

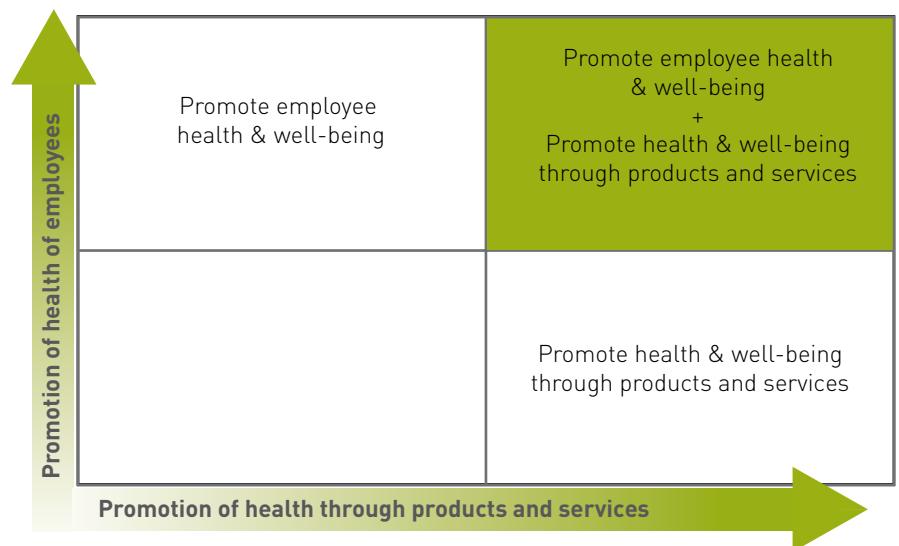


# 2016 **GRESB Real Estate Health & Well-being Module**

April 1, 2016

# 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. GRESB has worked with a diverse set of experts and stakeholders to fill this gap with a supplement to the 2016 Real Estate Assessment.



The result is the new GRESB Health & Well-being Module - 10 new indicators providing investors and participating companies and funds with new insights on leadership, needs assessment, implementation actions, and performance monitoring. 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, 2016.
- Participation in the Health & Well-being Module will not have any impact on the entity's GRESB Score in 2016. 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 2016 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](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.

## Disclaimer: 2016 GRESB Health & Well-being Module Reference Guide

The 2016 GRESB Real Estate Health & Well-being Module Reference Guide ("Reference Guide") accompanies the 2016 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.

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# GRESB Real Estate Health & Well-being Module

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## Q1 Does the organization have a health & well-being policy in place that applies to the entity?

Yes

The policy includes: (multiple answers possible)

- Promotion of health & well-being for employees responsible for the entity
- Promotion of health & well-being through the entity's real estate assets and services
- Other: \_\_\_\_\_

**UPLOAD** supporting evidence

*Indicate where the relevant information can be found*

OR Hyperlink: \_\_\_\_\_

No

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

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## Q2 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)  
\_\_\_\_\_

**Q3**

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

- 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

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

OR Hyperlink: \_\_\_\_\_

- No

**Q4**

**Does the entity 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

- Acoustical comfort (e.g. sound-reducing surfaces) Select phases ▼
- Indoor air quality (e.g. green cleaning, low-emitting materials) Select phases ▼
- Outdoor air quality (e.g. pollution prevention during construction) Select phases ▼
- Thermal comfort (e.g. personal control) Select phases ▼
- Toxic exposures (e.g., materials, paints, sealants, finishes) Select phases ▼
- Social interaction (e.g. café, break area) Select phases ▼
- Ergonomic design (e.g., workplace evaluations) Select phases ▼
- Biophilic design (e.g. access to views, connections to nature) Select phases ▼
- Inclusive design (e.g. lactation room, universal design) Select phases ▼
- Other: \_\_\_\_\_

Access and opportunity strategies

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

Programmatic strategies

- Smoking cessation and/or prevention (e.g. smoke free policies) Percentage of employees 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 3)
- Guidelines or standards
- Other: \_\_\_\_\_

**UPLOAD** supporting evidence

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

OR Hyperlink: \_\_\_\_\_

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

**Percentage of employees responsible for the entity covered by strategy:**

- 0 %, < 25 %
- ≥ 25%, < 50 %
- ≥ 50%, < 75 %
- ≥ 75%, < 100 %
- Unknown

Q5

**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 on health & well-being (e.g., satisfaction 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 factors: \_\_\_\_\_
  - Percentage of employees covered ▼
  - Typical frequency of monitoring ▼

**UPLOAD** supporting evidence

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

OR provide 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 | ▼ Annual                  |
| Daily                      | Event-based (e.g., need)  |
| Weekly                     | Ad hoc/ no fixed schedule |
| Monthly                    | Unknown                   |

**Q6**

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

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

*Indicate where the relevant information can be found*  
\_\_\_\_\_

OR Hyperlink: \_\_\_\_\_

No

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

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**Q7**

**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

- Acoustical comfort (e.g. sound-reducing surfaces) Select phases ▼
- Indoor air quality (e.g. green cleaning, low-emitting materials) Select phases ▼
- Outdoor air quality (e.g. pollution prevention during construction) Select phases ▼
- Thermal comfort (e.g. personal control) Select phases ▼
- Toxic exposures (e.g., materials, paints, sealants, finishes) Select phases ▼
- Social interaction (e.g. café, break area) Select phases ▼
- Ergonomic design (e.g., workplace evaluations) Select phases ▼
- Biophilic design (e.g. access to views, connections to nature) Select phases ▼
- Inclusive design (e.g. lactation room, universal design) Select phases ▼
- Other: \_\_\_\_\_

Access and opportunity strategies

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

Programmatic strategies

- Smoking cessation and/or prevention (e.g. smoke free policies) Percentage of assets covered ▼
- Other: \_\_\_\_\_

Actions in surrounding neighborhood and community

- Activities in areas surrounding assets (e.g., tree planting) Percentage of assets covered ▼
- Activities in areas in the community (e.g., blood drive) Percentage of assets covered ▼
- Urban regeneration/redevelopment Percentage of assets covered ▼
- Community development/revitalization Percentage of assets covered ▼
- Other: \_\_\_\_\_ Percentage of assets covered ▼

Describe how these strategies and associated actions are typically prioritized

- Ad hoc/opportunity
- Information about the health & well-being needs of tenants and/or customers (e.g., Indicator 6)
- Guidelines or standards
- Other: \_\_\_\_\_

**UPLOAD** supporting evidence

Indicate where the relevant information can be found

OR Hyperlink: \_\_\_\_\_

No

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

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**Implementation phase for strategy** (select all that apply):

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

**Percentage of assets covered**

- 0 %, < 25 %
- ≥ 25%, < 50 %
- ≥ 50%, < 75 %
- ≥ 75%, < 100 %
- Unknown

Q8

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

Yes

Select the types of operational performance monitoring intended to understand the performance of real estate assets or services in promoting health & well-being for tenants/customers (multiple answers possible).

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

Percentage of portfolio covered ▼

Typical frequency of monitoring ▼

Behavior (e.g., use of stairways, food choices)

Percentage of portfolio covered ▼

Typical frequency of monitoring ▼

Performance (e.g., productivity, absenteeism)

Percentage of portfolio covered ▼

Typical frequency of monitoring ▼

Social and economic determinants of health & well-being (e.g., education, access to medical care)

Percentage of portfolio covered ▼

Typical frequency of monitoring ▼

Outcomes (e.g., incidence of asthma)

Percentage of portfolio covered ▼

Typical frequency of monitoring ▼

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

Percentage of portfolio covered ▼

Typical frequency of monitoring ▼

**UPLOAD** supporting evidence

Indicate where the relevant information can be found

OR Hyperlink: \_\_\_\_\_

No

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

**Select the % portfolio covered**

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

**Typical frequency of monitoring:**

- |   |  |
|---|--|
| <input type="checkbox"/> More frequent than daily | <input type="checkbox"/> Annual                    |
| <input type="checkbox"/> Daily                    | <input type="checkbox"/> Event-based (e.g., need)  |
| <input type="checkbox"/> Weekly                   | <input type="checkbox"/> Ad hoc/ no fixed schedule |
| <input type="checkbox"/> Monthly                  | <input type="checkbox"/> Unknown                   |

**Q9 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?**

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

*Indicate where the relevant information can be found*  
\_\_\_\_\_

OR Hyperlink: \_\_\_\_\_

No

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

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

Yes

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

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

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# 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 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 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.

**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.

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

**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.

**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.).



**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.

**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.

**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.

**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

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- [Canadian Center for Occupational Safety and Health](#)
- [County Health Rankings](#)
- [Centers for Disease Control and Prevention](#)
- [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](#)