



2018

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# Health & Well-being Reference Guide

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## Disclaimer: 2018 GRESB Health & Well-being Module Reference Guide

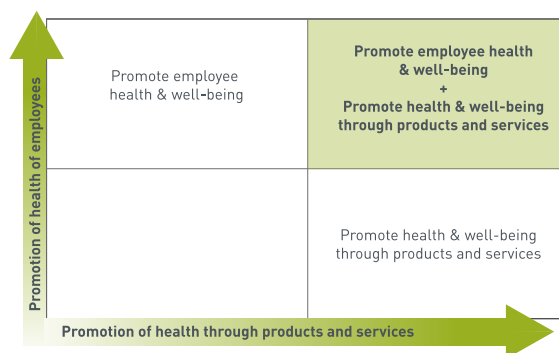
The 2018 GRESB Real Estate Health & Well-being Module Reference Guide ("Reference Guide") accompanies the 2018 GRESB Real Estate Health & Well-being Module and is published both as a standalone document and in the GRESB Portal alongside each Module indicator. The Reference Guide reflects the opinions of GRESB and not of our members. The information in the Reference Guide has been provided in good faith and is provided on an "as is" basis. We take reasonable care to check the accuracy and completeness of the Reference Guide prior to its publication. While we do not anticipate major changes, we reserve the right to make modifications to the Reference Guide. We will publicly announce any such modifications. The Reference Guide is not provided as the basis for any professional advice or for transactional use. GRESB and its advisors, consultants and sub-contractors shall not be responsible or liable for any advice given to third parties, any investment decisions or trading or any other actions taken by you or by third parties based on information contained in the Reference Guide. Except where stated otherwise, GRESB is the exclusive owner of all intellectual property rights in all the information contained in the Reference Guide.

# Introduction

Health & well-being are rapidly emerging as important areas of opportunity for the real estate industry. Property companies and funds are experimenting with new strategies to improve internal operations, while creating new offerings to create competitive advantage and value for customers. While interest grows, investors, property companies, and fund managers have recognized that they lack practical tools for systematic assessment, objective scoring, and peer benchmarking for health & well-being.

In 2016, GRESB worked with the Green Health Partnership research and development initiative between the University of Virginia School of Medicine and the U.S. Green Building Council and a diverse set of experts and stakeholders to fill this gap with a supplement to the Real Estate Assessment. This resulted in the GRESB Health & Well-being Module - 10 new indicators addressing leadership, policy, needs assessment, implementation action and performance monitoring related to health & well-being.

Now in its third and final year, the GRESB Health & Well-being Module has benefitted from robust participation in its first two years. In 2016, 174 entities voluntarily reported to the Health & Well-being Module out of the 759 entities that reported to the 2016 GRESB Real Estate Assessment. In 2017, 252 entities chose to participate in the Module, out of the 850 entities that participated in the 2017 GRESB Real Estate Assessment, differentiating themselves as frontrunners within this emerging and increasingly important topic (click [here](#) for the aggregate 2017 GRESB Health & Well-being Module data).



Real estate companies are positioned to promote health & well-being through both internal and external mechanisms. Internally, through policies and actions targeted at the company's workforce. Externally, through actions aimed at improving the health & well-being of their tenants, customers and the communities surrounding their real estate assets.

The Module reflects the belief that a coordinated process integrating these elements can provide a more intentional and ultimately more effective approach to creating value and managing risks associated with health & well-being. The Module has two areas of focus: (1) the promotion of health & well-being for company and fund manager employees and (2) the provision of products and services that help promote health & well-being for tenants, customers, and other stakeholders. This parallel focus allows investors and participating companies and funds to differentiate action to benefit internal operations from action to create value through products and services.

## Health & well-being for employees

The first dimension of the Module addresses efforts to promote the health & well-being of employees responsible for the entity. The overall focus is internal, with emphasis on operational costs and performance. The purpose is to understand the chain of actions and accountability that provide specific benefits based on the promotion of health & well-being (e.g., employee retention and productivity), while avoiding risks and costs (e.g., absenteeism or excessive health care costs).

## Health & well-being through products and services

The second dimension of the Module addresses efforts to provide products and services that promote the health & well-being of tenants and/or customers. This may include efforts to differentiate or enhance the value of leased space through health-promoting features or supporting services, such as green cleaning (e.g., reducing toxic exposures), workplace design (e.g., providing access to daylight, views, and superior indoor air quality), or community development (e.g., improvements in access to medical care or healthy food). The overall focus is external with emphasis on value creation and competitive differentiation. The purpose is to understand the chain of actions and accountability that create business value based on the promotion of health & well-being, while anticipating and avoiding risks due to competition and potential regulation.

## Participation in the Module

GRESB participants start with the GRESB Real Estate or Developer Assessments and then opt-in to the Health & Well-being Module (participation in the Health & Well-being Module is voluntary). The Module appears as a separate section in the GRESB Portal “Navigation Bar”. As with the main Real Estate Assessment, complete information must be provided for each indicator before submission. Partial or incomplete submissions cannot be accepted.

- The deadline for submission of the GRESB Health & Well-being Module is the same as the deadline for the submission of the GRESB Assessment – July 1, 2018.
- Participation in the Health & Well-being Module will not have any impact on the entity’s GRESB Score in 2018. Responses will be validated as part of the overall validation process for the GRESB Real Estate or Developer Assessments.

## Health & Well-being Information

The Health & Well-being Module is an assessment of the management and performance of real estate companies and funds. The purpose of the Module is to understand how the entity is promoting the health & well-being of entire populations, such as employees, tenants, and community members. Indicators in the Module are not intended to address individuals, and information identifying individuals is not requested for any Health & Well-being Module indicator. Entities should not submit any evidence that contains potentially confidential information on the health & well-being of individuals.

## Data Access

Results from the Health & Well-being Module will be included as an additional section in 2018 GRESB Real Estate Benchmark Reports. Access to Module results will be managed as part of the entity’s overall GRESB Real Estate Assessment results. Information for listed participants is available to all GRESB investor members that invest in listed real estate securities. Information for private (non-listed) participants is available on request by GRESB investor members.

Participants in the Health & Well-being Module can control access to Module results via the GRESB Portal by checking a box to confirm whether they wish to share their Module results with their investors. If a participant shares its Module results, these will appear as a separate section in that participant’s Real Estate Benchmark Report. If a participant does not share its results, Health & Well-being Module results will not appear in the Scorecard and Benchmark Report. This selection can be changed upon request to [info@gresb.com](mailto:info@gresb.com). Aggregated information from all Health & Well-being Module participants will be used as the basis for a market report and related research.

# 2018 GRESB Real Estate Health & Well-being Module changes

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To inform the development of the indicators, in 2018 GRESB convened Industry Working Groups (IWGs) to discuss the structure, content and evolution of the Health & Well-being Module, now in its third year. IWGs are small groups of GRESB Members and Partners that address a specific development topic relevant to the Real Estate Assessment and its adjacent products.

The changes to the 2018 Module are the result of data reviews, conversations with industry leaders and industry experts, as well as organizations who have yet to address health & well-being systematically in their engagement with employees and through their products and services.

## **H1.1 & H1.2 Add new answer options to assess the purpose and scope of health & well-being policies**

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**Rationale for change:** Health and well-being policies vary in approach and scope. As the real estate industry evolves, it becomes insufficient to simply assess the presence of a health and well-being policy. The additional level of detail present in the new structure allows for additional reporting around the type of health and well-being policies present for both internal and external health promotion.

**Impact of change:** The new structure allows for differentiation between different types of health and well-being policies.

## **H2 Divide into two indicators with H2.1 addressing the level of seniority of the health and well-being decision maker and H2.2 addressing the presence of health qualifications within the team that supports the health and well-being decision maker.**

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**Rationale for change:** An effective decision-maker for health and well-being has both the mandate to act and the ability to make informed decisions based on their own health qualifications and/or those of the team that supports the senior decision maker.

**Impact of change:** The new structure allows for companies to report the presence of health qualifications within the team that supports the senior decision maker for health and well-being.

## **H3 & H6 Add new answer options to allow companies to report the identified top health and well-being needs of their employees and tenants. Simplify question structure.**

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**Rationale for change:** Clarify the connection between H3, 4, 5 and H6, 7, 8 by asking companies to report the findings of health and well-being needs assessments in H3 and H6. The reporting of needs allows for more direct linkage between needs assessment and the prioritization of strategies in H4 and H7.

**Impact of change:** More precise reporting. Scoring of this indicator will not change significantly as scoring continues to focus on the type of data used to understand employee health and well-being needs (primary, secondary, etc).

H4  
&  
H7

## **Draw connection between needs assessment, goal setting and implementation of health strategies.**

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**Rationale for change:** Linkage of a health strategy to a specific health goal more directly and efficiently provides evidence of an intentional health promotion process. This shift in framing clarifies the connection between H3, 4, 5, and H6, 7, 8. The needs assessment conducted in H3/H6 should inform the identification of health goals and prioritization of health strategies as reported in H4/H7.

**Impact of change:** More precise reporting. Scoring of this indicator will not change significantly as scoring continues to focus on the number and types of strategies implemented.

H5  
&  
H8

## **Specify the intended use of monitoring actions.**

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**Rationale for change:** Link the monitoring practices to the health and well-being goals stated in H4 and H7.

**Impact of change:** More precise reporting.

# GRESB Real Estate Health & Well-being Indicators

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## H0 Would you like to participate in the Health and Well-being Module?

- Yes
- No

## H1.1 Does the organization have a policy for the promotion of health & well-being for employees?

H1.1

- Yes

The policy is present at:

- The organizational level, applicable to the entity
- The entity level

The purpose of the policy is to:

- Manage risks to employee health
- Promote health, performance and productivity of employees
- Other: \_\_\_\_\_

The policy applies to:

- Human Resources / programming
- Design and construction of new assets
- Facilities management of standing assets
- Other: \_\_\_\_\_

**UPLOAD** OR URL \_\_\_\_\_

Indicate where in the evidence the relevant information can be found \_\_\_\_\_

- No

Provide additional context for the answer provided (maximum 250 words):  
\_\_\_\_\_

### Intent

Assess the high-level policy or policies for the promotion of health & well-being. High-level policies for the promotion of health & well-being reflect strategic priorities and provide the foundation for action and accountability.

### Requirements

Select yes or no. If yes, select all applicable sub-options.

**Note:** Life/safety issues are covered in the core GRESB assessment and are not addressed in this indicator.

This indicator focuses specifically on policies for the promotion of health & well-being.

**Evidence:** Document upload or hyperlink. The evidence should sufficiently support all the items selected for this question. If a hyperlink is provided, ensure that it is not outdated and the relevant page can be accessed within two steps.

Acceptable evidence would typically be one or more official documents from the entity describing its policies, and it should cover all selected options.

## H1.2 Does the organization have a policy for the promotion of health & well-being through its real estate assets and services?

H1.2

Yes

The policy is present at:

The organizational level, applicable to the entity

The entity level

The purpose of the policy is to:

Manage risks to tenant and community health

Promote tenant and community health and well-being

Other: \_\_\_\_\_

The policy applies to:

Tenant engagement / programming

Community engagement / programming

Design and construction of new assets

Facilities management of standing assets

Other: \_\_\_\_\_

**UPLOAD** OR URL \_\_\_\_\_

Indicate where in the evidence the relevant information can be found\_\_\_\_\_

No

Provide additional context for the answer provided (maximum 250 words):

\_\_\_\_\_

### Intent

Assess the high-level policy or policies for the promotion of health & well-being. High-level policies for the promotion of health & well-being reflect strategic priorities and provide the foundation for action and accountability.

### Requirements

Select yes or no. If yes, select all applicable sub-options.

**Note:** Life/safety issues are covered in the core GRESB assessment and are not addressed in this indicator. This indicator focuses specifically on policies for the promotion of health & well-being.

**Evidence:** Document upload or hyperlink. The evidence should sufficiently support all the items selected for this question. If a hyperlink is provided, ensure that it is not outdated and the relevant page can be accessed within two steps.

Acceptable evidence would typically be one or more official documents from the entity describing its policies, and it should cover all selected options.



## H2.1 Does the organization have a senior employee responsible for health & well-being issues associated with this entity?

H2

Yes

The most senior employee responsible for health & well-being is

A different individual from the employee responsible for sustainability

This individual is part of

Board of Directors

Senior management team

Sustainability/ESG management team

Human resources

Other team or department: \_\_\_\_\_

The same individual as the most senior employee responsible for sustainability (indicated in the main assessment)

Board of Directors

Fund/portfolio managers

Investment Committee

Senior Management Team

Other: \_\_\_\_\_

Provide the details for the most senior decision-maker on sustainability issues

Name: \_\_\_\_\_

Job title: \_\_\_\_\_

E-mail: \_\_\_\_\_

LinkedIn profile (optional): \_\_\_\_\_

No

Provide additional context for the answer provided (maximum 250 words):

\_\_\_\_\_

### Intent

Assess entity's leadership for health & well-being. Senior leadership is an important factor in an effective strategy to promote health & well-being for employees and through the entity's real estate assets and services.

### Requirements

Select yes or no. If yes, select all applicable sub-options.

Provide contact information for the individual leading the entity's efforts to promote health & well-being, including name, title, email address, and, optionally, a LinkedIn profile.

## H2.2 Does the senior employee responsible for health & well-being issues and/or the team that supports this individual have health-related qualifications?

Yes

Select health-related qualifications (multiple answers possible)

Degree

Public health

Medical

Human Resources

Other: \_\_\_\_\_

Professional certification

Public health

Mental health certification

Medical

WELL AP

Fitwel Ambassador

Other: \_\_\_\_\_

Training / coursework

Health and well-being

Medical

Employee engagement

Health-promoting building design and construction

Health-promoting building operations

Other: \_\_\_\_\_

Experience

Describe the team's experience (maximum 250 words): \_\_\_\_\_

No

Provide additional context for the answer provided (maximum 250 words):

\_\_\_\_\_

### Intent

Assess entity's leadership for health & well-being. Senior leadership is an important factor in an effective strategy to promote health & well-being for employees and through the entity's real estate assets and services.

### Requirements

Select yes or no. If yes, select all applicable sub-options.

Select the relevant qualifications of the senior employee responsible for health and well-being and/or the relevant qualifications of the team that supports this individual. Provide brief description of the qualifications, such as formal education or relevant work experience.

### H3 Does the organization understand the health & well-being related needs of employees responsible for the entity?

H3

Yes

Please describe the top three employee health and well-being needs (maximum 250 words):

Health need 1

\_\_\_\_\_

Health need 2

\_\_\_\_\_

Health need 3

\_\_\_\_\_

Describe the data used to establish these needs (select all that apply):

- Primary data
- Secondary data
- Anecdotal information or personal observations
- Other: \_\_\_\_\_

**UPLOAD** OR URL \_\_\_\_\_

Indicate where in the evidence the relevant information can be found \_\_\_\_\_

No

Not applicable

Provide additional context for the answer provided (maximum 250 words):

\_\_\_\_\_

#### Intent

Assess the entity's understanding of the health and well-being needs of its employees. Information about the health & well-being status and needs of employees provides the foundation for systematic action to create value and manage risks. The purpose is to assess the health & well-being status of the relevant employee population, including both risks and opportunities for improvement, and use this information to prioritize interventions to promote employee health & well-being. The absence of this information increases the likelihood of inefficient or non-targeted actions.

#### Requirements

State the top three health and well-being needs of the employees identified by the entity, and describe the process used to collect primary data about employee needs (e.g., surveys, interviews, etc.), characterize needs by evaluating secondary data sources (e.g., research studies about similar populations), or the use of anecdotal information or personal observations (e.g., informal conversations, personal experience, etc.).

The top three needs are not used for scoring but for reporting purpose only.

**Evidence:** Document upload or hyperlink. The evidence should sufficiently support all the items selected for this question. If a hyperlink is provided, ensure that it is not outdated and the relevant page can be accessed within two steps.

Examples of evidence may include, but not limited to, a narrative description of the organization's process, a sample survey illustrating primary data collection, or a consultant's report illustrating review of secondary data.

#### H4 Does the organization use specific strategies to meet the health promotion goals for employees responsible for the entity?

H4

Yes

Describe the entity's top three goals for employee health and well-being promotion (maximum 250 words):

Goal 1

\_\_\_\_\_

Goal 2

\_\_\_\_\_

Goal 3

\_\_\_\_\_

Select strategies used by the organization to achieve these goals, select all that apply:

Design and operations strategies

- Acoustic comfort (e.g. sound-reducing surfaces)
- Indoor air quality (e.g. green cleaning, low-emitting materials)
- Outdoor air quality (e.g. pollution prevention during construction)
- Lighting controls and/or access to daylight
- Thermal comfort (e.g. personal control)
- Toxic exposures (e.g., materials, paints, sealants, finishes)
- Water quality (e.g. Water filtration system)
- Social interaction (e.g. café, break area)
- Ergonomic design (e.g., workplace evaluations)
- Biophilic design (e.g. access to views, connections to nature)
- Inclusive design (e.g. lactation room, universal design)
- Other: \_\_\_\_\_

Access and opportunity strategies

- Access to medical care (including access to preventive services)
- Access to mental health care
- Access to recreational opportunities (e.g., gym, trails)
- Access to opportunities for physical activity (e.g., active design)
- Access to healthy foods (e.g., proximity to healthy food options)
- Other: \_\_\_\_\_

Programmatic strategies

- Smoking cessation and/or prevention (e.g. smoke free policies)
- Physical activity programming (e.g. physical activity challenge, onsite yoga)
- Telework / Flexible work program
- Other: \_\_\_\_\_

No

Provide additional context for the answer provided (maximum 250 words):

\_\_\_\_\_

## Intent

Assess the entity's goal-setting and implementation of strategies to promote employee health & well-being. Entities that take action to promote employee health & well-being are likely to benefit from increased employee satisfaction, productivity, worker retention, and improved decision-making. In some cases, the entity may also be able to reduce health care-related expenses, such as insurance premiums.

## Requirements

State the top three goals for employee health and well-being promotion, and indicate the strategies implemented in order to meet these goals. Goals should be informed by the understanding of employee health and well-being needs as identified in H3. The top three goals are not used for scoring but for reporting purpose only.

Participants may use the open textbox underneath the indicator to provide additional information.

### H5 Does the organization monitor the impact of employee health promotion strategies on employee health and well-being goals as identified in H4?

H5

Yes

Select monitoring method used by the organization to monitor impact on the goals described in H4, select all that applies:

- Indoor environmental quality metrics (e.g., CO2 concentration, daylight)
- Experience and opinions (e.g., surveys)
- Behavior (e.g., use of stairways, food choices, active transportation, use of gym facilities, utilization of preventive care)
- Job performance (e.g., productivity, absenteeism)
- Health and well-being outcomes (e.g., incidence of asthma)
- Other factors: \_\_\_\_\_

**UPLOAD** OR URL \_\_\_\_\_

Indicate where in the evidence the relevant information can be found \_\_\_\_\_

No

Provide additional context for the answer provided (maximum 250 words):

\_\_\_\_\_

## Intent

Assess the entity's strategy to monitor the operational outcomes of its actions to promote the health & well-being of employees responsible for the entity. Monitoring performance and outcomes for employees provides feedback to understand, implement, and improve the effectiveness of interventions in order to progress towards the goals listed in H4. The presence of monitoring is a strong indicator of the entity's commitment to achieving its policy objectives and realizing operational benefits.

## Requirements

This indicator focuses on types of information collected by the entity to monitor performance and measure impact of actions taken to promote employee health & well-being (e.g., Indicator 4). Participants may use the

open textbox underneath the indicator to communicate on how the employee health and well-being goals listed in H4 are monitored by the measures selected in H5.

**Evidence:** Document upload or hyperlink. The evidence should sufficiently support all the items selected for this question. If a hyperlink is provided, ensure that it is not outdated and the relevant page can be accessed within two steps.

Examples of evidence may include, but not limited to, a description of the entity's monitoring strategy or a consultant's report on the entity's monitoring activities. Acceptable evidence must provide specific information about each selected option.

## H6 Does the entity understand the health & well-being related needs of tenants of its real estate assets and/or customers for its services?

H6

Yes

Please describe the top three tenant and customer health and well-being needs (maximum 250 words):

Health need 1

\_\_\_\_\_

Health need 2

\_\_\_\_\_

Health need 3

\_\_\_\_\_

Describe the data used to establish these needs (select all that apply):

- Primary data
- Secondary data
- Anecdotal information or personal observations
- Other: \_\_\_\_\_

**UPLOAD** OR URL \_\_\_\_\_

Indicate where in the evidence the relevant information can be found \_\_\_\_\_

No

Not applicable

Provide additional context for the answer provided (maximum 250 words):

\_\_\_\_\_

### Intent

Assess the entity's understanding of the health and well-being needs of its tenants and/or customers of its services. Creating value and managing health-related risks requires understanding the needs and expectations of tenants/customers related to the promotion of health & well-being. This may include establishing a baseline of current conditions and/ or describing the needs of a prototypical tenant/customer. In either case, the purpose is to define the population and use this information to prioritize strategies for the entity's real estate assets or services. The absence of this information increases the likelihood of inefficient or non-targeted actions.

## Requirements

State the top three health & well-being related needs of the entity's tenants and/or customers. The indicator makes a distinction between primary data collection (e.g., original information such as surveys), secondary data (e.g., research on typical customers or review of published literature), and the use of anecdotal information or personal observations (e.g., informal conversations, personal experience, etc.).

The top three needs are not used for scoring but for reporting purpose only.

**Evidence:** Document upload or hyperlink. The evidence should sufficiently support all the items selected for this question. If a hyperlink is provided, ensure that it is not outdated and the relevant page can be accessed within two steps.

Examples of evidence may include, but not limited to, a narrative description of the organization's process, a sample survey illustrating review of secondary data.

## H7 Does the entity use specific strategies to promote health & well-being through its real estate assets and services?

Yes

Describe the entity's top three goals for tenant and customer health and well-being promotion (maximum 250 words):

Goal 1 \_\_\_\_\_ Goal 2 \_\_\_\_\_ Goal 3 \_\_\_\_\_

Select strategies used by the organization to achieve the goals, select all that apply and indicate to which goal(s) each strategy applies:

Design and operations strategies

- Acoustic comfort (e.g. sound-reducing surfaces)
- Indoor air quality (e.g. green cleaning, low-emitting materials)
- Outdoor air quality (e.g. pollution prevention during construction)
- Lighting controls and/or access to daylight
- Thermal comfort (e.g. personal control)
- Toxic exposures (e.g., materials, paints, sealants, finishes)
- Water quality (e.g. Water filtration system)
- Social interaction (e.g. café, break area)
- Ergonomic design (e.g., workplace evaluations)
- Biophilic design (e.g. access to views, connections to nature)
- Inclusive design (e.g. lactation room, universal design)
- Other: \_\_\_\_\_

Access and opportunity strategies

- Access to medical care (including access to preventive services)
- Access to mental health care
- Access to recreational opportunities (e.g., gym, trails)
- Access to opportunities for physical activity (e.g., active design)
- Access to healthy foods (e.g., proximity to healthy food options)
- Other: \_\_\_\_\_

Programmatic strategies

- Smoking cessation and/or prevention (e.g. smoke free policies)
- Physical activity programming (e.g. Cycling program)
- Other: \_\_\_\_\_

Actions in surrounding neighborhood and community

- Activities in areas surrounding assets (e.g., tree planting)
- Activities in areas in the community (e.g., offering space for community activities such as farmers' markets, increasing access to health education)
- Urban regeneration/redevelopment
- Community development/revitalization
- Other: \_\_\_\_\_

No

Not applicable

Provide additional context for the answer provided (maximum 250 words): \_\_\_\_\_



**Intent**

Assess the entity's goal-setting and implementation of strategies to promote health & well-being through its real estate assets and services. Entities that take action to promote health & well-being through their real estate assets and services may benefit by reducing risk from liabilities stemming from health & well-being risks and making their property and services more attractive to desirable tenants/customers. This may drive a range of derivative economic benefits, including lower operational costs, increasing revenue, lower vacancy, and other factors.

**Requirements**

State the top three goals for tenant and customer health and well-being promotion, and indicate the strategies implemented in order to meet these goals. Goals should be informed by the understanding of tenant and customer health and well-being needs as identified in H6. The top three goals are not used for scoring but for reporting purpose only.

Participants may use the open textbox underneath the indicator to provide additional information.

## H8 Does the organization monitor the impact of tenant and customer health promotion strategies on health and well-being goals as identified in H7?

Yes

Select monitoring method used by the organization to monitor impact on the goals described in H7, select all that applies:

- Indoor environmental quality metrics (e.g., CO2 concentration, daylight)
- Experience and opinions (e.g., surveys)
- Behavior (e.g., use of stairways, food choices, active transportation, use of gym facilities, utilization of preventive care)
- Social and economic determinants of health & well-being (e.g., access to green space, perception of safety)
- Other factors: \_\_\_\_\_

**UPLOAD** OR URL \_\_\_\_\_

Indicate where in the evidence the relevant information can be found \_\_\_\_\_

No

Provide additional context for the answer provided (maximum 250 words):

\_\_\_\_\_

**Intent**

Assess the entity's strategy to monitor the operational outcomes of its actions to promote health & well-being through its real estate assets and services. Monitoring performance and outcomes for tenants/customers provides feedback to understand, implement, and improve the entity's interventions and their effectiveness in order to progress towards the goals listed in H7. The presence of monitoring is a strong indicator of the entity's commitment to achieving its policy objectives and realizing operational benefits.

**Requirements**

This indicator assess the presence of an entity-level mechanism for monitoring performance and measuring

impact of actions taken to promote health & well-being for tenants and/or customers. Participants may use the open textbox underneath the indicator to communicate on how the employee health and well-being goals listed in H6 are monitored by the measures selected in H7.

**Evidence:** Document upload or hyperlink. The evidence should sufficiently support all the items selected for this question. If a hyperlink is provided, ensure that it is not outdated and the relevant page can be accessed within two steps.

Examples of evidence may include, but not limited to, a description of the entity's monitoring strategy or a consultant's report on the entity's monitoring activities. Acceptable evidence must provide specific information about each selected option.

# Appendix 1 - Terminology

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**Access to healthy foods:** Locating the workplace near healthy food vendors supports healthy eating by employees. Consider the needs of individual employee and contractor populations. Construction workers, for instance, may have disproportionate access to healthy foods given their working conditions. Employers who provide healthy food options are able to increase the nutrition and well-being of employees.

**Access to medical care:** Access to health services, including preventive services such as disease screenings and vaccinations. In reference to Indicator 4, this could include the provision of such services in or around the workplace and/or access to such services through employer-provided or government-provided healthcare programs. In reference to Indicator 7, this could include preferentially selecting tenants based on the needs of the surrounding community and/or allowing the entity's assets to be used for health fairs or expos open to the surrounding community.

**Access to mental health care:** Access to mental health services, including services such as depression screenings and counseling services. In reference to Q4, this could include the provision of such services in or around the workplace and/or access to such services through employer-provided or government-provided healthcare programs. In reference to Indicator 7, this could include preferentially selecting tenants based on the needs of the surrounding community and/or allowing the entity's assets to be used for health fairs or expos open to the surrounding community.

**Access to recreational opportunities:** Access to safe and affordable opportunities for fitness and recreation. This could include establishments featuring exercise or recreational sports activities such as swimming or outdoor opportunities for recreation such as nature trails. In reference to Indicator 4, this could include the provision of such services in or around the workplace and/or providing employees access to such services by subsidizing memberships to recreational facilities. In reference to Indicator 7, this could include the provision of such services in the entity's assets for use by tenants, preferentially selecting tenants based on the needs of the surrounding community and/or allowing the entity's assets to be used for recreational purposes by the surrounding community.

**Access to opportunities for physical activity:** This includes the use of active design, or features that promote movement such as the prominent placement of stairwells in comparison to elevators, as well as access to shower facilities that enable active transport.

**Activities in areas surrounding assets (neighborhood):** Activities that benefit the area surrounding the entity's assets such as tree planting, sidewalk creation, bike paths, etc. This term focuses on proximity to assets.

**Activities in areas in community:** Activities that benefit a broader group of people associated with the entity. This group is not necessarily based on proximity to assets; rather connections are based on affinity or social linkages (e.g., employee families, community groups, etc.).

**Acoustic comfort:** Minimizing sound to promote mental well-being and in some instances, physical ear health. In reference to Q4, this could include building design and materials selection to promote acoustic comfort for employees and efforts to protect the ear health of construction and industrial workers. In reference to Q7, this could include building design and materials selection to promote acoustic comfort for tenants, mechanisms to limit noise disturbances in communities surrounding the entity's assets during both construction and operations.

**Biophilic design:** Design that draws upon the innate connection between humans and nature. This includes direct connections with nature, access to views, place-based design and interior design that includes plants, water and/or symbolic connections to nature through images, colors and shapes.

**Board of Directors:** A body of elected or appointed members who jointly oversee the activities of a company or

organization as detailed in the corporate charter. Boards normally comprise both executive and non-executive directors.

**Community:** Community means persons or groups of people economically, socially or environmentally impacted (positively or negatively) by the organization's operations. Communities are defined by association and connection, not geography.

**Community development/revitalization:** „Community Development is a process designed to create conditions of economic and social progress for the whole community with its active participation and fullest possible reliance upon the community's initiative.“ (UN)

**Customers for the entity's services:** This includes occupants of tenants' spaces and/or customers using the entity's such as facility management or custodial services.

**Data:** In this Module, data could refer to information collected from employee satisfaction surveys, an analysis of healthcare costs, a formal needs assessment or similar. Data should not be interpreted to mean individual level healthcare data but should rather describe employee health & well-being needs at the aggregate, population level. However, data should be categorized based on employee type. For instance, traditional office workers will have different needs than traditional construction workers.

- Primary data: Data collected directly from employees through surveys, focus groups, etc.
- Secondary data: Data collected from reviewing public health research, market reports, etc that is used to predict employee health & well-being needs.

**Employees responsible for the entity:** Individuals who perform any type of service for the entity whether they be individuals employed on a salary basis or a contract basis.

**Entity level:** Related specifically to the named entity, where entity is defined as the investable portfolio for which you are submitting the Health & Well-being response for.

**Ergonomic design:** “Ergonomics (or human factors) is the scientific discipline concerned with the understanding of interactions among humans and other elements of a system, and the profession that applies theory, principles, data and methods to design in order to optimize human well-being and overall system performance.” (FEES)

**Experience and opinions:** Views or judgments about something that may or may not be based on fact.

**Fund/portfolio manager:** Manages a portfolio of real estate investments, and the deployment of investor capital, by creating and implementing asset level strategies, across the entire portfolio.

**Health & well-being:** “Health is a complete state of physical, mental and social well-being, not merely the absence of disease or infirmity.” In the context of the GRESB Health & Well-being Module, health & well-being can refer to a broad range of activities that address the determinants of health or the conditions that lead to health outcomes. Particularly relevant are the social determinants of health, which are the “conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life.”<sup>1</sup> These are conditions that enable or discourage healthy living. This could include issues such as physical activity, healthy eating, equitable workplaces, maternity and paternity leave, access to healthcare, reduction in toxic exposures, etc. Traditional occupational health and safety issues are excluded from this module as they are robustly addressed by the GRESB Real Estate Assessment.

**Health care-related costs:** Costs associated with the provision of physical and mental health care.

**Health-related behaviors:** Behaviors that impact health such as diet, physical activity, use of tobacco and alcohol consumption. Many health-related behaviors are influenced by the natural and built environment.

**Health-related qualifications:** Formal training in medicine or public health such as a university degree or professional certificate.

**Health outcomes:** “The effect the process has had on the people targeted by it. These might include, for example, changes in their self-perceived health status or changes in the distribution of health determinants, or factors which are known to affect their health, well-being and quality of life.” (WHO)

**Inclusive design:** Design that accommodates individuals of different religions, genders and gender identities, ages, ethnicities and ability levels. This could include provision of multi-faith space, lactation room, age friendly design and/or accessible design.

**Indoor air quality:** The physical or biological characteristics of air within buildings. Indoor air quality (IAQ) is typically the product of outdoor quality mediated by the design and operation of building systems.

**Indoor environment:** The conditions within a building including temperature, humidity, lighting, noise, presence of nature, etc.

**Indoor environmental quality metrics:** Measures of indoor environmental quality including measures of air quality, thermal comfort, acoustics and lighting.

**Investment committee:** Oversees the entity’s investment strategy, evaluates investment proposals and maintains the investment policies, subject to the Board’s approval.

**Major Renovations:** Alterations that affect more than 50 percent of the total building floor area or cause relocation of more than 50 percent of regular building occupants. Major Renovation projects refer to buildings that were under construction at any time during the reporting period.

**Most senior employee responsible for health & well-being issues:** The most senior employee who holds authority for approving strategic health & well-being objectives and steps undertaken to achieve these objectives. The organization’s most senior decision-maker is expected to be actively involved in the process of defining the health & well-being objectives and should approve associated strategic decisions regarding health & well-being.

**New Construction:** Includes all activities to obtain or change building or land- use permissions and financing. Includes construction work for the project with the intention of enhancing the property’s value. Development of new buildings and additions to existing buildings that affect usable space can be treated as new construction. New Construction projects refer to buildings that were under construction at any time during the reporting period.

**Operating building:** A completed building, where the level of occupancy is irrelevant.

**Operational performance:** Elements of health & well-being observed during day-to-day operations of a company, fund or asset (e.g., productivity, absenteeism, etc.).

**Organizational level:** related to the organization or company of which the participating entity forms a part. Organization is defined as the investment management organization or the group level.

**Outdoor air quality:** The impact that the entity has on outdoor air quality, particularly during activities such as construction. Poor outdoor air quality can present an immediate threat to employee health, well-being and productivity.

**Policy:** Defines an organizational commitment, direction or intention as formally adopted by the organization. Health & well-being policies should consider both the design and operational aspects of real estate as well as organizational operations in regards to employee health & well-being. A policy for the promotion of employee health & well-being may include items such as a corporate wellness policy, telework policy, etc. A policy for the

promotion of health well-being through the management of real estate assets and services may include items such as the use of health-specific design and operations guidelines, and associated health programming.

**Real estate assets and services:** The properties included in the entity's portfolio as well as associated services such as acquiring, developing, designing, constructing, leasing and/or operating property.

**Senior management team:** A team of individuals who have the day-to-day responsibility of managing the entity/organization. The senior management team is typically appointed by the CEO, Board of Directors and/or shareholders.

**Smoking cessation/prevention:** This includes access to cessation programs for current smokers who wish to stop smoking as well as activities to prevent smoking such as smoking bans in and around the workplace.

**Smoking cessation and/or prevention:** Programs that encourage smoking cessation and/or prevention. This includes no-smoking policies that prohibit smoking inside buildings as well as outside buildings near entrances and public areas.

**Social interaction:** The provision of common spaces to promote social cohesion such as a café area, courtyard, garden, and/or activities that promote social interaction such as employee appreciation days, lunchtime policies, etc.

**Social and economic determinants of health:** Social and economic determinants of health are the conditions in which people are born, grow, live, work and age. Relevant examples of social determinants of health include access to healthy foods and opportunities for physical activity. Relevant examples of economic determinants of health include opportunities for employment and education status.

**Sustainability / ESG management team:** A group of individuals who meet regularly to discuss and monitor the implementation of the organization's health & well-being programs.

**Tenants of the entity's real estate assets:** The tenant is the person with whom the landlord of the building has a direct contractual relationship to occupy part or all of the building. In most cases this will be a landlord/tenant relationship documented by a lease. However, it also includes occupiers that occupy on the basis of other types of contractual agreement, for example as a franchisee.

**Thermal comfort:** The thermal environment including air temperature, speed and humidity can impact employee thermal comfort. Research suggests that thermal comfort contributes to employee productivity and well-being.

**Toxic exposures (materials, paints, sealants, finishes):** Exposure to toxic materials which "are substances that may cause harm to an individual if it enters the body. Toxic materials may enter the body in different ways. These ways are called the route of exposure. The most common route of exposure is through inhalation (breathing it into the lungs). Another common route of entry is through skin contact. Some materials can easily pass through unprotected skin and enter the body. Ingestion is another, less common, route of exposure in the workplace. Ingestion often occurs accidentally through poor hygiene practices (e.g. eating food or smoking a cigarette using contaminated hands)" (Canadian Centre for Occupational Health and Safety).

**Urban regeneration/redevelopment:** Redeveloping land in moderate to high-density urban areas including infill development, and brownfield redevelopment.

# Appendix 2 - Resources

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Canadian Center for Occupational Safety and Health

County Health Rankings

Centers for Disease Control and Prevention

[Federation of European Ergonomics Societies](#)

Ontario Healthy Communities Coalition

- Values and principles

National Institutes of Health

Robert Wood Johnson Foundation Culture of Health

United Nations Environment Program

- Responsible Property Investment

World Green Building Council

- Better Places for People campaign

World Health Organization

- Social determinants of health
- Health Impact Assessment
- Human rights