



**International
Standard**

ISO 25554

**Ageing societies — Guidelines
for promoting wellbeing in
communities**

*Vieillissement de la population — Lignes directrices pour la
promotion du bien-être dans les collectivités*

**First edition
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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO document should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

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For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC 314, *Ageing societies*.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

This document provides guidelines to specify a framework for the promotion of wellbeing in a community. In this document, it is supposed that a community has its own concept of wellbeing which is consistent with SDGs' (sustainable development goals) principle "leave no one behind", WHO (World Health Organization)'s healthy ageing and the community's mission and values. The wellbeing concept leads the promotion of wellbeing presented in this document. This document does not seek to provide norms to define what wellbeing is, but rather it provides a framework for achieving wellbeing that aligns with the wellbeing concept.

The framework includes the provision of wellbeing services and communication in both working and living conditions, regardless of community's size. This framework proposes a system to continuously improve the wellbeing of its members and interested parties with community-based leadership.

In addition, this framework considers not only the community as a whole, but also each individual, under SDGs' principle of "leaving no one behind". This framework also helps to identify measures a community already has in place to improve wellbeing, as well as any gaps that can exist. The effective use of digital technologies is regarded in this document for a continuous improvement of wellbeing promotion.

While wellbeing relates to various fields and elements, this document covers the areas that are expected to contribute to how people spend their lives, including "physical, mental and social wellbeing" based on the WHO's concept of healthy ageing. The framework of the promotion and management of wellbeing is common in structure among various communities such as enterprises, municipalities, and any other types of organizations, as well as local communities. It is also helpful to share methodologies and good practices among communities. For practical use of this framework, actual examples of wellbeing promotion in each type of community are beneficial.

The targets of management are all members in a community, including people who are older or have disabilities. Targeting those at higher health risk and providing services optimized for their health status is also recommended. This approach will improve the wellbeing of the target population as well as the wellbeing of the entire community. Diversity and inclusion should be utilized as strengths of a community.

The user categories covered by this document include:

- communities;
- leaders in a community;
- individuals and families belonging to the community.

NOTE 1 WHO defines Healthy Ageing as the process of developing and maintaining the functional ability that enables wellbeing in older age.

NOTE 2 The concept of wellbeing is also discussed in other documents that are developed by ISO/TC 314.

Ageing societies — Guidelines for promoting wellbeing in communities

1 Scope

This document presents guidelines to establish, implement, evaluate and continuously improve wellbeing, to promote healthy ageing at the level of community and individual members.

This document is applicable to any community, regardless of size, type and nature.

Management of occupational safety and health is outside of the scope of this document.

This document does not cover economic and financial aspects.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminology databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <https://www.electropedia.org>

3.1 wellbeing

state of being comfortable, healthy and happy

Note 1 to entry: Wellbeing is achieved by improving physical, mental, and social conditions.

Note 2 to entry: The wellbeing of a *community* (3.2) consists of the wellbeing of all its *members* (3.3).

[SOURCE: ISO 25550:2022, 3.13 modified — Notes 1 and 2 to entry added.]

3.2 community

place or group of people with an arrangement of responsibilities, activities and relationships

Note 1 to entry: A location such as a city, town, neighbourhood, village or rural area can also include groups of people with shared interests or features, such as professional groups, religious organizations and businesses.

Note 2 to entry: In many, but not all, contexts, a community has a defined geographical boundary.

Note 3 to entry: The following are considered actors in the community:

- authorities having jurisdiction within the community;
- organizations, congregations, and community groups;
- individuals, carers, and families;
- persons of interest in education, research, and development;

— planners and providers of products, services, the built environment, and the community infrastructures.

[SOURCE: ISO/TS 37151:2015, 3.1, modified — “place or” has been added to the definition; Note 1 to entry has been modified; Notes 2 and 3 to entry have been added.]

3.3

member

individual that is part of a *community* (3.2)

3.4

wellbeing concept

community's (3.2) own concept for actions to achieve *wellbeing* (3.1) for the community

Note 1 to entry: Wellbeing concept is consistent with SDGs' principle “leave no one behind”, WHO's healthy ageing and the community's mission and values.

3.5

wellbeing performance index

measure that is derived from objective and/or subjective indicator(s) to evaluate the result of the promotion of *wellbeing* (3.1) for a *community* (3.2) or its *members* (3.3)

3.6

wellbeing service

activity which a *community* (3.2) provides directly or indirectly to a *member* (3.3) to maintain or improve *wellbeing* (3.1)

4 Framework for realizing wellbeing concept

4.1 General

A community should design and provide services with its members, and the members should use the services to implement the wellbeing concept. The community should use indices, composed of measurable indicators, for both the community and its members to express the outcomes of the members' actions. The community should evaluate and review the differences between the expected outcomes and the actual outcomes and adjust the services and indices accordingly.

These processes should be performed at regular and planned intervals. This clause gives a framework for operating these processes.

A community should plan and carry out the promotion of wellbeing based on the framework. When implementing the framework, the following elements, which are further explained in [Clause 5](#), should be taken into consideration:

- a) sustainable and effective promotion and management;
- b) communication;
- c) leadership for the promotion and management of wellbeing;
- d) data management.

NOTE Examples of wellbeing management for citizens by municipality are presented in [Annex A](#), [Clauses A.2](#) and [A.3](#). In addition, an example of wellbeing management in a business is presented in [Clause A.4](#).

4.2 Developing wellbeing concept and defining expected outcomes for a community and its members

A community develops its own wellbeing concept, which is consistent with the community's mission and values, to drive a promotion of wellbeing.

Expected outcomes from its promotion should be defined for both the community and its members. Specified points in time should be defined for an expected outcome. The expected outcomes should include short, medium and long-term to allow for both adjustments of the services when required and sustainable promotion of wellbeing.

4.3 Preparing an evaluation scheme

4.3.1 Defining the wellbeing performance index of an individual member

Wellbeing performance indices for an individual member's expected outcomes should be determined. The indices should be constructed by means of measured indicators ([4.3.3](#) and [4.3.4](#)).

4.3.2 Defining the wellbeing performance index of a community

Wellbeing performance indices for the community's expected outcomes should be determined. The indices should be estimated using aggregated indicators of the community and/or its member (details as given in [4.3.3](#) and [4.3.4](#)).

4.3.3 Identifying the indicators of a member

Indicators to evaluate members' wellbeing performance indices should be determined to better reflect the status of individuals' wellbeing.

4.3.4 Identifying the indicators of a community

Indicators to evaluate communities' wellbeing performance indices should be determined to better reflect the status of communities' wellbeing. The indicators of a community are derived from statistical or objective aggregation of indicators of members or the statistics of the community. The indicators also present effectiveness of wellbeing services.

NOTE Examples of elements related to wellbeing are presented in [Annex C](#).

4.4 Designing and providing wellbeing services

Wellbeing services should be designed to improve outcomes.

Efficiency and effectiveness of wellbeing services should also be considered.

Planned wellbeing services should be provided to members. These wellbeing services are subject to evaluation from the point of the view of the expected outcomes of the community and its members.

NOTE 1 Third party businesses can provide efficient and effective wellbeing services.

NOTE 2 A wide variety of wellbeing services allow individuals and communities to voluntarily select services that specifically solve the issues they experienced and/or recognized.

4.5 Evaluating the wellbeing performance index

Data on indicators of a community and its members should be collected. Then the wellbeing performance indices of the community and its members should be evaluated.

NOTE Reporting one's status of indicators is always voluntary.

4.6 Reviewing the wellbeing performance index against expected outcomes

The wellbeing performance indices for both a community and its member, as well as efficiency and effectiveness of wellbeing services, should be reviewed by comparing with expected outcomes.

4.7 Adjusting wellbeing services and wellbeing performance index

Wellbeing services, as well as wellbeing performance indices, should be revised with regard to the results of review.

5 Responsibilities of a community

5.1 Sustainable and effective promotion and management

A community should maintain and/or improve the wellbeing of its members in a sustainable and efficient manner by providing appropriately-designed wellbeing services.

The services should be managed, reviewed and adjusted in line with the framework of the promotion and management of wellbeing presented in [Clause 4](#).

5.2 Communication for promotion and management

A community should promote and motivate the participation of members as much as possible in the community's efforts for the promotion of wellbeing, e.g. by facilitating communication between members and those responsible for the promotion.

For this purpose, a community should implement the process by which it collects data of measured indicators and present some or all wellbeing performance indices.

A community should present the benefit of its wellbeing services based on the evaluation results of wellbeing performance indices. Evaluation feedback and guidance to improve wellbeing performance indices should be given to each member to let members understand their conditions and motivate the member to act better.

Individual members should be able to participate in the decision making on the services to be provided.

NOTE It is helpful to obtain environmental context from members, such as barriers (e.g. accessibility of shops and restaurants, availability of bus lines for longer distances, lack of parks or attractive sidewalks, lack of correct/appropriate information, etc.), for the purposes of evaluation.

5.3 Role of leadership

Effective and continuous leadership is important to implement the promotion of wellbeing with effective and accessible communication.

A community should develop such human resources and continuously develop them since leadership is needed to promote and manage wellbeing.

5.4 Data management

If communities use digital technology to capture data from their members, the data can be used as an indicator for the community and for each member, and it can be utilized for performance indices for the community and for each member to help promote and manage wellbeing services.

When a community collects data relating to its members for the purpose of promotion and management, obtained data should be properly managed. Information/data on a community and its members should be used in a way that is supported by scientific evidence and validity, such as biostatistics and epidemiology.

For further information regarding the data collection and management policy including data collection, storage, retrieval, etc., see ISO/IEC 27701, ISO 31700-1, and ISO 22458.

NOTE A framework for utilizing information technology for wellbeing promotion is explained in [Annex D](#).

Annex A

(informative)

Examples of promoting and managing wellbeing

A.1 General

This annex provides examples of frameworks for promoting and managing wellbeing in two types of communities: municipality and business. The structure of the framework is common among communities of various size, type and nature. On the other hand, elements of the framework differ according to the community-specific wellbeing concept; the concept is consistent with the community's mission and values. [Table 1](#) summarizes the characteristic of each content of the framework based on the examples given in [Clauses A.2](#), [A.3](#), and [A.4](#).

Table 1 — Characteristics of framework elements in municipality and business

Elements of framework	Municipality	Business
Wellbeing concept	A concept for a sustainable future for the municipality and its members, particularly in line with the SDGs' principle "leave no one behind" and WHO's healthy ageing	A concept for employee health management from a corporate management perspective
Expected outcomes	For a member: improvement and maintenance of individual member's health and wellbeing For a municipality: improvement of factors related to the SDGs' principle "leave no one behind" and WHO's healthy ageing	For a member: improvement and maintenance of employee's health and wellbeing For a business: improvement of reputation and recognition
Evaluation scheme		
Wellbeing performance index:	Index set to achieve the expected outcome of members and municipality	Index set to achieve the expected outcome of employees and employer
Indicator:	Indicator set to evaluate the wellbeing performance index of members and municipality	Indicator set to evaluate the wellbeing performance index of employees and employer
Process		
Providing wellbeing service:	Designing and providing services for a member and sub-community of municipality to obtain expected outcomes and realize wellbeing concept	Designing and providing services for an employee to obtain expected outcomes and realize wellbeing concept
Evaluation and review:	<ul style="list-style-type: none"> — Data collection of the indicators — Periodic evaluation of the wellbeing performance index — Periodic review of the wellbeing performance index against expected outcomes 	<ul style="list-style-type: none"> — Data collection of the indicators — Periodic evaluation of the wellbeing performance index — Periodic review of the wellbeing performance index against expected outcomes
Adjustment:	Periodic revision of the wellbeing performance indices and wellbeing services based on the review	Periodic revision of the wellbeing performance indices and wellbeing services based on the review

Table 1 (continued)

Elements of framework	Municipality	Business
Responsibility		
Promotion and management:	<ul style="list-style-type: none"> — Providing wellbeing services in sustainable and sufficient manner to realize the wellbeing concept of municipality (e.g. pay for success) — Promoting participation of industry, academic institution, and other community-related organizations to carry out the promotion of wellbeing based on the framework 	<ul style="list-style-type: none"> — Providing wellbeing services to employees to realize the wellbeing concept of business
Communication with members:	<ul style="list-style-type: none"> — Promoting member participation in wellbeing services — Evaluating feedback to individual members to let them understand their conditions and encourage them 	<ul style="list-style-type: none"> — Promoting member participation in wellbeing services — Evaluating feedback to employees to let them understand their conditions and encourage them
Role of leadership:	<ul style="list-style-type: none"> — Declaration of wellbeing activity promotion by community leader — Implementation of human resource development program for the promotion of health and wellbeing 	<ul style="list-style-type: none"> — Declaration of wellbeing activity promotion by community leader — Implementation of leadership training for sustainable policy activity
Data management:	<ul style="list-style-type: none"> — Implementation of the data platform for collection and analysis of the data — Obtaining prior consent from individual members 	<ul style="list-style-type: none"> — Implementation of the data platform for collection and analysis of the data — Obtaining prior consent from individual members

NOTE Matters related to occupational health and safety (OH&S) are not described here since OH&S is out of the scope of this document.

A.2 Example of a framework for promoting and managing wellbeing in a municipality (single indicator case)

A.2.1 General

This wellbeing promotion and management framework is based on actual practices.

A.2.2 Wellbeing concept and expected outcomes for a community and its member

- Wellbeing concept: being more active.
- Expected outcome for a community: increase in physically active residents.
- Expected outcome for a member: improvement of daily activity.

A.2.3 Evaluation scheme

A.2.3.1 Member wellbeing performance index

- Average number of steps per day.

A.2.3.2 Community wellbeing performance index

- Number of residents whose average daily step count exceeds 8 000 steps.

A.2.3.3 Member indicators

- Average number of steps per day (identical to wellbeing performance index).

A.2.3.4 Community indicators

- Number of residents whose average daily step count exceeds 8 000 steps (identical to wellbeing performance index).

A.2.4 Wellbeing services

- Health promotion project: conducting regular health education programs for residents of all age groups in each area of the community and distributing pedometer mobile applications or pedometers to participants of the program. Feedback of health guidance based on pedometer data for each participant is also provided.
- Active shopping campaign at specific stores: discounts based on the number of steps taken.

A.2.5 Review of the wellbeing performance index against expected outcomes

Participants send their step data to a municipal database once a month. Changes in the daily activity are assessed based on the data of average number of steps per day. Changes in the number of physically active residents are reviewed based on the collected data. The review is conducted annually.

A.2.6 Adjustment of wellbeing services and wellbeing performance index

Based on the review, the details of health promotion project and active shopping campaign are adjusted to increase number of participants and their daily activity.

NOTE 1 The process of review ([A.2.5](#)) provides feedback to administrators and policy makers of the municipality, and they adjust the wellbeing services based on the review.

NOTE 2 The municipality provides step-count feedback to individual members to encourage them increasing the number of steps per day.

A.2.7 Responsibilities of a community

The Health and Welfare Division of the municipality selects an operator of the wellbeing service, and the results of the wellbeing service are objectively evaluated by an operator. The evaluation is used to determine the amount of performance-based compensation.

The municipality promotes the framework based on numerical data as evidence by utilizing digital instruments such as pedometers and related application software. The numerical results and health guidance based on the feedback data are provided to each participant. This communication is provided as a part of wellbeing services to motivate members and improve their conditions.

A.3 Example of a framework for promoting and managing wellbeing in a municipality (multiple indicator case)

A.3.1 General

This wellbeing promotion and management framework is based on actual practices.

A.3.2 Wellbeing concept and expected outcomes for a community and its member

- Wellbeing concept: all people live their own lives with meaning.
- Expected outcomes for a community:
 - increase in social capital enhancement index;
 - increase in quality of life (QOL) enhancement index.
- Expected outcomes for a member:
 - increase in health literacy index;
 - increase in daily activity index;
 - improvement in medical and nursing care index.

NOTE Each index shown above is developed by the municipality.

A.3.3 Evaluation scheme

A.3.3.1 Member wellbeing performance indices

- Health literacy index.
- Daily activity index.
- Medical and nursing care index.

A.3.3.2 Community wellbeing performance indices

- Social capital enhancement index.
- QOL enhancement index.

A.3.3.3 Member indicators

- Indicators for the health literacy index:
 - scores of health literacy test, history of attending health education program, etc.
- Indicators for the daily activity index:
 - daily activities, communication level, life-space mobility, eating and exercise habit, walking speed, number of steps per day, mental stress, life satisfaction, etc.
- Indicators for the medical and nursing care index:
 - physiological and psychological data (blood pressure, body composition, oral function, cognitive function, locomotive function, anxiety/depression, etc.), and expenses of medical and nursing care.

A.3.3.4 Community indicators

- Data sets of indicators of a member.
- Health expenditure.
- Number of members involved in a health promotion project.
- Number of districts and companies that implement their own health promotion activities.

- Number of health education programs held in the community, number of participants, and participants' comprehension.
- Number of health promotion leaders and their performance.
- Number of retailers and manufacturers participating in health promotion campaigns through retailers.
- Number of residents receiving regular health check-up (participating in a regular health check-up project).

A.3.4 Wellbeing services

- Basic health survey project: multi-item health survey including member's indicators, conducted annually to the sample residents of all ages.
- Health promotion project: a service that consists of checks on some indicators, feedback of the results, and on-the-spot education for residents and company employees. Follow-up education and distribution of self-monitoring tools such as pedometer and other devices are also provided. Important parts of the health promotion project are to check indicators and provide visualization and feedback on each person's health challenges. This can motivate people to improve their health, and subsequent ongoing support can be accepted.
- Health promotion campaigns through retail: offer in-store health events, step incentive programs, and promotion of healthy products at retail outlets.
- Recognition and benefit programs for districts and corporate workplaces that participate in the health promotion project.
- Recognition and benefit programs for districts that implement their own health promotion programs.
- Recognition and benefit programs for retailers and manufacturers that participate in health promotion campaigns through retail.
- Human resource development program for health promotion.

A.3.5 Review of the wellbeing performance index against expected outcomes

A data analysis team analyses:

- the changes found in each wellbeing performance indices;
- the relationship between each index and corresponding expected outcome;
- for each wellbeing performance index, the contribution of each of its indicators, and determines if any changes to the formula are needed.

The reviews are conducted annually.

A.3.6 Adjustment of wellbeing services and wellbeing performance indices

Based on the reviews, sorting out and/or adding of indicators is conducted to improve formula for calculating each wellbeing performance index. The contents of each wellbeing service are also adjusted based on the review as needed. These adjustments are conducted annually.

A.3.7 Responsibility of a community

A research promotion organization that consists of members from participating municipality, industries and academic institution oversees the entire activity. A social capital platform is constructed to promote the activities by clarifying the roles of stakeholders and the significance of their participation. In addition, a data platform is built to collect and analyse the data of each indicator and index.

A.3.8 Role of leadership

The research promotion organization encourages district and company leaders to declare that their communities actively participate in the activities. In response, community leaders make a “health declaration”. This indicates that the wellbeing of residents is an essential element for the sustainability and development of the community and that health promotion is a high-priority measure. In business, management makes a “declaration of *Kenko-keiei* ([Annex B](#))”. This indicates that high productivity by healthy employees is an essential element for sound management and development of the business, and that employees’ health promotion is not only a welfare program but also a strategic investment. Each leader declares their participation in this activity, feels responsible for their own health promotion, develops a long-term plan, informs their members of its significance and takes the lead in improving people’s health. They also invest in human capital by hiring healthcare professionals and training health promotion leaders and collaborators.

A.4 Example of a framework for promoting and managing wellbeing in a business

A.4.1 Wellbeing concept and expected outcomes for a community and its member

A.4.1.1 Wellbeing concept for a community

The community sets the concept of *Kenko-keiei* (see [Annex B](#) for an introduction) as:

- implementing measures to achieve sustainable management and demonstrate the social significance of the community.

A.4.1.2 Wellbeing concept for a member

Through their work, job satisfaction and mental enrichment, and autonomous self-growth with health literacy can be achieved.

A.4.1.3 Expected outcomes for a community

In order to increase productivity (reducing presenteeism) throughout the community, the following goals are set:

- reduction of working hours (e.g. 20 overtime hours/month);
- encouragement to employees to take leave (e.g. 20 days of paid leave/year);
- improvement in the rate of medical check-ups (100 % re-check-up rate after ordinal health check-ups);
- improvement in subjective wellbeing (improvement of results of stress checks, satisfaction surveys, etc.).

A.4.1.4 Expected outcomes for a member

In order to reduce presenteeism per capita, employees are encouraged to aim for the following goals:

- reducing working hours (e.g. 20 hours of overtime/month);
- taking vacation days (e.g. 20 paid holidays/year);
- receiving medical check-ups;
- submission of subjective wellbeing questionnaires (stress check, satisfaction survey, etc.).

A.4.2 Evaluation scheme

A.4.2.1 Wellbeing performance indices

As part of the evaluation scheme, a questionnaire on wellbeing is set up as part of the medical check-up questionnaire for all leaders and members.

The questionnaire includes a corporate version of the “Four Elements of Happiness Questionnaire”.^[9] Also, two questions “I think I am engaged in wellbeing” and “I think my company considers wellbeing of the employees” are added.

NOTE The Four Elements of Happiness Questionnaire^[9] is developed and promoted by Prof. Takashi Maeno of Keio University.

A.4.2.2 Employee indicators

Indicators are confirmed through improvements in “indicators related to the status of health investment measures” and “indicators related to changes in the awareness and behaviour of members”.

The same indicators are also used to determine if leadership on wellbeing can contribute to the community and others.

A.4.2.3 Community indicators

Three indicators, “status of health investment measures”, “indicators related to changes in awareness and behaviour of members” and “final target indicators related to health” are established. Then, the opportunity to provide wellbeing measures to the community is established.

A.4.3 Wellbeing services

- Health seminars and programs:
 - seminars on diet, exercise, sleep, stiff shoulders and back pain, women-specific symptoms;
 - health promotion programs for prevention of diseases with participation of all-employees of all age groups.
- Wellbeing-related activities:
 - mindfulness training, wellbeing lectures, and wellbeing workshops.
- Management-related activities:
 - listening comprehension training and organizational communication training.
- Provided in-house training:
 - e-learning program for health literacy improvement.
- Provided in-house medical staff and facilities:
 - circulation of health-related information by medical professionals;
 - establishment of rooms for consultation (including health related matters and others), medical clinics, and relaxation rooms.
- Surveys:
 - conducting pulse-surveys of employees’ satisfaction and stress checks.

— Human resource management:

— adoption of remote work, flex work hours, discretionary work hours, and shortened working hours, various leave systems for work-life balance, childcare, nursing care, backup leave, etc.

A.4.4 Review of wellbeing performance index against expected outcomes

The review of wellbeing performance indices is conducted on a regular basis. The indices are examined and compared with expected outcomes. Relationships between indices and expected outcomes are used to improve the wellbeing policy.

To confirm the correlations between indices and expected outcomes, subjective responses should be quantified to the questionnaire and it should be checked whether there are any significant changes in the individual employees' responses over time. The individual numerical values as well as the aggregated numerical data should be verified and evaluated.

A.4.5 Adjusting services and evaluating framework

The adjustment of service and evaluation framework is conducted on a regular basis.

If wellbeing services have been in place for several years and one or some of them have not met the expected outcomes, the service can be identified as not effective. It should be examined why the wellbeing service is not effective and whether there are alternative wellbeing services that can be applied.

A.4.6 Responsibility of a community

A.4.6.1 Communication for promotion and management

Aside from indirect communication tools such as e-mails, direct communication such as face-to-face contact should be established to interact with members to improve wellbeing services. The opinions of all members in the community should be considered when implementing wellbeing services.

A.4.6.2 Role of leadership

The top management is responsible for promoting health and productivity management. The top management should establish a wellbeing support promotion department. The department improves the wellbeing and satisfaction of members and enhances the community's sustainable management and social significance. The department should plan and implement health-related policies to a community.

Leadership training is provided and through the program the trainees should learn about the importance of leadership and leaders' role in wellbeing promotion. The trainees learn that the wellbeing initiative should be implemented as a sustainable policy activity.

A.4.6.3 Data management

A data management officer should be appointed for the data and personal information obtained in the course of the above activities, and the members should be informed of this data collection and management policy.

Annex B

(informative)

Example of wellbeing promotion policy in companies – Japanese “Health and productivity management (*Kenko-keiei*)”

B.1 General

Japanese government implements a series of policies on wellbeing management in companies, which is called “*Kenko-keiei*” in Japanese. [\[10\]](#)

The concept is said to be derived from an idea of “Healthy Company”, which was first proposed by the American management psychologist Robert H. Rosen. [\[11\]](#)

B.2 Objectives of health and productivity management

Kenko-keiei is an initiative whereby companies aim to improve employees’ health conditions and motivation, enhance the attractiveness of workplaces and increase corporate value by investing in employee health from a business-management perspective.

It is also an approach that considers health management of employees from a corporate management perspective and promotes it strategically.

B.3 Background of health and productivity management

In implementing “health and productivity management”, it is important to solidify the commitment of the top management, develop appropriate organizational structure, implement measures to meet the company's own challenges and actively disclose information regarding the status of health and productivity management efforts and the results of those efforts to stakeholders who are important to the company. In recent years, companies that take care of people have been highly valued by employees, job seekers and even business partners. They are also seen as companies that are expected to grow in the future and receive greater investment from institutional investors.

The aim is to strengthen the company’s health and productivity management efforts, promote information disclosure and further enhance social evaluation of health and productivity management.

B.4 Anticipated effects of health and productivity management

As shown in [Figure B.1](#), investment in employee health, a measure taken as part of the company's philosophy, is expected to lead to an increase in employee vitality and productivity, thereby revitalizing the company as a whole and resulting in improved business performance and higher stock prices.

Health and promotion management refers to the strategic efforts to maintain and promote the health of employees, understanding they are investments to enhance the profitability, etc. from the view point of business management.

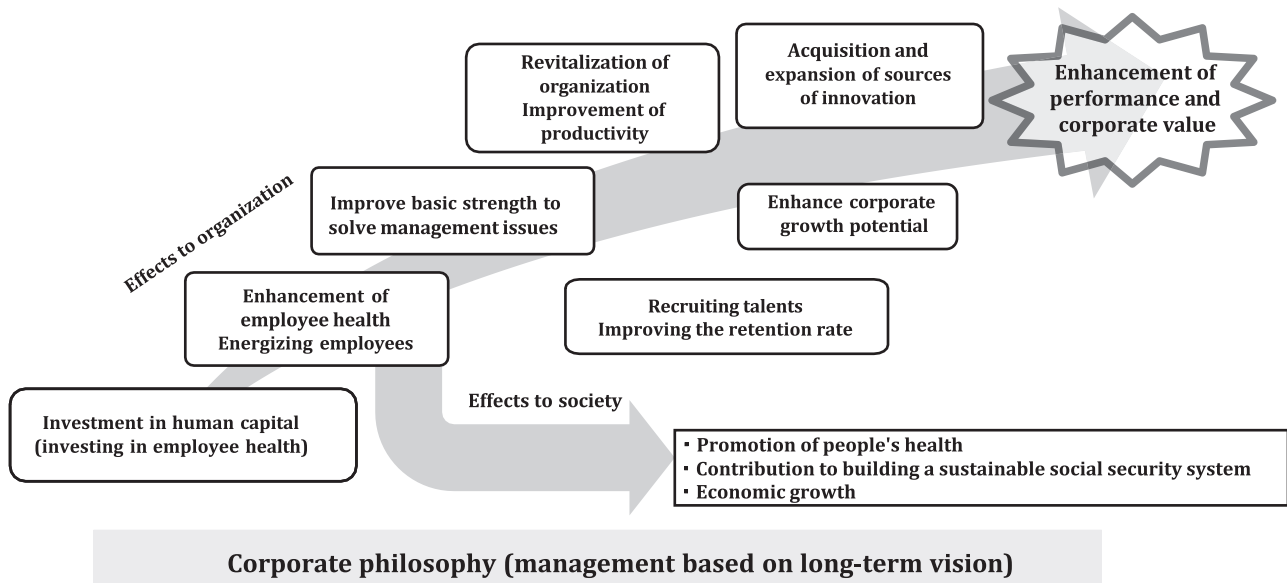


Figure B.1 — Diagram of health and productivity management

When a company engages in health and productivity management as part of its “corporate philosophy” (management based on a long-term vision) and invests in employees’ health, the effects on the company are:

- improvement of employee health and employee vitality;
- improvement of basic strength for solving management issues;
- acquisition of excellent human resources and improvement of human resource retention rate;
- revitalization of the company and improvement of productivity;
- improvement of the growth potential of the company;
- acquiring and expanding sources of innovation.

These positive effects are expected to improve corporate performance and increase corporate value.

In addition, the following social benefits can be expected:

- improvement of QOL (quality of life) of the people;
- creation of a healthcare industry;
- realization of ideal national healthcare costs.

NOTE For mental health measures, see ISO 45003. Mental health policies of Japanese companies are as follows.

— Stress checks are required by law once a year, and those with high stress levels can request an interview with a doctor or health consultation if they have any concerns.

— In addition to the legal requirements, the company can employ in-house counsellors and set up a counselling room for employees to consult during working hours or provide telephone counselling and interviews with EAP (employee assistance program) companies.

Annex C (informative)

Examples of elements that relate to wellbeing

C.1 General

Each community develops a wellbeing policy and puts it into practice in order to solve problems related to wellbeing in that community. Therefore, the community should select elements that are relevant to wellbeing problems of that community. Examples of such elements are provided in [Clauses C.2](#) to [C.9](#).

C.2 Optimal health

The best activities are selected for each person's health, taking into account circumstances such as age, culture and living environment.

C.3 Health literacy

Health literacy is the ability to correctly understand and utilize information about health information on their own.

C.4 Lifelong learning

Lifelong learning refers to the learning that people engage in throughout their lives. It refers to learning that takes place in a variety of settings and opportunities, including school education, family education, social education, cultural activities, sports, recreational activities, volunteer activities, in-house education and hobbies.

C.5 Healthy life expectancy

Health life expectancy is the period of time during which a person can live without health problems limiting their daily life.

C.6 Psychological safety

In local communities and organizations, members are confident that no other members will be ashamed, rejected, or punished for their remarks. Psychological safety is a state in which members share the belief that the organization (team) in which they are located is a safe place to take interpersonal risks.

NOTE Psychological safety is one of the psychological terms related to business. Professor Amy Edmondson, who studies organizational behaviour at Harvard University, proposed the concept in 1999.

C.7 Psychosocial factors assessment

Health and safety assessment and promotion in organizations is a requisite for the promotion of healthy workers and workplaces leading to the increase of general wellbeing

C.8 Decent work

Decent work is productive work in conditions of freedom, equity, security and human dignity (see ISO 26000:2010, 6.4.1.1).

C.9 Age-friendly environment

Age-friendly environment^[12] (such as the home or community) is an environment that fosters healthy and active ageing by building and maintaining intrinsic capacity throughout the life-course and enabling greater functional ability in someone with a given level of capacity.

Annex D

(informative)

Utilization of information technology in the framework for wellbeing promotion

D.1 General

Data should be collected for wellbeing promotion. Data can be obtained by any measurement methodology. When information technology is utilized, data can be effectively applied to the framework presented in [Clause 4](#).

D.2 Framework for wellbeing promotion: data evaluation and adjustment of community services

[Figure D.1](#) shows a framework for promoting wellbeing based on [Clause 4](#). Members who have received community services are the measurement targets, and the indices calculated from the measured indicators are used for evaluation and compared with preliminary defined outcomes. The data are used in a cyclical process in which community services are adjusted to fully achieve the outcomes. Thus, it is expected that the use of data makes wellbeing promotion more effective and efficient.

D.3 Collection of measured data

The data from the community services should be recorded. The data collected should include recipients, date and time, content, duration, cost, etc. As for community indicators, a statistical aggregation of members' indicators is usually used. The acquired data are used for evaluation as an index that can be compared with the outcome. It is recommended to apply the methods specified in IEC 63430 when acquiring data from human participants.

D.4 Utilization of evaluated data

After providing community services, the evaluated indices of members and community are compared against the expected outcomes. The compared results are used to adjust the community services. If the results show that the relations between indices and the expected outcomes are not strong enough, the indices should be reconsidered.

D.5 Data management

Data should be used under strict management that meets or exceeds recommendations in [5.4](#). Data can be stored physically and/or digitized and stored in a cloud storage. Since the data sometimes contains personal information and is expected to be fed back to promote individual well-being, sufficient security measures should be taken, and sufficient management should be carried out to prevent leakage of personal data. It is recommended to follow relevant ISO/IEC standards such as ISO/IEC 27701, ISO 31700-1, and ISO 22458. For the evaluation of community indicators, it is recommended to handle data in a way that does not allow individuals to be identified from the data, such as by anonymizing.

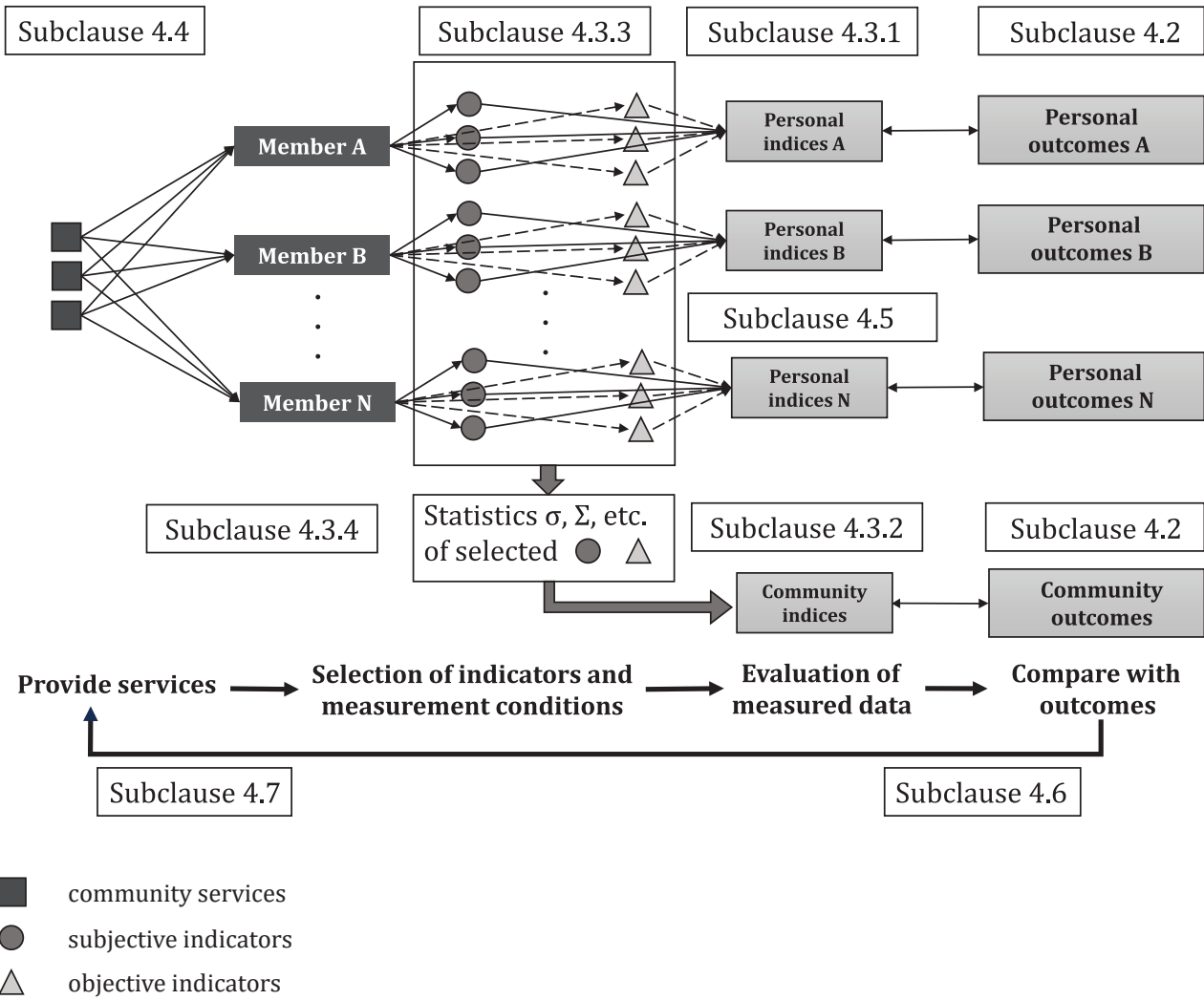


Figure D.1 — Wellbeing promotion framework

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