



Health Equity in Housing Development

Mike Cassidy

Senior Development Project Manager NY/NJ,
The Community Builders, Inc.

Dr. Carl E. Gershenson

Eviction Lab,
Princeton University

Dr. Robert Nelson

University of Richmond

Housing as a Human Right: Access, Stability, & Production

September 23, 2026



Health Equity in Housing Development

moderated by

Daniel Coghlan, Senior Associate

Housing Development Team

Monarch Housing Associates

Housing as a Human Right: Access, Stability, & Production

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Housing outcomes are socio-economically produced.



Where you are born and where you live impacts:

- Length of lifetime, lifetime income, wealth accumulation
- Maternal health, including both maternal mortality rate and infant mortality rate
- Rates of respiratory illness, heart disease and mental health disorders
- Lifetime incidence of preventable death



Equitable housing development matters.



Introducing the panelists:

- **Robert Nelson, University of Richmond**
 - “Mapping Inequality”
- **Carl Gershenson, Eviction Lab**
 - “Evictions and Health”
- **Michael Cassidy, The Community Builders**
 - How TCB Develops Affordable Housing



Health Equity in Housing Development

Dr. Robert Nelson
University of Richmond

Housing as a Human Right: Access, Stability, & Production
September 23, 2026

MAPPING INEQUALITY

REDLINING IN NEW DEAL AMERICA

← MENU

Perth Amboy
NEW JERSEY

CATEGORIES
& SPACE

POPULATION

AREA
DESCRIPTIONS

Q Search the area descriptions

All Areas Navigation +

Selections from the Area Descriptions

C4

Meadow land. Obnoxious odors from the creek and from both the oil and metal refineries.

Detrimental Influences...

D3

A main highway prevents the undesirable spread to the section in the north.

Clarifying Remarks...

A1

Rolling and wooded land adjoining a country club.

Description of Terrain...

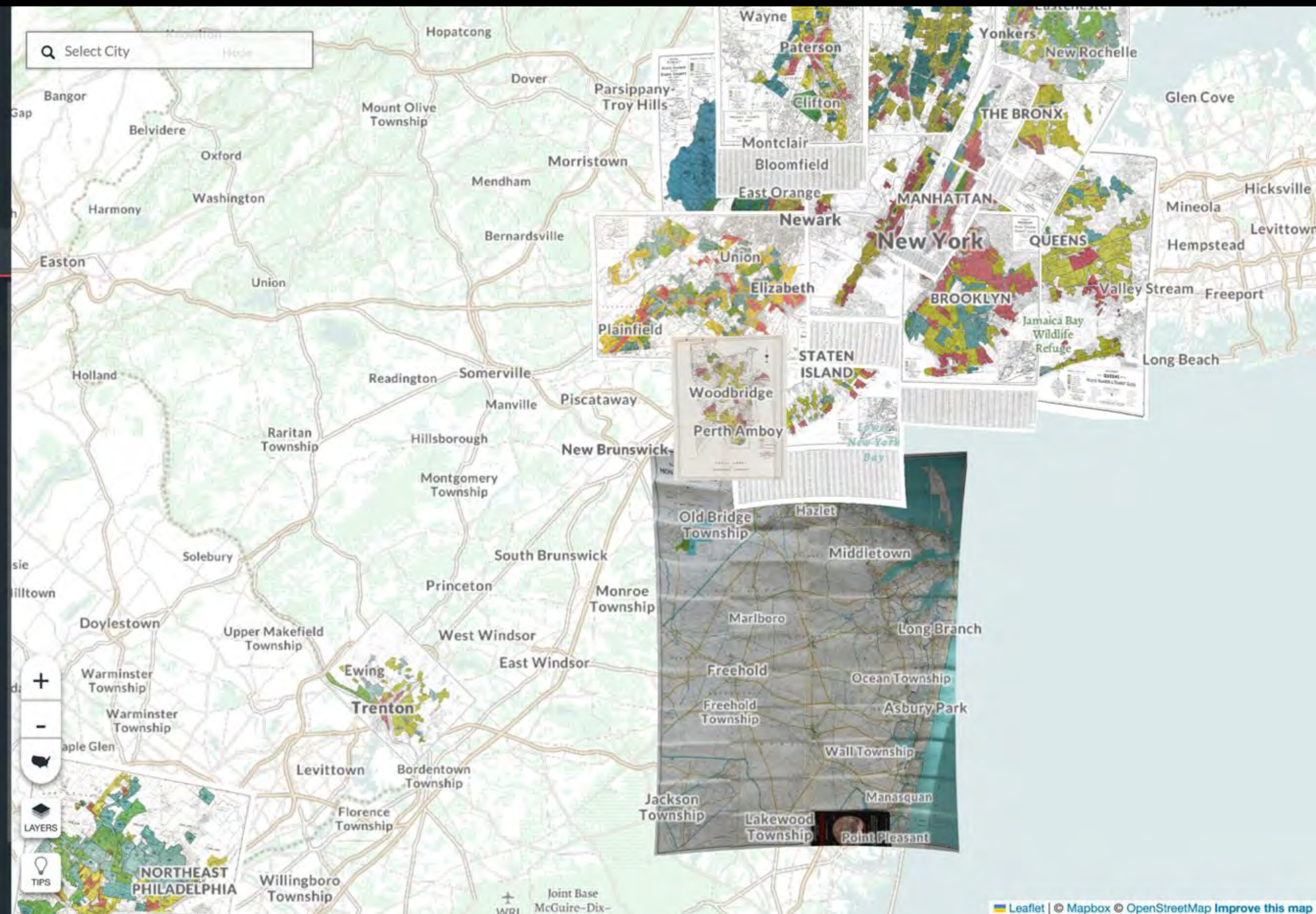
D6

Noise and dirt from factories and railroads.

Detrimental Influences...

B3

Occasional obnoxious odors from metal refining plant to



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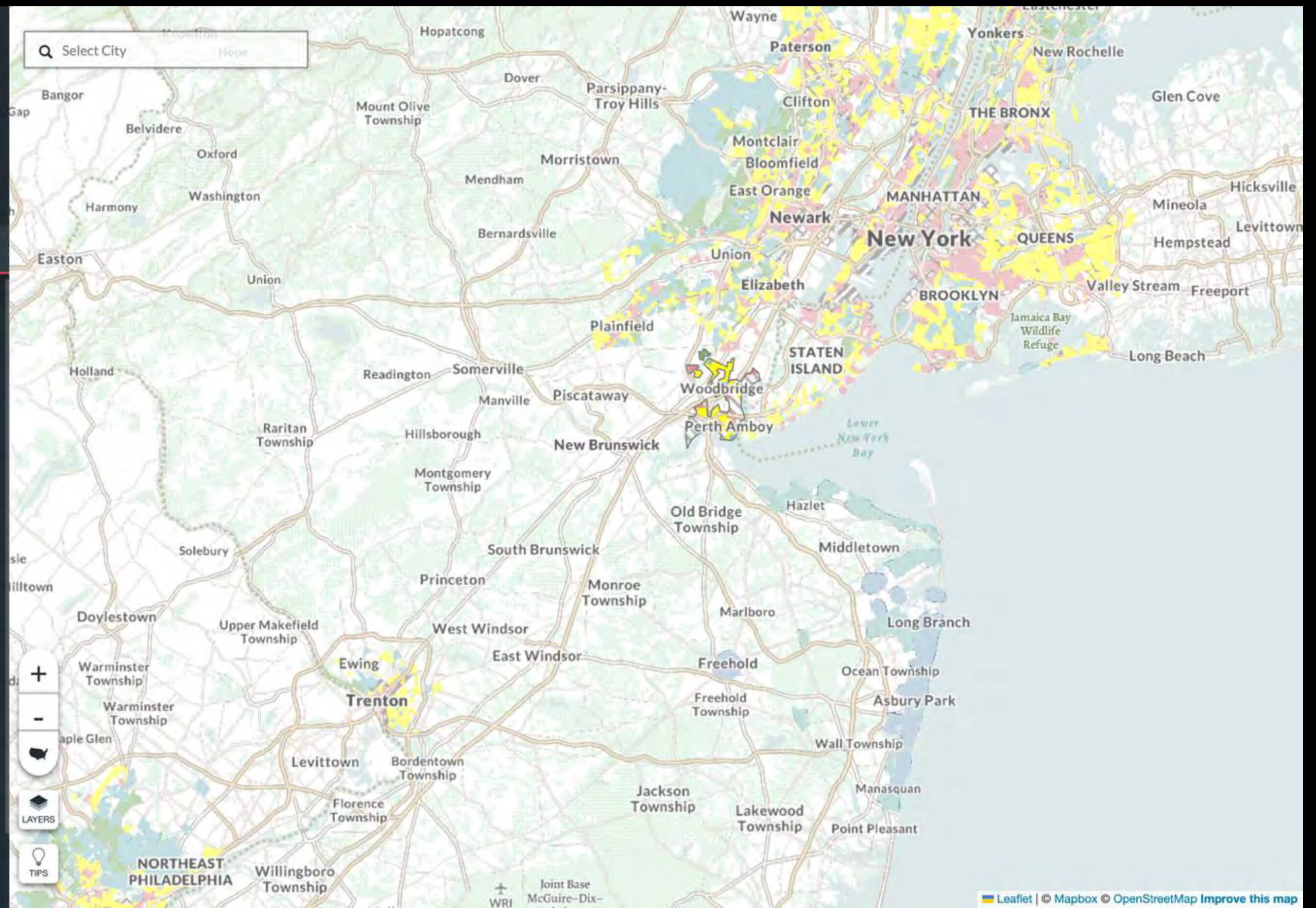
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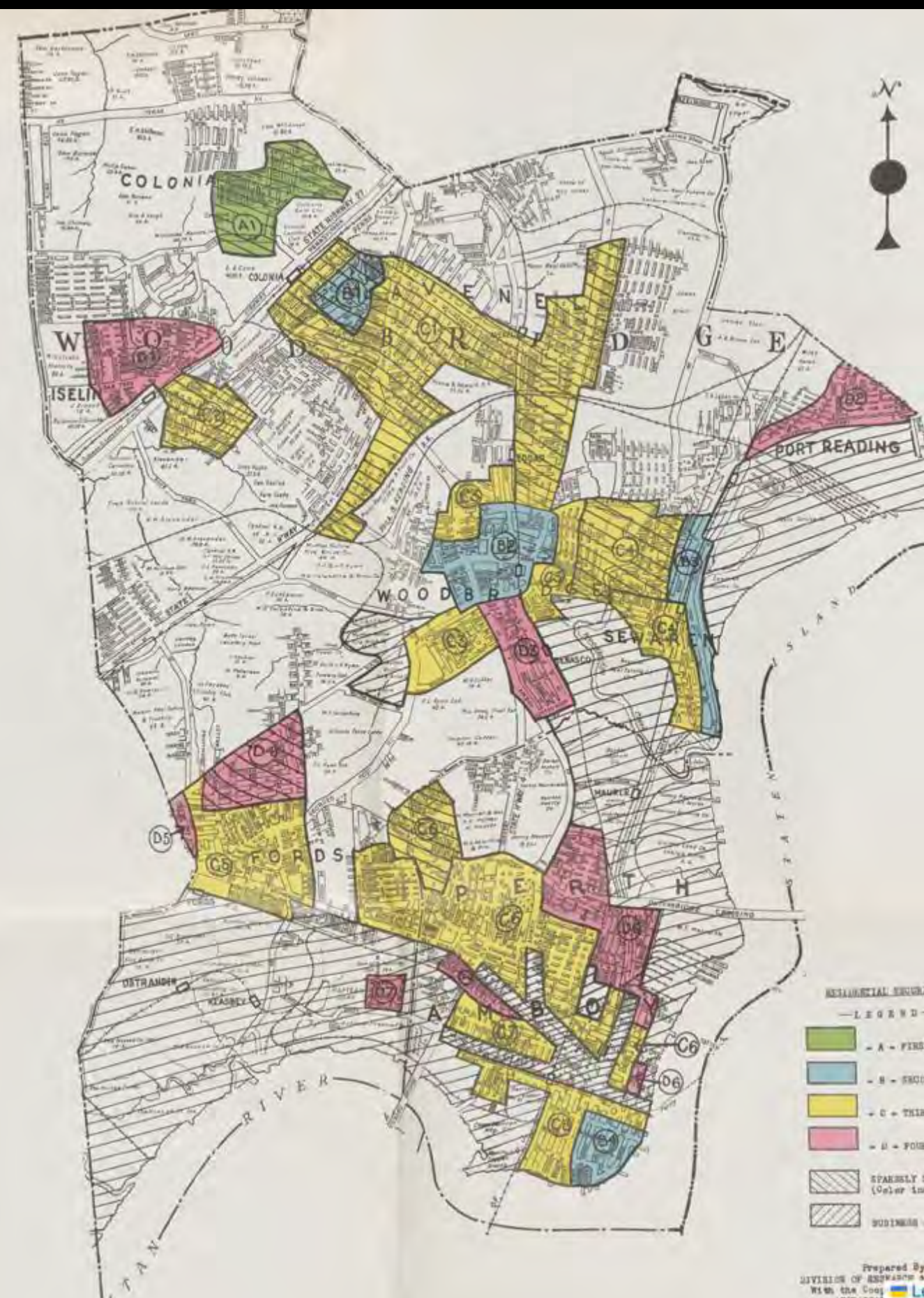
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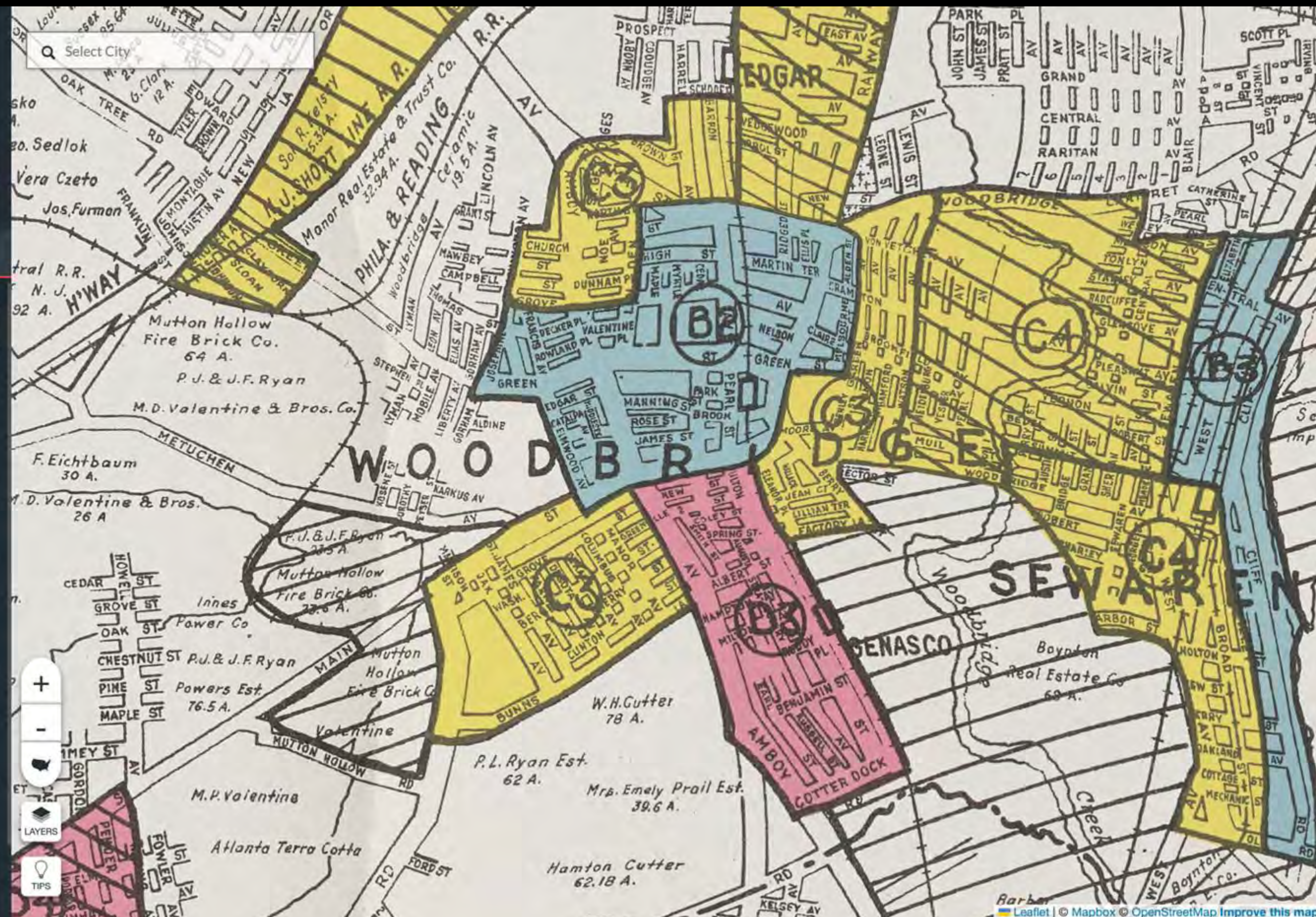
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CATEGORIES
& SPACE

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AREA
DESCRIPTIONS

← AREA DESCRIPTIONS

D2

Area D3

D4

MAP

SCAN

SELECTIONS

FULL

14. CLARIFYING REMARKS

A main highway prevents the undesirable spread to the section in the north.

5. INHABITANTS

e. Infiltration of: Mixed foreigners and Negroes

c. Foreign-born: Mixed ; 35

d. Negro: Yes ; 15

f. Relief families: Quite a number

a. Type: Daily worker

b. Estimated annual family income: 850

3. FAVORABLE INFLUENCES

Convenient.

4. DETRIMENTAL INFLUENCES

Age of structures and general environment.

Select City

NAME OF CITY

WOODBIDGE

SECURITY GRADE

D

AREA NO.

D-3

2. DESCRIPTION OF TERRAIN.

Somewhat rolling ground adjacent to the town of Woodbridge and also to an industrial area.

3. FAVORABLE INFLUENCES.

Convenient.

4. DETRIMENTAL INFLUENCES.

Age of structures and general environment.

5. INHABITANTS:

a. Type

Daily worker

b. Estimated annual family income \$

850.00

c. Foreign-born

Mixed

35 %

d. Negro

Yes

15 %

(Nationality)

Mixed foreigners

(Yes or No)

e. Infiltration of

and Negroes

f. Relief families

Quite a number

g. Population is

increasing

decreasing

static.

6. BUILDINGS:

a. Type or types

Singles & Doubles

b. Type of construction

Frame and Brick

c. Average age

45 years

d. Repair

Poor

7. HISTORY:

SALE VALUES

RENTAL VALUES

YEAR

RANGE

PREDOM-
INATING

%

RANGE

PREDOM-
INATING

%

1929 level

\$3 - \$9,000

\$5,000

100%

\$20 - \$50

\$30

100%

1935

low

1,5-4,500

2,500

50%

10 - 25

15

50%

1937

1,5-4,500

2,500

50%

10 - 25

15

50%

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< D2

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Convenient.

4. DETRIMENTAL INFLUENCES

Age of structures and general environment.

Q Select City

1935

low

1,5-4,500

2,500

50%

10 - 25

15

50%

1937

current

1,5-4,500

2,500

50%

12 1/2 - 30

17 1/2

60%

Peak sale values occurred in 1928 and were 110 % of the 1929 level.

Peak rental values occurred in 1928 and were 110 % of the 1929 level.

8. OCCUPANCY: a. Land 80 %; b. Dwelling units 95 %; c. Home owners 70 %

9. SALES DEMAND: a. None ; b. ; c. Activity is None

10. RENTAL DEMAND: a. Good ; b. Singles @ \$15-\$25 ; c. Activity is Fair

11. NEW CONSTRUCTION: a. Types None ; b. Amount last year None

12. AVAILABILITY OF MORTGAGE FUNDS: a. Home purchase No ; b. Home building No

13. TREND OF DESIRABILITY NEXT 10-15 YEARS Static

14. CLARIFYING REMARKS: A main highway prevents the undesirable spread to the section in the north.

15. Information for this form was obtained from See Page of Explanations.

Date 193

(Over)

← MENU

Perth Amboy
NEW JERSEY



CATEGORIES
& SPACE

POPULATION

AREA
DESCRIPTIONS

← AREA DESCRIPTIONS

< C3

Area C4

C5 >

MAP

SCAN

SELECTIONS

FULL

14. CLARIFYING REMARKS

An area of cheap construction subject to rapid deterioration.

5. INHABITANTS

e. Infiltration of: Mixed foreigners

c. Foreign-born: Central Europe ; EMPTY

d. Negro: Yes ; 5

f. Relief families: Many

a. Type: Mechanics & skilled laborers

b. Estimated annual family income: 1,000

3. FAVORABLE INFLUENCES

Convenient to places of work.

4. DETRIMENTAL INFLUENCES

Meadow land. Obnoxious odors from the creek and from both the oil and metal refineries. Lack of utilities, schools and churches.

Q Select City

DESCRIPTION OF TERRAIN.

Level Ground sparsely improved in the north.

3. FAVORABLE INFLUENCES.

Convenient to places of work.

4. DETRIMENTAL INFLUENCES.

Meadow land. Obnoxious odors from the creek and from both the oil and metal refineries. Lack of utilities, schools and churches.

5. INHABITANTS:

a. Type Mechanics & skilled laborers ; b. Estimated annual family income \$ 1,000

c. Foreign-born Central Europe ; 25% ; d. Negro Yes ; 5 % ;
(Nationality) (Yes or No)

e. Infiltration of Mixed foreigners ; f. Relief families Many ;

g. Population is ~~increasing~~ ; ~~decreasing~~ ; static.

6. BUILDINGS:

a. Type or types 1 to four family ; b. Type of construction Frame and few brick ;

c. Average age 25 years ; d. Repair Fair

7. HISTORY:

SALE VALUES

RENTAL VALUES

YEAR	RANGE	PREDOM- INATING	%	RANGE	PREDOM- INATING	%
1929 level	<u>\$2-\$5,000</u>	<u>\$3,500</u>	<u>100%</u>	<u>\$12½-\$30</u>	<u>\$20</u>	<u>100%</u>
1935 low	<u>1- 2,500</u>	<u>1,800</u>	<u>50%</u>	<u>7½- 18</u>	<u>12½</u>	<u>60%</u>
1937 current	<u>1- 2,500</u>	<u>1,800</u>	<u>50%</u>	<u>8½- 20</u>	<u>15</u>	<u>70%</u>

Structural Racism, Historical Redlining, and Risk of Preterm Birth in New York City, 2013–2017

Nancy Krieger, PhD, Gretchen Van Wye, PhD, Mary Huynh, PhD, Pamela D. Waterman, MPH, Gil Maduro, PhD, Wenhui Li, PhD, R. Charon Guyon, PhD, Océris Barbot, MD, and Mary T. Bassett, MD, MPH

Objectives: To assess if historical redlining, the US government's 1930s racially discriminatory grading of neighborhoods' mortgage credit-worthiness, implemented via the federally sponsored Home Owners' Loan Corporation (HOLC) color-coded maps, is associated with contemporary risk of preterm birth (<37 weeks gestation).

Methods: We analyzed 2013–2017 birth certificate data for all singleton births in New York City (n = 528 096) linked by maternal residence at time of birth to (1) HOLC grade and (2) current census tract social characteristics.

Results: The proportion of preterm births ranged from 5.0% in grade A ("best"—green) to 7.3% in grade D ("hazardous"—red). The odds ratio for HOLC grade D versus A equaled 1.6 and remained significant (1.2; *P* < .05) in multilevel models adjusted for maternal sociodemographic characteristics and current census tract poverty, but was 1.07 (95% confidence interval = 0.92, 1.20) after adjustment for current census tract racialized economic segregation.

Conclusions: Historical redlining may be a structural determinant of present-day risk of preterm birth.

Public Health Implications: Policies for fair housing, economic development, and health equity should consider historical redlining's impacts on present-day residential segregation and health outcomes. (*Am J Public Health.* 2020;110:1046–1053. doi:10.2105/AJPH.2020.305656)

 See also Kramer, p. 933.

Research on health inequities (i.e., social group differences in health that are unfair, unnecessary, and preventable¹) has begun to highlight structural racism,^{1–4} defined as

the totality of ways in which societies foster racial discrimination, through mutually reinforcing inequitable systems (in housing, education, employment, earnings, benefits, credit, media, health care, criminal justice, and so on) that in turn reinforce discriminatory beliefs, values, and distribution of resources, which together affect the risk of adverse health outcomes.^{2(p.140)}

One example is the US federally sponsored policy of "redlining," introduced in the 1930s by the Home Owners' Loan Corporation (HOLC) color-coded maps^{5–7} (Table A, available as a supplement to the online version of this article at <http://www.ajph.org>). Recently digitized,⁸ these maps graded areas: A ("best"—green), B ("still desirable"—blue),

C ("definitely declining"—yellow), and D ("hazardous"—red; hence: "redlining").^{5–7}

The HOLC maps jointly encouraged lending in predominantly White and more affluent areas (A or B) and discouraged lending in areas with residents of color (C or D), especially persons then termed "Negroes."^{5–7} In the case of New York City

(NYC), HOLC notes for areas rated D included such statements as: "There is a steady infiltration of negro, Spanish and Puerto Rican into the area. Population is very unstable and relief load is heavy" (Bronx, D4) and "Colored infiltration a definitely adverse influence on neighborhood desirability although Negroes will buy properties at fair prices and usually rent rooms" (Brooklyn, D8); for additional examples of the racial language used in HOLC area notes, see Table B (available as a supplement to the online version of this article at <http://www.ajph.org>). HOLC grades thus codified legal discriminatory policies, outlawed only in the 1960s,^{2,3} and are distinct from sociodemographic measures of such policies' consequences (e.g., areas' racial/ethnic composition and income distribution). Hypothesized pathways linking historical redlining to neighborhood trajectories and current health inequities, informed by past and present research on racial segregation and health,^{2,4,8,9} are provided in Figure 1.

Whether historical redlining continues to be associated with present-day health inequities is largely unexplored.^{10–13} In the present study, we investigated associations between HOLC grades and risk of preterm birth in NYC, with preterm birth selected because of its public health significance: it exhibits marked and incompletely

ABOUT THE AUTHORS

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Correspondence should be sent to Nancy Krieger, PhD, Professor of Social Epidemiology, American Cancer Society Clinical Research Professor, Department of Social and Behavioral Sciences (Krieger 717), Harvard T. H. Chan School of Public Health, 677 Huntington Ave, Boston, MA 02113 (e-mail: nkrieger@hsph.harvard.edu). Reprints can be ordered at <http://www.ajph.org> by clicking the "Reprints" link.

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Connecting Past to Present: Does Historical Redlining Affect Current Life Expectancy?

Charlotte Freifeld¹ · Ava Camarero¹ · Joanne Oh¹ · Alexandra Fairchok¹ · Karen Yang¹ · Michael Siegel¹ 

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Abstract

Introduction Previous research has documented a strong relationship between currently living in the redlined zones of the 1930s and suffering from a higher prevalence of disease. However, little is known about the relationship between historical redlining, modern-day redlining, and current resident health outcomes. This paper aimed to simultaneously model the associations between both historical redlining and modern-day redlining on current health outcomes.

Methods In this paper, we used structural equation modeling to uncover relationships between current and historical redlining practices and modern-day life expectancy, exploring two levels of potential mediating factors: (1) racial segregation and structural racism; and (2) mediating health outcomes. We analyzed data from 11,661 census tracts throughout the United States using historical redlining data from 1940, modern redlining data from 2010 to 2017, racial segregation and structural racism indices from 2010 to 2019, health outcome data from 2021 to 2022, and life expectancy data from 2010 to 2015. Historical redlining was measured using Home Owners' Loan Corporation (HOLC) ratings, which ranged from 1.0 for favorable neighborhoods ("greenlined") to 4.0 for unfavorable ("redlined") neighborhoods. Modern-day redlining was measured using Home Mortgage Disclosure Act (HMDA) data, which were transformed into four quartiles, ranging from level 1 (low mortgage rejection rates) to level 4 (high mortgage rejection rates).

Results We found a significant relationship between historic redlining and current life expectancy, with average life expectancy decreasing steadily from 80.7 years in HOLC 1 tracts to 75.7 years in HOLC 4 tracts, a differential of 5.0 years between the greenlined and redlined tracts. We also found a significant relationship between modern-day redlining and current life expectancy, with average life expectancy decreasing steadily from 79.9 years in HMDA 1 tracts to 73.5 years in HMDA 4 tracts, a differential of 6.4 years. In the structural equation model, historical redlining had a total effect of decreasing life expectancy by 1.18 years for each increase of one in the HOLC rating. Modern-day redlining had a total effect of decreasing life expectancy by 1.89 years for each increase of one in the HMDA quartile.

Conclusion This paper provides new evidence that the legacy of redlining is not relegated to the history books but rather is a present and pressing public health issue today.

Keywords Redlining · Structural racism · Public policy · Health outcomes · Life expectancy

Introduction

Redlining describes a widespread government-codified policy of historical discrimination against Black people which systematically deprived them of home mortgages while advantaging people who were White [1–9]. Home ownership

is the foundational pathway through which American families acquire wealth; thus, these discriminatory housing policies resulted in the geographic segregation of racial/ethnic groups by both race and wealth, which created inequitable access to health resources [2–4]. It is therefore unsurprising that these policies have created a legacy of racial health inequities which can be observed even 80 or more years after the initial unjust housing policies were implemented. Numerous studies have documented this strong relationship between living in zones that were redlined in the 1930s and suffering from a higher prevalence of disease in the present day [10–12].

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Disparities around birth

Disparities around death

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Conclusions: Historical redlining may be a structural determinant of present-day risk of preterm birth.

Public Health Implications: Policies for fair housing, economic development, and health equity should consider historical redlining's impacts on present-day residential segregation and health outcomes. (*Am J Public Health*. 2020;110:1046–1053. doi:10.2195/AJPH.2020.305450)

See also Brenner, p. 183.

Research on health inequities (i.e., social group differences in health that are unfair, unnecessary, and preventable) has begun to highlight structural racism,^{1,2} defined as

"the results of ways in which institutions, social structures, and systems (in housing, education, employment, earnings, benefits, access to health care, criminal justice, and so on) have been created to disadvantage certain racial and ethnic groups of resources, which together affect the life of various health outcomes."^{3,4}

One example is the US federally sponsored policy of "redlining,"⁵ introduced in the 1930s by the Home Owners' Loan Corporation (HOLC) color-coded maps^{6,7} (Table A, available as a supplement to this online version of this article at <http://www.ajph.org>). Recently digitized,⁸ these maps graded areas A ("best"—green), B ("still desirable"—blue),

C ("definitely declining"—yellow), and D ("hazardous"—red, hence "redlining").^{9,10}

The HOLC maps greatly encouraged lending to predominantly White and more affluent areas (A or B) and discouraged lending to areas with residents of color (C or D), especially persons then termed "Negroes."¹¹ In the case of New York City

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Whether historical redlining continues to be associated with present-day health inequities is largely unexplored.^{17–22} In the present study, we investigated associations between HOLC grades and risk of preterm birth in NYC, with preterm birth selected because of its public health significance,²³ its exhibits marked and contemporary

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allostatic load

asthma

biological aging

blood pressure

bystander CPR

cognitive function

COPD

COVID-19

depression

diabetes

ER visits

heart attacks

HIV

injury risk in adolescents

kidney failure

neurosurgeon distribution



Connecting Past to Present: Does Historical Redlining Affect Current Life Expectancy?

Charlotte Freifeld¹ · Ava Camarero¹ · Joanne Oh¹ · Alexandra Fairchok¹ · Karen Yang¹ · Michael Siegel¹

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Methods: In this paper, we used structural equation modeling to uncover relationships between current and historical redlining practices and modern-day life expectancy, exploring two levels of potential mediating factors: (1) racial segregation and structural racism, and (2) mediating health outcomes. We analyzed data from 11,661 census tracts throughout the United States using historical redlining data from 1940, modern redlining data from 2010 to 2017, racial segregation and structural racism indices from 2010 to 2019, health outcome data from 2021 to 2022, and life expectancy data from 2010 to 2015. Historical redlining was measured using Home Owners' Loan Corporation (HOLC) ratings, which ranged from 1 (for favorable neighborhoods ("greenlined")) to 4 (for unfavorable ("redlined")) neighborhoods. Modern-day redlining was measured using Home Mortgage Disclosure Act (HMDA) data, which were transformed into four quartiles, ranging from level 1 (low mortgage rejection rates) to level 4 (high mortgage rejection rates).

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Conclusion: This paper provides new evidence that the legacy of redlining is not relegated to the history books but rather is a present and pressing public health issue today.

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is the foundational pathway through which American families acquire wealth; thus, these discriminatory housing policies resulted in the geographic segregation of racial/ethnic groups by both race and wealth, which created inequitable access to health resources [2–4]. It is therefore unsurprising that these policies have created a legacy of racial health inequities which can be observed even 80 or more years after the initial unjust housing policies were implemented. Numerous studies have documented this strong relationship between living in zones that were redlined in the 1930s and suffering from a higher prevalence of disease in the present day [10–12].

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Disparities around birth

Disparities around death



HHS Public Access

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A preconception cohort study of historical mortgage lending discrimination and present-day fecundability

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Abstract

We estimated the association between redlining, a historic racist practice of mortgage lending discrimination, and fecundability, the per-cycle probability of conception. We analyzed data from 1,901 U.S. female participants aged 21–45 in Pregnancy Study Online (PRESTO; 2013–2023), a prospective preconception cohort study. Participants completed self-administered questionnaires at baseline and every 2 months until conception or 12 months, whichever came first. Using participants' baseline residential addresses, we linked to neighborhoods graded by the U.S. Home Owners' Loan Corporation (HOLC) during the 1930s for perceived riskiness of mortgage lending: A+B (best or still desirable), C (definitely declining), and D (hazardous; *i.e.*, redlined). We used proportional probabilities regression models to estimate fecundability ratios (FRs) and 95% confidence intervals (CIs), adjusting for age, calendar year of enrollment, and geographic region of residence. Most participants resided in neighborhoods with riskier grades: 47.1% grade C and 21.7% grade D. Compared with neighborhoods graded A+B, FRs were 0.91 (95% CI = 0.81–1.03) and 0.86 (95% CI = 0.74–1.00) for neighborhoods graded C and D, respectively. In this preconception cohort study, current residence in a historically redlined or declining neighborhood was associated with a moderate decrease in fecundability.

Keywords

fecundability; fertility; neighborhood characteristics; redlining; structural racism

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LAW is a consultant for AbbVie Inc. and the Gates Foundation. LAW has also accepted in-kind donations for primary data collection from Kindara.com (fertility apps), FertilityFriend.com (fertility apps), and Swiss Precision Diagnostics (home pregnancy tests). The other authors declare no competing interests.

None identified to date

Disparities around conception

Disparities around the afterlife

Redlining
is racial discrimination in
mortgage lending



allostatic load
asthma
biological aging
blood pressure
bystander CPR
cognitive function
COPD
COVID-19
depression
diabetes
ER visits
heart attacks
HIV
injury risk in adolescents
kidney failure
neurosurgeon distribution

Redlining
is a proxy for spatial &
systemic racism



- allostatic load
- asthma
- biological aging
- blood pressure
- bystander CPR
- cognitive function
- COPD
- COVID-19
- depression
- diabetes
- ER visits
- heart attacks
- HIV
- injury risk in adolescents
- kidney failure
- neurosurgeon distribution

Redlining

↑more

industry
highways & traffic
pollution
chronic stress
heat
racial segregation

↓less

access to healthy food
access to healthcare
access to green space
wealth & property values
political power
municipal services

allostatic load
asthma
biological aging
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FIRES OF INDUSTRY

ENVIRONMENTAL INEQUALITY
IN MID-CENTURY AMERICA

INDUSTRIAL
LANDSCAPE

UNEQUAL
EXPOSURES

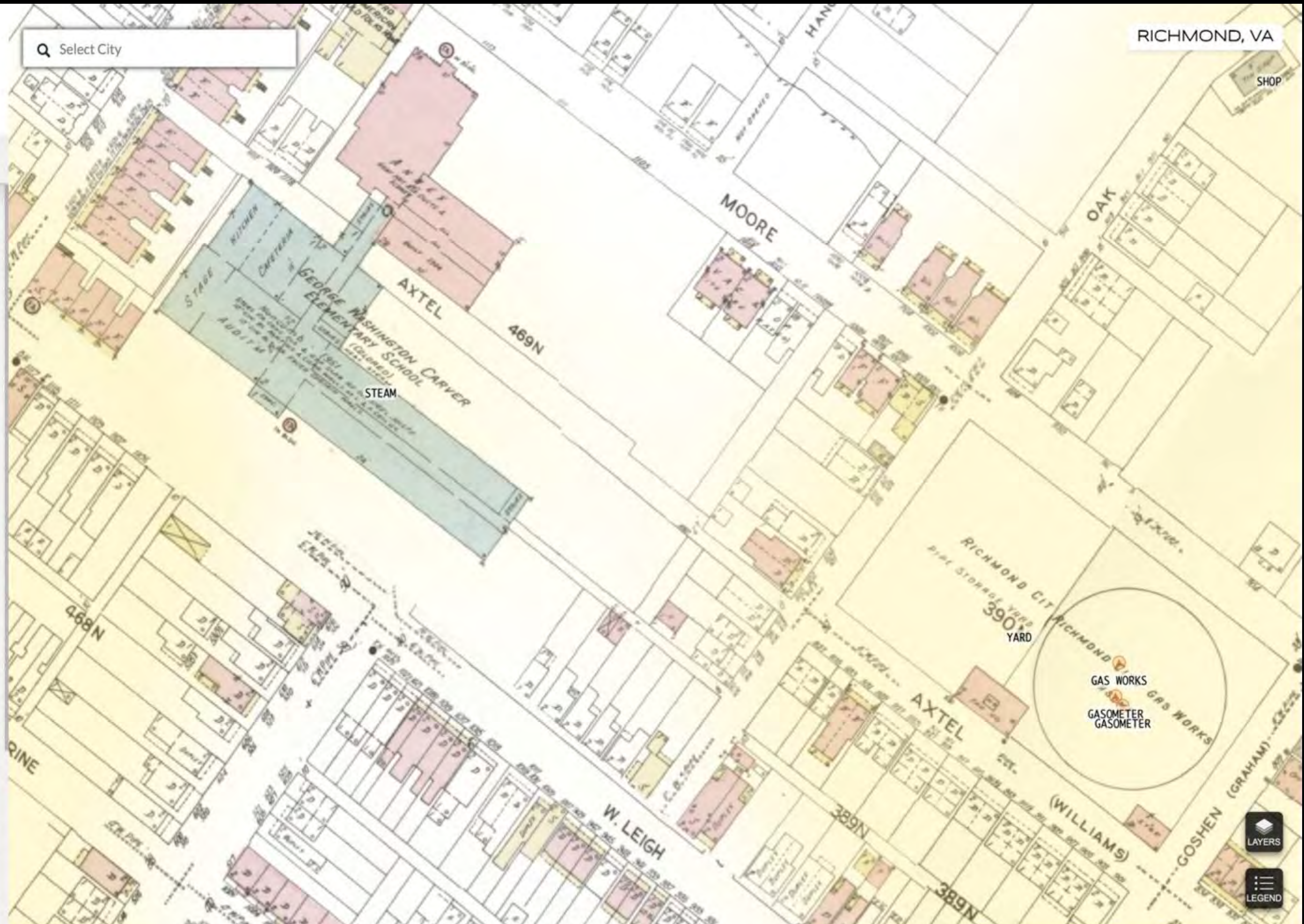
HISTORICAL
CONTEXT

RICHMOND'S INDUSTRIAL LANDSCAPE

Tobacco processing was the most prominent industry in mid-century Richmond: stemmeries, redrying facilities, and cigarette factories lined Shockoe Bottom in "Tobacco Row"; clusters of tobacco warehouses occupied the southside of the city; and tobacco leaf exporting firms were located northwest of downtown along raillines.

MAPPED ENVIRONMENTAL ACTIVITY

Fossil fuels, chemicals & refining	147
Paint 38 Chemical 37 Oil 16 Oils 13	Show 13 more labels
Paper & wood processing	105
Printing 49 Lumber 24 Planing 9 Woodworking 7	Show 10 more labels
Metals & industrial processing	66
Machine 20 Mach shop 9 Scale 9 Welding 7	Show 8 more labels
Textile, leather & dry cleaning	59
Cleaner 26 Laundry 18 Upholstering 9 Dye 2	Show 3 more labels
Food processing	56
Can 14 Beer 10 Bottling 7 Baking 4	Show 13 more labels
Tobacco	11
Tobacco 7 Cigar 2 Leaf 2	
Transportation	3
Railway 2 Train 1	



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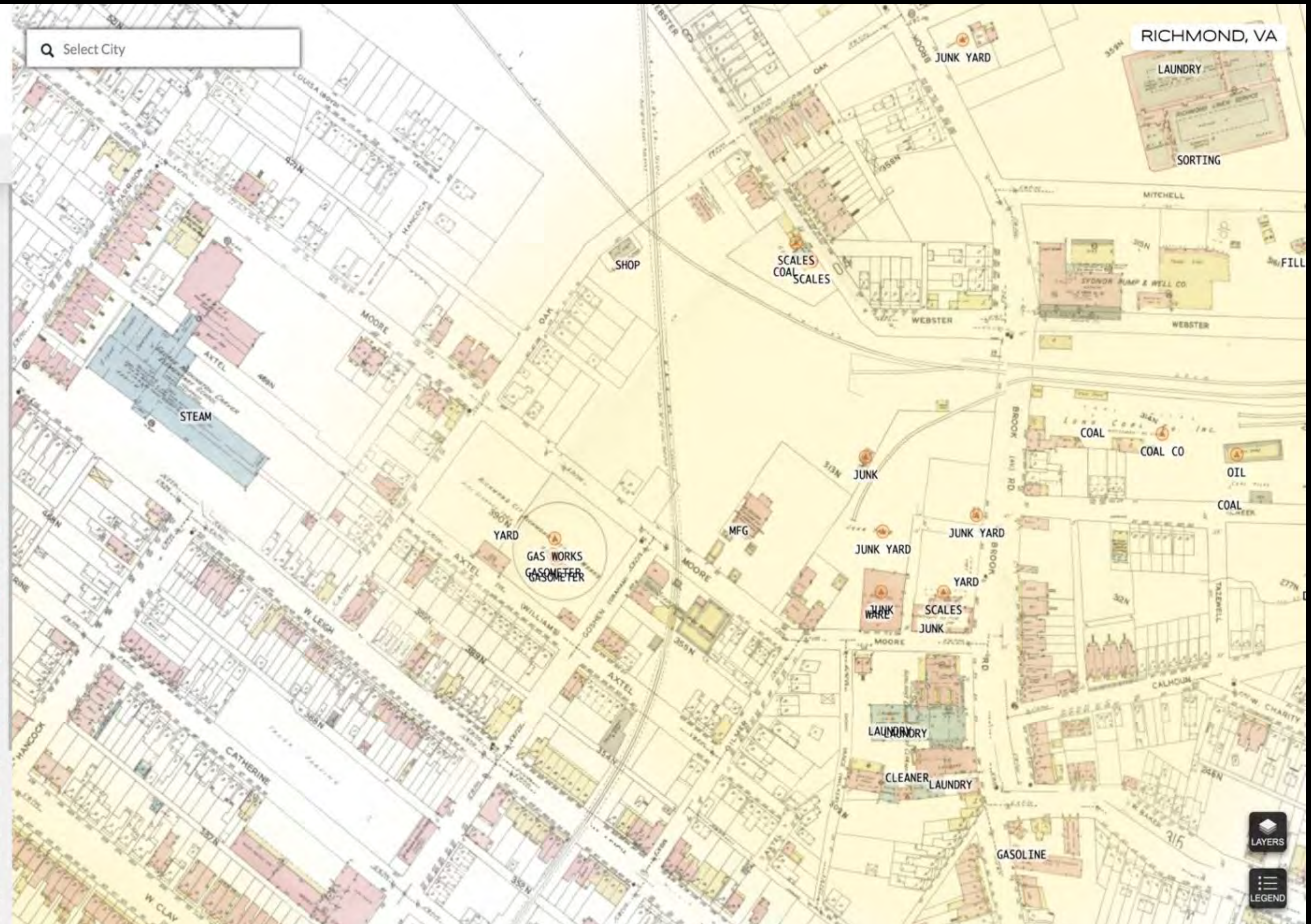
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Paper & wood processing 210

Lumber 69 Printing 62 Planing 13 Woodworking 10 [Show 17 more labels](#)

Metals & industrial processing 186

Machine 52 Mach shop 21 Foundry 18 Welding 18 [Show 16 more labels](#)

Textile, leather & dry cleaning 133

Cleaner 66 Laundry 34 Upholstering 14 Dye 10 [Show 5 more labels](#)

Food processing 111

Can 26 Bottling 16 Beer 15 Baking 10 [Show 20 more labels](#)

Tobacco 95

Tobacco 65 Leaf 9 Cigarette 6 Prizing 5 [Show 7 more labels](#)

Transportation 6

Railway 4 Runway 1 Train 1

Select City

RICHMOND, VA

WEST END

NORTHSIDE

American Tobacco Company
Lucky Strike Factory

EAST END

Municipal Gas Works

MONTROSE

American Tobacco Company
South Richmond Complex

United States Tobacco Co.
Warehouses & Factory



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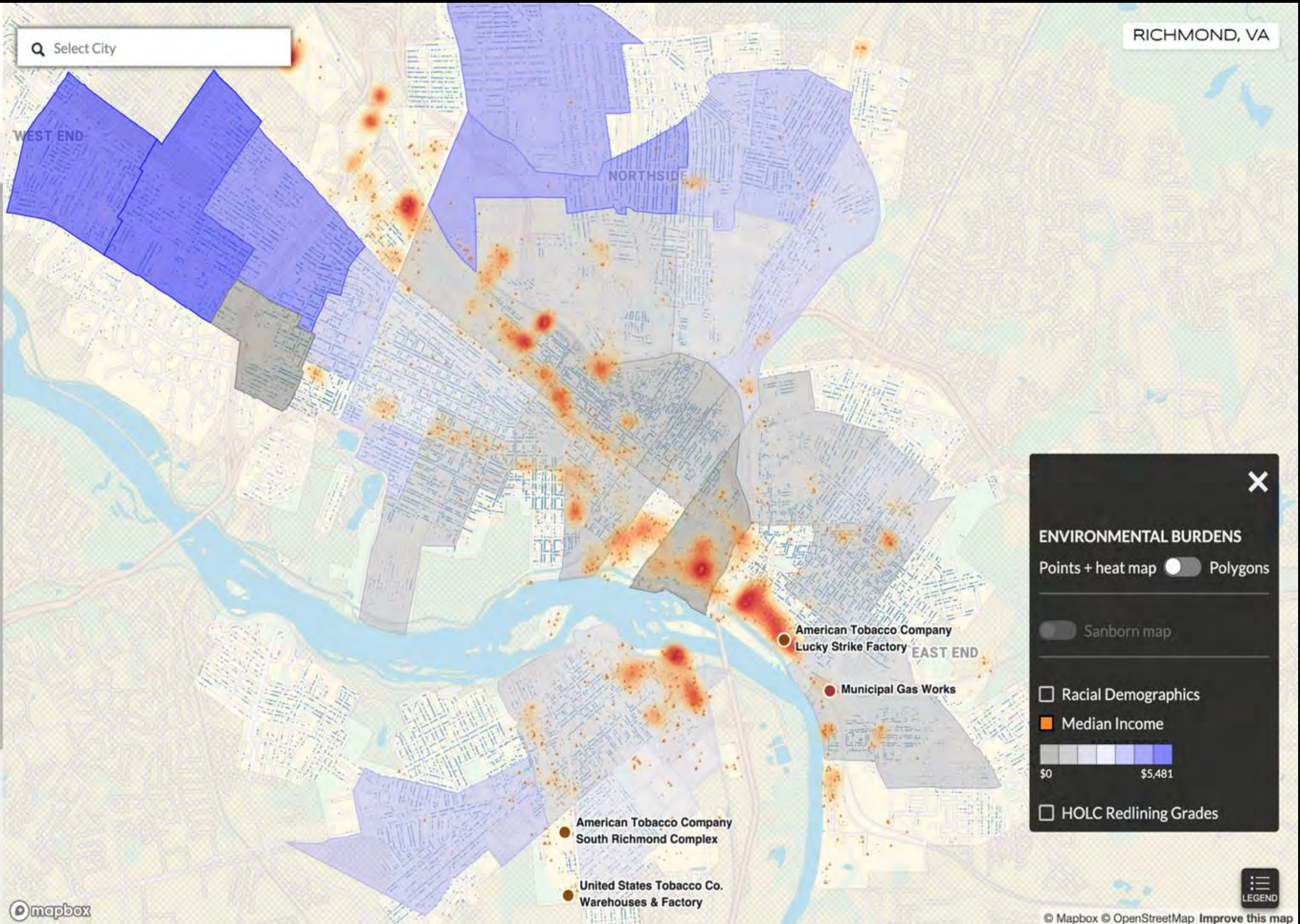
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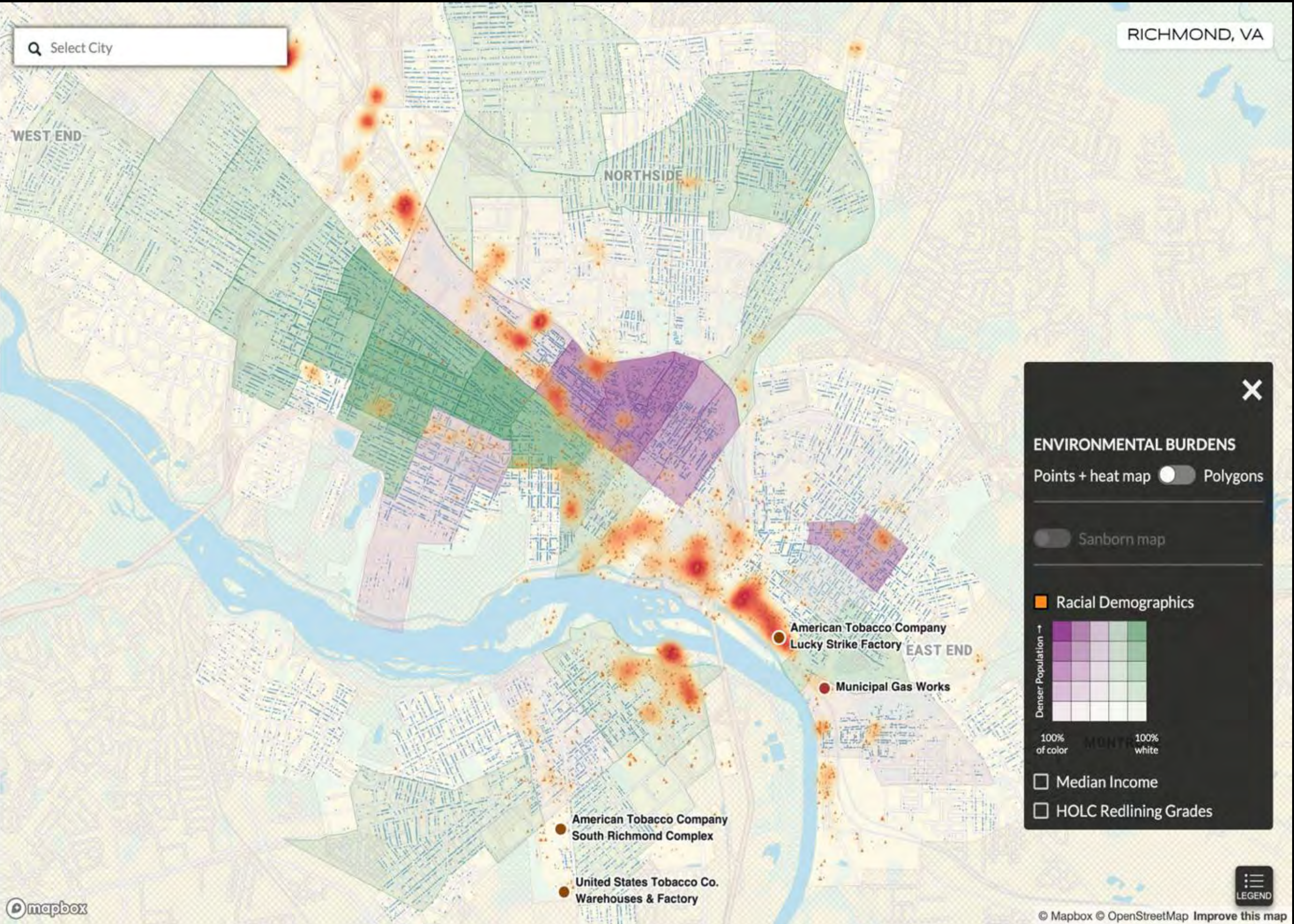
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Rob Nelson
rnelson2@richmond.edu

Mapping Inequality
<https://dsl.richmond.edu/panorama/redlining/>





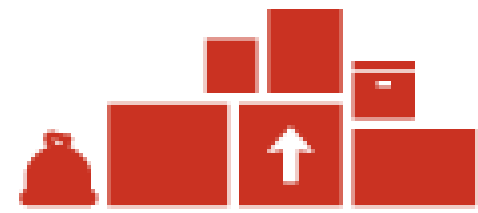
Health Equity in Housing Development

Dr. Carl E. Gershenson

Eviction Lab,
Princeton University

Housing as a Human Right: Access, Stability, & Production

September 23, 2026



EVICTIION LAB

Evictions and Health

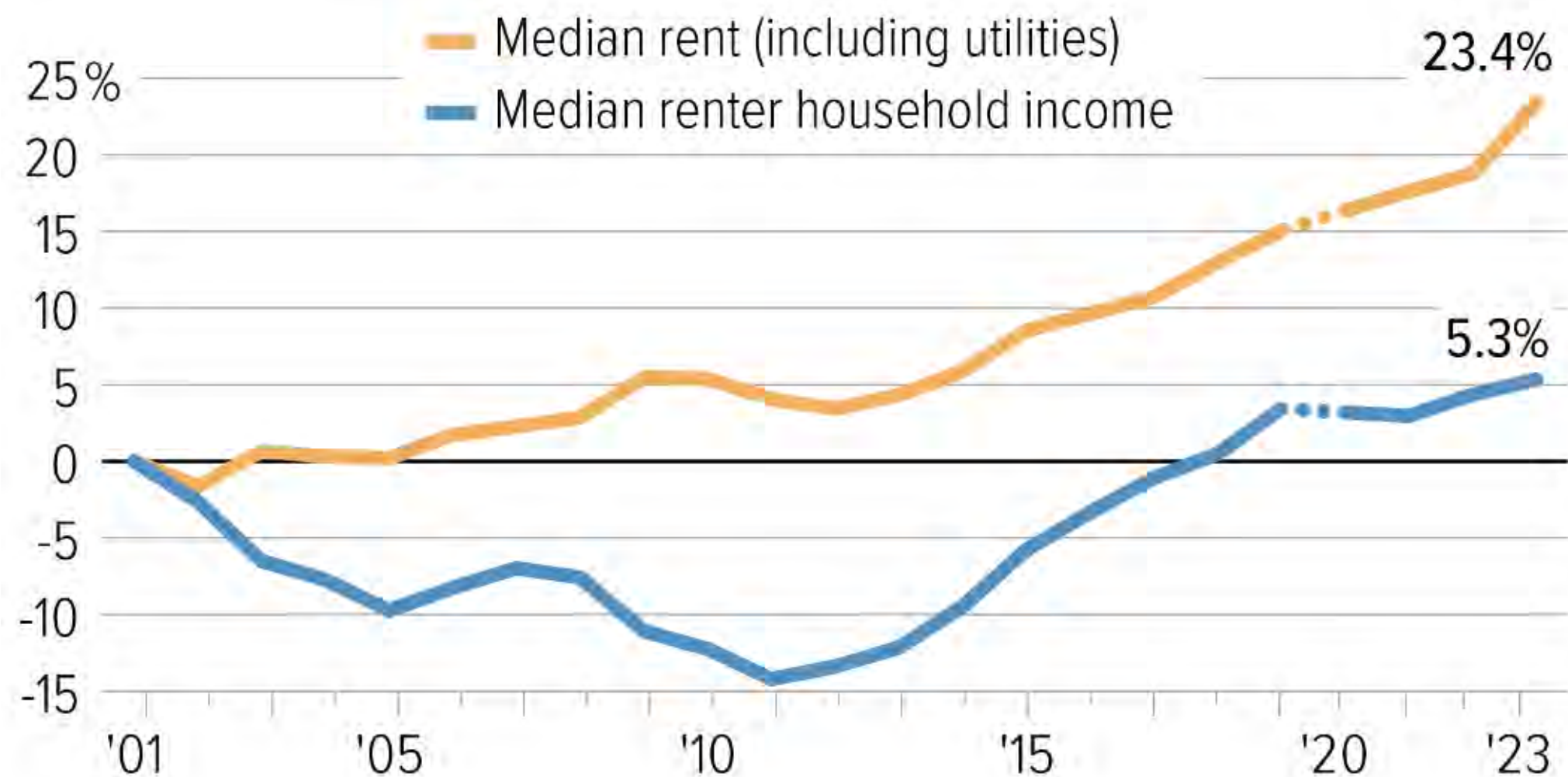
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<https://evictionlab.org/>

Renters' Incomes Haven't Caught Up to Rising Housing Costs

Percent change since 2001, adjusted for inflation

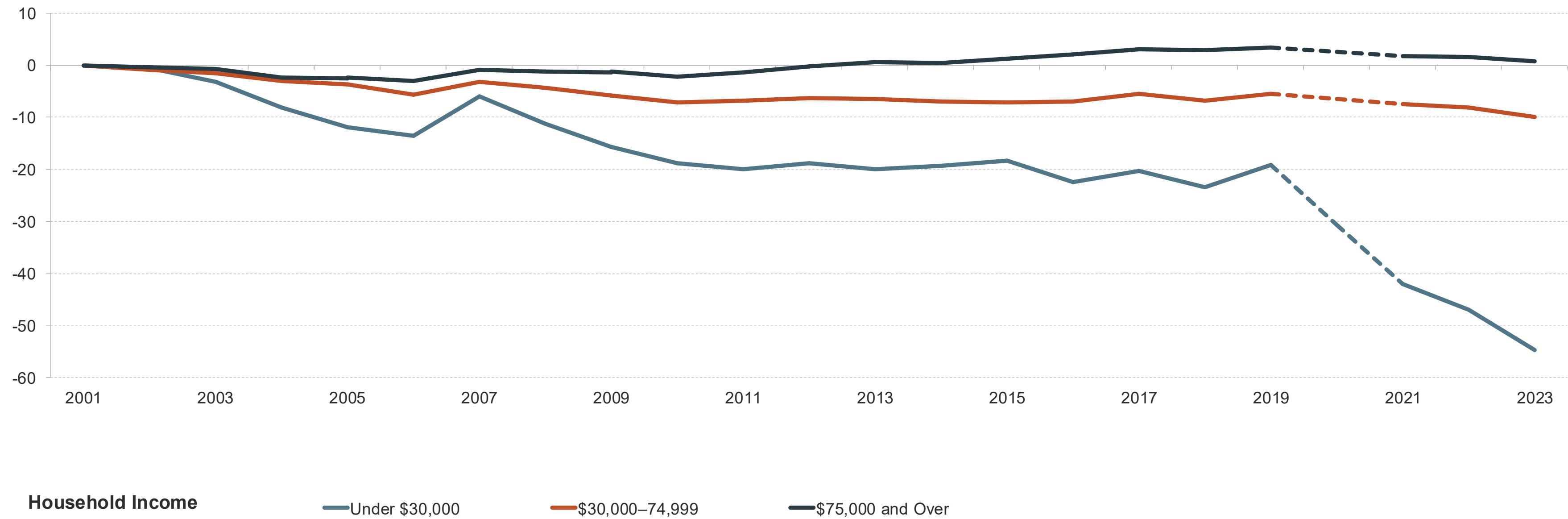


Source: CBPP tabulations of the Census Bureau's American Community Survey

Note: Dashed line indicates missing 2020 1-year ACS data due to pandemic-related data collection issues.

Low-income renters have \$250 left after rent

Change in Residual Income Since 2001 (Percent)

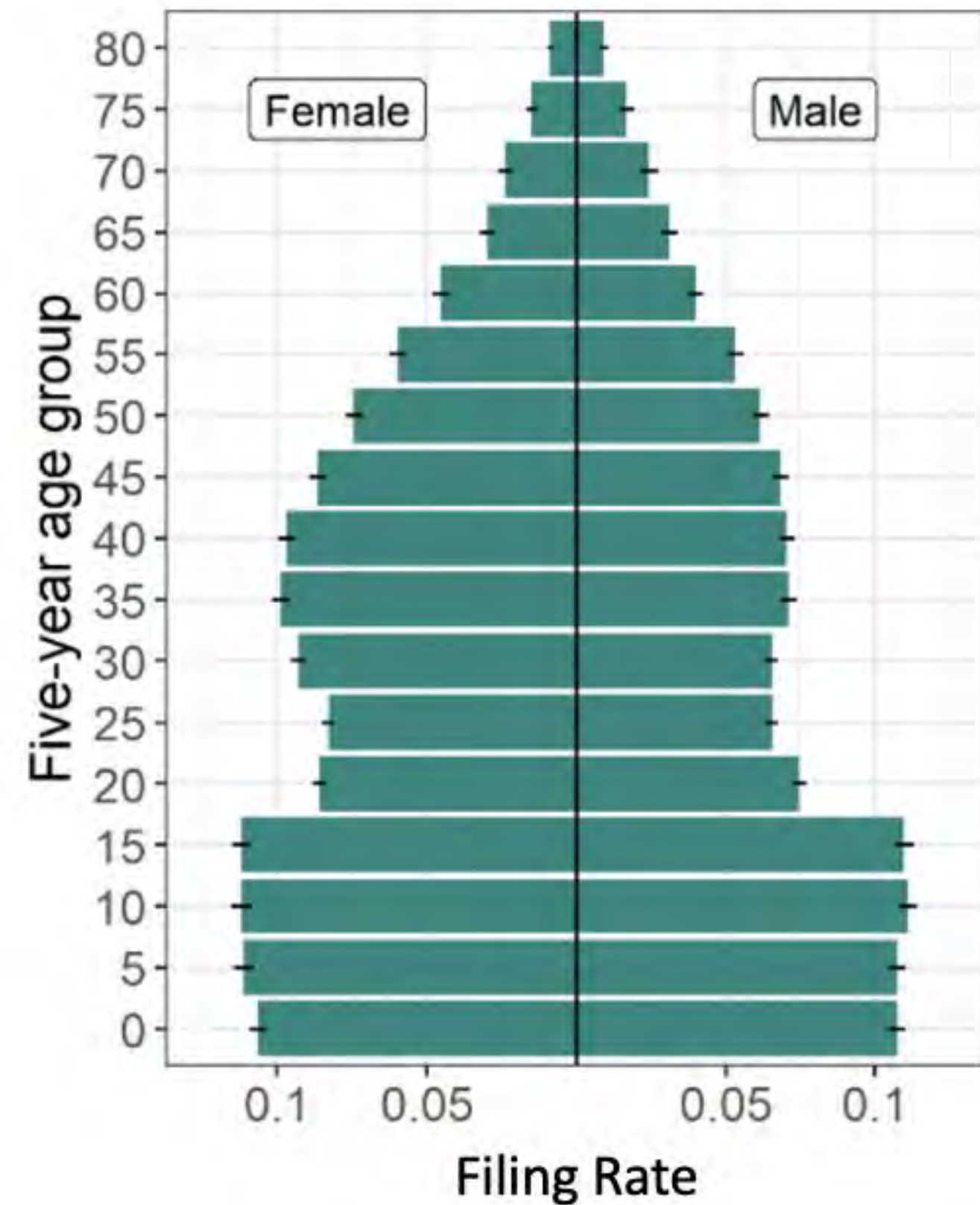


• Joint Center for Housing Studies at Harvard University (2025). The State of the Nation's Housing, 2025.

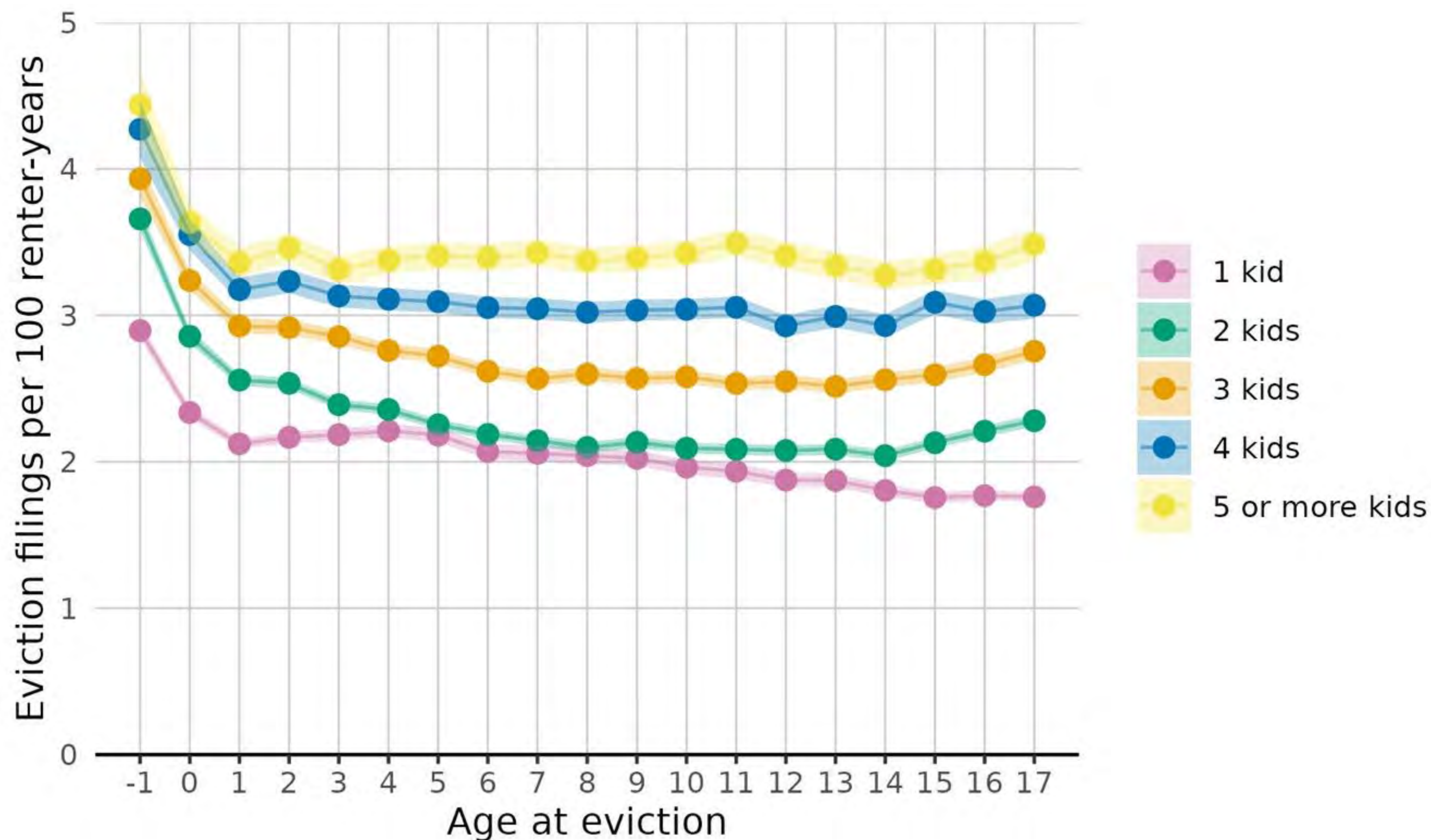
The Eviction Crisis

7.6 million individuals threatened with
eviction each year

Approximately 40% of those evicted are
children



Eviction Risk by Age and Number of Children



Eviction, Race, and Children

Figure 2. Eviction rates among adult renters, by race/ethnicity and presence of children



Evicted Households Lose Access to SNAP

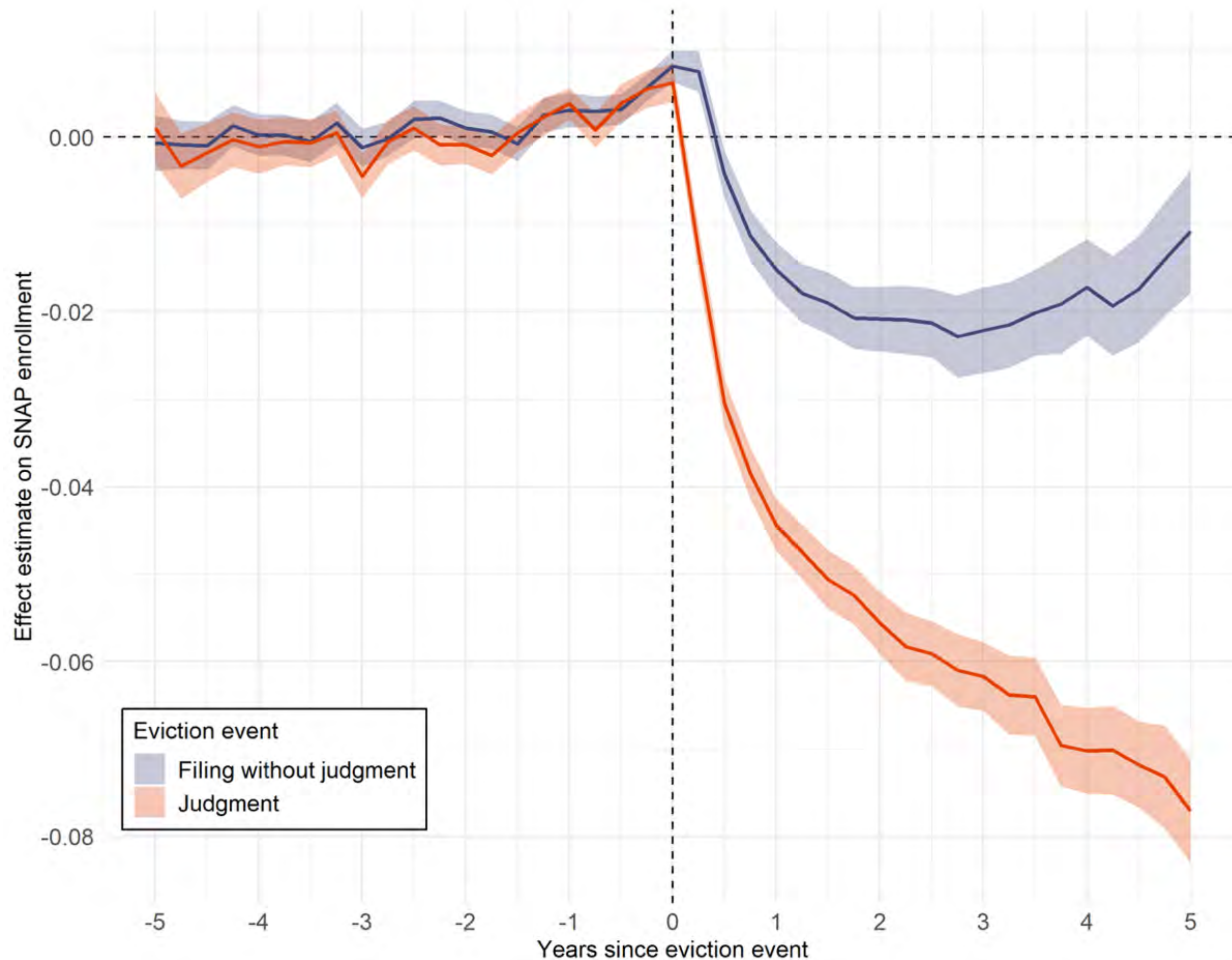


Figure is based on 2010-2016 eviction records linked to the 2010 Decennial Census, Resident Candidate File, SSA Numident File, and SNAP Records. Census Disclosure Review Board Approval Number: CBDRB-FY23-CES004-017.

Evictions and Child Development

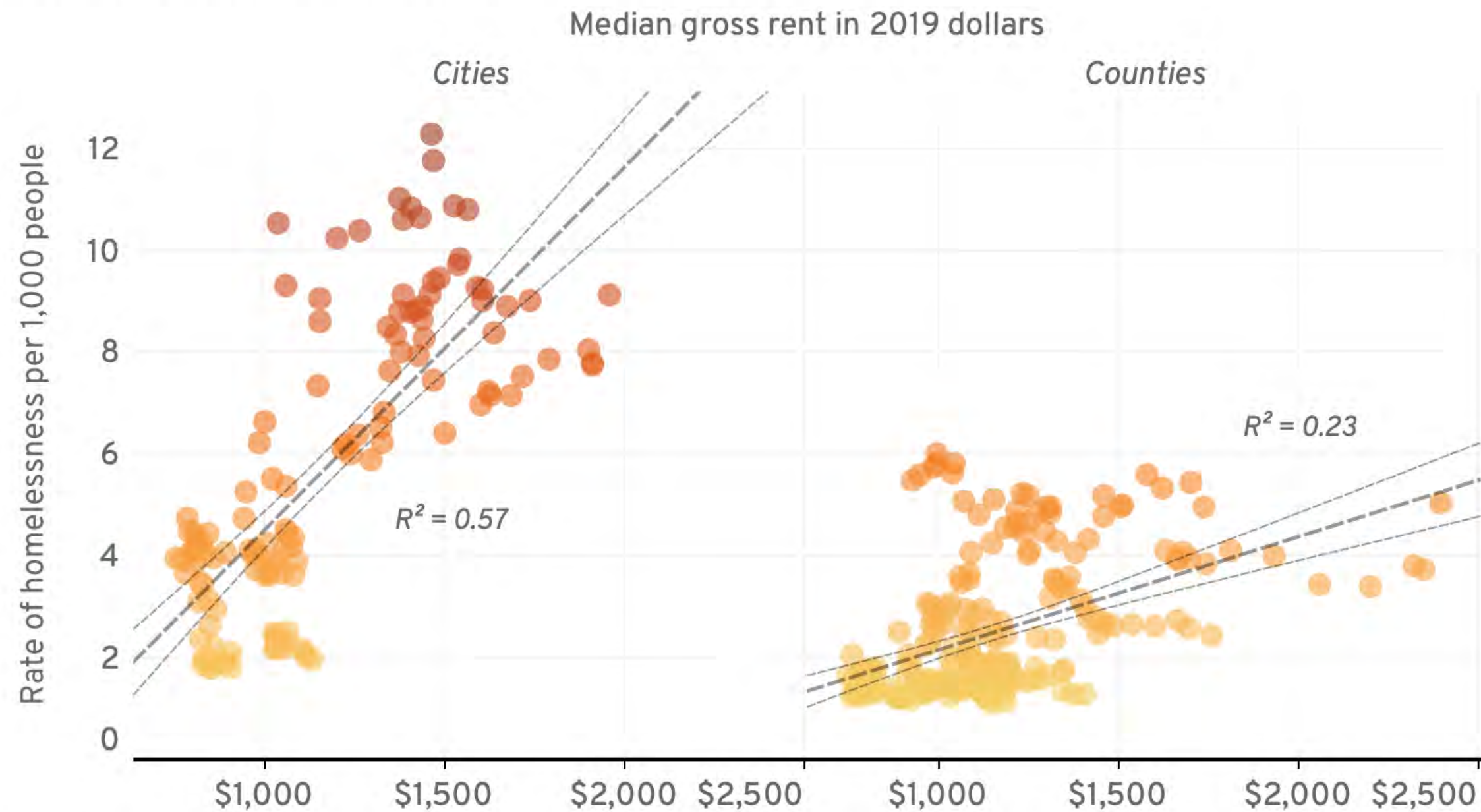
- Increased risk of depression and poor health among mothers and children
- Increased rates of premature birth and low-weight births



Homelessness Follows Housing Costs

Median gross rent versus PIT count (per capita)

Dashed lines indicate a linear regression of per capita PIT counts onto median gross rent between 2007 and 2019 for a sample of U.S. regions.

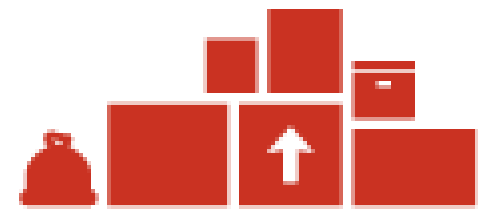


Bands indicate 95% confidence intervals for the slope of the regression line. Figure forthcoming in Colburn & Aldern (2022).

Housing loss costs lives

During the pandemic mortality among the evicted **was 106% higher than before the pandemic** while mortality among similar renters was only 25% higher.

Even during normal times, the evicted have a **mortality rate 40% higher than similar renters**



EVICTIION LAB

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Health Equity in Housing Development

Mike Cassidy

Senior Development Project Manager NY/NJ,
The Community Builders, Inc.

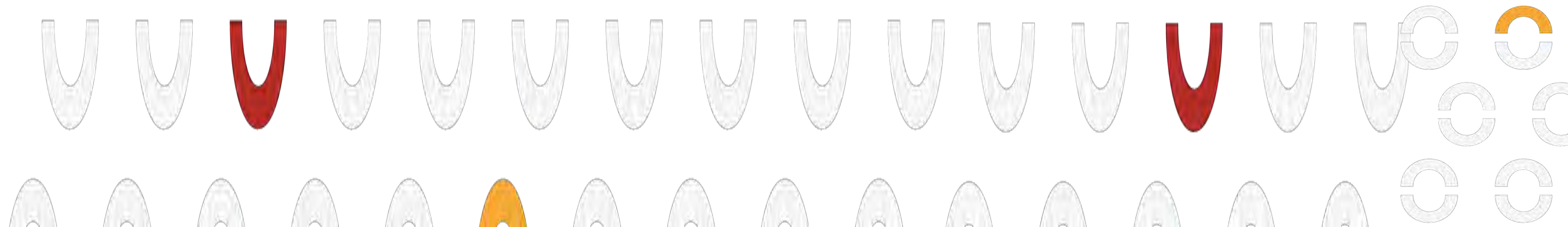
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THE COMMUNITY BUILDERS, INC.

2026 MONARCH HOUSING CONFERENCE

HEALTH EQUITY IN HOUSING DEVELOPMENT PANEL



WHO WE ARE | TCB MISSION

Our mission is to build and sustain strong communities where all people can thrive.

We envision a world with vibrant, safe and inclusive neighborhoods in which all people live in healthy homes with equitable access to resources and opportunities to pursue their dreams.



TCB is an award-winning non-profit organization that works with partners to develop, finance and operate residential communities and neighborhood amenities for families, seniors and individuals with special needs



WE DEVELOP HEALTHY HOUSING

36K Apartments homes
completed since 1964



WE MANAGE WELL

18K Apartment homes
owned or managed



WE CONNECT RESIDENTS

99% Residents who receive
at-risk housing coaching
remain stably housed.



OUR FINANCIAL STRENGTH

1,550 Residents have become
credit visible, establishing
credit scores.



WE INVEST IN THRIVING NEIGHBORHOODS

\$400M In New Markets Tax Credit
allocations for neighborhood
business and amenities



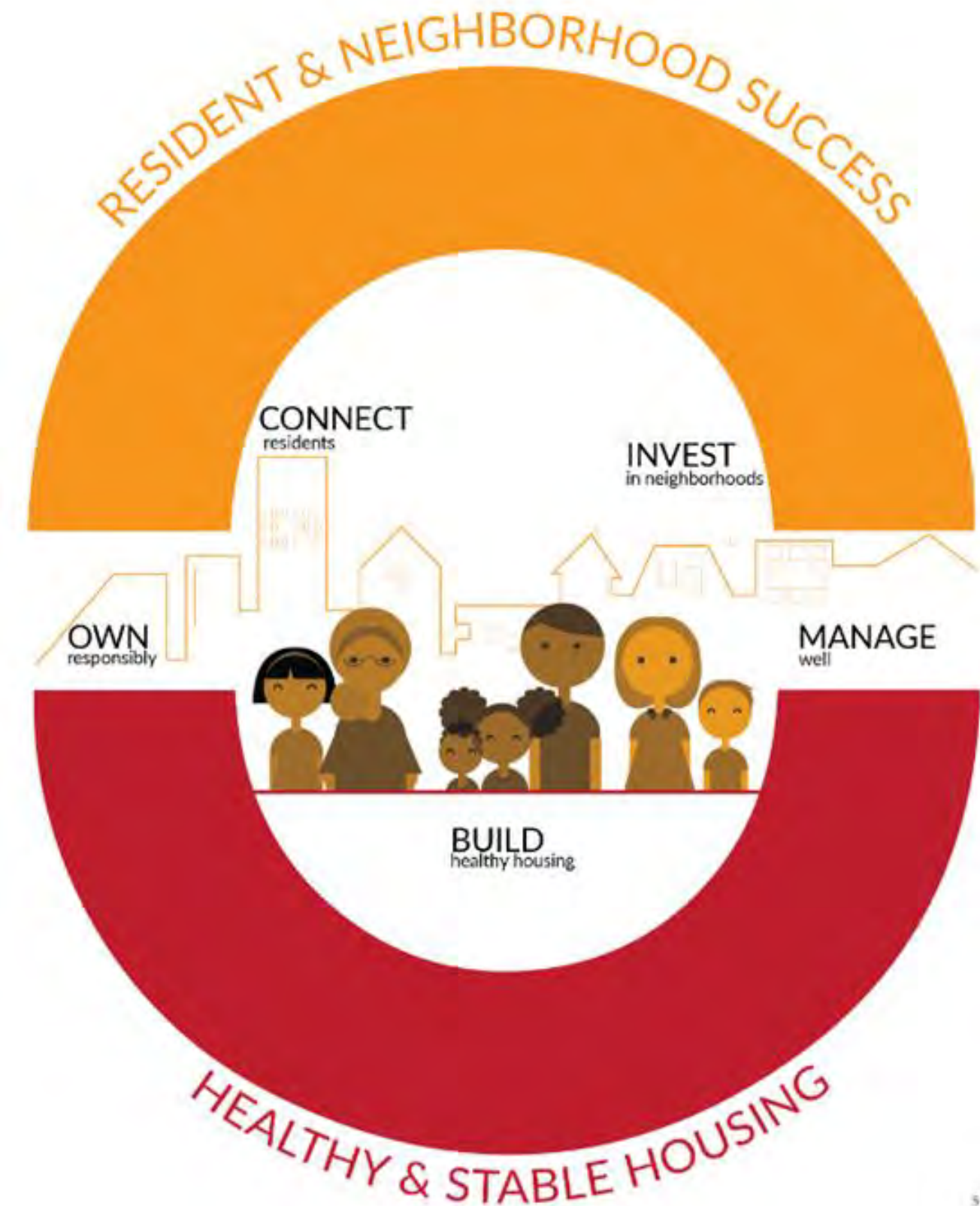
WE ADVANCE OPPORTUNITIES FOR ALL

\$130M invested in minority
business enterprises in 2025

RESIDENT & COMMUNITY LIFE



TCB's Community Life division offers programs for residents including finance, health and nutrition, education and workforce development, and assistance with appointments



RESIDENT & COMMUNITY LIFE

WHY COMMUNITY LIFE?

By creating programs and building strategic partnerships with residents and local stakeholders, Community Life helps create pathways to opportunities in early education, economic mobility, youth development, community engagement, voting access, healthy living, and resident leadership.



TCB residents who receive at-risk housing coaching remain stably housed.



TCB residents have become credit visible, establishing credit scores.



TCB residents improved their credit scores an average of 60 points.



TCB residents have used improved credit scores to secure mortgages.



PARTNER

We seek to form long lasting, impactful partnerships with local stakeholders, community organizations and emerging developers

Our partnerships with Public Housing Authorities have led to the creation or preservation of 6,000 apartment homes

We use NMTC allocations awarded to TCB to spur economic development in the communities we work

We have invested over \$600m in M/WBE businesses

Our portfolio includes nearly 600,000 square feet of neighborhood-serving commercial space



DESIGN & CONSTRUCTION

TCB's is committed to developing healthy, safe and sustainable housing

We continually update our design standards to incorporate feedback from our properties in operation

Our in-house team includes architects, engineers and construction managers that oversee design, permitting, value-engineering and construction

Our portfolio includes properties certified under EGC, LEED, and Passive House



DESIGN & CONSTRUCTION

We consider:

Accessible Design

Natural Light

Air Quality

Green Space

Access to Transit

Building Envelope and Energy Efficiency

Solar



TCB IN NEW JERSEY

Entered NJ in 1996

Developed 250+ units of affordable, family, senior and supportive housing as HOPE VI development partner to New Brunswick Housing Authority

Executed adaptive reuse and RAD conversion of historic former Jersey City YMCA to include 112 affordable and supportive units for formally homeless

Constructed 92-unit mixed-income family LIHTC building in Jersey City with 55% affordable and 45% unrestricted units



*Stirlingside, New Brunswick, NJ, 5-Story, 53-Unit
Affordable and Supportive*



*Fairview Heights, Jersey City, NJ
9-Story, 92-Unit Mixed-Income Community
On campus of former Jersey City YMCA*

WHAT WE DO | RESIDENT FOCUS

“ I have security in knowing that I have a roof over my head and I know each month i can pay my rent. I like to give that back to the people who have housing here.”

Tammy,
TCB Resident and Community Leader



WHAT WE DO | RESIDENT FOCUS

“ There is no greater predictor of your health than where you live. When TCB residents face less stress trying to make the rent, they can focus on going back to school or getting a better job.”

Megan Sandel, M.D., M.P.H.
Boston University School of Medicine



THANK YOU

Mike Cassidy
Senior Development Project Manager
The Community Builders, Inc.

michael.cassidy@tcbinc.org
www.tcbinc.org





Health Equity in Housing Development

Questions?

Thank you for attending the panel!

Housing as a Human Right: Access, Stability, & Production

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