

2015 INTERNATIONAL CONFERENCE  
ON HEALTH PROMOTING  
UNIVERSITIES & COLLEGES

**Final Report on the Development of the  
Okanagan Charter: An International Charter for Health Promoting  
Universities & Colleges**

An outcome of the 2015 International Conference on Health Promoting Universities and  
Colleges

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## 1.0 Overview

This report summarizes the activities undertaken by the Charter Working Group in the development of the Okanagan Charter: An International Charter for Health Promoting Universities and Colleges. This includes processes prior to, during and following the 2015 International Conference on Health Promoting Universities and Colleges: 10 Years after the Edmonton Charter.

The Charter was co-designed as an outcome of the 2015 International Conference on Health Promoting Universities and Institutions of Higher Education. The Charter development process engaged researchers, practitioners, administrators, students and policy makers from 42 countries. The first draft of the Charter was based on input from over 200 people through a pre-conference survey and expert interviews as well as a review of existing Charters and Declarations.

At the conference, with support of a writing team, 375 delegates critiqued and refined the Charter in a design lab and dialogue sessions. Delegates were invited to bring forward into the Charter development, ideas from the multiple plenaries and concurrent sessions that comprised the scientific program. On the final Conference day, higher education leaders and delegates, including network and organization representatives, signed a Pledge to bring the Charter back to their settings to inspire and catalyze further action towards the creation of health promoting universities and colleges. Representatives from the World Health Organization, Pan American Health Organization and the United Nations Educational, Scientific and Cultural Organization joined the Pledge.

Through the ongoing dissemination and use for the Charter in higher education, network building and future conferences, our hope is that health promotion in higher education settings will be advanced internationally.

## 2.0 Background

The idea for the conference and the Charter originated with colleagues from the University of British Columbia, Simon Fraser University, the University of Victoria and the Canadian Mental Health Association, a national non-governmental organization. The conference presented a timely opportunity to re-engage an international contingent in critical dialogue around health promoting university concepts in today's post-secondary context. It had been 10 years since the creation of the Edmonton Charter for Health Promoting Universities and Institutions of Higher Education, and in the past decade there have been notable changes in technology, the economy and the post-secondary landscape as well as increasingly salient issues such as sustainability and mental health. The Okanagan Charter was intended to build upon past Charters while incorporating new and emerging ways of thinking about health promotion in higher education.

### 3.0 Charter Working Group

The Terms of Reference for the Charter Committee are included in **Appendix A**. The Charter working group was created in early 2015 and is was co-chaired by Sharon Doherty and Tara Black. Original committee members included Tara Black, Sharon Doherty, Dr. Cheryl Washburn and Alisa Stanton. In March, 2015, additional members were added, including Dr. Ana Mercedes Martinez, providing a link with the Ibero-American Network, Mary Guinn Delaney, from the United Nations Educational, Scientific and Cultural Organization (UNESCO), Sigrid Michel providing a link to the German Network, Dr. Alfonso Contreras, from the Pan American Health Organization, and Dr. Alison Shaw, sustainability consultant. A list of Charter Working Group members and their biographies are included in **Appendix B**.

Meetings occurred bi-weekly from January 2015 until June 2015 with additional meetings following the conference in June 2015. Administrative support was provided from the University of British Columbia's (UBC) Student Affairs Unit. Meeting minutes have been recorded by Abby Yellen and others from UBC.

As part of preparing for the Charter development process, the Working Group reviewed existing Charters, Charter development processes and Charter activation and implementation processes. Background literature and processes relevant to the healthy universities movement was also reviewed.

### 3.1 Principles

The International Charter Working Group identified a number of principles to be considered in the charter development process as well as in the Charter document itself.

#### **Principles for the Charter development process:**

- The process will be participatory whereby input, feedback, and contribution will be sought from diverse and international stakeholders.
- The process will utilize electronic as well as in-person means of engaging stakeholders.
- The process will follow environmentally sustainable practices.
- The process will engage and inspire diverse campus partners (educators, faculty members, administrators, students, facilities) to become involved.

#### **Principles for the Charter:**

- The Charter will embody a holistic view of health, including physical, emotional and social dimensions, and will consider the health and well-being of students, staff, faculty and other campus community members.
- The Charter will be grounded in concepts from the Ottawa and Bangkok Charters for Health Promotion and will draw from the Edmonton Charter for Health Promoting Universities and Institutions of Higher Education.

- The Charter will be founded in systemic and ecological approaches to health and health promotion and will reflect current thinking regarding health and health promotion (e.g. social determinants of health, health in all policies).
- The Charter will be a concise and action-oriented document that allows for flexibility to enable adaptation to the unique needs of post-secondary institutions from around the world.
- The Charter will engage and inspire diverse campus partners (including educators, faculty members, administrators, students, facilities) to take an active role in creating healthy campuses.
- The Charter will focus on health and well-being broadly as opposed to focusing on specific health concerns.
- The Charter will link health and well-being to the core purpose of higher education.
- The Charter will incorporate practice, research and policy aspects of health promotion.
- The Charter will link to sustainable campuses and environmental movements to ensure support for ecosystem health and well-being.

## 4.0 Pre-Conference Engagement Process

The Charter Working Group determined that a pre-conference engagement process would help shape the themes and topics discussed at the conference as well as content for the new Charter document. This process was also deemed to be an opportunity to engage the international community to feel part of the Charter development process from the start, in hopes of increasing broad, international endorsement and use of the Charter in years to come. This was based in community engagement literature and principles of health promotion related to mobilizing community action.

Because of strong interest and involvement from the Iberoamerican network, efforts were made to incorporate Spanish language consideration throughout the Charter development process.

### **Purpose for the Pre-Conference Engagement Process**

1. To elicit input and feedback from experts as well as diverse stakeholders about the Charter document itself (e.g. format, content, themes) and themes for discussion at the conference Charter development day.
2. To engage with the international community to increase awareness about the conference and Charter development in order to increase interest and long-term traction for the Charter as well as to create connections for the post-conference dissemination of the Charter document.

The pre-conference engagement process consisted of expert interviews and a pre-conference survey. A summary of the consultation respondent demographics can be found below.

**Table 1: Overview of Pre-Conference Engagement Process**

Data Collection Method	Total Number of Participants	Total Number of Representative Countries	List of Representative Countries
<b>Expert Interviews</b>	24	13	Austria, Canada, Chile, Columbia, Costa Rica, Cuba, Ecuador, Germany, Puerto Rico, Spain, Sweden, United Kingdom, United States
<b>Pre-Conference Survey (English)</b>	132	25	Andorra, Australia, Canada, Central African Republic, Chile, Costa Rica, Denmark, Finland, Germany, Italy, Lebanon, Lithuania, Malta, Netherlands, New Zealand, Nicaragua, Nigeria, Norway, Philippines, Portugal, Puerto Rico, Spain, Switzerland, United Kingdom, United States
<b>Pre-Conference Survey (Spanish)</b>	67	15	Argentina, Bolivia, Brazil, Chile, Columbia, Costa Rica, Cuba, Ecuador, Spain, Uruguay, Mexico, Peru, Puerto Rico, Portugal, Venezuela

#### 4.1 Expert Interviews

The Charter Working Group undertook a process of interviewing experts in the Health Promotion field to inform the Charter content as well as development process. In addition, people with expertise in Charter development and mobilization were interviewed. The Charter Working group received recommendations for experts from the Conference Planning Committee. Twenty four key informant interviews were held. Interviews took place between December 2014 and April 2015. The names and roles of interviewees are listed in Appendix C. The English and German interviews were audio recorded and transcribed and the emerging themes were summarized. The interview guide is included in **Appendix D**, and a summary of the results of the English and German key informant interviews can be found in **Appendix E**. The Spanish interview results are included in **Appendix F**. All interviews were used to inform both the Charter itself and the Charter development process at the conference.

#### 4.1.2 Expert Interview Results

Themes and key points from the English and German Interviews are summarized below.

##### **1. Learning from previous charter developments**

- It is important to focus on the follow-up and dissemination of the Charter at more regional and local levels.
- A sense of collective ownership is crucial, and can be achieved by open and clear consultation processes.
- There are benefits of using the Ottawa and Bangkok Charters to provide a structure, but it's also important to emphasize newer concepts such as sustainability and Healthy Universities that emerged from a Healthy Settings Approach.

##### **2. How the Charter can guide and inspire health promotion action in higher education**

- The Charter should be action-oriented, forward thinking, engaging and have strong values.
- Clear guidance should be included to support local action.
- It should focus on the healthy university concepts and processes.
- It should have a clear link to institutional goals and how wellness contributes to them.
- It should highlight the role of universities as advocates and being able to influence at local, national and global levels.
- It should highlight mental health and sustainability.

##### **3. How can the Charter be relevant in today's higher education context?**

- A range of themes, topics and concepts were expressed.
- Including mental health as a topic, which should have a focus on creating wellbeing as well as providing services.
- Using a whole university approach.
- Including reaching out to local communities as a component.
- Providing a common language around Healthy Universities to support inclusion of all partners.

#### 4. Thoughts on an 'Action Framework' to accompany the Charter

- Having two levels of documentation would be useful and fulfil different functions. The Charter requiring high level sign up whereas the accompanying documents would be able to offer guidance for implementation.
- The action framework could include benchmarking and assessment against progress.

#### 5. Ensuring the Charter will resonate with others outside of the health sector

- Provide a definition of healthy universities and translate this clearly into the university context.

Key themes from the Spanish Interviews are summarized below.

- Health Literacy emerged as an important area of focus in the Spanish speakers network.
- Equity issues emerged as being a high priority in Spanish-speaking countries.
- It was deemed important to include language around universal rights.
- It was deemed important to build upon existing frameworks in health promotion and the healthy universities movement.
- It was deemed important to mainstream health promotion in the strategic plan of each institution
- Providing health and well-being services to the entire university community was seen as important
- Establishing systematic and coordinated action for health was identified as a priority
- It was deemed relevant for an international accreditation system for health promoting universities and national networks to be created in the region by an institution such as PAHO/OPS.
- It was seen as essential to act from principles of cooperation, collaboration and participation among institutional members of each network
- Sustainability in health education was deemed important
- Happiness was viewed as a new and relevant paradigm in development

## 4.2 Consultation Survey

The Charter Working Group developed a pre-conference consultation survey in order to better understand the priorities, values and interests of participants prior to the conference. A copy of the survey is included in **Appendix G**.



## **Survey Questions**

Questions were developed by the Charter Working Group, based on working group discussions, input from the conference planning committee and recommendations from experts interviewed. Questions were carefully designed to feed directly into the Charter Development process at the conference as well as to inform the content for the Charter itself. The questions were pilot tested on a small group of individuals from Simon Fraser University.

Based on expert interviews, discussion amongst the Charter Working Group, and the international recognition of the Ottawa Charter for Health Promotion document as foundational to the health promotion field, the Working Group decided to explore the possibility of using the Ottawa Charter action areas as a framework. Feedback from the expert interviews as well as a review of key foundational documents also emphasized the importance of ensuring that the Charter itself becomes an advocacy tool that will inspire and mobilize action by diverse campus stakeholders. It was therefore deemed important to engage feedback on the following themes:

1. Charter format & style
2. Awareness and use of existing Charters
3. Opportunities for further mobilizing action on campuses
4. Ensuring the relevance of the Charter in today's higher education context
5. Maximizing usability

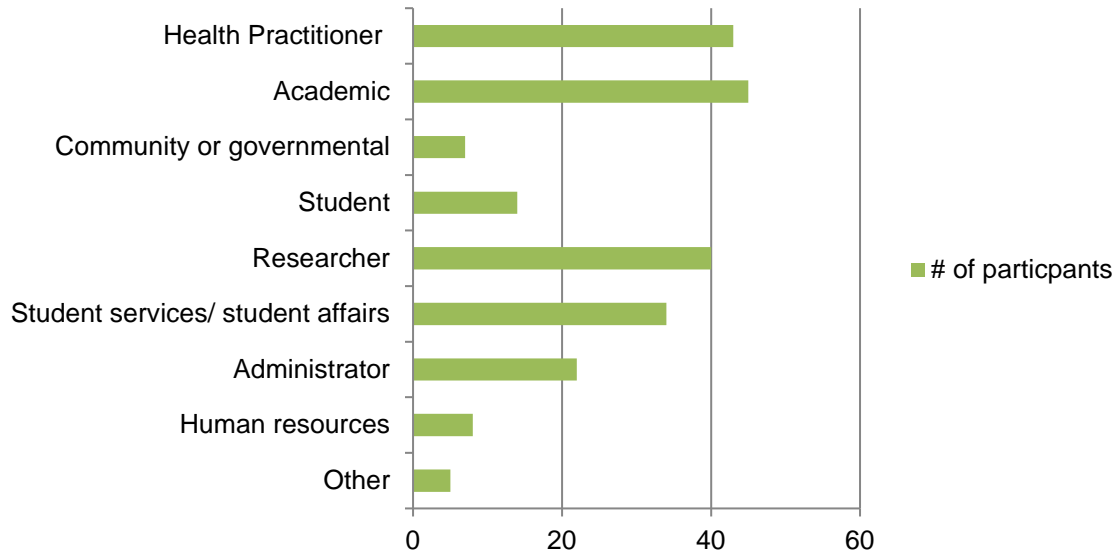
Information gathered from the survey was used to inform both the Charter development process at the conference and the Charter document itself.

## **Survey Distribution**

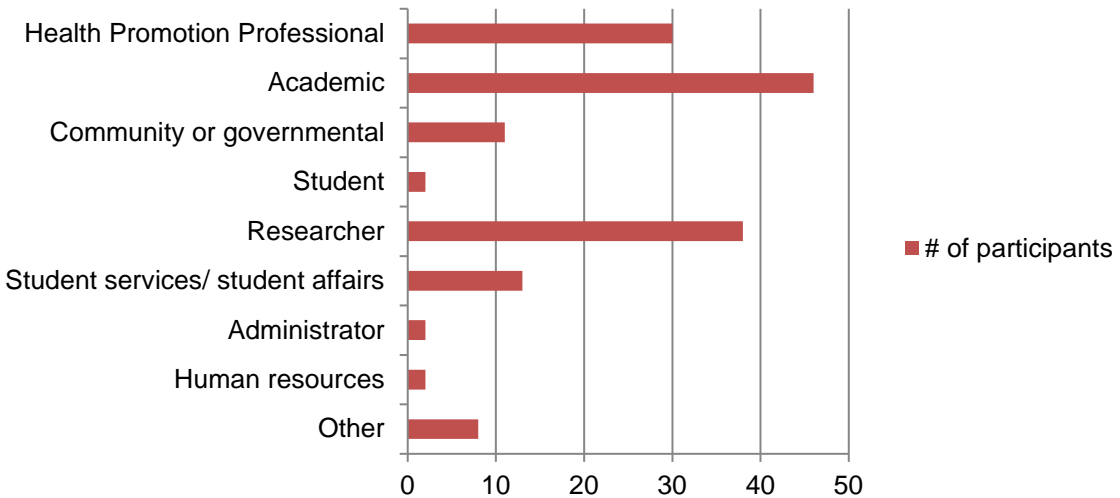
The survey was distributed to the international community through existing network connections made by the Conference Planning Committee. Network contacts have been established within Europe, Latin America, Asia, Australasia, and North America. Recipients were invited to forward the survey to others who may be interested in responding in order to increase the number and breadth of responses. A concerted effort was made to distribute the survey to a wide variety of countries. The survey was also made available in Spanish for distribution to Spanish-speaking networks. Additionally, all conference presenters and delegates were invited to complete the survey. An effort was also made to distribute the survey to a variety of stakeholders including higher education staff, faculty, students, administrators and off campus partners.

As previously summarized in Table 1, the survey resulted in 132 English responses and 67 Spanish responses. The following graphs depict the distributions of survey respondents for both English and Spanish versions.

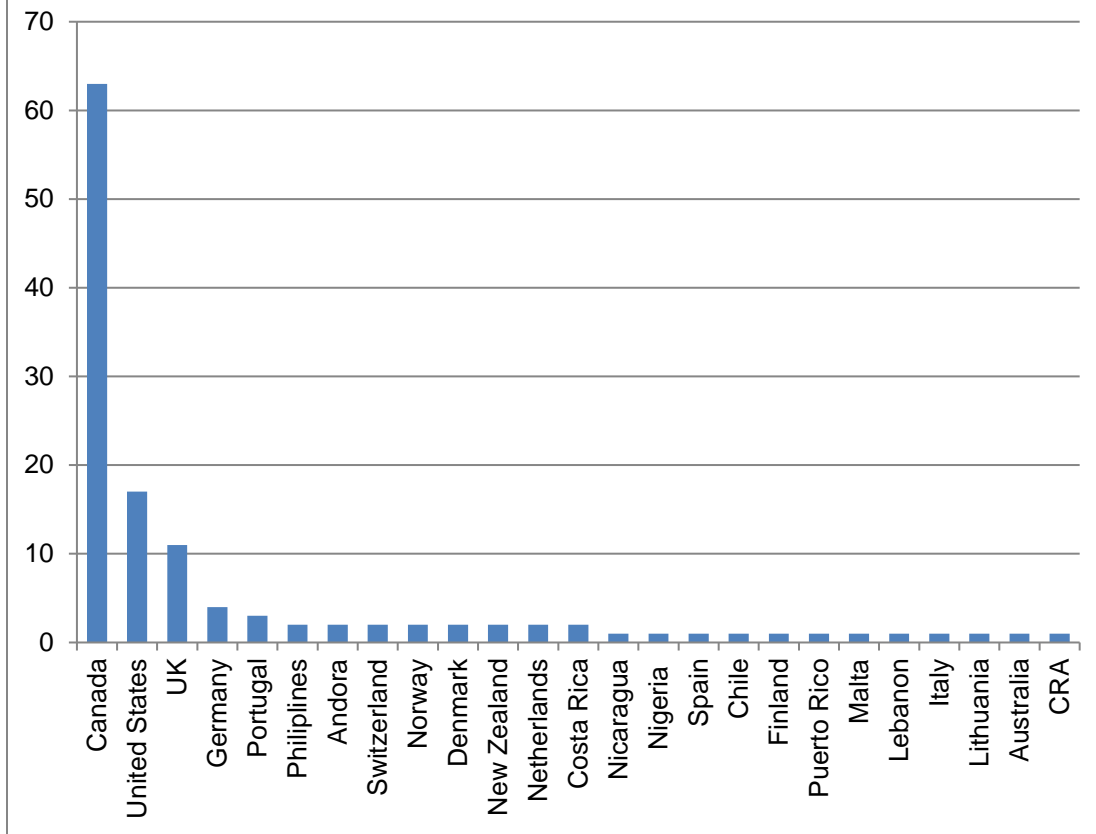
## English Survey Participant Demographics

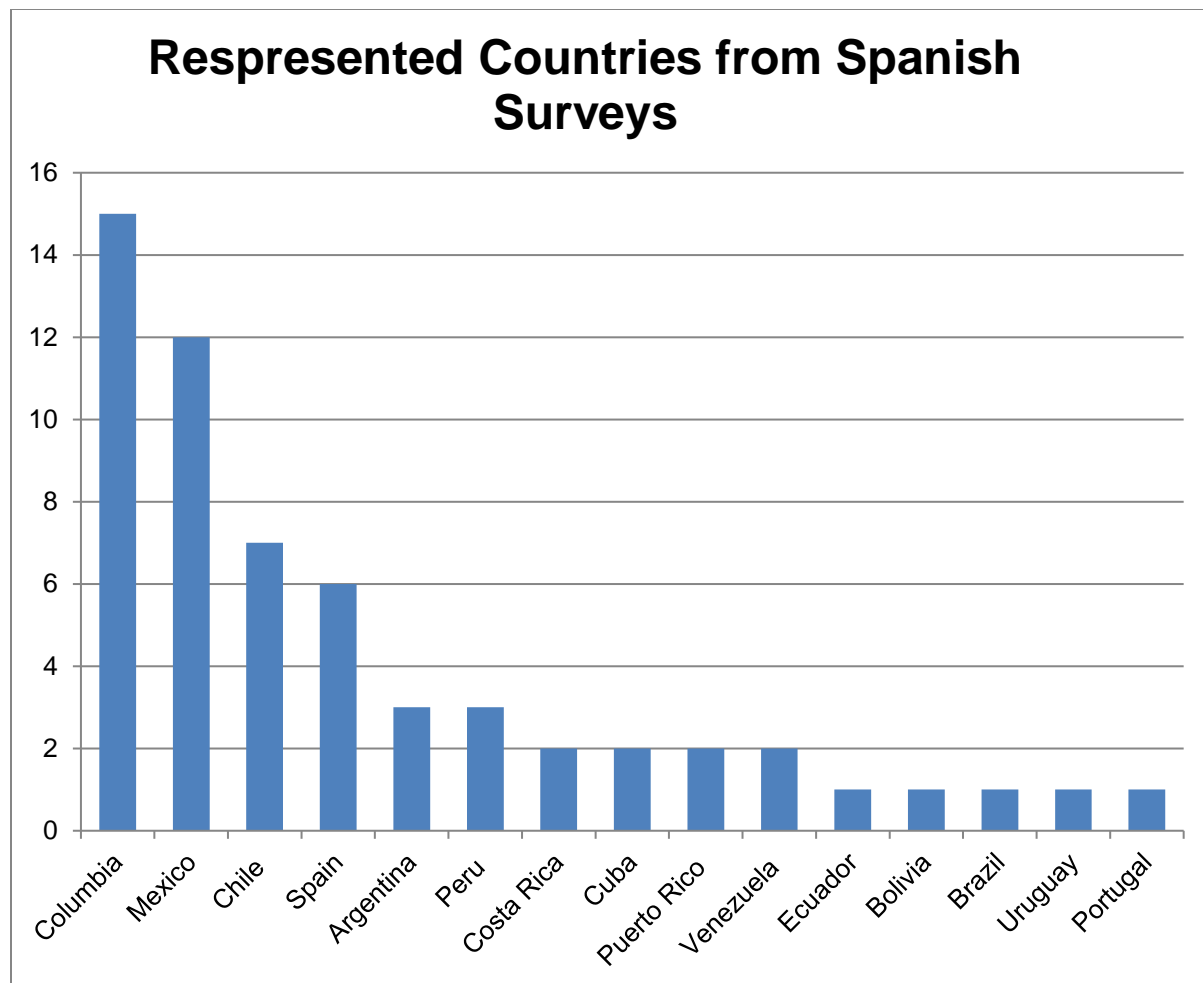


## Spanish Survey Participant Demographics



## Represented Countries from English Survey





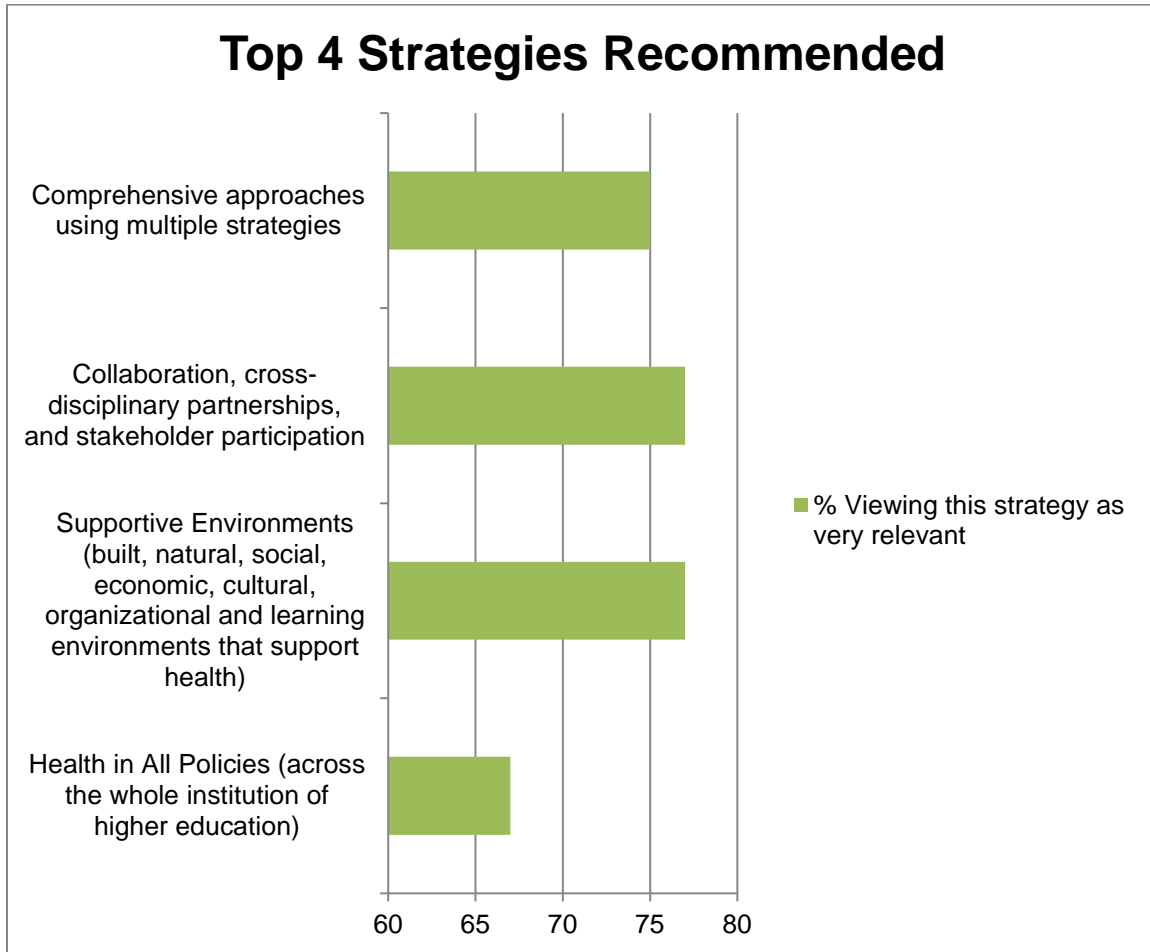
**Note:** Participants were able to select all the demographic groups that applied to them. Some countries had representation on both the English and Spanish surveys.

#### 4.2.1 Survey Analysis & Results

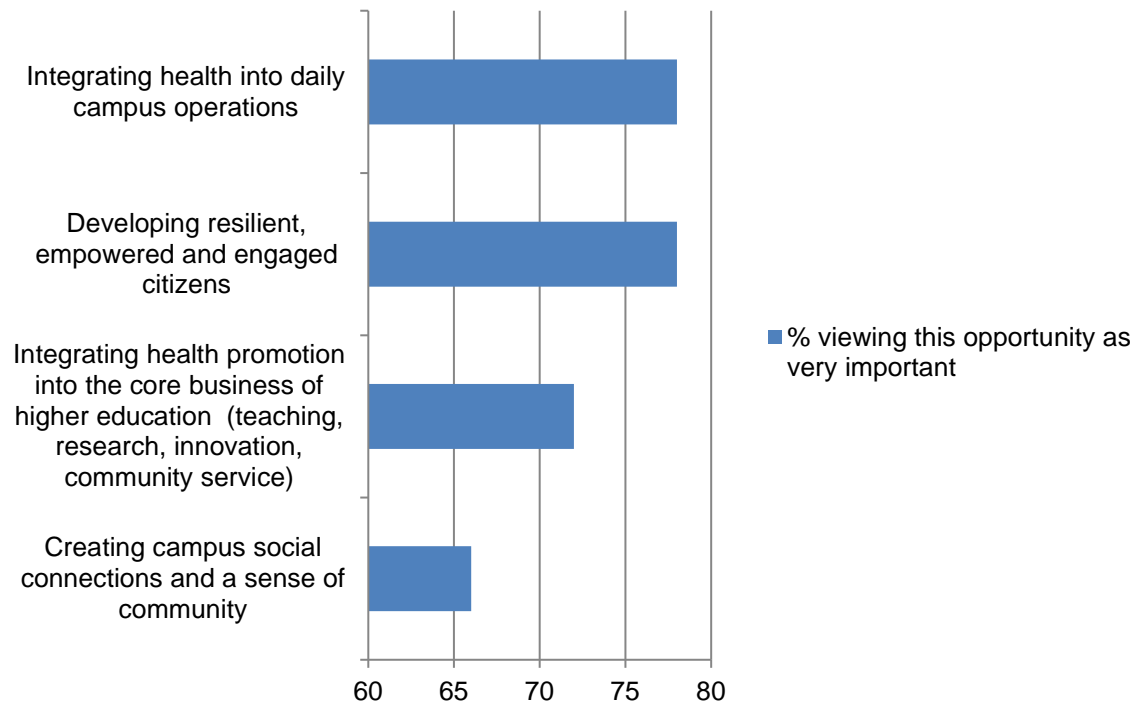
Analysis of the survey data included a qualitative analysis of the open-ended feedback and quantitative analysis of closed-ended questions and demographic data. Spanish feedback was analyzed separately in Spanish to reduce misinterpretation of meaning through translation.

Survey responses were collected electronically beginning on April 10<sup>th</sup>, 2015 and the survey was left open until the end of the conference to enable those who could not attend in person to provide input on the Charter development. Graphs were created to visually demonstrate quantitative findings. The qualitative survey results were reviewed and incorporated into the Charter development process and Charter content.

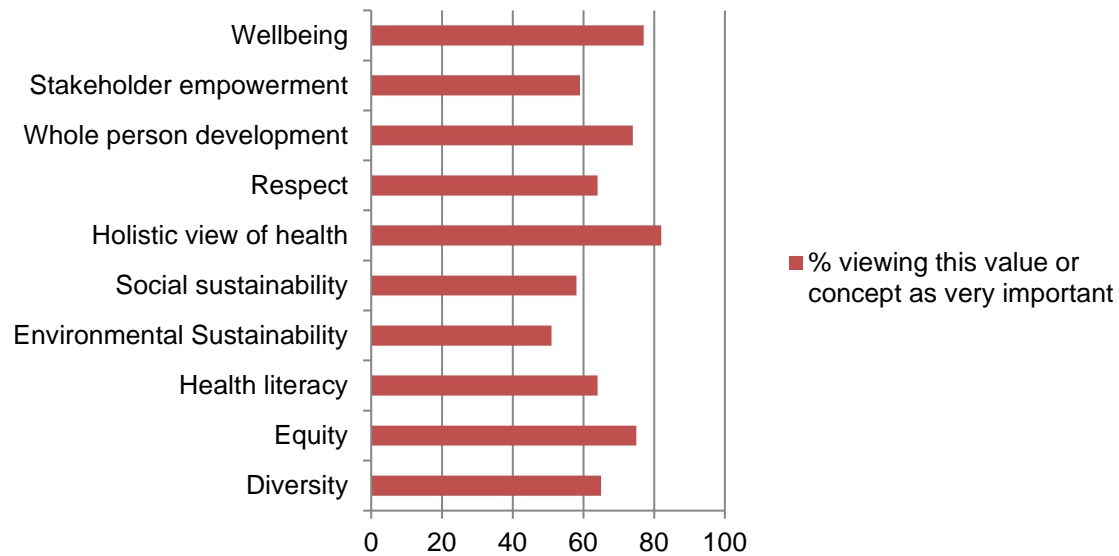
## Key English Survey Results



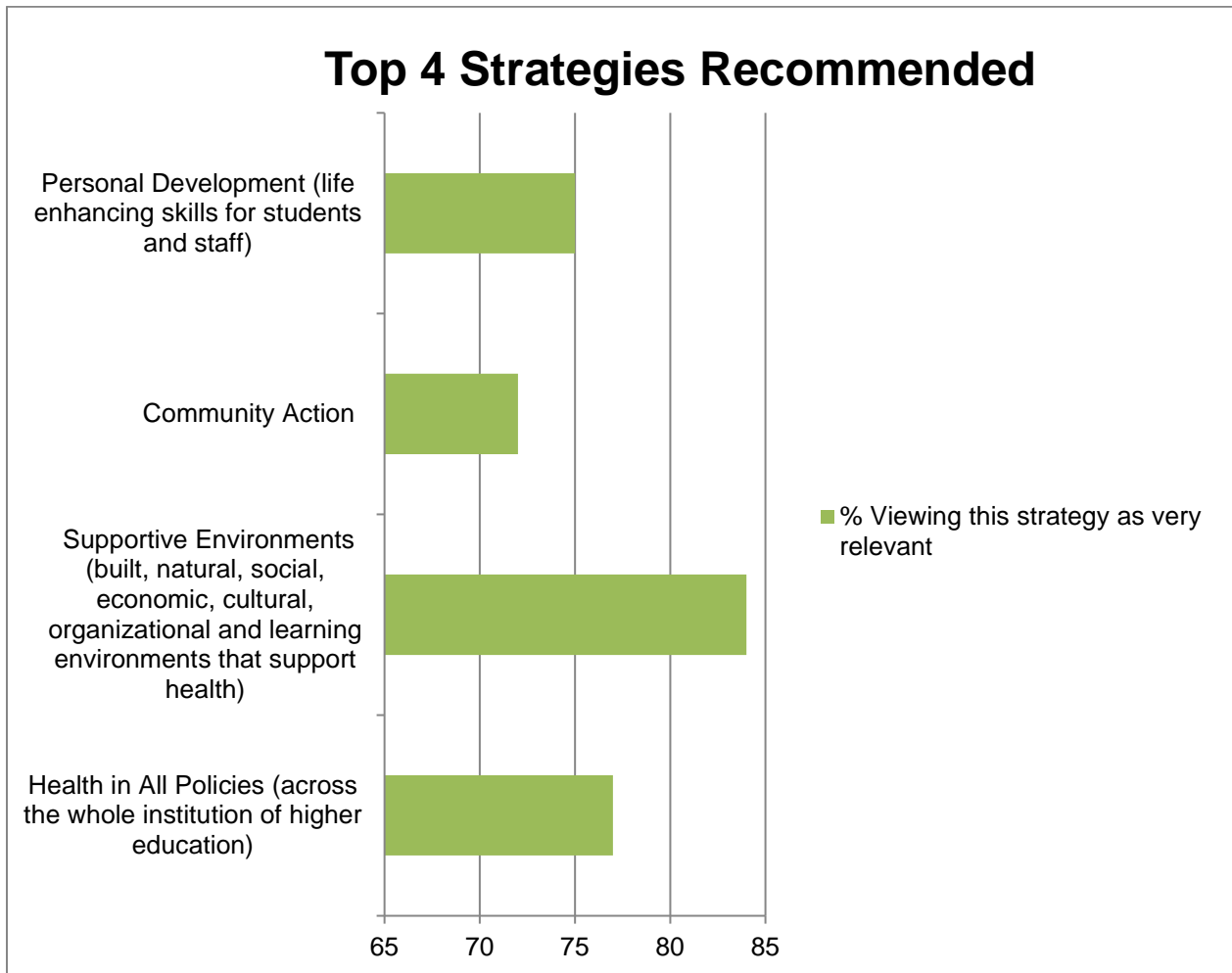
## Top 4 Opportunities for Health Promotion in Higher Education



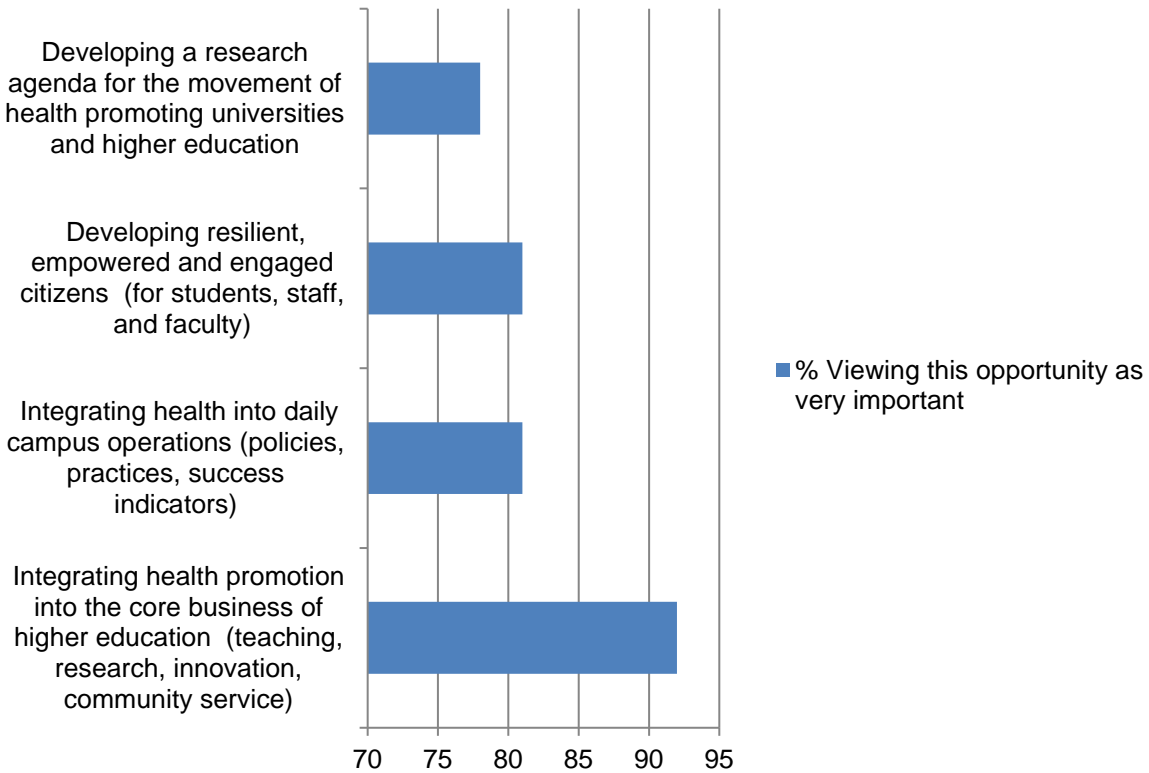
## Important Values and Concepts



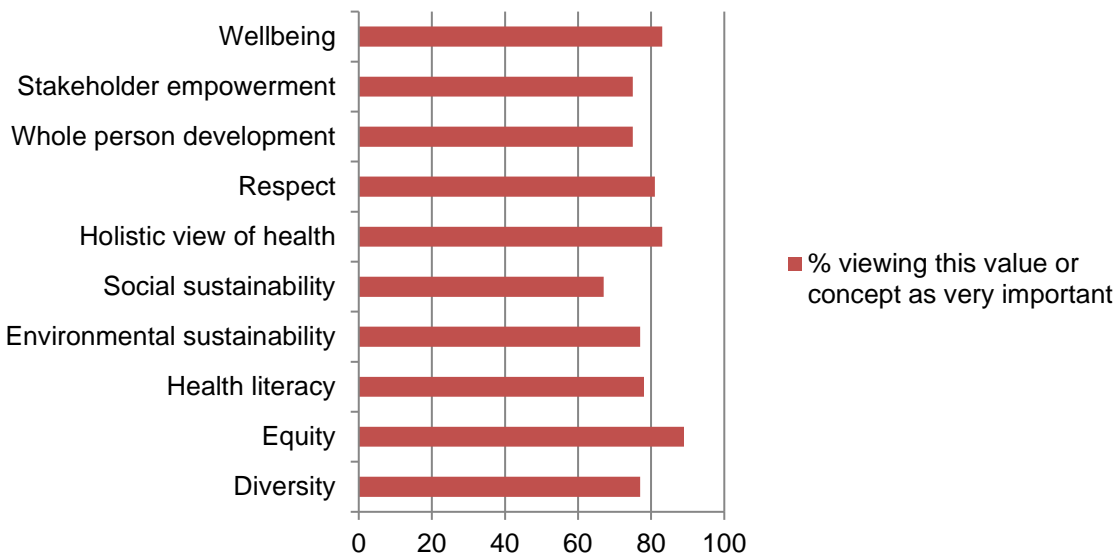
## Key Spanish Survey Results



## Top 4 Opportunities for Health Promotion in Higher Education



## Important Values and Concepts





### 4.3 Timeline for Pre-Conference Engagement

Below is a summary of the timeline for the pre-conference engagement activities.

Activity	February	March	April	May	June	July
Expert interviews						
Survey Design						
Final approval from Planning Committee						
Survey distribution						
Survey open for completion by stakeholders						
Pre-conference analysis of results						
Initial summary of results written						
Incorporate input from survey into plans for conference Charter day						
Follow up analysis of all feedback received						

## 5.0 Charter Writing and Co-Design Process

### 5.1 Charter Writing Process Overview

The first draft of the Charter was written in advance of the conference based on input from the expert interviews and pre-conference consultation survey. The draft was prepared by members of the Charter Working Group, reviewed and discussed by the Conference Planning Committee

and Charter Working Group, and was presented to conference delegates at the start of the conference. Based on input from conference delegates through a series of co-design activities, the draft was edited, revised and improved throughout the conference process. A professional writing team was engaged to help coordinate the synthesis of feedback from delegates into the revised Charter drafts. The Charter Working Group was involved in the synthesis and writing process and met regularly with the writing team throughout the conference to assist in the preparation of updated drafts. Specific details regarding the Charter co-design activities and drafting process are included in the sections below. A list of writing team members can be found in **Appendix H**. On the last day of the conference, a final draft was presented to the delegates, who were invited to sign a pledge to take the Charter back to their own countries and institutions. The pledge was formally signed by the President of the University of British Columbia, The President of Okanagan College, and the President of both the Simon Fraser University and University of British Columbia Student Societies. In addition, heads of networks and other conference delegates were invited to take the pledge.

Following the conference, minor changes and edits were made based on discussions during the Charter day and feedback from the Conference Planning Committee and writing team regarding consistency and clarity of language. The final Charter was released in October 2015 and distributed to conference delegates.

## 5.2 Charter Co-Design Activities at the Conference

The Charter co-design activities at the conference were broken into three main components:

1. Design Lab Activities
2. Charter Day Discussions
3. Charter Updates and News Report

Together these activities contributed to the co-design of the Charter, and also supported the engagement and mobilization of conference delegates to become ambassadors for the new Charter. A list of Charter Day facilitators, Design Lab coordinators and Charter writing and synthesis team members is included in **Appendix H**.

### 5.2.1 Design Lab Activities

The design lab activities were held over a two day period on June 23<sup>rd</sup> and 24<sup>th</sup>, 2015. The design lab was an interactive space which conference delegates could visit during breaks between other activities. There they were able to provide feedback on the Charter through various stations and questions. Copies of the first draft of the Charter were available within the design lab in both English and Spanish. Design lab activities included writable walls, puzzle tables, and computer stations equipped with activities designed to elicit feedback on the draft Charter, including through an online Twitter wall, and engage delegates in discussions and brainstorming related to Charter activation and mobilization. Please see **Appendix I** for a complete outline of design lab activities. Following the close of the design lab on June 24<sup>th</sup>, the

Charter Working Group and professional writing team met to incorporate feedback from the design lab into a second draft of the Charter that was presented to delegates at the start of the Charter day on June 25<sup>th</sup>.

### 5.2.3 Charter Day Discussions

The Charter day took place on June 25<sup>th</sup>, 2015 and consisted of a series of table discussions related to the Charter co-design as well as Charter activation and mobilization. An introduction to the Charter development process was given at the start of the day, after which the participants had an opportunity to work in groups and brainstorm responses to the following questions:

1. Having read the second draft of the Charter, please identify a word, phrase, idea, or image where you feel most connected
2. Is there any idea that would make the most difference when it comes to promoting health for all in colleges and universities, missing from the current Charter draft?
3. If we accomplished our aims through the Action Areas and Principles, what would a health promoting campus look, sound, feel like?
4. How can we support each other in the next steps forward?

Spanish interpretation was available throughout the day, and Spanish copies of the Charter were available. For each question, table groups were asked to synthesize their discussions into 3 main points. Volunteers then entered these submissions into Poll Everywhere, an online, real-time polling system, used to display responses from individual table discussions to the rest of the participants. Poll Everywhere was also used by the synthesis and writing team to analyze the submissions, update the Charter and create the final draft. During the afternoon sessions members of the Charter Working Group and writing team worked to incorporate feedback from the morning session into the final draft of the Charter.

During the afternoon sessions on the Charter day, delegates were invited to make personal commitments to move the Charter forward at their own institutions as well as nationally and internationally. As mentioned above, the final draft of the Charter was presented to delegates during the closing session, and delegates were invited to sign a pledge to take the Charter back to their home countries and institutions to further mobilize action for health promotion universities and colleges.

### 5.2.4 Charter Updates and News Report

Throughout the conference, participants were kept up-to-date on the Charter development process through email, social media, news reports and in-person updates. This process ensured that delegates were aware of the opportunities to participate in the Charter co-design and the status of the Charter development throughout the conference. This process was designed to enhance activation and mobilization of the Charter post conference by creating a sense of ownership of the Charter through ensuring that all delegates had an opportunity to participate and influence the Charter development.

## Conference Charter Process Timeline (2015)

Activity	Jun 1-22	Jun 23	Jun 24	Jun 25	Jun 26-Jul 30	Jul-Sep	Oct
Writing Draft 1 of the Charter							
Design Lab activities							
Charter revisions, resulting in Draft 2			(Evening)				
Charter day Discussions							
Charter Updates and News Reports							
Charter revisions, resulting in the Final Charter for the conference				(Afternoon)			
Charter pledge by delegates							
Post-conference Charter revisions and graphic design							
Final Charter release							

## 6.0 Charter Dissemination and Activation

The final version of the Charter was released in October 2015, and shared by email with conference delegates. The Charter is available for free download on the University of British Columbia's open access digital repository, Open Collections:

<https://open.library.ubc.ca/cIRcle/collections/53926>

Throughout the Charter development process, Charter dissemination and activation ideas were collected through various sources including the pre-conference engagement survey, expert interviews, the design lab activities, Charter working group meeting notes, Charter day discussions and review of relevant documents. **Appendix J** contains a list of Charter dissemination and activation ideas that emerged through the development process. Following the Charter's release, a new working group will be formed to facilitate Charter mobilization and activation.

## Appendices

### Appendix A: Charter Working Group Terms of Reference

# 2015 INTERNATIONAL CONFERENCE ON HEALTH PROMOTING UNIVERSITIES & COLLEGES

## International Charter Working Group Terms of Reference

### **Role and Responsibilities of the Group**

- Take responsibility for Charter development processes prior, during and following the 2015 Conference (including dissemination and activation strategies as funding permits)
- Establish the new Charter scope and define outcomes
- Establish work plan and timeline
- Set guiding principles and identify constraints
- Ensure international representation and inclusion throughout development and dissemination processes (e.g. global relevance within Charter documents)
- Address any issues that have major implications for Charter development and dissemination
- Keep project scope under control as emergent issues invite changes be considered
- Identify endorsement and collaboration opportunities with organizations to further the relevance, credibility and dissemination of the document
- Identify sponsorship opportunities and report these to the Conference Planning Chair
- Review best practices/literature on charter development (e.g. International Sustainable Campuses Network, Charter/ STARS)<sup>1</sup>
- Consider where roles intersect with other working groups and consult with that group or with the Conference Planning Committee Chair accordingly
- Take eco sustainability into account in all decision making
- Identify resources needed including additional group members

### **Role of the Chair/Co-Chair(s)**

In addition to regular committee work:

- Ensure work plan/timeline is on track and role/responsibilities are carried out
- Liaise as needed with Conference Planning Committee Chair.

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Version: Update Jan 30 2015

## **Frequency of Meetings and Reporting**

The International Charter Working Group will determine frequency of meetings needed to accomplish their work.

The group may choose to appoint one person as Administrator (schedule meetings, draft agendas, correspondence and take notes), share responsibilities or locate other admin support.

The action items with timeline and work plan should be submitted to admin support designate at least every two weeks.

Issues, concerns and new developments should be discussed with Conference Planning Committee Chair, Dr. Claire Budgen. Administrative support questions should be taken to admin support designate.

## Appendix B: Charter Working Group Members and Biographies

Group Member	Role	Biography
Tara Black, Charter Working Group Co-Chair	Associate Director of Health Promotion at Simon Fraser University (British Columbia, Canada)	Leads a team of Health Promotion Specialists and SFU's Healthy Campus Community Initiative focused on socioecological and settings-based approaches whereby the institution itself is viewed as the object of intervention. The team has received national and international awards for their work and innovation. Tara has also worked as Acting Director, Student Development and has been at SFU for 10 years. She has a Master of Science Degree in Health Promotion from the University of Alberta and Bachelor of Science in Dietetics.
Sharon Doherty, Charter Working Group Co-Chair	Healthy University Coordinator	Based in the Healthy Settings Unit, at the University of Central Lancashire (UCLan) in Preston, England, and has been in her post as Healthy University Co-ordinator for over ten years. Her post combines the co-ordination of the UCLan Healthy University initiative with a wider development role, supporting the unit's generic work across settings and contributing to research, lecturing, evaluation, training and consultancy. She has experience of working in public health/health promotion for over twenty years. Previous posts include, Sexual Health Lead, Healthy School Co-ordinator and Health Promotion Specialist for Young People and Sexual Health. Her public health work has focused on healthy settings, sexual health, drugs issues and young people within the education setting. Sharon studied Communication Studies (BA) at Sheffield Hallam University and Health Promotion (MA) at the UCLan. She has previously worked as a Further Education lecturer in Communication & Media Studies and as an Arts Administrator/Project Manager with a community based theatre company specializing in health work. She participated in the development of the 2005 Edmonton Charter
Alfonso Contreras	Regional Advisor, Health Education and Social Change, Pan American Health Organization (PAHO/WHO)	Currently at PAHO/WHO, he serves as Regional Advisor for the strengthening of health-related national and sub-national policies and programs with focus on the promotion of health and well-being with equity in the Americas. In 2011, Dr. Contreras led Regional efforts in establishing a World Guinness Record of the most number of people washing their hands at the same time. He developed the first WHO/PAHO app for iOS mobile devices, known as eGSHS, to access monitoring data on the prevalence of risk and preventive behaviors among

Group Member	Role	Biography
		students in the Americas. His present work focuses on engaging health promoting networks, namely local governments, schools, universities, and civil society organizations- in promoting health in all policies, health equity and well-being from the local to the global.
Mary Guinn Delaney	UNESCO Regional Health and HIV Education Advisor for Latin America and the Caribbean	Based at the Regional Office for Education in Santiago, Chile. She is a development and health specialist with extensive experience in the US, Africa, Latin America and the Caribbean. Since joining UNESCO in April 2008 she has been working on sexuality education and HIV prevention in the formal education sector, inclusion and diversity in sexuality education, and health literacy
Francisca Flores	PAHO Washington	Participated on Alfonso Contreras' behalf.
Ana Martínez Pérez	Researcher in Research Support Unit in Universidad de las Américas, Quito, Ecuador.	In 2003 she became lecturer in Sociology at the Universidad Rey Juan Carlos, in the Department of Social Sciences. Her research focuses on four areas of interest: visual anthropology, social exclusion, gender and health. She coordinated the "Healthy University Program" in URJC from 2007 to 2014 and contribute to develop Spanish network of Healthy Universities, REUS. Researcher in Competencies in health promotion, COMPHP Project, funded by the Executive Agency for Health and Consumers of the European Union (2009-12) and member of Global Dissemination Group for CompHP, CWDG in IUHPE. Researcher in COST Action 1210 "Appearance matters" since 2013. Since 2014 she lives in Ecuador where is being developed an Ecuadorian network of health promoting universities within the Iberoamerican network, RIUPS.
Sigrid Michel	Professor for Social Medicine and Psychopathology at the Faculty of Applied Sciences at the University Dortmund, Germany	Her research focus is Health Promotion in vocational and higher Education. She has Promotion at Workplace a Health promotion in Cities and Communities, and is a represented speaker for the international affairs of the German network of Health Promoting Universities. She is also a member of the Working Group Health Promoting Community and Town Development, German Institute of Urban Affairs Berlin and Advisory member of the Executive Board of the Ev. Johanneswerk. Graduation: Intermediate Diploma in Social Work and Psychology and a state examination in Medicine.
Alison Shaw	Founder and Principal at	FlipSide Sustainability is a consulting and coaching firm that focuses on moving cutting-edge sustainability knowledge to action. Combining two decades of sustainability science-policy research with professional



Group Member	Role	Biography
	FlipSide Sustainability	coaching, she guides leaders, organizations and networks through learning processes that build relevant knowledge, partnerships and actionable innovation. Throughout her career Alison has worked to help redefine current relationships between people, planet and prosperity, always with the goal of integrating social and environmental health and wellbeing into communities, organizations and networks for action. In particular, she has used the Sustainability Tracking, Assessment and Rating System (STARS) from the Association for the Advancement of Higher Education, a successful approach for embedding sustainability into institutions of higher learning with many lessons for the Health Promoting Universities movement
Alisa Stanton	Health Promotion Specialist Simon Fraser University	Alisa Stanton has Masters of Public Health from Simon Fraser University (SFU) and has been working as a Health Promotion Specialist since 2011. She has contributed to the development and implementation of SFU's Healthy Campus Community Initiative and Well-being in Learning Environments work. Alisa is an instructor in the Faculty of Health Science at SFU where she teaches a service learning course in health promotion. Her specific interests include settings-based health promotion, community engagement and mental health promotion in higher education settings.
Cheryl Washburn	Director Counselling Services, The University of British Columbia	She has extensive experience in post-secondary student mental health and has lead the development of a systemic approach to supporting student mental health and wellbeing at the University of British Columbia. She co-chaired the CACUSS/CMHA Post-Secondary Student Mental Health initiative responsible for the development of "Post-Secondary Student Mental Health: Guide to a Systemic Approach" and has been involved been involved in the BC Healthy Minds/Health Campuses community of practice which is a whole-campus approach to promoting student mental health.

**Appendix C: Expert Interviewees**

Expert	Position	Area of Expertise
Paola Ardiles	Founder, Bridge for Health; Adjunct Professor, SFU	Health Promotion
Hiram Arroyo	Department of Social Sciences, University of Puerto Rico	RIUPS-RED Portorriquena

Expert	Position	Area of Expertise
Mayela Avendaño	University Nacional de Costa Rica	RED Costarricense
Jaime Breilh	Professor & Director, Health Area, Universidad Andina Simón Bolívar	RED Ecuatoriana
Chardaye Bueckert	President, SFU Student Society	Student Government
Alfonso Contreras	Regional Advisor, Health Education and Social Change, Pan American Health Organization	Health Promotion
Mark Dooris	Director, Healthy & Sustainable Settings Unit, University of Central Lancashire	Settings Approaches
Jon Driver	Vice President Academic and Provost, SFU	Higher Education Administration
Carmen Gallardo	Dean of Health Sciences, Rey Juan Carlos Univeristy	RIUPS-REUS
Susana Terry González	Member	RED Cubana
Eberhard Göpel	Professor, University of Applied Social Sciences and Health, Alice-Salomon Fachhochschule	German Network Health Promoting Universities
Constanza Granados	Pontificia Universidad Javeriana	RED Colombiana
Trevor Hancock	Professor and Senior Scholar, University of Victoria	Health Promotion; participated in the Ottawa Charter development
Zena Harris	Manager of Operations and Communications International Sustainable Campuses Network	International Sustainable Campuses Network
Joel Lynn	Executive Director, Student Services, University of Victoria	Higher Education Administration
Bent Mikkelsen	Professor, Department of Clinical Medicine, Aalborg University, Copenhagen	German Network Health Promoting Universities
Susanne Mulzheim	Member	Health Promoting Universities, Austria

Expert	Position	Area of Expertise
Monica Muñoz	Pontifical Catholic University of Chile	RED Chilean
Regula Neck-Häberli	Coordinator	Health Management at Workplace, ZHAW, Health Department
Dr. Blake Polland	Associate Professor, Dalla Lana School of Public Health	Health Promotion, Settings Approaches
Dr. Irving Rootman	Health Promotion Consultant	Health Promotion; participated in the Ottawa Charter development
Allison Smith	Chair, Healthy Campus 2020 Coalition	Health Promotion
Ute Sonntag	Deputy Director	State Association for Health and the Academy for Social Medicine, Lower Saxony and the Coordinator of the German Network of Health Promoting Universities
Wanda Wetterberg	Vice President Centenary, University of Alberta	Facilitated Edmonton Charter development process

## Appendix D: Expert Interview Guide

### Background about the engagement process:

A new International Charter for Health Promoting Universities and Institutions of Higher Education is being co-designed to inspire future action around the world on campuses and beyond. The new Okanagan Charter is being developed through input from a consultation survey and expert interviews (such as this one) as well as critical dialogue at the 2015 International Conference on Health Promoting Universities and Colleges: 10 Years After the Edmonton Charter [Also titled: VII International Congress on Health Promoting Universities and Colleges: 10 Years After the Edmonton Charter], which takes place from 22-25 June 2015.

We are seeking broad, international input from people active in the field, including researchers, academics, administrators, health promotion/education practitioners, policy makers and others.

We will be recording this conversation so that we can summarize notes from the discussion. Your input will contribute to the development of the new Charter.

**Questions to be used to guide the interview.** (Please follow-up with additional questions as indicated)

1. Have you been involved with the development of any Charters? Follow-up: If yes, which Charter? If yes, what would you recommend for the development of this Charter based on your experience with Charter development?
2. What do you think makes a good Charter?
3. What should the Charter contain to be a useful document for creating health promoting universities and institutions of higher education? [Follow-up: Is there anything about the document itself that would make it useful?]
4. What themes, topics or concepts are important to consider so that the new Charter will be relevant in today's higher education context?
5. Given your area of expertise and/or experience in the health promotion field, what do you think is important to include in the Charter? [This will depend on the area of expertise]
6. As part of the new Charter, a framework is being proposed to help mobilize broad action and involvement. Based on the Ottawa Charter for Health Promotion, the action areas include: Health in All Policies, Supportive Environments, Community Action, Personal Skills and Re-Orienting Health Services.
  - a) Do you have any comments about potentially using this framework for the Charter? [Follow-up: Is there anything missing?]
  - b) Do you have any thoughts about how these areas for action could be made more relevant for the higher education context?
7. Are there any key health promotion concepts or principles that should be included in the Charter?
8. How could the new Charter help mobilize action on campuses?
9. Do you have any final comments?

**Demographic Information** [please ask demographic information as needed depending on information already available for the expert]

1. Which best describes your role (check all that apply)?

Academic (Faculty member, instructor, lecturer)

Researcher

Health Promotion Practitioner

Administrator

Student Services Staff (Support Services/Student Affairs)

Human Resources Staff

Community, Governmental or Non-governmental Organization Representative

Student

Other: [text box]

2. Country: [from list in the survey tool?]
3. City: [text box]
4. Organization/Institution of Higher Education: [text box]
5. Title: [text box]
6. If you wish, please include your name: [text box] (optional)

## Appendix E: Key Informant Interview Results (English and German Interviews)

### Learning from previous charter developments:

#### Process

The key points expressed were the importance of a focus on the follow-up and dissemination of the Charter at more regional and local levels. That a sense of collective ownership was crucial achieved by open and clear consultation processes.

- See the charter as just the starting point. Think about how the charter could influence practice. A focus on setting the groundwork for more detailed country level implementation plans would be useful. To write into the Charter that local adoption and identity to it is valued. Important to have resources to promote/disseminate charter. Plan to put it in the right hands for future advocacy. Crucial to encourage location translation of the Charter for local adoption, to create a local identity and help connection to it. E.g.'s Local dissemination of Ottawa Charter in Canada took the charter and accompanying framework 'on the road'. In the most recent ecohealth conference, attention was given to drafting a document that would have the capacity to be more interactive and become a resource tool for people over time. (7)
- Important to have drafting and consultation at the conference for collective ownership. Where possible pick up potential concepts/principles from within the conference to feed into the charter. (4)
- Develop partnerships and work alongside other frameworks, E.g. health promotion standards within ACHA, and CAS health promotion standards, Healthy Campus Coalition. (2)
- To ensure work continues use key elements of institutional sustainability as part of benchmarks for how people build social and organizational infrastructure.
- Consider how key players currently find out about frameworks.
- Somewhere in the process ask for feedback from someone unrelated to it to check on understanding of content.
- Sustainable Campuses Network, started small, had international perspectives, included stakeholder engagement, identified key people, went through multiple drafts, used existing links with World Economic Forum, sought endorsement at this forum, launched at Global Universities Leaders Forum, 26 universities signed up, now in its 9<sup>th</sup> year
- The Ottawa Charter had a two year development phase prior to conference development, was finalised and read out at the end of the conference and copies distributed.
- The Vienna Document of Human Rights is important for diversity and should be taken into account.
- Austria has a Charter for Health Promotion in Organizations, this offers membership, activities and an award.

## **Content**

The key points expressed were the benefits of using the Ottawa and Bangkok Charters to provide a structure but to also update them, with an emphasis on sustainability and reference that Healthy Universities has emerged from a Healthy Settings Approach.

- Inclusion and build on Ottawa Charter and Bangkok charters, the Ottawa Charter provides a great structure to work with, need to add in developing world perspectives, reference links to settings approach and definitions of health promotion through it, health promotion in all policies (8)
- Inclusion of sustainability, notions of natural, built and social environments (2)

## **How the Charter can guide and inspire health promotion action in higher education:**

The key points expressed were that the Charter should be action oriented, forward thinking, engaging and have strong values. Clear guidance should be included to support local action and that it should focus on the healthy university concepts and processes. A clear link is required to institutional goals and how wellness contributes to them. That the role of universities as advocate and being able to influence at local, national and global levels is highlighted and promoted. That mental health and sustainability are highlighted.

- Tangible and specific guidance to support action, coming from principles within the Charter. Making it possible to track over time. This would need resources/tools to build capacity, competences around actions. (4)
- A focus on process and themes around the whole system approach, e.g. top down and bottom up approaches, empowerment approaches in health promotion. (3)
- To universities have a role as advocate, exemplar, partner, in areas of tackling health inequalities, social justice and social sustainability. (3)
- A link between the goals of the institutions and the Charter, so it relates to student learning, student success, student development, retention, role of training and curriculum. (3)
- That mental health is included as a topic, due to cross cutting nature of it. (2)
- Charter needs to reference high level links, the charter could have a role to connect related ministries e.g. Health in All Policies Development of Post 2015 goals, replacing Millennium Development Goals. (3)
- Charter should address different people within the university system.
- Avoid lists of health topics, activities and a focus on behavioral and downstream activities. (2)
- Acknowledge the university setting, diverse communities, diverse health conditions.
- Have a commitment that universities will reach out to communities near to their setting.
- Charter could guide institutional planning, strategic planning, academic planning.

## **How can the Charter be relevant in today's higher education context?**

The key points expressed included a range of themes, topics and concepts, they included mental health as a topic, which should have a focus on creating wellbeing as well as providing services. A whole university approach, to include reaching out to local communities. To provide a common language around Healthy Universities to support inclusion of all partners.

### **Themes, topics concepts to consider**

- Creating positive wellbeing (3) in a university environment.
- Mental health (5) and cross-cutting issues that are impacting on mental health, e.g. finance, student debt, academic pressure.
- Promoting a whole university approach, something that is relevant to the whole campus. (4)
- Charter to provide clear definitions and common language to use around about healthy universities, to make it understandable for all i.e. that is goes beyond individual level interventions to population level approach. (3)
- Healthy Food
- Transport
- Education for students living on own.
- Sustainability, e.g. green space, physical health determinants, quality of the built environment.
- Access and justice in regard to an inclusive access for students.
- Equity gap.
- Need to combat a culture around survival of the fittest / pride in fatigue / normalized stress and overwhelm / increasing expectations for things like work and volunteer commitments.
- Reflect diversity and distinct needs of the post-secondary community.
- Theme on evaluation and how we are measuring success.
- Relationship of the university to the surrounding community
- Access to services on campus, service development.
- Impact of global digitalizes communication.
- Role of educating future leaders within society, link healthy universities to the specific role of universities.
- Financial and personal resources for health promotion in universities.

### **Ensuring the Charter will resonate with others outside of the health sector:**

The key points expressed were to provide a definition of healthy universities and translate this clearly into the university context.

- By providing a definition of a health promoting university in both process terms and outcomes, offering clear benchmarks to identify how far along a university is in that continuum and support them to move forward. (2)



- Have an accompanying document that links to a learning model to help translate actions/terms from academic perspective.
- Give a rationale and promote that everyone has a role, which could be leadership, facilitation, promoting benefits to different groups e.g. Health in All Policies.
- How this work has a role in preparing students for future life.

### **Health promotion concepts or principles to include in charter:**

- Intersectoral collaboration (5)
- Equity and Participation, respecting cultural differences (4)
- Equity and sustainability – need to be linked, do it in an unambiguous way, show how universities can lead the way (4)
- Ethics, responsibility for society, equity and health in all policies (2).
- Gender (2) and health
- Resilience and wellbeing, need to clarify definitions we are using
- Ottawa Charter still a key document, provides a framework for action, values, captures key areas, perhaps required some updating.
- Empowerment should be explicitly included, talk about an inclusive, empowering institution.

### **Thoughts on an ‘Action Framework’ to accompany the Charter**

The key points expressed were that having two levels of documentation would be useful and fulfil different functions. The Charter requiring high level sign up where as the accompanying documents would be able to offer guidance for implementation. The action framework could include benchmarking and assessment against progress.

- This would offer two levels of engagement, high level sign up, and practitioner level guidance. (3) The action framework could be short and flexible for different regions to decide on multiple ways to address it and report. (2)
- This could represent a commitment to benchmark your progress, a commitment to take action and to assess performance. (2)
- Needs to be a strategic framework that links HE/ Healthy Universities to a global agenda, e.g. Universal Health Coverage WHO.
- Should indicate good practice, should transfer tools, e.g. from management
- That good practice criteria has an impact on defining standards to support work in universities by health promoters.
- The charter also needs formal membership and awards to support continued engagement.
- Suggestions for possible frameworks;
  - Areas for Action: Learning & Working Environments; Policies & Processes; Physical Spaces; Social Connection & Community Engagement; Services &

Supports; Personal Growth & Development] were suggested, reference Simon Fraser University.

- Use of the Healthy Settings Process model could form part of the framework, would need resource to produce it after conference. Balance mode from healthy settings, promoting a whole system approach into a practical tool for HE.
- The MAP-IT framework for healthy action, so Mobilize, Assess, Implement, Track.
- Using the Ottawa Charter as part of framework, can apply it and specify it to HE context.
- Suggestions for possible links to be included in the framework;
  - Wales Healthy University Framework
  - UK Self Review Tool and Guidance documents,
  - Germany quality standards
  - Links to WHO, updating and adding to their existing healthy universities page on their healthy settings pages.
- Suggestions for content of an action framework;
  - Personal skill development
  - Capacity building a key role to action and how to do this should be very explicit.
  - Creating a useful evidence base linked to influencing and reflecting policy
  - Training for higher education leaders
  - Participatory and involving community guidance
  - Case studies, inspiring examples of work taking place
  - Information on the current evidence base
  - Giving separate guidance/info/benefits but also need to be able to knit those back together for co-benefits whole system approach
  - Governance issues

### **Considerations on what would give the Charter traction**

- Learning from sustainability work in universities, e.g. separate units to lead and highlight issues within universities but to also engage and get involvement across university
- To include actions around universities working towards embedding health and sustainability within university strategies.
- The Charter should require the President's signature to give it leadership endorsement and the mandate for staff to carry the work out, with expectations on reporting back.
- Go back to President's every year for an update, e.g. case study best practice.
- Include actions reflecting key issues for universities, e.g. role of Academics with tenure and the moral obligation to speak out on their findings on behalf of the public, ethical divestment.
- Dispense with background material.
- Reflect the different sets of populations at Universities.

- Well written and clear and short, motivate in the face of challenges
- Write a companion document that gives examples of approaches in university settings, practical additional material, e.g. 'how to', why this is important to us as a community, detail on agreements on what a Healthy University is.
- Reflect a collective approach to inspire universities & government ministries to take action.
- Use social technology, e.g. to create a group, development of hashtags and fun website where you can go and find out, links to B the Change.
- Involve students.
- Have an intention to bring researches together with practice leaders.
- Language needs to be inspirational and clear on how people endorse this and engage with it.
- Clarity on how the charter becomes agreed at conference, signing up process, reflecting what is practical at the conference stage.
- The Charter should be visible to students in a variety of ways and across campus.

## Appendix F: Key Informant Interview Results (Spanish Interviews)

Interviewees/ Questions	LEARNINGS FROM PREVIOUS CHARTER DEVELOPMENT	HOW THE CHARTER CAN GUIDE AND INSPIRE HEALTH PROMOTION ACTION IN HIGHER EDUCATION	HOW CAN THE CHARTER BE RELEVANT IN TODAY'S HIGHER EDUCATION CONTEXT (Principles and challenges)	THOUGHTS ON AN ACTION FRAMEWORK TO ACCOMPANY THE CHARTER (Strategies)	ENSURING THE CHARTER WILL RESONATE FROM HPU NETWORKS AND WITH OTHERS OUTSIDE OF THE HEALTH SECTOR (regional, national or local vision)
RIUPS-RED PORTORRIQUEÑA Hiram Arroyo	I know all International Charters but I've participate in RIUPS Declarations, I was involved in all of them from 2009	Health Promotion is being practiced mainly in higher education institutions. A HPU has to link theory in Health promotion, social responsibility, networking and healthy environments principles.	Health advocacy	Welfare and prevention of healthy lifestyles vs. social determination of health, antagonism reinforced by lack of autonomy in HPU	Lessons learned in national networks that we haven't before and now we have
RIUPS-REUS Carmen Gallardo	I haven't been involved in International Charters, I have been involved in RIUPS Declarations, all of them from 2009	Applicability, for me the Conference in México was a good example of further development after a declaration.	Health literacy, holistic vision, empowerment, equity and diversity	Health in all policies, mainstreaming, stable teamwork in health promotion, include health promotion in strategic plan.	Networking from autonomy of universities and without any compensation, evidence of necessity.
RED COSTARRICENSE Mayela Avendaño	I developed Declaration de San José, Costa Rica. We asked for help in applicability and less structures. I know and use Ottawa Charter but I was not involved on it. It was important for me to participate in our guide for HPU in Costa Rica.	Participation of students as protagonists.  Healthy environments. Efforts in inter-institutional collaboration	Costa Rica network and HPU:  Equity and empowerment in health and wellbeing, personal holistic development Respect and diversity	To define scenarios for political participation of universities authorities, to develop a structure to involve and engage the authorities, Social responsibility in universities for the improvement of health has not good and well-defined	Richness of networking, participation, innovation, strengthening, it contribution to a joint effort that alone would be barren, different universities focus on that unites them.  From 2002 Costa Rican network well-known in the whole

				strategies, there are policies that cannot be developed because authorities change and there isn't a global policy	country, international recognition. Evolution from lifestyles to social determination of health through political strategy
<p>RED CUBANA</p> <p>Susana Terry González</p>	<p>I was joining Declaración de Medellín, Colombia in 2009.</p> <p>I am aware of every declaration disseminated by Dr. Hiram Arroyo and RIUPS</p>	<p>Paying attention to all of changes we are having, we can see the concept of health promotion is still under construction. It's necessary to define again the concept of health. We need to work for scenarios and environments where social determinants are very important, we need also work with students or university community, as protagonists, we precise other vision. I believe that we talked about networking but we don't have anything concrete. On the other hand, we have to pay attention to sustainable outcomes/objective s post agenda 2015, which is important because it isn't medicalized. Another question we must work and make real is health in all policies, and today unfortunately we have to say that intersectorality has been weakening.</p> <p>I feel a reference is the Conferences in México, Bangkok and Finland.</p>	<p>Self-care and self-responsibility about health. Gender, ethnical approach and inter-culturally, respect for diversity. Advocacy. Rights. Coaching in health and health literacy.</p>	<p>Agreements that only can be refused by participatory processes of all of the institutions involved. Political will, technical will and community will in context, although health promotion works to contribute in modifying life styles not always healthy, it seems to me we must walk away, from research as a starting point, we must work in beliefs, attitudes, practices, perceptions, myths, and so on.</p> <p>It is necessary to work in local development, but with a culture of self-care and self-responsibility.</p>	<p>I have the vision of the Americas region, national and local point of view.</p>

<p>RED ECUATORIANA</p> <p>Jaime Breilh</p>	<p>I've not involved but I know all of them</p>	<p>Define health and health promotion, give visibility to international debates, who are subjects for health promotion, specializations for health promotion (background), not only people from the North, private sector must be included because capital accumulation is destructive, to send drafts from Latin America countries in order not to be invisibles</p>	<p>Mental health, holistic personal development, social sustainability, equity</p>	<p>Community action, healthy environments</p>	<p>We cannot do health promotion without change a model of civilization oriented to destruction. Health promotion for everyone and not only for the North, collective health more than public health (from government) or private health (companies)</p>
<p>RED CHILENA</p> <p>Monica Muñoz</p>	<p>About the process: key points are expressed as the importance of the Charter approach and its dissemination at local and regional level. We feel a sense of collective property fundamental to reach an open process of consultation. About the content: We add to key points an emphasis in sustainability and health environments approach.</p>	<p>Social determinants of Health and health in all policies must inspire Health promotion in High education. I would underline Social responsibility being able to anticipate challenges in our societies. Important to underline also capacity in advocacy to influence in public policies at local and national level.</p>	<p>Social and environmental changes demand professionals with competencies as self-commitment and with others. Health promotion is a strategy for educational projects. Institutional accreditations should incorporate indicators of health promotion.</p>	<p>We will need a guide for implementation . Framework should include comparative evaluation and an evaluation against progress.</p>	<p>Linkage with other social actors or stakeholders should be integrate (Education, regional governments, sports, and so on)</p>
<p>RED COLOMBIANA</p> <p>Constanza Granados</p>	<p>To prevent a text only as a product from a meeting and to reach an useful working document</p>	<p>Universities and HPU movement has to have more presence in other scenarios in which issues related to health and health promotion globally in the countries present evidence, investigations are handled , it has</p>	<p>Capitalization of knowledge from difficulties, learnings from participatory models, how to impulse advances at mapping health assets, alternatives</p>	<p>It' s important to identify clearly an initiative for health promotion, in much more settings it isn't clear the progress and reports pay attention only</p>	<p>Collective construction and networking, knowledge building, advantages in strategies at health promotion level, national guides for</p>

		<p>organized a powerful voice to recover voices and experiences at institutional, national and global level . If you think about a strategy that helps to make visible progress this favor networks that do not have resources to publish and give an opportunity to have a global view of the process. Having common categories, common standards, common challenges, promote compatibility, sustainability, mutual support. Interesting as a look macro has advanced international movement from the origin and in International Conferences.</p>	<p>trainings in health promotion, if we strength capacity building we will give sustainability to the process but these resources must be accessible for everyone (Managers, students, teachers, administration staff), social and community participation empowerment , link the movement of HPU through international agreements : ex. Health in all policies, a place for universities, synergies with other processes: social responsibility, sustainable human development</p>	<p>to preventive actions, it' s fundamental to give advantage for a collective construction of knowledge at health promotion level, difficulties in processes show important issues we must identify, analyze, understand, and show us improvement paths, not enough to present successful experiences, it is fundamental to retrieve processes and methodologies. I believe we don' t have powerful systems of information to reach synergies in common issues, recover researches, methodologies, to open communication channels between actors interested in common issues</p>	<p>strengthening and assessment of HPU, to include HPU in national plans of development in Ministry of Health (this is the Colombian case and maybe in other countries) well established processes supported in institutional policies,</p> <p>Recover learnings from the relationship between universities and States or governments in order to favour sustainability of processes, preserving the autonomy of the universities. To make visible a place for students and authorities.</p>
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## Appendix G: Pre-Conference Survey

1. For the new Charter to guide and inspire health promoting action in higher education:
  - A. What do you think is essential? (e.g. content, format) [Textbox]
  - B. What should be avoided? [Textbox]
  
2. Others have suggested the following values and concepts are important to highlight in the new Charter. Please indicate which are most important to you.

	Not important	Important	Very important	Unsure
<b>a) Diversity</b>				
<b>b) Equity</b>				
<b>c) Environmental sustainability</b>				
<b>d) Health literacy</b>				
<b>e) Holistic view of health</b>				
<b>f) Social sustainability</b>				
<b>g) Respect</b>				
<b>h) Stakeholder empowerment</b>				
<b>i) Wellbeing</b>				
<b>j) Whole person development</b>				

Comments: [Textbox]

3. Universities/higher education institutions are distinctive contexts for health promoting action. In your view, which opportunities are most important for the advancement of health promotion?

	Less important	Important	Very important	Unsure
<b>a) The “future shaping” role of higher education (for students and staff)</b>				
<b>b) Developing resilient, empowered and engaged citizens (for students, staff, and faculty)</b>				
<b>c) Responding to changing campus demographics and global job markets</b>				



<b>d) Creating campus social connections and a sense of community</b>				
<b>e) Integrating health promotion into the core business of higher education (teaching, research, innovation, community service)</b>				
<b>f) Integrating health into daily campus operations (policies, practices, success indicators)</b>				
<b>g) Locating the Charter in the context of wider developments such as health for all and sustainable development</b>				
<b>h) Developing a research agenda for the movement of health promoting universities and higher education</b>				
<b>i) Considering social, political, economic and environmental determinants in higher education contexts</b>				
<b>j) Developing systems and processes for Charter certification basis or adoption</b>				
<b>k) Strengthening health promotion specialization, degree programs, service learning and mainstreaming in the curriculum.</b>				
<b>l) Identification of innovations and best practices in health promoting higher education.</b>				

Comments: [Textbox]

4. Various Charters (and Declarations) have guided health promotion work in higher education settings. What is your experience with the following Charters?

	<b>Not familiar</b>	<b>Familiar - not used</b>	<b>Used some</b>	<b>Used a lot</b>
<b>a) Ottawa Charter for Health Promotion</b>				
<b>b) Bangkok Charter for Health Promotion in a Globalized World</b>				

<b>c) Edmonton Charter for Health Promoting Universities and Institutions of Higher Education</b>				
<b>d) Perth Charter for the Promotion of Mental Health and Well-being</b>				

Comments: [Textbox]

- An action framework to mobilize use of the Charter will be co-designed by delegates at the conference. In your view, which strategies are most relevant in today's higher education contexts?

	<b>Less relevant</b>	<b>Relevant</b>	<b>Very relevant</b>	<b>Unsure</b>
<b>a) Health in All Policies (across the whole institution of higher education)</b>				
<b>b) Supportive Environments (built, natural, social, economic, cultural, organizational and learning environments that support health)</b>				
<b>c) Campus Community Action (multilevel ownership and commitment to action)</b>				
<b>d) Personal Development (life enhancing skills for students and staff)</b>				
<b>e) Re-orient Campus Services to Support Health and Wellbeing</b>				
<b>f) Settings-based and systemic action which effectively draws attention to the contexts in which people live, learn, work and play, as foci for inquiry and intervention.</b>				
<b>g) Collaboration, cross-disciplinary partnerships, and stakeholder participation</b>				
<b>h) Comprehensive approaches using multiple strategies</b>				

Comments: [Textbox]

- Please share any final comments. [Textbox]

DEMOGRAPHIC INFORMATION

7. Please indicate which best describes your role (check all that apply).

<b>Answer Choices</b>
<b>Academic (professor, instructor, lecturer)</b>
<b>Researcher</b>
<b>Practitioner (counsellor, health care provider, health promoter, health educator)</b>
<b>Administrator</b>
<b>Student Services /Student Affairs</b>
<b>Human Resources/Occupational Health</b>
<b>Operations/Buildings /Land /Campus Planning</b>
<b>Community, Governmental or Non-governmental Organization Representative</b>
<b>Student</b>
<b>Other</b>

Country: [Textbox]

Organization/Institution of Higher Education (optional): [Textbox]

If you wish to include your name (optional): [Textbox]

CONTACT INFORMATION

If you wish to receive an electronic copy of the final Charter document, please include your email: [Textbox]

## Appendix H: List of Charter Writing & Synthesis Team Members, Charter Day Facilitators & Design Lab Coordinators

Group Member	Role in Charter Development
Victoria Smith	Writing team lead
Marko Pajalic	Writing team member
Allison Shaw	Writing team member
Alisa Stanton	Writing team member
Jonny Morris	Charter day facilitation (English)
Mary Guinn Delaney	Charter day facilitation (Spanish)
Ana Martínez Pérez	Charter day facilitation (Spanish)
Sharon Doherty	Charter news report facilitator
Yuna Chen	Design lab coordination
Rosie Dhaliwal	Design lab coordination
Melissa Feddersen	Design lab coordination
Crystal Hutchinson	Design lab coordination
Jennifer Perutka	Design lab coordination
Charter Working Group For a full list of Charter Working Group members, please see Appendix B	Synthesis of feedback during the conference and review of Charter drafts
Conference Planning Committee Members: Claire Budgen Judy Burges Alfonso Contreras Matt Dolf Mark Dooris Melissa Feddersen Martin Mroz	Feedback and input on all Charter drafts and on the Charter development process.

Group Member	Role in Charter Development
Allison Shaw Alisa Stanton Shaylyn Streach	

## Appendix I: Design Lab Outline

### Overview:

We will create a sign for each station with the instructions. Two student volunteers will be available as well as SFU Health and Counselling Services' Marketing Coordinator who will oversee activities and live tweet to engage a broader audience.

### Welcome:

As people enter the Design Lab you can offer them a copy of the draft Charter, please keep the copies in the Design Lab. Please keep a tally of the number of people who come in.

The following stations will be part of the Design Lab:

#### **STATION 1:** Collective Re-write [WRITABLE WALL]

Here you see the title and sections of the Charter. Using the markers and sticky notes provided share your thoughts. Put a star next to the parts you like or rewrite sections to make improvements.

#### **STATION 2:** Ideations of Success in Health Promoting Universities and Colleges [PUZZLE TABLES]

On these puzzle tables you will find the proposed Areas for Action from the draft charter.

Think about what success would look like and write your idea on the sticky notes provided. Consider individual and organizational outcomes or benchmarks. Use the iPads to explore how other universities and colleges are measuring success.

#### **STATION 3:** Universal Mural [WRITABLE WALL]

Let's create a visual representation of a health promoting university or college. Please contribute 1 word or phrase and 1 drawn image to complement. Each image should build off of the existing drawing. As the image grows, reflect on what could be missing and fill in the gaps.

#### **STATION 4:** Q, A & D Google Doc [MAC STATIONS]

Reflect on the principles for action that were a result of the Charter pre-engagement activities by viewing the Google Doc provided at the 3 Mac Stations. Pose your own Question, Answer a question, or Discuss your ideas for these principles. You may also suggest a new principle. Be sure you review what others have added before you.

Please note that you will need to sign in using a Google ID and password. If you do not have a Google account, you can create one or use the generic ID provided. Please remember to sign out of the Google Doc before you leave the station.

### **STATION 5: Never Ending Story [WRITABLE WALL]**

Add your portion to the story, it could be one word or a statement about you and your experience traveling to Kelowna and at the conference. The story will continue to grow with every participant's contribution. Let's co-create our story while we co-create the charter.

Starting Statement: In June 2015 delegates from all over the world came together to the International Conference on Health Promoting Universities and Colleges at UBC Okanagan. So far, .....

### **STATION 6 [LOUNGE SEATING AND TABLES]**

Who was here – Enter to win

Take a seat, relax and connect with others who completed activities in the Design Lab. Please stick your business card onto the paper provided to enter to win a digital prize package valued at \$150. If you don't have a card, create one with the supplies provided.

### **STATION 7 [36 INCH TV SCREEN]**

Join the conversation on Twitter using #designthecharter and follow @2015ICHPUC [insert twitter logo]

[ SFU Staff member (Jenn Perutka) will be live tweeting from the design lab in order to engage a broader audience. Use Tweetwall program to showcase all tweets which use #designthecharter. ]

### **STATION 8 OPEN SPACE**

Please share any additional thoughts or questions.

KEEP IN MIND:

- Encourage people to come into the Design Lab even if they only have a few moments
- Encourage participants to share where they are from when they partake in feedback activities
- Please keep track of the number of people who enter daily
- The stations are numbered for ease of access but make sure people visit 1, 2 & 4
- Every day it is our responsibility to summarize the feedback in the Design Lab for the Charter writing team: please record participant comments in spreadsheet provided

## Appendix J: Charter Mobilization and Dissemination Ideas

### Summary of Delegate Feedback on Charter Mobilization

This is a summary of the Charter mobilization ideas that emerged from participants who contributed to the development of the Okanagan Charter for Health Promoting Institutions of Higher Education, and the 2015 International Conference on Health Promoting Universities. The following themes emerged through the pre-conference Charter consultation process, Charter design lab and Charter development day at the 2015 International Conference on Health Promoting Universities and Colleges.

#### Sources of Data:

- Spanish power point summarizing pre-consultation feedback in Spanish
- English/German pre-conference consultation interviews
- English open ended survey responses
- Design lab feedback (spreadsheet)
- Charter day discussion notes

#### Emergent Themes:

##### 1. Build and Maintain Networks

Use existing networks for mobilization and dissemination purposes, develop formal membership for the Charter and stay connected through social media, information sharing and knowledge exchange.

- Strengthened work of networks
- Use social media to stay connected
- Use existing networks to disseminate the Charter and share experiences with mobilization
- The charter also needs formal membership and awards to support continued engagement.
- Develop partnerships and work alongside other frameworks, E.g. health promotion standards within ACHA, and CAS health promotion standards, Healthy Campus Coalition
- Use social technology, e.g. to create a group, development of hashtags and fun website where you can go and find out, links to B the Change.
- Learning networks/partnerships, research and evidence
- Online platform to encourage international partnership and support
- Top challenge implementing charter from macro to micro level; tool kit, webinar to articulate the charter, network champion (regional)

##### 2. Develop Benchmarks and/or Accreditation Criteria

A recurring theme in the Charter development process was the importance of developing benchmarks or accreditation criteria to help ensure accountability of institutions in mobilizing



action. Both process and outcome benchmarks were recommended, as well as conducting baseline assessments and asset based environmental mapping.

- Develop accreditation criteria
- In both process terms and outcomes, offering clear benchmarks to identify how far along a university is in that continuum and support them to move forward.
- The action framework could include benchmarking and assessment against progress.
- In order to make the charter actionable, benchmarks and tools to evaluate success are considered essential.
- Accountability: Who is responsible to actualize this? How do we hold ourselves accountable?
- Assets-based approach mapping and understanding environment
- Evaluating where we are - baseline assessment; Conducting assessment and effectively communicating results to all

### **3. Develop Tangible and Specific Guidance and Resources to Support Action**

Create a specific and tangible action guide to outline implementation processes in alignment with the Charter calls to action and principles. Provide an interactive repository of best practices at the local level. Provide tools and resources to build capacity for implementation.

- Tangible and specific guidance to support action, coming from principles within the Charter. Making it possible to track over time. This would need resources/tools to build capacity, competences around actions.
- The accompanying documents would be able to offer guidance for implementation and practitioner level guidance.
- See the charter as just the starting point. Think about how the charter could influence practice. A focus on setting the groundwork for more detailed country level implementation plans would be useful.
- Drafting a document that would have the capacity to be more interactive and become a resource tool for people over time.
- Write a companion document that gives examples of approaches in university settings, practical additional material, e.g. 'how to', why this is important to us as a community, detail on agreements on what a Healthy University is.
- Case studies, inspiring examples of work taking place
- It should be values-based (e.g. empowerment, participation, partnership, equity, diversity) yet needs to be easily translated into behavioural action steps by participating universities.
- Implementation guides (action plan) that have local context

#### 4. Dissemination and Institutional Uptake

Delegates shared ideas on how to leverage local, regional and international action and how to facilitate institutional uptake. Engagement of diverse stakeholders and champions was recommended along with carefully planned communication and messaging.

- Incorporate health into university strategic plans at all levels
- What resources are needed to promote/disseminate the charter?
- Whose hands does it need to be in for advocacy purposes (ie Ottawa Charter went on the road).
- The Charter should require the President's signature to give it leadership endorsement and the mandate for staff to carry the work out, with expectations on reporting back.
- Go back to President's every year for an update, e.g. case study best practice.
- Use existing networks to disseminate the Charter and share experiences with mobilization
- Implementation: get all levels to sign on (local, federal, municipal). Consider asking Universities Canada to sign on
- Implementation: keep momentum going through working groups, communication lines with media, MP's, government, keep students central in shaping this.
- Processes for engaging relevant stakeholders including senior leadership, faculty, operations, students, policy makers and potential partners is viewed as essential to ensure strategic and effective implementation of broad health-oriented policies and programs.
- Incentivize and mandate (where needed)
- Need to engage the registrar side of the house
- Needs to be situated in the top offices either Presidents, must be pair of the philosophy/culture of the campus mission/VISION/academic plans
- Pressure all University/Colleges to have someone at their institution who is dedicated to the goal of health promoting universities. Make the commitment formal/tangible
- Engage student government in the process
- Memorandum of understanding (ex. UBCO, Interior Health and City of Kelowna)
- Speak our leaders language i.e. return on investment for campus, community and world
- Each institution asked to sign charter by president, board and chair
- Convince people with power
- Develop a marketing plan to communicate clearly our message, clear statement, logo. Involve students.
- Knowledge translation plan
- Buy in from the top and outside leadership: Solutions include making networks, get critical mass, lobby higher level leadership, structuring HP in a position of influence on campuses
- Change to the organizational culture as well as student culture; Presentations/education and engaging with these groups: board, management, student government, faculty
- Work with champions, build in recognition for service and research on campus & help like-minded faculty allies find each other and engage them

- Conducting assessment and effectively communicating results to all

## **5. Maintain Local Flexibility in Adoption**

It was deemed essential to maintain local flexibility and autonomy in the adoption and mobilization of the Charter.

- Flexibility for diverse campus contexts was also stressed for different institutions and cultures to connect to existing programming to streamline the integration of health promotion and enhance implementation and effectiveness of outcomes.
- A clear, concise framework – There is a need for high level principles with an action framework that allows for the flexibility for specific campuses to adapt and share findings.
- The action framework could be short and flexible for different regions to decide on multiple ways to address it and report.
- Implementation guides (action plan) that have local context