against COVID-19, global demand for WELL has grown significantly.

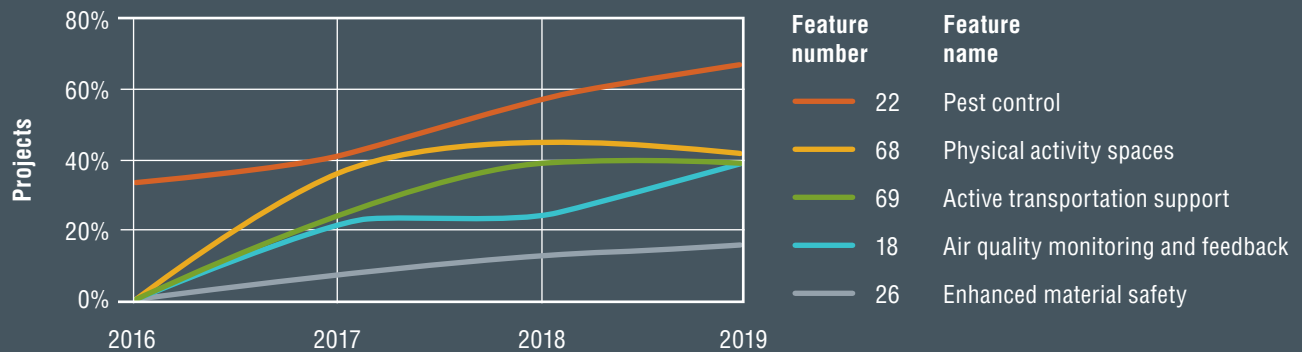
Emerging Applications: Addressing Health at Scale

WELL Community Standard Pilot. The IWBI believes successful communities are created by practitioners and organizations that prioritize human health and well-being. The WELL Community Standard Pilot provides project teams with the tools they need to incorporate healthy

lifestyle behaviors and design strategies that support wellness at a neighborhood level. Launched in 2017, the WELL Community Standard addresses health on a district scale and aims to affect individuals throughout the public spaces between buildings. The vision for a WELL community is inclusive, integrated, and resilient and fosters high levels of social engagement.

WELL Portfolio. In response to having many organizations certify multiple projects with their portfolios, the IWBI launched the WELL Portfolio program in 2019 to facilitate WELL adoption and accelerate benchmarking at scale. WELL Portfolio is a comprehensive program that enables organizations to implement, assess, scale, and celebrate the proven wellness strategies across their portfolios that support the health and productivity of their people while benefiting their business. Companies may leverage the WELL Portfolio program as a means to advance their environmental, social, and governance initiatives and to streamline their WELL Certification goals.

Optimization Feature Achievement (Increasing Uptake)



The BCCI Construction Company's South Bay office has achieved a Silver WELL certification, featuring healthy building materials, specialized air filters to remove pollutants, a filtered water station, ergonomic furniture, access to daylight, and biophilic design elements throughout the space.







Fitwel is the world's leading certification system committed to "Building Health for All®." Generated from expert analysis of more than 5,600 academic studies, Fitwel is implementing a vision for a healthier future in which all buildings and communities are enhanced to strengthen health and well-being. Fitwel's Building and Site scorecards have no prerequisites, ensuring that projects at any scale, budget, or location may implement the strategies that respond to their unique local context.

Originally developed by the U.S. Centers for Disease Control and Prevention and the U.S. General Services Administration, Fitwel was released for public use by the Center for Active Design in March 2017. In just three and a half years, Fitwel has influenced more than 1,550 registered projects, more than 480 certified projects, and well over 1.6 million people worldwide. The United States has led the way in Fitwel certifications to date, reflecting 83 percent of all certified projects.

Fitwel is built on a deep and continually growing body of scientific evidence along with the input of building industry professionals to ensure that rigorous, evidence-based strategies are presented in a manner that is clear, practical, and implementable for new and existing properties of all scales. Each Fitwel Building and Site scorecard includes more than 55 evidence-based design and operational strategies that address a broad range of health behaviors and risks.

Equity is central to Fitwel's understanding of health. Relevant strategies ensure that a range of populations—including children, elderly, disabled, or socioeconomically disadvantaged individuals—have increased access to health-promoting opportunities through universal accessibility, pricing incentives, targeted amenities, pedestrian-focused environments, and more. About 20 percent of workplace strategies and 55 percent of multifamily residential strategies address these social equity considerations.

FITWEL IN ACTION: CONNECTING RESEARCH AND PRACTICE TO MITIGATE VIRAL TRANSMISSION

In September 2020, the Fitwel Viral Response module was launched in direct response to industry demand surrounding the COVID-19 pandemic. Developed in conjunction with leaders from the real estate industry and Fitwel's academic advisers, who reflect a diverse array of health expertise and represent world-renowned institutions, the Viral Response module provides annual certification of policies and practices to mitigate the spread of infectious respiratory diseases within buildings.

To meet the needs of the real estate industry, the Fitwel Viral Response module introduces a unique, company-wide approach to certification. Distinctive features of the module include

Turnkey policy templates. The Viral Response module provides detailed implementation guidance and policy templates, allowing companies to readily adopt policies that meet Fitwel's best practice standards.

Implementation rigor. The Viral Response module establishes minimum requirements based on scientific evidence, reflecting the need for baseline strategies and a multifaceted approach to effectively mitigate the spread of respiratory infectious diseases. Module strategies address critical opportunities to enhance indoor environments, encourage behavioral change, and build occupant trust.



Scalability. Once Viral Response certification is achieved at the company level, Fitwel users can apply the module at scale through an efficient and cost-effective pathway to asset-level approval.

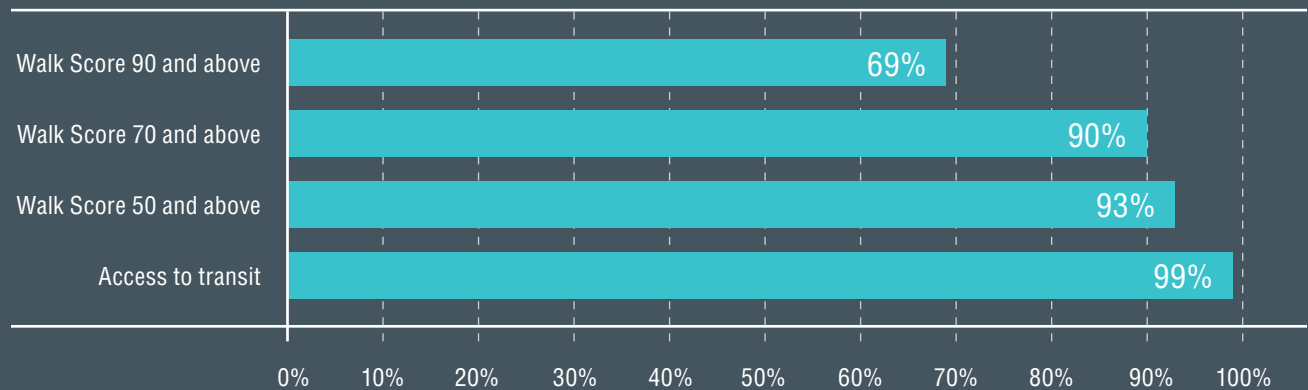
Analysis of Adoption Trends

The following summary offers insight into Fitwel's early uptake and implementation across certified workplace and multifamily projects in the United States for Fitwel's first two and a half years of operation, through the July 2019 date of analysis. It highlights particular strategies that have achieved widespread industry uptake, as well as key opportunities to expand implementation efforts to support health and equity outcomes.

Near-Universal Adoption: Community Connectivity

An extensive body of research indicates that siting decisions and transportation options can influence multiple health outcomes. Projects that are situated in walkable, bikeable communities with good access to transit are more likely to foster physical activity, social connections, equitable economic opportunity, and more.³ The vast majority of Fitwel-certified projects are implementing strategies that address project location and community connectivity—specifically, walkability and transit access.

Uptake of Select Connectivity Strategies, U.S.

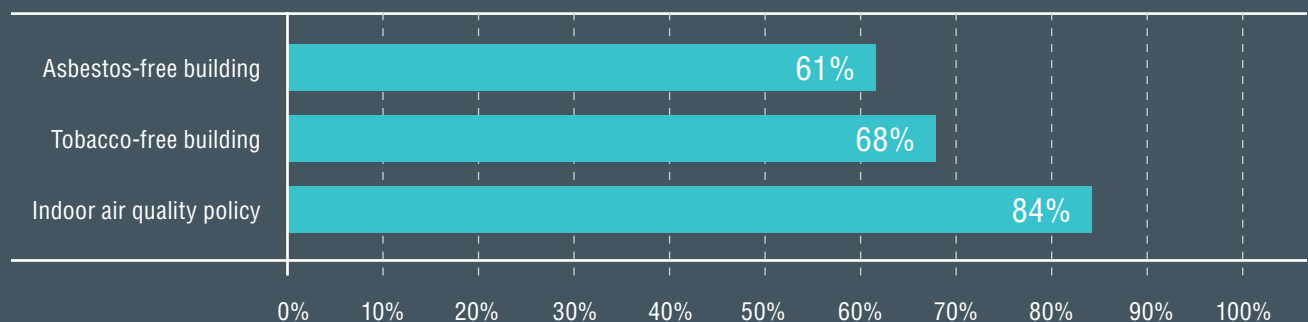


Strong Performer: Indoor Environments, Policies, and Procedures

The sustainability movement's long-standing focus on air quality, materials selection, operations, and building systems has helped drive demand for healthier indoor

environments and has given many Fitwel users a mature understanding of how to put such strategies into action. Strategies related to indoor environments, policies, and procedures tend to be readily applied by a large share of Fitwel-certified projects.

Uptake of Select Indoor Environment Strategies, U.S.

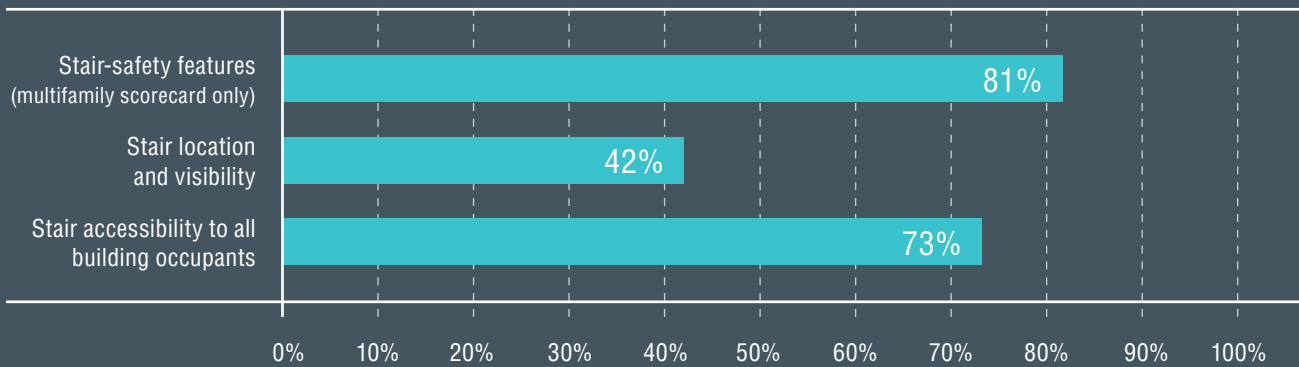


FITWEL

Strong Performer: Stair Use

Health research demonstrates that stairs offer an important opportunity for integrating incidental physical activity throughout the day.^b U.S. Fitwel users are widely applying strategies to encourage greater use of stairs.

Uptake of Select Stair Use Strategies, U.S.



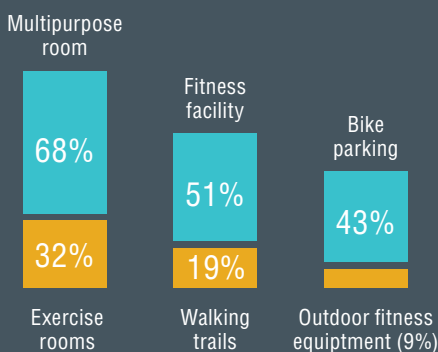
Mixed Outcomes: Physical Activity and Recreation Amenities

Public health research continues to reinforce the role of the built environment in providing opportunities for daily physical activity. Universally accessible, free, and low-cost

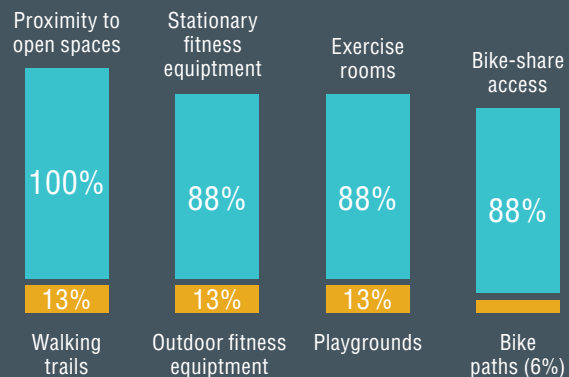
recreation amenities are particularly important for supporting the health of all community members.^c As the following charts indicate, certain physical activity-promoting strategies are widely implemented in Fitwel projects, while others may require further outreach and knowledge-sharing to encourage uptake.^d

Uptake of Select Physical Activity Strategies

U.S. workplaces



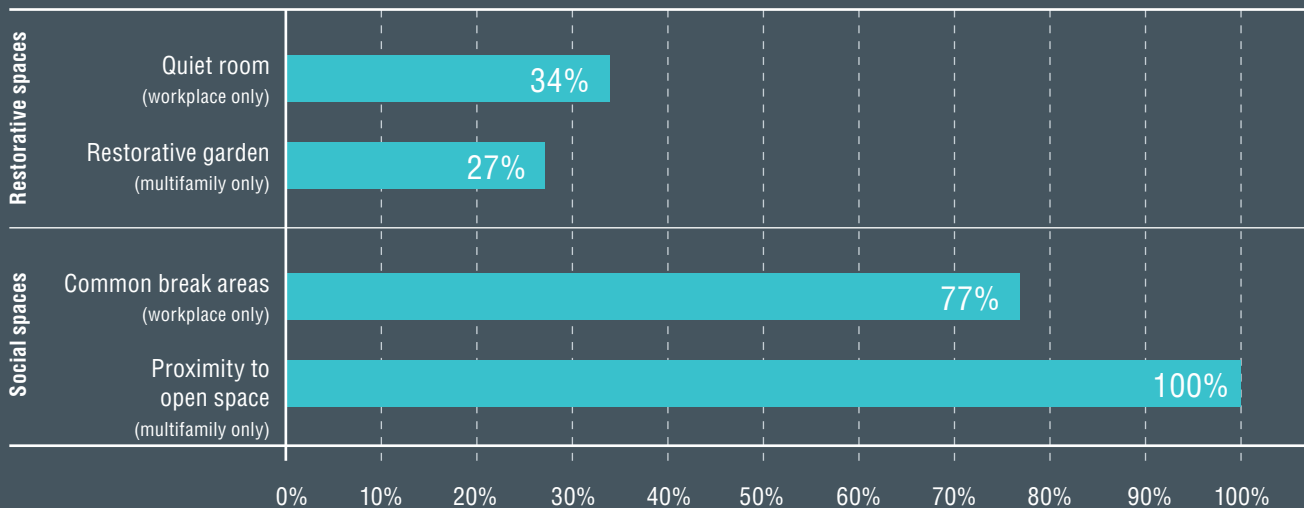
U.S. multifamily



Mixed Outcomes: Social and Restorative Spaces

Social and restorative spaces can enhance occupants' sense of connection, facilitate access to nature, and reinforce mental health.^e Although common spaces that support social interaction are widely implemented across Fitwel projects, there is great potential to build awareness around the value of restorative spaces.

Uptake of Select Social and Restorative Space Strategies, U.S.



Area of Opportunity: Healthy Food Access

Healthy food access is associated with a broad range of physical and mental health outcomes. However, healthy food access remains a major equity concern in the United States. Although public health research offers a depth of evidence around the unique value of farmers markets and

fruit and vegetable gardens in addressing these issues, to date these strategies have been implemented in fewer than 15 percent of Fitwel-certified projects. Given the relatively limited application of food strategies among Fitwel-certified projects, and the great potential for impact, healthy food access is a topic primed for further leadership and outreach.

a. John Hersey and Michael A. Spotts, "Promoting Opportunity through Equitable Transit-Oriented Development (eTOD): Making the Case," (Enterprise Community Partners, Denver, CO, 2015).

b. Juan Pablo Rey-Lopez et al., "Associations of Self-Reported Stair Climbing with All-Cause and Cardiovascular Mortality: The Harvard Alumni Health Study," *Preventive Medicine Reports* 15 (2019).

c. Melvyn Hillsdon et al., "Equitable Access to Exercise Facilities," *American Journal of Preventive Medicine* 32 (2007): 506–8.

d. Data reflect global uptake.

e. Diana E. Bowler et al., "A Systematic Review of Evidence for the Added Benefits to Health of Exposure to Natural Environments," *BMC Public Health* 10 (2010).



TIMOTHY HURSFLEY

With apartments certified LEED Platinum and Energy Star compliant, ECO Modern Flats in Fayetteville, Arkansas, is designed to promote both health and sustainability.

OPPORTUNITIES AND RECOMMENDATIONS



As part of its 2017 Spring Meeting site visits, ULI members toured the Grow Community in Bainbridge Island, Washington. ULI also featured the intergenerational development's focus on healthy living by highlighting the community garden in the *Building Healthy Places Toolkit*.

RECOMMENDATIONS FOR ULI

ULI is the largest cross-disciplinary network of real estate and land use professionals in the United States. It is a trusted resource for research that shapes the future of the real estate industry and delivers educational content across a wide range of platforms that allow members to engage in a manner that suits them best. ULI's breadth and depth of reach across the industry creates the potential to shift the paradigms of how ULI's members, and ultimately the entire industry, think and talk about real estate practice.

ULI has had an impact on the industry. Across all survey respondents, 33 percent reported that they have changed the way they make decisions at work as a result of what they've learned about health and wellness at ULI, while 52 percent stated that they have plans to apply the insights they've gained at ULI to their work.

Given ULI's wide reach and trusted expertise, ULI is able to provide the tools and training to its members and have a material impact on the future of real estate development. Respondents noted they have engaged with ULI across different formats and programs:

- > **Formats:** Publications and articles (33 percent) are the most common way respondents engage with ULI content, followed by local district council events (27 percent) and webinars (18 percent).
- > **Programs:** Respondents have participated in various ULI programs in which best practices are shared and technical assistance and training are often provided, including Young Leaders Group, Health Leaders Network, and Technical Advisory or Advisory Services panels.

To amplify its impact, ULI should consider the following strategies to expand understanding and accelerate the adoption of health and social equity practices across the industry.

“ ULI should focus on advocacy from the standpoint of having conversations with the people and educating them. These people then become advocates within their own organizations, and broader industry and with government.”

—SURVEY RESPONDENT

Convene groups to explore challenges and identify solutions regarding social equity and the social determinants of health.

ULI adds value to the real estate industry through its thought leadership. To accelerate adoption of health and a new and enhanced focus on social equity practices, ULI should regularly convene groups of stakeholders to identify specific solutions that will enable practitioners to overcome barriers to implementation. These workshops could be held over two to three days to allow for in-depth discussions related to specific issues and for collaboration to develop or identify solutions, similar to ULI’s Advisory Services panels. Given the rapidly evolving landscape, ULI should further facilitate real-time knowledge exchange by providing platforms by which industry practitioners share insights and learning around efforts to promote health, social equity, and racial equity.

ULI’s preparation for these meetings could also further consolidate practices among the field’s innovators and leaders, who could subsequently continue to work together to evolve tools, share knowledge, and develop sets of solutions to address the key challenges related to implementing health and social equity practices. These workshops might be used to inform content for a new Social Equity in Real Estate Toolkit (see later recommendation).

Support capacity building around issues of health, social equity, and racial justice for members of ULI and their respective organizations.

Because many health and social equity practices are relatively new concepts, real estate practitioners need to better understand what these practices entail, what their value proposition is, and how to implement practices. Interviewees noted that there are no comprehensive resources that provide access to experts and technical assistance for actors in the real estate industry who seek to implement these practices.

ULI could play a role, in partnership with industry leaders and other organizations, to create resources, provide support to practitioners, and act as a technical resource for practitioners and organizations interested in adopting new practices. This effort may entail collaboration to provide subject matter expertise and direct support for practitioners and organizations interested in or committed to pursuing health and social equity measures internally and externally but who lack the knowledge or time to do their own research.

Over the course of 2020, many organizations have made public statements in support of the Black Lives Matter movement and have also made financial or internal organizational commitments to advancing issues of racial and social justice. These efforts require ongoing commitment and action. ULI and other membership organizations can encourage members by providing opportunities for exchange and guidance on best practices.

The Joint Call to Action to Promote Healthy Communities provides a forum for ULI to partner with other industry organizations to broaden the knowledge base and commitment to health and social equity within the real estate and development industry.²³

Create a social equity toolkit to support the implementation and measurement of outcomes.

ULI and other industry leaders have created frameworks for the development and implementation of health and wellness practices in development projects, but there is not currently a standard framework for the implementation of social equity practices by the real estate industry. A new or expanded toolkit would illustrate the range of potential actions developers could take to address social equity issues.

ULI should develop a guide that includes a set of best practices similar to its BHP Toolkit. Further, ULI should develop guidelines for how real estate practitioners can determine the best actions to take, at what point during the development process these actions should be taken, and how to use engagement to identify practices that meet community needs. As a part of this toolkit, ULI should highlight “low-hanging fruit” practices that are less time- or cost-intensive.

The toolkit would need to be carefully designed to discourage what is known as the “social equity offset,” which is a term used to describe relatively low-effort, low-impact actions that support social equity but are intended, in part, to avoid investing further time and resources into the implementation of more complex and potentially more effective social equity practices.

Finally, the toolkit should include metrics for measuring social equity outcomes to ensure that practices have the desired effect, and it should provide guidance on procedures to enable the measurement of outcomes. A number of existing efforts to develop a framework for measuring social value and social return on investment could inform this initiative. Greater use of these metrics across the industry could provide concrete evidence of social, economic, or financial returns and support the future development of business cases.

Develop and disseminate business cases and research on best practices.

Business cases can influence the adoption of health and social equity practices in development projects. For example, 52 percent of survey respondents indicated a desire for business cases that demonstrate the potential for health and social equity investments to generate return on investment.

Recent research shows that the metrics necessary to produce these business cases are limited; thus ULI should also advocate for more precise tracking of the costs of associated financial and health and social equity practices and of the outcomes, using performance metrics and tools. In the meantime, ULI should lead an effort to develop a set of metrics to track nonfinancial and less tangible benefits, which may include accelerated entitlement processes, increased tenant and employee retention, stronger ability to gain access to grant funding and incentives, and regional visibility.

Survey respondents indicated that one of the primary tools to enhance their ability to adopt health and social equity practices is best practices research (51 percent of respondents selected this option). Best practices are an effective way to highlight how other organizations implement new practices. Such research should identify financial and other external resources to support the implementation of health and social equity practices; detail implementation processes in relevant, completed projects; and demonstrate positive outcomes. The research could also increase ULI members’ awareness of health and social equity practices and could discover solutions that mitigate barriers to implementing practices.

An important perspective that may be challenging to capture is the tenant perspective. ULI could work with the brokerage community to integrate tenant perspectives to enrich the understanding of impacts of health and social equity practices.

In particular, because of the varying means by which various industry sectors and land uses adopt health and social equity practices, ULI should develop tailored content that provides relevant information and practical strategies to each group. This task applies to all ULI programming and should be intended to mitigate sentiments around certain practices (such as affordable housing) that are key social equity–related solutions that do not apply to all land uses.

“ Industry standards and practices are continually improving and ULI is part of leading the way; reports/studies on cost-effectiveness would help.”

—SURVEY RESPONDENT

Support public policies that promote health and social equity in real estate.

ULI should develop a public policy toolkit or compilation of resources that demonstrates the public sector’s role in encouraging further uptake of public strategies that advance health equity in the real estate industry. ULI could also provide members with a resource that tracks local policy innovations and reform efforts.

There is evidence that public policy incentives or requirements can spur industry change by encouraging or requiring practitioners to adopt new and innovative practices. Other public sector tools that motivated adoption included local government incentives and policies that reward developers for integrating innovative practices that support positive social outcomes. Thought leaders and experts such as industry associations and building certification programs could inform the development of public policy.

Build a strong ULI agenda to consistently address social equity and racial equity.

ULI should elevate the importance of these issues and increase awareness by integrating the discussion of social equity into regularly scheduled ULI meetings and into the production of public-facing content. BHP and other ULI initiatives currently address health and social equity issues to varying levels, but this assessment illustrates the need to amplify these efforts. In addition to continuing to integrate social equity concerns into existing programming, ULI should consider the creation of a new center or initiative to drive comprehensive ULI programming and research into issues of racial and social equity. A key activity should be to develop and regularly revisit a strong ULI agenda to advance social and racial equity in the real estate industry.

A rendering shows the courtyard at the Alder Hey Children’s Health Park in Liverpool, England.





ULI’s long-standing advocacy and documentation of best practices and leadership in urban mixed-use and inner-city development have been helpful in advancing these issues for many years.”

—SURVEY RESPONDENT

RECOMMENDATIONS FOR DEVELOPMENT, DESIGN, AND CONSULTING FIRMS

Advocate for the adoption of health and social equity practices.

Real estate companies should engage in internal discussions within their organizations about health and social equity issues relevant to the communities where they have development projects, and company leadership should allocate resources to implementing relevant practices. This commitment may entail appointing a key staff member to be a champion who can elevate discussions and identify resources to support the implementation of health and social equity practices.

Where relevant, companies should incorporate health and social equity principles into their corporate mission and uphold these values within their project work. This step would signal to communities that the company is committed to delivering projects with positive community benefits. Although these conversations may play out at a leadership level, critical players such as consultants, employees in nonleadership positions, and tenants should be encouraged to advocate for the inclusion of health and social equity practices in current and future development projects.

Replicate successful strategies, where appropriate, and share successes.

Real estate firms should stay abreast of successful approaches to implementing health and social equity practices with an eye toward best practices that may be transferable to their work. Many industry leaders in health and social equity are willing to share information about their implementation approaches and the relative success of individual practices.

Although all development projects require different combinations of strategies depending on specific community needs, many individual practices are transferable and could be replicated from development project to development project. Real estate companies should share successes and connect with other leaders in the field to trade ideas. In particular, ULI’s BHP Toolkit could be a good starting point for framing key issues and identifying relevant strategies.

Commit to comprehensive stakeholder engagement at all stages of planning and development.

Real estate developers should commit to a stakeholder engagement process that is inclusive and representative of local communities and that spans the duration of a development project from planning through operation. Relevant health and social equity practices may be identified through this process—in particular those that have the potential to deliver the biggest social return on investment. Addressing and incorporating community input may also accelerate the entitlement process and reduce the likelihood of project delays due to community opposition. Industry leaders regularly cite the benefits of “going slow to go fast” in relation to community engagement.

Broaden the promotion of health and social equity to “beyond the building.”

Real estate developers, design firms, and consultants should broaden the potential reach of health practices. Health strategies that straddle the periphery of a development project have the potential to provide benefits to the surrounding community, at relatively minimal additional cost. For example, providing a tree canopy, publicly accessible outdoor spaces, community gardens, healthy food options, and access to recreational spaces may improve the quality of life and health of both tenants and other community members.

Establish corporate social responsibility targets and report publicly on progress.

To formalize a corporate commitment to issues such as health and social equity, companies should introduce a corporate social responsibility (CSR) or environmental, social, and governance (ESG) initiative within their organization. Reporting frameworks such as the Global Reporting Initiative (GRI) provide guidance on tracking and reporting key performance indicators relating to corporate health, social equity, and sustainability performance. This internal initiative could be customized to align with the company's values and the types of products or services it provides.

Establishing a CSR or ESG initiative, or both, would help companies demonstrate a tangible commitment to health and social equity outcomes, track performance, and improve over time. Many companies make annual reports available to the public, demonstrating their commitment to transparency and continuous improvement. These initiatives can improve employee attraction and retention, and signal to partners and communities a commitment to positive outcomes.

Use tools and metrics to track benefits and enhance adoption.

Real estate owners and operators should increase their use of tools that track key metrics, where appropriate, to measure outcomes and provide justification for future investments. To further the adoption of health and social equity practices, financial institutions should incorporate the use of such metrics in loan-making processes and municipalities should incorporate the tracking of health and social equity practices and define performance targets that can be associated with successful or accelerated attainment of entitlements, incentives, and grants.

Metrics should measure both short- and long-term outcomes and reach beyond project boundaries. Approaches to measurement range from passive to active, including ongoing stakeholder engagement and post-occupancy evaluations; technical data gathered by meters, monitors, or sensors; or information from partnerships with local health care providers, schools, and businesses. Reframing the timeline of performance targets could encourage the integration of strategies that have an impact beyond the boundaries of a development project and that improve health and social equity outcomes to the benefit of the broader community.

Partner with experts to facilitate impactful integration of health and social equity practices.

To support the value proposition and build on existing momentum, health researchers could help measure impacts and further build the evidence base for health and social equity practices. On development projects, developers could partner with third parties, such as local public health organizations, to identify health equity issues, concerns, and opportunities within the community and to measure impacts and benefits. Partnering with third-party experts on development projects ensures an accurate portrayal and understanding of local issues and improves the chances that practices are tailored to respond to unique local needs. Public health practitioners will add the population health perspective to ensure proposed practices address health beyond the building and consider health equity. Partnering with local actors to identify issues and solutions would enhance community engagement and expedite the development team's effort to identify key stakeholders and local needs.



Liberty Bank Building is a mixed-use affordable housing development in Seattle that incorporates elements from the original bank alongside work by local artists.



The private development community has to work these issues into their daily vocabulary—at this time, they largely have not.”

—SURVEY RESPONDENT

RECOMMENDATIONS FOR ASSOCIATIONS AND CERTIFICATION ORGANIZATIONS

Create a database of tools and metrics that respond to the needs of real estate practitioners.

Noting the gaps identified through this research, and drawing from the outcomes of future ULI convenings recommended earlier, industry associations and building and community certification organizations should develop tools that real estate practitioners can use to implement and measure health and social equity practices, specific to the focus and expertise of practitioner groups. Many survey respondents and interviewees stated the need for a step-by-step approach to implementation, and a means to demonstrate the value proposition to decision-makers.

Draw from the existing research and user base to track the set of tools that are used to implement and measure health and social equity outcomes. Survey respondents and interviewees stated that, although there is an appetite to implement or test new approaches, it is challenging to demonstrate successful outcomes or translate successes into a business case. Many individual organizations are in the process of piloting different approaches. As adoption increases, industry associations could work with member organizations to track the set of useful metrics that may be useful for measuring, proving, and communicating the value proposition of certain strategies.

Advocate for public policies that support health and social equity.

Voluntary building certifications can pave the way to regulatory requirements for design approaches, by demonstrating proof of concept through practitioner adoption of new and innovative practices. Another motivator of early adoption is local government incentives and policies that reward developers for integrating innovative practices that support positive social outcomes. Thought leaders and experts such as industry associations and building certification programs could inform the development of public policy.

Public sector policymakers are seeking tangible strategies to improve health and social outcomes within their communities and could benefit from this growing body of evidence to make the case to codify certain development approaches.

Integrate social equity goals into existing frameworks.

As discussed, many existing project, building, and community certification frameworks either implicitly address social equity issues or are evolving to include strategies that target social equity issues. Although specific social equity issues will vary from project to project, the goal of improving social equity outcomes and addressing the needs of vulnerable populations is a universal imperative. Existing frameworks should evolve to explicitly target social equity goals, with social equity considered both in the project delivery process and as a project outcome.

Further, when developing future iterations of certification frameworks, care should be taken to ensure that all existing strategies within these frameworks either support social equity goals, are neutral, or do not introduce the risk of exacerbating existing inequities.

Pedestrians walk by the colorful exterior of Mariposa, a health-focused affordable housing development in Denver.



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ACRONYMS

AIA—American Institute of Architects

APAH—Arlington Partnership for Affordable Housing

BHP—Building Healthy Places (program of the Urban Land Institute)

CDC—U.S. Centers for Disease Control and Prevention

CESBS—Centering Equity in the Sustainable Building Sector

CfAD—Center for Active Design

CHIP—Community Housing Improvement Program

ESG—environment, social, and governance

HIA—health impact assessment

HR&A—HR&A Advisors

IWBI—International WELL Building Institute

LEED—Leadership in Energy and Environmental Design

MWDVBE—minority, women, or disabled veteran business enterprise

MBD RE—Merchant Banking Division Real Estate (group of Goldman Sachs)

NAACP—National Association for the Advancement of Colored People

SDG—Sustainable Development Goals

SEED—Social Economic Environmental Design

USGBC—U.S. Green Building Council

INTERVIEW QUESTIONS

Below is a list of typical or sample questions asked during interviews by the consultants.

Context

- Are social equity and inclusive strategies a key part of your practice/daily work and why?
 - How are you measuring impacts and outcomes?
- What does social equity mean to you in the context of the real estate industry?
- What does health mean to you in the context of the real estate industry?

Knowledge and Awareness

- Do you think the real estate industry is aware of links between the built environment and health and social equity?
 - What is the current understanding of health and social equity in the real estate industry (those involved in building/supporting the design and development of real estate)?
 - Are the organizations and professionals you work with aware of social equity?
- What do you think is the current relationship between real estate and health and social equity?
 - What relationship can/should the real estate industry play in health and social equity?
- How much of a role do you see for yourself and/or your organization in impacting health and social equity?
- Do you believe there is a link between health and wellness design and social equity?

Current State of Practice

- What are some cutting-edge practices/policies to further health and social equity in the real estate space?
- Are you currently employing any designs or programs in your work to further health and social equity? And at what stage of development are these practices implemented?
- What is currently motivating your efforts/actions? (Incentives, land-use regulations, market forces, influential stakeholders, cost and benefit analysis, etc.)
- What are barriers to taking these actions?
- What mechanisms are you aware of that have enabled industry members to overcome these barriers?
- How does the real estate industry measure or track health or social equity initiatives? What metrics / indicators are used?
- What ideas or attitudes seem to be “sticking” when members think about health, social equity, and housing? Is adoption more prevalent in certain sectors or project archetypes?
- To what extent do you see any confusion or reporting fatigue when it comes to the various new and existing reporting and certification systems? (GRESB, Fitwel, WELL, RESET, etc.) Do you see these systems as generally helpful in moving the market forward?

ULI-specific questions

- What role do you see ULI playing in advancing health and social equity in real estate? What do you think of what they’ve done so far?
- How could ULI accelerate the integration of health and social equity into mainstream real estate practice?
- What tactics are most impactful?
- What support or resources would be most helpful? Where could ULI do more to encourage adoption?

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NOTES

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4. The nonprofit developers/institutions subgroup consists of 19 respondents. Survey findings align with perceptions, although results may not be statistically significant.
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10. See the acknowledgments at the back of the report for details.
11. The full list of secondary sources is listed in the bibliography.
12. The list of interviewees and sample interview questions are included at the end of the report.
13. See detailed survey data online at www.uli.org/health.
14. For more details on the professions included in each industry sector subgroup, please refer to the full survey results available online at www.uli.org/health.
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Health and Social Equity in Real Estate State of the Market

This report summarizes an assessment conducted by the Urban Land Institute in 2019 exploring the state of health and social equity in professional real estate practice. The assessment included an industry-wide survey with nearly 700 respondents, expert interviews with 23 industry leaders, workshops, and secondary research to gather data on awareness and adoption of practices that support health and social equity, and the motivators of and barriers to taking action.

The assessment identified a growing interest in and awareness of health and social equity within the real estate industry. The movement toward health is being propelled by a variety of factors, including evidence demonstrating a return on investment, increased demand from tenants and customers, public policies and incentives, and the rise of healthy building certification systems.

Shortly after the research was completed, the COVID-19 pandemic dramatically altered life across the globe. The pandemic, and the protests for racial justice which spread across the United States in summer 2020, have highlighted the vital role that the real estate industry can play in improving public health by mitigating the spread of disease, enhancing racial and social equity, and implementing practices that ensure everyone has the opportunity to thrive. The expectations of building users and communities are also changing. In coming years, a focus on health and social equity will no longer be just “nice to have” for real estate leaders—focusing on health and social equity will be essential.

The assessment concluded that the movement for health and social equity is still in its early days. In the survey, less than a third of respondents could be characterized as consistent adopters of health-promoting practices, and only 12 percent were characterized as consistent adopters of social equity-promoting practices. Although industry actors were often aware of the potential to enhance health and social equity outcomes, and had a desire to do so, they often lacked the knowledge about how to do so. In the face of the pandemic and in the wake of the national protests, the imperative to address health and racial equity is growing exponentially.

These findings suggest ample opportunities for ULI; individual development, design, and consulting firms; and other industry organizations to support the movement toward healthy, equitable, and more sustainable places. These opportunities include (1) the development of more guidance on social equity-promoting practices and (2) the formulation of more consistent metrics for measuring social equity outcomes. As the healthy building movement evolves, it is essential that the focus broaden to include community-level outcomes and that social equity stands front and center.



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