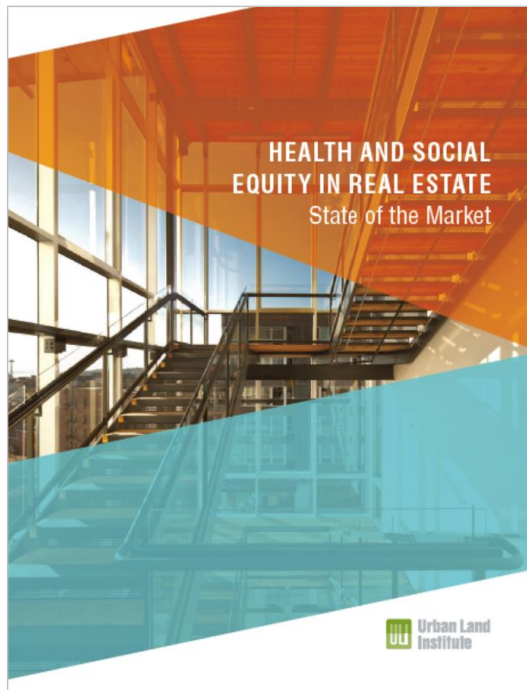


Health and Social Equity in Real Estate: State of the Market

ULI Report | Key Information

Overview



The new ULI report *Health and Social Equity in Real Estate: State of the Market* presents a snapshot of real estate professionals' awareness and adoption of practices supporting health and social equity, and identifies opportunities for further implementation of such practices by real estate organizations and ULI.

The report summarizes research undertaken by the Urban Land Institute's Building Healthy Places Initiative, with support from HR&A Advisors and Integral Group. The goal of the assessment was to understand the extent that real estate practitioners adopted health and social equity practices, and to identify opportunities to catalyze broader adoption.

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 working group of industry leaders.

This research represents the first comprehensive and cross-cutting data about the real estate industry's adoption of health and social equity practices.

Over the course of 2020, public health and racial equity have become key issues in the national discourse, driven by the coronavirus pandemic and the nationwide protests against systemic racism. These events have raised awareness across the country and within the real estate industry about the role of real estate in promoting public health and addressing the country's deep racial and social inequities. As a result, the trend toward social equity and health is expected to accelerate.

Read the full report: <https://americas.uli.org/healthandsocialequity/>

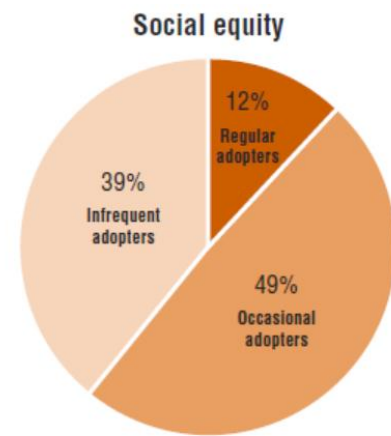
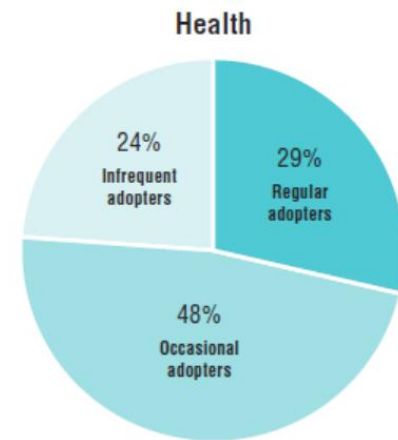
Key Findings

Awareness

- Pre-pandemic, health and wellness were a growing area of focus for real estate practitioners and advocates. Knowledge of health-related practices was more advanced than knowledge of social equity-related practices.
- Lack of knowledge—especially about social equity practices—served in part to hinder adoption.
- The concept of healthy design is evolving to address population health and mental health, with new initiatives aiming to address emerging opportunities to systemically improve health and social equity.

Adoption Trends

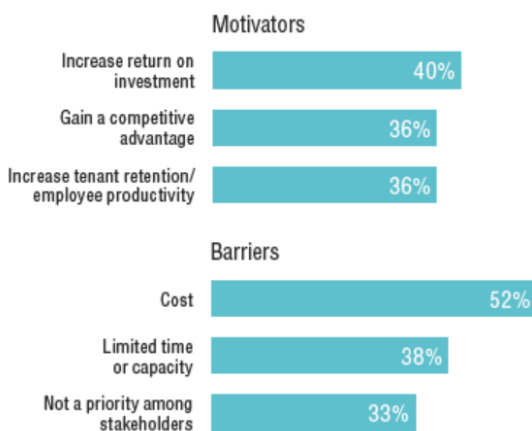
- Research for the report identified a growing interest in and awareness of health and social equity within the real estate industry. Still, at the end of 2019, the assessment concluded that the movement for better integration of health and social equity concepts in real estate practice was still in 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.
- Nonetheless, the majority of respondents reported regular or partial engagement with health and social equity practices; half of respondents reported occasional adoption of health and social equity practices.
- 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. This progress was understood by many to be an evolution of the sustainable building movement.



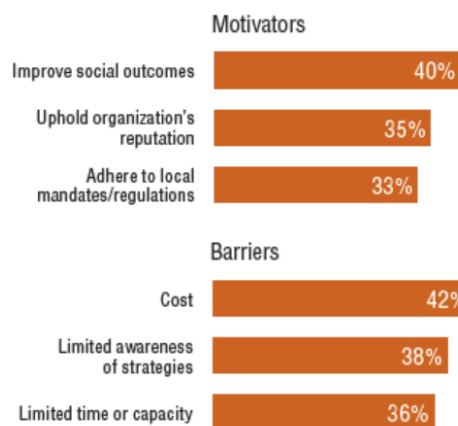
Motivators and Barriers

- When it comes to motivations and barriers, financial return on investment was a key motivator for health practices, while drivers for social equity practices included positive social outcomes and reputational value.
- Cost was the biggest barrier to adoption of health and social equity practices, compounded by limited awareness and limited capacity.
- Reputation, certification programs, corporate leadership, and government policies and incentives all helped drive action on health and social equity.

Health practices



Social equity practices



Adoption of Specific Practices

- The research showed the wide variation in adoption of different types of practices at each phase of development, including design, construction, and operation, with an inverse relationship between ongoing cost or level of effort and frequency of adoption.
- The most frequently adopted planning strategies included those that address transit, walkability, and biking infrastructure and access to nature or open space.
- Stakeholder engagement and construction of outdoor amenities were widely adopted, while partnership and support for local businesses, MWDVBE businesses and nonprofits were less widely adopted.
- More resource and time-intensive social equity practices, such as support for wealth building, and health initiatives such as the provision of healthy food options were rarely adopted.
- Adoption of health and social equity promoting practices varied by industry subgroup (i.e., private entities, non-profits, and the public sector), land use, and geography.

Corporate Policies

- Most of survey respondents said that, as of late 2019, their organizations and companies had internal corporate policies addressing diversity, equity and inclusion, community activities and health- and well-being related policies for employees. 31 percent said that they reported publicly on environmental, social and governance sustainable development goals.

Recommendations

- The report concludes with key recommendations for ULI, for other industry organizations and for industry firms to support the movement towards health and social equity in real estate.
- Demonstrating the importance of ULI action, 33 percent of all survey respondents 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.
- Recommendations for ULI focus on activities to build awareness, capacity, and develop roadmaps for implementation.

Conclusion

Since March 2020, the global public health crisis has stimulated awareness 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 to adverse health and economic outcomes. In the next wave of health and real estate, leaders will look outside the building to improve community health outcomes.

As it contends with a period of massive change, the real estate industry can use these findings and recommendations to advance the more widespread adoption of health and social equity. There is ample opportunity for ULI and the industry writ large to continue to support adoption of health and social equity practices in real estate.