



G R E S B[®]
REAL ESTATE

2017 Health & Well-being Module

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Disclaimer: 2017 GRESB Health & Well-being Module

The 2017 GRESB Real Estate Health & Well-being Module is accompanied by the 2017 GRESB Real Estate Health & Well-being Module Reference Guide ("Reference Guide"), which 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.

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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 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.



Out of the 759 entities that reported to the 2016 GRESB Real Estate Assessment, 174 entities voluntarily reported to the Health & Well-being Module, differentiating themselves as front runners within this emerging and increasingly important topic (click [here](#) for the aggregate 2016 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 Real Estate "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, 2017.
- Participation in the Health & Well-being Module will not have any impact on the entity's GRESB Score in 2017. Responses will be validated as part of the overall validation process for the GRESB Real Estate Assessment.

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 a new section in 2017 GRESB Real Estate Scorecards and 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 Scorecard and 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. Aggregated information from all Health & Well-being Module participants will be used as the basis for a market report and related research.

2017 GRESB Real Estate Health & Well-being Module changes

In 2017 GRESB convened Industry Working Groups (IWGs) (IWGs) to inform the development of the indicators and to discuss the structure, content and evolution of the Health & Well-being Module, now in its second 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 2017 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.

Q1 Divide into two indicators with Q1.1 addressing employees and Q1.2 addressing products and services

Rationale for change: Align the reporting scope with the other indicators addressing employee health & well-being. Depending on the organization structure, the employee strategy may be defined by the reporting entity or by the parent organization. Under the new indicator structure, participants can report on their practices, regardless of the organization structure.

Impact of change: The new structure allows the differentiation between various levels of influence on health & well-being practices.

Q4 Add new answer options based on 2016 frequently provided answers

Rationale for change: Inform participants by sharing some of the observed 2016 common practices.

Impact of change: More precise reporting.

Expand the reporting scope from “entity level” to “organization level”

Rationale for change: Align the reporting scope with the other indicators addressing employee health & well-being. Depending on the organization structure, the employee strategy may be defined by the reporting entity or by the parent organization. Under the new indicator structure, participants can report on their practices, regardless of the organization structure.

Impact of change: More precise reporting.

Remove upload

Rationale for change: Putting together the supporting evidence for this indicator was particularly challenging for participants because it addresses multiple levels of information. The uploads received were very difficult to validate for this same reason. The indicators require a few levels of information, and the resulting analysis is sufficiently informative for both investors and participants.

Impact of change: Lesser reporting burden without decreasing data quality.

Q6 Limit the reporting scope from “organization level” to “entity level”

Rationale for change: Align the reporting scope with the other indicators addressing health & well-being in the portfolio’s assets and with the indicator’s options.

Impact of change: More precise reporting.

Q7 Add new answer options based on 2016 frequently provided answers

Rationale for change: Inform participants by sharing some of the observed 2016 common practices.

Impact of change: More precise reporting.

Remove upload

Rationale for change: Putting together the supporting evidence for this indicator was particularly challenging for participants because it addresses multiple levels of information. The uploads received were very difficult to validate for this same reason. The indicators require a few levels of information, and the resulting analysis is sufficiently informative for both investors and participants.

Impact of change: Lesser reporting burden without decreasing data quality.

Q8 **Limit the intent of the indicator**

Rationale for change: Limited the intent of the indicator to determinants of health & well-being behavior and removed performance metrics on health outcomes. The 2016 reporting companies identified this data as particularly sensitive and difficult to obtain from the tenants.

Impact of change: More precise reporting.

Limit the reporting scope from “organization level” to “entity level”

Rationale for change: Align the reporting scope with the other indicators addressing health & well-being in the portfolio's assets.

Impact of change: More precise reporting.

Q10 **Expand the reporting scope from “entity level” to “organization level”**

Rationale for change: Depending on the organization structure, financial risks or costs associated with health & well-being may reside with the reporting entity or with the parent organization. Under the new indicator structure, participants can report on their practices, regardless of the organization structure.

Impact of change: More precise reporting.

GRESB Real Estate Health & Well-being Indicators

H1.1 Does the organization have a policy for the promotion of health & well-being for employees? **Q1**

Yes

The policy is present at

The organizational level, applicable to the entity

The entity level

UPLOAD supporting evidence OR Hyperlink_____

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 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 Acceptable evidence would typically be one or more official documents from the entity describing its policies.

H1.2 Does the organization have a policy for the promotion of health & well-being through real estate assets and services? **Q1**

Yes

The policy is present at

The organizational level, applicable to the entity

The entity level

UPLOAD supporting evidence OR Hyperlink_____

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 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 Acceptable evidence would typically be one or more official documents from the entity describing its policies.

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

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 (select all that apply)

- Board of Directors
- Senior management team
- Sustainability/ESG management team
- Human resources
- Other team or department _____

Provide the details for the most senior of these employees

Name _____
 Job title _____
 E-mail _____
 LinkedIn profile (optional) _____

The same individual as the most senior employee responsible for sustainability (indicated in the main assessment). This individual is part of (select all that apply)

- Board of Directors
- Fund/portfolio managers
- Investment Committee
- Senior Management Team
- Other _____

Provide the details for the most senior of these employees

Name _____
 Job title _____
 E-mail _____
 LinkedIn profile (optional) _____

(REQUIRED FOR EITHER SELECTION) Describe the individual’s health-related qualifications (maximum 250 words)

No

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

Intent	Assess entity's leadership for health & well-being. Qualified 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.
Evidence	Participants must provide contact information for the specified employee, including name, title, email address, and, optionally, a LinkedIn profile. The description of health-related qualifications could be text from a resume, CV, or short bio.
Requirements	Provide contact information for the individual leading the entity's efforts to promote health & well-being. Briefly describe the individual's health-related qualifications, such as formal education or relevant work experience. Open text box on health-related qualifications: this information is for reporting purposes only. It is not scored.

H3 **Does the organization understand the health & well-being-related needs of employees responsible for the entity?** **Q3**

Yes

Select all items that describe the process used to understand the health & well-being-related needs of the employees responsible for the entity

- The entity has a process to understand the health & well-being needs of its employees
- The entity's process uses primary data to understand the health & well-being needs of its employees
- The entity's process uses secondary data to understand the health & well-being needs of its employees
- The entity uses anecdotal information or personal observations to understand health & well-being needs of its employees
- Other _____

UPLOAD supporting evidence OR Hyperlink _____

No

Intent	Assess the entity's strategy to understand the health & 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	This indicator focuses on the process used to understand employee status and needs with respect to health & well-being. Participants must 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.).
Evidence	Examples of evidence may include 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.

Does the organization use specific strategies to promote the health & well-being of the employees responsible for the entity?

Yes

Select strategies used by the entity to address employee needs (e.g., opportunities identified in Indicator 3), select all that apply and indicate applicable phases of implementation or percentage of employees covered

Design and operations strategies

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

Access and opportunity strategies

- Access to medical care Percentage of employees covered ▼
(including access to preventive services)
- Access to mental health care Percentage of employees covered ▼
- Access to recreational opportunities Percentage of employees covered ▼
(e.g., gym, trails)
- Access to opportunities for physical activity Percentage of employees covered ▼
(e.g., active design)
- Access to healthy foods Percentage of employees covered ▼
(e.g., proximity to healthy food options)

Programmatic strategies

- Smoking cessation and/or prevention (e.g. smoke free policies) Percentage of employees covered ▼
- Physical activity programming (e.g. physical activity challenge, onsite yoga) Percentage of employees covered ▼
- Telework / Flexible work program Percentage of employees covered ▼
- Other _____ Percentage of employees covered ▼

Describe how these strategies and associated actions are typically prioritized

- Ad hoc/opportunity
 - Information about the health & well-being needs of employees (e.g., Indicator 3)
 - Guidelines or standards
 - Other _____
- No

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

Implementation phase for strategy (select all that apply)

- ▼ New construction and major renovations
- ▼ Fit-out/refurbishment
- ▼ Operation of existing buildings
- ▼ Unknown

Percentage of employees responsible for the entity covered by strategy

- ▼ > 0%, < 25%
- ▼ ≥ 25%, < 50%
- ▼ ≥ 50%, < 75%
- ▼ ≥ 75%, ≤ 100%
- ▼ Unknown

Intent	Assess the entity's actions 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	This indicator focuses on broad categories of strategies the entity has pursued to promote employee health & well-being. Coverage for each action is expressed either as phase of implementation (e.g., new construction, operations, etc.) or as the approximate percentage of employees benefiting from the strategy.
Evidence	Examples of evidence for this indicator include a description of the entity's strategy for design, construction, or operation – this may include entity's actions during design, construction, contractor requirements, scorecards, or similar documentation. This may be supplemented by an example or description of the process used to prioritize or select strategies (e.g., health promotion design guidelines, rating systems, or primary/secondary data).

Does the organization monitor operational performance, such as determinants of health (health-related behaviors, environmental conditions), health outcomes, or other performance metrics, of employees responsible for this entity?

Yes

Select the types of operational performance monitored (multiple answers possible)

Indoor environmental quality metrics (e.g., CO2 concentration, daylight)

Percentage of employees covered ▼

Typical frequency of monitoring ▼

Experience and opinions (e.g., surveys)

Percentage of employees covered ▼

Typical frequency of monitoring ▼

Behavior (e.g., use of stairways, food choices, active transportation, use of gym facilities, utilization of preventive care)

Percentage of employees covered ▼

Typical frequency of monitoring ▼

Job performance (e.g., productivity, absenteeism)

Percentage of employees covered ▼

Typical frequency of monitoring ▼

Health & well-being outcomes (e.g., incidence of asthma)

Percentage of employees covered ▼

Typical frequency of monitoring ▼

Other _____

Percentage of employees covered ▼

Typical frequency of monitoring ▼

UPLOAD supporting evidence OR Hyperlink _____

No

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

Percentage of employees covered

- ▼ > 0%, < 25%
- ▼ ≥ 25%, < 50%
- ▼ ≥ 50%, < 75%
- ▼ ≥ 75%, ≤ 100%
- ▼ Unknown

Typical frequency of monitoring

- ▼ More frequent than daily
- ▼ Daily
- ▼ Weekly
- ▼ Monthly
- ▼ Annual
- ▼ Event-based (e.g. need)
- ▼ Ad hoc/ no fixed schedule
- ▼ Unknown

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. 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). Each type of performance monitoring selected should be associated with approximate percentage of employees covered by the monitoring and typical frequency of monitoring.
Evidence	Examples of evidence include a description of the entity's monitoring strategy or a consultant's report on the entity's monitoring activities. Acceptable evidence will 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?** **Q6**

Yes

Select all items that describe the process used to understand the health & well-being-related needs of tenants and/or customers

- The entity has a process to understand the health & well-being needs of its tenants and/or customers
- The entity's process uses primary data to understand the health & well-being needs of its tenants and/or customers
- The entity's process uses secondary data to understand the health & well-being needs of its tenants and/or customers
- The entity uses anecdotal information or personal observations to understand health & well-being needs of its tenants and/or customers
- Other _____

UPLOAD supporting evidence OR Hyperlink _____

No

Not applicable

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

Intent	Assess the entity's strategy to understand the health & well-being-related 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 & wellbeing. 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	This indicator focuses on the process used to understand the health & wellbeing-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) and secondary data (e.g., research on typical customers or review of published literature).
Evidence	Examples of evidence include a narrative description of the organization's process, a sample survey illustrating review of secondary data.

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

Yes

Select strategies used by the entity to address tenant and/or customer needs (e.g., opportunities identified in Indicator 6), select all that apply and indicate applicable phases of implementation or percentage of assets covered

Design and operations strategies

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

Access and opportunity strategies

- Access to medical care Percentage of assets covered ▼
(including access to preventive services)
- Access to mental health care Percentage of assets covered ▼
- Access to recreational opportunities Percentage of assets covered ▼
(e.g., gym, trails)
- Access to opportunities for physical activity Percentage of assets covered ▼
(e.g., active design)
- Access to healthy foods Percentage of assets covered ▼
(e.g., proximity to healthy food options)

Programmatic strategies

- Smoking cessation and/or prevention Percentage of assets covered ▼
(e.g. smoke free policies)
- Physical activity programming Percentage of assets covered ▼
(e.g. physical activity challenge, onsite yoga)
- Other _____

Actions in surrounding neighborhood and community

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

Describe how these strategies and associated actions are typically prioritized

- Ad hoc/opportunity
- Information about the health & well-being needs of employees
(e.g., Indicator 6)
- Guidelines or standards
- Other _____

- No
- Not applicable

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

Implementation phase for strategy (select all that apply)

- ▼ New construction and major renovations
- ▼ Fit-out/refurbishment
- ▼ Operation of existing buildings

Percentage of employees responsible for the entity covered by strategy

- ▼ > 0%, < 25%
- ▼ ≥ 25%, < 50%
- ▼ ≥ 50%, < 75%
- ▼ ≥ 75%, ≤ 100%
- ▼ Unknown

Intent	Assess the entity's actions to promote health & well-being through its real estate assets and services. Entities that take action to promote health & wellbeing 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.
Terminology	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.
Requirements	This indicator focuses on broad categories of strategies the entity has pursued to promote tenant and/or customer health & well-being through the entity's real estate assets or services. Coverage for each action is expressed either as phase of implementation or as the approximate percentage of the entity's portfolio benefiting from the action.
Evidence	Examples of evidence for this indicator include a description of the entity's actions during design, construction, or operation. This may be supplemented by an example or description of the process used to prioritize or select activities (e.g., health-promotion design guidelines, rating systems, or primary/secondary data).

Does the entity monitor operational performance such as determinants of health, health-related behaviors, environmental conditions or other performance metrics of its real estate assets and services?

Yes

Select the types of operational performance monitored (multiple answers possible)

- Indoor environmental quality metrics (e.g., CO2 concentration, daylight)
 - Percentage of portfolio covered ▼
 - Typical frequency of monitoring ▼
 - Experience and opinions (e.g., surveys)
 - Percentage of portfolio covered ▼
 - Typical frequency of monitoring ▼
 - Behavior (e.g., use of stairways, food choices, active transportation, use of gym facilities, utilization of preventive care)
 - Percentage of portfolio covered ▼
 - Typical frequency of monitoring ▼
 - Social and economic determinants of health & well-being (e.g., access to green space, perception of safety)
 - Percentage of portfolio covered ▼
 - Typical frequency of monitoring ▼
 - Other _____
 - Percentage of portfolio covered ▼
 - Typical frequency of monitoring ▼
- UPLOAD** supporting evidence OR Hyperlink _____

No

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

Percentage of employees covered

- ▼ > 0%, < 25%
- ▼ ≥ 25%, < 50%
- ▼ ≥ 50%, < 75%
- ▼ ≥ 75%, ≤ 100%
- ▼ Unknown

Typical frequency of monitoring

- ▼ More frequent than daily
- ▼ Daily
- ▼ Weekly
- ▼ Monthly
- ▼ Annual
- ▼ Event-based (e.g. need)
- ▼ Ad hoc/ no fixed schedule
- ▼ Unknown

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. 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.
Evidence	Examples of evidence include a description of the entity's monitoring strategy or a consultant's report on the entity's monitoring activities. Acceptable evidence will provide specific information about each selected option.

H9 **Has the entity received third-party recognition or was the entity the focus of case studies for its health & well-being-related actions, performance, or achievements?** **Q9**

Yes

Select all types of recognitions applicable (multiple answers possible).

Note: Health & well-being related building certifications should be reported in the main Assessment.

- Awards, indicate the focus
 - Promotion of health & well-being for employees responsible for the entity
 - Promotion of health & well-being through real estate assets and services
 - Other _____
- Case studies, indicate the focus
 - Promotion of health & well-being for employees responsible for the entity
 - Promotion of health & well-being through real estate assets and services
 - Other _____
- Other _____, indicate the focus
 - Promotion of health & well-being for employees responsible for the entity
 - Promotion of health & well-being through real estate assets and services
 - Other _____

UPLOAD supporting evidence OR Hyperlink _____

No

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

Intent	Provide investors with additional information about third-party recognition the entity has received for its efforts to promote health & well-being. Third party recognition provides a measure of the entity's performance. Awards and case studies are often indicative of efforts that significantly exceed prevailing practice or represent industry best practices.
Requirements	The indicator asks for sufficient information to confirm the award or case study and classify it as applying to the entity's employees or its real estate assets and services (or both). Third-party building certifications (including health focused certifications) should be listed in the main GRESB Assessment.
Evidence	Examples of evidence for this indicator include press releases, third-party reports, or similar documentation describing the nature of the award or case study, date of award, awarding organization, and relevant additional information (e.g., basis for the award).

H10 **Does the organization face financial risks or costs associated with health & well-being at the entity level?** **Q10**

Yes

Select options to describe the organization's exposure to financial risks or costs associated with health & well-being

- The organization is exposed to health care costs or health & well-being related financial risks for employees
 - The organization has direct responsibility for employee health care costs
 - The organization has indirect responsibility for employee health care costs, such as paying health insurance premiums for employees (including insurance to supplement government programs)
 - Other _____
- The organization is exposed to health care costs or health & well-being related financial risks for tenants and/or customers
 - The organization has direct exposure to health care-related costs or financial risks for tenants and/or customers
 - The organization has indirect exposure to health care-related costs or financial risks for tenants and/ or customers, such as insurance premiums
 - Other _____

No

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

Intent	Assess the entity's exposure to health-related financial costs. Direct exposure to health-related costs represents a business liability. Exposure to costs may, under some circumstances, influence the priority the entity places on efforts to promote health & well-being for employees, tenants and/or customers.
Requirements	All entities are exposed to general financial risks from health & well-being, including productivity, engagement, absenteeism, and other factors. This indicator is focused on financial risks or costs associated with the payment of health care costs, either directly or via insurance premiums. The purpose is to distinguish entities with direct or indirect responsibility for health-related costs from those where health-related costs are borne by third parties (e.g., a government program).
Evidence	Evidence is not requested for this indicator.

Terminology

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.”¹ 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.

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.

Resources

- [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](#)