OKANAGAN CHARTER
AN INTERNATIONAL CHARTER
FOR HEALTH PROMOTING
UNIVERSITIES & COLLEGES

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

Kelowna, British Columbia, Canada
ACKNOWLEDGEMENT

We acknowledge this Charter was developed on the territory of the Okanagan Nation.

This land doesn’t belong to us. This land belongs to seven generations down the road. I pray that the water that we drink, the water that we swim in, will be there for our great great great grandchildren. As well as all over the world. I pray that the land that we walk on, the trees that we enjoy, will be there for our generations to come. These things, they all come together with health. Health of humans. Health of the animals. And health of the Mother Earth.

- Closing Prayer by Okanagan Nation Elder, Grouse Barnes, at the 2015 International Conference on Health Promoting Universities and Colleges

This Charter should be cited as:

Photos in this document represent the Charter values about people, places and planet (mentally and physically active people, “green” buildings, biodiversity), and also, the university and valley where the conference was hosted.
A TRANSFORMATIVE VISION FOR HEALTH PROMOTING UNIVERSITIES & COLLEGES

Health promoting universities and colleges transform the health and sustainability of our current and future societies, strengthen communities and contribute to the well-being of people, places and the planet.

SHARED ASPIRATIONS

Health promoting universities and colleges infuse health into everyday operations, business practices and academic mandates. By doing so, health promoting universities and colleges enhance the success of our institutions; create campus cultures of compassion, well-being, equity and social justice; improve the health of the people who live, learn, work, play and love on our campuses; and strengthen the ecological, social and economic sustainability of our communities and wider society.

1. This Charter includes universities, colleges, institutes and so forth, that is, all organizations that comprise the higher education or post-secondary sector. It is important to note that terminology for health promotion in higher education varies depending on regional context. In South America and Europe, Health Promoting Universities is the common phrase; in the United Kingdom and Spain, Healthy Universities; and in North America, Healthy Campuses or Healthy Campus Communities.
**PURPOSE OF THE OKANAGAN CHARTER**

The purpose of the Charter is threefold:

1. Guide and inspire action by providing a framework that reflects the latest concepts, processes and principles relevant to the Health Promoting Universities and Colleges movement, building upon advances since the 2005 Edmonton Charter.\(^2\)
2. Generate dialogue and research that expands local, regional, national and international networks\(^3\) and accelerates action on, off and between campuses.
3. Mobilize international, cross-sector action for the integration of health in all policies and practices, thus advancing the continued development of health promoting universities and colleges.

**TWO CALLS TO ACTION**

The Charter has two Calls to Action for higher education institutions:

1. Embed health into all aspects of campus culture, across the administration, operations and academic mandates.
2. Lead health promotion action and collaboration locally and globally.

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2. Edmonton Charter for Health Promoting Universities and Institutions of Higher Education.
3. We acknowledge that the terms local, regional, national, international and global are used differently in different contexts around the world. For brevity, the terms local and global will be used throughout this document, but understood to include regions and nations.
HEALTH PROMOTION

Health promotion action builds upon the Ottawa Charter for Health Promotion, which emphasizes the interconnectedness between individuals and their environments, and recognizes that “health is created and lived by people within the settings of their everyday life: where they learn, work, play and love.” Health is viewed holistically, reflecting “physical, mental and social well-being and not merely the absence of disease or infirmity.”

Health promotion requires a positive, proactive approach, moving “beyond a focus on individual behaviour towards a wide range of social and environmental interventions” that create and enhance health in settings, organizations and systems, and address health determinants. As such, health promotion is not just the responsibility of the health sector, but must engage all sectors to take an explicit stance in favour of health, equity, social justice and sustainability for all, while recognizing that the well-being of people, places and the planet are interdependent.

Health is understood as an expanding concept defined through an emergent conversation around health, well-being and wellness.

Health promotion is understood as “the process of enabling people to increase control over their health and its determinants, and thereby improve their health.”

Health of people depends on the life supporting ecosystems of the planet “made possible by biodiversity and the products and services derived” such as oxygen, clean water, food, habitable climate, aesthetic and spiritual experience, livelihoods and recreation.

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4. World Health Organization (WHO), 1986 Ottawa Charter for Health Promotion
5. WHO, 1946 One health definition example is the understanding of health (salud) as living life with autonomy, solidarity and pleasure.
7. WHO, 2005 Bangkok Charter for Health Promotion in a Globalized World
THE UNIQUE ROLE FOR HIGHER EDUCATION

Higher education plays a central role in all aspects of the development of individuals, communities, societies and cultures – locally and globally.

Higher education has a unique opportunity and responsibility to provide transformative education, engage the student voice, develop new knowledge and understanding, lead by example and advocate to decision-makers for the benefit of society. In the emergent knowledge society, higher education institutions are positioned to generate, share and implement knowledge and research findings to enhance health of citizens and communities both now and in the future.

A University or College is, by its very nature, an essential part of any systemic health promotion strategy, working collaboratively in trans-disciplinary and cross-sector ways. This Charter calls upon higher education institutions to incorporate health promotion values and principles into their mission, vision and strategic plans, and model and test approaches for the wider community and society.
The following opportunities exist on campuses:

- Advance the core mandate of higher education by improving human and environmental health and well-being, which are determinants of learning, productivity and engagement.

- Lead and influence by embedding health in knowledge production, student development, institutional policies and campus cultures, thus benefiting competencies of campus communities and setting an example for health promoting settings more broadly.

- Align with global agendas such as World Health Organization’s Cross Sector Action and Health in All Policies and United Nations’ Post-2015 Development Agenda, thus addressing social, environmental and economic determinants of health and improving equity, mental and physical well-being, social justice, respect for diversity, sustainability and food security.

- Provide transformational teaching and learning environments that enable and inspire students, faculty and staff9 to become healthy and engaged citizens and leaders locally and globally.

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9. Members of campus communities are described in various ways around the world (e.g., the term staff may or may not include faculty and administrators). In this document, the term campus community is inclusive of everyone on campus. However, occasionally students, faculty, staff, administrators and others will be emphasized for clarity.
AN ACTION FRAMEWORK FOR HIGHER EDUCATION

The following framework provides two Calls to Action with key action areas and overall principles that together guide the development of Health Promoting Universities and Colleges.

Call to Action 1: Embed health into all aspects of campus culture, across the administration, operations and academic mandates

1.1 Embed health in all campus policies. Review, create and coordinate campus policies and practices with attention to health, well-being and sustainability, so that all planning and decision-making takes account of and supports the flourishing of people, campuses, communities and our planet.

1.2 Create supportive campus environments. Enhance the campus environment as a living laboratory, identifying opportunities to study and support health and well-being, as well as sustainability and resilience in the built, natural, social, economic, cultural, academic, organizational and learning environments.

1.3 Generate thriving communities and a culture of well-being. Be proactive and intentional in creating empowered, connected and resilient campus communities that foster an ethic of care, compassion, collaboration and community action.

1.4 Support personal development. Develop and create opportunities to build student, staff and faculty resilience, competence, personal capacity and life enhancing skills – and so support them to thrive and achieve their full potential and become engaged local and global citizens while respecting the environment.

1.5 Create or re-orient campus services. Coordinate and design campus services to support equitable access, enhance health and well-being, optimize human and ecosystem potential and promote a supportive organizational culture.
Call to Action 2: Lead health promotion action and collaboration locally and globally

2.1 Integrate health, well-being and sustainability in multiple disciplines to develop change agents. Use cross-cutting approaches to embed an understanding and commitment to health, well-being and sustainability across all disciplines and curricula, thus ensuring the development of future citizens with the capacity to act as agents for health promoting change beyond campuses.

2.2 Advance research, teaching and training for health promotion knowledge and action. Contribute to health promoting knowledge production, application, standard setting and evaluation that advance multi-disciplinary and trans-disciplinary research agendas relevant to real world outcomes, and also, ensure training, learning, teaching and knowledge exchange that will benefit the future well-being of our communities, societies and planet.

2.3 Lead and partner towards local and global action for health promotion. Build and support inspiring and effective relationships and collaborations on and off campus to develop, harness and mobilize knowledge and action for health promotion locally and globally.
KEY PRINCIPLES FOR ACTION

The following are guiding principles for how to mobilize systemic and whole campus action.10

• **Use settings and whole system approaches**
  Use holistic settings and systems as the foci for inquiry and intervention, effectively drawing attention to the opportunities to create conditions for health in higher education. Set an example for health promotion action in other settings.

• **Ensure comprehensive and campus-wide approaches**
  Develop and implement multiple interconnected strategies that focus on everyone in the campus community.

• **Use participatory approaches and engage the voice of students and others**
  Set ambitious goals and allow for solutions and strategies to emerge through use of participatory approaches to engage broad, meaningful involvement from all stakeholders, including students, staff, faculty, administrators and other decision makers. Set priorities and build multilevel commitments to action.

• **Develop trans-disciplinary collaborations and cross-sector partnerships**
  Develop collaborations and partnerships across disciplines and sectors, both within the campus community and with local and global partners, to support the development of whole campus action for health and the creation of knowledge and action for health promotion in communities more broadly.

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10. Higher education settings and contexts differ greatly around the world. These principles can and should be tailored accordingly.
• **Promote research, innovation and evidence-informed action**
  Ensure that research and innovation contribute evidence to guide the formulation of health enhancing policies and practices, thereby strengthening health and sustainability in campus communities and wider society. Based on evidence, revise action over time.

• **Build on strengths**
  Use an asset-based and salutogenic approach to recognize strengths, understand problems, celebrate successes and share lessons learned, creating opportunities for the continual enhancement of health and well-being on campus.

• **Value local and indigenous communities' contexts and priorities**
  Advance health promotion through engagement and an informed understanding of local and indigenous communities’ contexts and priorities, and consideration of vulnerable and transitioning populations' perspectives and experiences.

• **Act on an existing universal responsibility**
  Act on the “right to health” enshrined in the Universal Declaration of Human Rights to ensure health promotion action embodies principles of social justice, equity dignity and respect for diversity while recognizing the interconnectedness between people’s health and health determinants, including social and economic systems and global ecological change.

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11. Transitioning populations refers to the local and global movement of people, including immigrants and refugees of war, political oppression, environmental changes and disasters.
ABOUT THE DEVELOPMENT OF THE OKANAGAN CHARTER

This international Charter was an outcome of the 2015 International Conference on Health Promoting Universities and Colleges held on the University of British Columbia’s Okanagan campus in Kelowna, Canada on June 22-25. The Charter development process engaged researchers, practitioners, administrators, students and policy makers from 45 countries. The first draft of the Charter was based on input from 225 people through a pre-conference survey and expert interviews as well as a review of existing Charters and Declarations.

At the Conference, with the support of a writing team, 380 delegates critiqued and refined the Charter in a design lab and development 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 in the Pledge.

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

12. The idea for the conference 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)
13. Andorra, Argentina, Australia, Austria, Barbados, Bolivia, Brazil, Canada, Central African Republic, Chile, China, Columbia, Costa Rica, Cuba, Denmark, Ecuador, Finland, France, Germany, Hungary, Italy, Lebanon, Lithuania, Malta, Mexico, New Zealand, Nicaragua, Nigeria, Norway, Panama, Peru, Philippines, Portugal, Puerto Rico, Qatar, Republic of Ireland, Spain, Switzerland, Thailand, The Netherlands, United Kingdom (England, Scotland), United States, Uruguay, Venezuela
14. Documents and videos about the Okanagan Charter development and Conference, including videos of plenaries, are available at: https://open.library.ubc.ca/cIRcle/collections/53926