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Résumé de l'article

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The Okanagan Charter: Evolution of Health Promotion in Canadian Higher Education

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Abstract

Campuses have never had such an intense focus on health promotion as they do at present as we work toward a post-pandemic future. This article examines the evolution of approaches from a student-centric focus to a systems approach, tracing the history of health promotion on Canadian campuses. Universities have evolved from the initial attempts at providing oversight over student behaviour, to the increased need for supports after the influx of World War II veterans, to the focus on providing a much broader range of supports from a holistic stance. The current context of a more intentional and organized approach to health promotion for students, faculty, and staff is explored; the shift includes adoption of the Okanagan Charter (2015) at many campuses. Lastly, the authors suggest future directions for campuses to take in addressing the current health issues and in supporting well-being on Canadian campuses now and in the future.

Keywords: Okanagan Charter, holistic health promotion, well-being, systems approach, leadership

Résumé

Les universités n'ont jamais autant mis l'accent sur la promotion de la santé qu'aujourd'hui, alors que nous travaillons en vue d'un avenir post-pandémique. Cet article examine l'évolution d'une approche centrée sur l'étudiant vers une approche systémique, en retraçant l'histoire de la promotion de la santé sur les campus canadiens. Les universités ont évolué, depuis les premières tentatives de surveillance du comportement des étudiants et l'augmentation du besoin de soutien après l'afflux de vétérans de la Deuxième Guerre mondiale, pour offrir un éventail plus étendu de services dans une perspective globale. Le contexte actuel d'une approche plus délibérée et concertée de la promotion de la santé auprès des étudiants, du corps professoral et du personnel est examiné; ce changement inclut l'adoption de la Charte de l'Okanagan (2015) sur de nombreux campus. Enfin, les auteurs suggèrent des orientations futures pour les campus, afin de répondre aux nouveaux enjeux liés à la santé et de promouvoir le bien-être sur les campus canadiens, aujourd'hui et à l'avenir.

Mots-clés : Charte de l'Okanagan, promotion holistique de la santé, bien-être, approche systémique, leadership

Introduction

The approach to health promotion on post-secondary campuses has seen a necessary but gradual shift. Traditionally, universities adopted a very paternalistic approach, where campus personnel acted in the role of the parent, or in loco parentis, with roles such as the Dean of Women established to monitor and regulate behaviour (Hardy Cox & Strange, 2010; Hevel, 2016). The increase in provision of services arose through concerns emanating from the sudden, large enrolment of personnel discharged from the Canadian Armed Forces at the end of the Second World War (Hardy Cox & Strange, 2010). These services had a siloed approach, with different units tasked with student supports, and the recognized need for specialization of roles and professionalization of staff to address the complexities of the issues.

Within the last three decades, though, there has been increased awareness of the importance of developing holistic and coordinated approaches for enhancing

well-being. The term *health promotion* was described in the Ottawa Charter for Health Promotion (World Health Organization [WHO], 1986) as "the process of enabling people to increase control over, and to improve, their health" (p. 2). The responsibility for promoting positive health goes far beyond the health sector organizations and includes social, political, and economic considerations (WHO, 1986). Moreover, health promotion is best achieved through a holistic approach that incorporates initiatives, programs, and supports across the whole setting (see Dooris, 2009); these systems approaches have been adopted nationally and internationally. For example, healthy campus frameworks have been introduced in several countries, such as the Healthy Universities approach in the United Kingdom (Dooris, 2010; Dooris & Doherty, 2010), the Okanagan Charter (2015) in Canada, and the Healthy Campuses approach (American College Health Association, n.d.) introduced in the United States.

The year 2020 has been marked by three crises, namely the global COVID-19 pandemic, the renewed urgency of the Black Lives Matter movement to address systemic racism, and the climate emergency evident in storms, wildfires, and melting ice caps. Together, they serve as a clarion call to prioritize the well-being of the planet, its people, and its species. Importantly, universities are uniquely poised "*through* which to promote health and well-being by harnessing and maximizing their wider potential to exert influence and serve as catalysts for societal change" (Cawood, et al., 2010, p. 259, emphasis in original). This article examines the efforts of the first 10 Canadian campuses that signed the Okanagan Charter and agreed to implementing the commitments and the Calls to Action of the Charter on their campuses. Examining these well-being efforts will provide others with insights into crucial next steps to ensure we can indeed serve as the catalysts that Cawood et al. (2010) identified.

Defining Well-Being

Although there have always been multiple pressures on young adults as they transition to post-secondary education (PSE), there is now a recognition of the mutual impact that issues in one area of well-being can have on the other dimensions. A clearly articulated definition of well-being and a description of what a *Healthy Universities Framework* entails is foundational to understanding the complexities. Although well-being has been variously described, the World Health Organization identified the following definition in the Ottawa Charter for Health Promotion: "To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment" (WHO, 1986, p. 1). In other words, well-being is a holistic term encompassing all aspects of life, a definition supported in the literature (i.e., Dodge, et al., 2012; Hayes & Joseph, 2003; Seligman, 2011). Even though WHO (1986) noted that "health is created and lived by people within the settings of their everyday life" (p. 3), researchers (Dooris, 2009; Dooris et al., 2010; Hancock, 2007; Orme & Dooris, 2010) believed that the socio-ecological influence on health is not prominent enough in this definition. Hancock (2007) identified that holistic definitions should strengthen statements on climate change and the built environment, focus attention on the creation and maintenance of forms of social capital (the legal, political, and constitutional infrastructures of societies) and further develop a new economics systems based on well-being that focuses on environmental, social, and economic capital. There is an urgent need for all of society, including campuses, to examine their practices and policies with an intent to support everyone's well-being. Gaining an understanding of the historic context of well-being on campuses is foundational to constructing a positive path forward.

Tracing Our Evolution in Supporting Well-Being in Canadian PSE

The provision of well-being supports has been and continues to be organized from either a centralized or decentralized standpoint. Interestingly though, there is now a much more intentional, multi-pronged or integrated approach to supporting health promotion. Tracing the evolution of health promotion provision on campuses helps to illustrate the slow progression to a planned, systemic approach, rather than decentralized silos of supports.

Historically, campuses have been concerned with a narrow definition of wellness and well-being, focusing on the physical needs of students (Hardy Cox & Strange, 2010; Hevel, 2016). Furthermore, Canadian campuses lag far behind the United States in professionalizing

their services and engaging in research around well-being. As such, there are very few Canadian authors in the field. A key resource for student services professionals is Hardy Cox and Strange's 2010 text, *Achieving Student Success: Effective Student Services in Canadian Higher Education*. While the United States has professionalized the delivery of student services and supports, there are very few programs and degrees in Canada focused on preparation for student services professionals or wellness specialists in Human Resources fields.

Rhatigan (1974), writing from an American context, purported that "student personnel administrators appear to be unaware of the importance of history in the development of the profession" (p. 11). He noted that this historical and foundational knowledge was, however, critical for universities and its administrators to consider so that they may learn from past successes and challenges and gain deeper insights into the crucial role that these services play in supporting students. The following overview similarly helps to situate our study within the larger context.

Initial Era: Pre-1945

The initial era of student services as a function of Canadian higher education began in the last two decades of the 19th century and did not undergo significant changes until after World War II (Hardy Cox & Strange, 2010). In this time period, the main focus of services was ensuring moral and societal standards were upheld, with student behaviour being closely monitored; specific positions, namely Dean of Men and Dean of Women roles, were established to provide oversight (Hardy Cox & Strange, 2010; Hevel, 2016). Additionally, early in the 20th century, the importance of co-curricular activity and recreation was recognized. According to Hardy Cox and Strange (2010), students were encouraged and often required to engage in recreational and cultural activities; Student Representative Councils often served an important role on campus in organizing social events. Many college programs embedded physical activity within their curricula (Hardy Cox & Strange, 2010) and universities established varsity teams for a variety of sports. The relatively long history of varsity teams is reflected in the establishment of the Canadian Interuniversity Athletic Union (CIAU) in 1906 as a national governing body for intercollegiate sports (Danylchuk & MacLean, 2001). Physical health was addressed through recreational, programmatic, and organized sports and activities, but student development and mental health were not considered as inter-related elements within student services until the 1970s (Brown, 1972; Strange, 2010).

The Boom Years: Post-World War II to the 1970s

The World War II veterans who came to post-secondary education (PSE) immediately following their return home were not the typical students who had previously attended PSE, with the resultant need to adapt student services (Hardy Cox & Strange, 2010). There was a realization that these students had different issues, returning to education as mature students, often with families, arriving on campus after a significant time away from education, and bringing with them financial needs and often psychological issues (many of whom would now be diagnosed with post-traumatic stress disorder) (Russel, 2010). Russel (2010) noted that, at first, a major focus of the counselling services was career counselling. However, soon the complexity of the student services functions, including key supports such as career counselling, academic advising, and psychological support, were seen as needing more integrated approaches requiring professionalization of the services and specialization of the roles (Hardy Cox & Strange, 2010). Hardy Cox and Strange (2010) highlighted the establishment of many Canadian PSE professional associations for those working in student services, and the mandate of these services became much more defined and specialized. Examples include the University Counselling and Placement Association (UCPA) and the Canadian Association of University Students Personnel Services (CAUSPS); an organization called the Canadian Association of College and University Student Services (CACUSS) evolved from these origins with its current structure developed in 1973 (CACUSS, n.d.).

Integrative Perspective: The 1970s

In the 1970s the student services genre embraced student development theory as its guiding paradigm, an approach outlined in Brown's (1972) American-focused treatise, *Student Development in Tomorrow's Higher Education – A Return to the Academy*. Student development theory alludes to a collection of theories, with one

of the more succinct definitions proposed by Patton et al. (2016); they defined student development theory as "a collection of theories related to college students that explain how they grow and develop holistically, with increased complexity, while enrolled in a postsecondary educational environment" (p. 6). A view, primarily emerging from American PSE, was that the coming together of student experiences across student services and the classroom could enhance cognitive, intrapersonal, and interpersonal dimensions (Abes et al., 2007). Theories regarding student development continue to evolve; among these evolving theories is the work of another American researcher, Jeffrey Arnett, who has studied the demographic shifts of the last few decades. His research led him to propose the theory of emergent adulthood, focusing on the development of people from their late teens to late twenties whose life stage is "neither adolescence nor young adulthood but is theoretically and empirically distinct from them both" (Arnett, 2000, p. 469). This distinct time period in life for many young people in industrialized societies is characterized by change and exploration (Arnett, 2000). His theory and those of others writing in this space view students holistically and emphasize the necessity for collaboration among all personnel and units that provide supports. While examples of true integration across portfolios has proven to be a challenge to achieve, there have been increasing attempts to bring professionals from across campus together in the best interest of student development and well-being.

The 1990s to Present

Issues with developing and maintaining positive health have never been more prominent as the world struggles with the crises previously described. A recent survey identifying the most pressing issues at Canadian campuses showed student wellness was the third most urgent concern (Academica Group, 2019). Mental health is crucial to students' academic success, sense of well-being, and prospects for future career success (CACUSS & Canadian Mental Health Association, 2013), yet those in the age group of 15–24 years are more likely than other groups to report higher levels of mental health issues, including depression and suicidal thoughts (Findlay, 2017; MacKean, 2011) and attempted suicides (Draaisma & Chiasson, 2019). In addition, food insecurity is shockingly high among students, with 35% reporting this as a crucial concern (Entz, et al., 2017). Financial insecurity and finding employment are also key issues (Britt, et al., 2016; Qenani, et al., 2014).

These studies emphasize the need for supports for wide-ranging issues such as nutrition, body image, substance use, sexual health, and mental health. Especially with mental health needs, coordination with other supports on campus and in the community may be necessary to ensure that the student is receiving the necessary and appropriate help (Mirwaldt, 2010). Mirwaldt (2010) contended that campus-based wellness centres are staffed with professionals who have understandings of the unique needs of a population of primarily young adults and are familiar with the PSE programs and campus structure; moreover, they have specific expertise to address some of these emergent issues. Furthermore, as Mirwaldt (2010) emphasized, "ultimately, well-being is the cornerstone of student success: resilience, energy and healthy lifestyles promote intellectual functioning and achievement of personal potential" (p. 129). The health or wellness centre often plays a pivotal role in health promotion on campuses; while traditionally it was focused on physical health, there is a recognition that physical health is linked to so many other aspects of well-being.

More recently, especially since the Canadian Charter of Rights and Freedoms (1982) was signed and subsequent provincial charters were passed, the issues of access and equity have also come to the fore (Wolforth, 2016). The demand for specialized supports for students from underrepresented backgrounds such as those with disabilities, international students, Indigenous students, Black students, and students from LGBTQ communities has resulted in focused efforts to establish more supports on campuses as ways to ensure equitable access to PSE (McGrath, 2010). For example, the duty to accommodate is enshrined in the Charter, and the offices working to facilitate these accommodations and fulfill the legal institutional responsibilities of supporting students' needs have experienced tremendous pressures as caseloads climb (Wolforth, 2016). Furthermore, the types of accommodations required have moved away from addressing primarily physical mobility and access challenges to accommodations for invisible disabilities such as learning disabilities and anxiety disorders (Wolforth, 2016).

There is also a movement to rename student services, such as changing Student Health Services to Student Wellness Services, and Student Disability Ser-

vices to Access and Equity Services, or the Centre for Accessibility. The naming of the supports is of crucial importance; as Marine and Nicolazzo (2014) suggested, the naming of centres for students with specific diversity needs can assist with explaining the purpose of the centres and signal the importance that the campus places on meeting these needs. However, at the same time, the names used may serve to further marginalize some members of campus and may not be the safe spaces that were intended. An example they pointed to was LGBTQ centres that may not be welcoming spaces for trans* students (Marine & Nicolazzo, 2014).

Interestingly, for some campuses, links to wellness services are housed within a tab called Diversity on Campus and may include lists of services focused on different student demographic groups (i.e., Indigenous students, international students). The complexity of student needs and the multi-pronged strategy required to meet those needs underscores the importance of collective efforts across multiple units or services; furthermore, the needs of faculty and staff should be regarded with a similar lens.

While much of the literature focuses on the well-being of students, several studies have also indicated that staff and faculty need support. Internationally, over the last two decades, faculty at post-secondary institutions have faced increasing demands for excellence in research and teaching and expectations for service contributions without commensurate increased institutional support (Hall et al., 2019; Salimzadeh et al., 2020). Salimzadeh et al. (2020) contended that Canadian institutions need to better support their faculties to improve resilience through faculty professional development and addressing the multiple pressures faculty face, reducing the constant stressors they encounter. Moreover, Hall et al. (2019) proposed that faculty can engage in professional development to further develop self-efficacy strategies and reduce procrastination; according to Hall et al., it is incumbent upon institutions to examine and ameliorate the causes of emotional exhaustion, including overwork and research pressures.

Additionally, it is not only the faculty who are stressed—staff are also stressed. Student affairs professionals have reported job stress and burnout leading to thoughts of leaving the position (Marshall et al., 2016; Mullen et al., 2018). Marshall et al. (2016) and Carter (2019) emphasized that student affairs professionals are vulnerable to burnout and compassion fatigue given the emotional toll of their positions within a landscape of changing demographics and increasing financial constraints; Mullen et al. (2018) added that these professionals have multifaceted and complex job responsibilities.

Any efforts regarding health promotion on campuses must work toward addressing the many facets of well-being. Strategies to address these stresses should include ensuring better professional preparation, developing effective self-care strategies, and ensuring supervisors are attentive to any issues and maintain open communication lines with employees (Burke et al., 2016; Carter, 2019; Marshall et al., 2016; Mullen et al., 2018).

Most studies describe a pre-pandemic reality; unquestionably, these issues have been exacerbated by the pandemic. Many studies are being published currently regarding the varied impacts. Concerns over increased anxiety, depression, and suicidal ideation became much more pronounced during the COVID 19 pandemic when social supports and community were difficult to access (Courtney et al., 2020). The Canadian Mental Health Association (CMHA) conducted a series of surveys among Canadian adults throughout March to July 2020 and identified that approximately 19% experienced moderate to severe anxiety, 23% felt lonely, and 19% felt depressed. These impacts were more strongly pronounced for those respondents aged 18–29 (CMHA, 2020). According to the United Nations (2020), "good mental health is critical to each country's response to, and recovery from, COVID-19" (p. 5). One of their three recommendations was to "apply a whole-of-society approach to promote, protect and care for mental health" (United Nations, 2020, p. 3).

On campuses, the pandemic has had an impact on both students and staff. Issues such as access to the library or access to recreational facilities and gymnasiums has obvious effects on academic progress and physical and mental health. In addition, the move to all online teaching resulted in an uneven approach to delivery of courses across institutions and across individual classes. While the online approach may address the needs of some students, for most there is increased difficulty with engaging with classmates and faculty. The lack of social connection does cause additional stress, as noted by Courtney et al. (2020). Given the impact on faculty and staff and the stress of pivoting to a different delivery approach almost overnight, campuses should also

be moving employee wellness from an afterthought to the forefront of a systems approach to health promotion.

Building a Framework for Healthy Campuses

Considering the multidimension perspective of well-being, frameworks for promoting health need to reflect the interconnectedness. One such model (see Figure 1) described by Dooris et al. (2010) most succinctly conveys the foundations of a Healthy University framework, where higher education and public health drivers inform and shape decisions; these decisions are influenced by the under-pinning values of the university and its community.

A crucial goal of the framework is to develop an ethos, or way of being as a campus, that embeds health promotion within the environment operationally and organizationally. The focus of the work includes the whole population. These core elements are reflected in several health promotion frameworks globally, including the Okanagan Charter as described below.

The Development of the Okanagan Charter

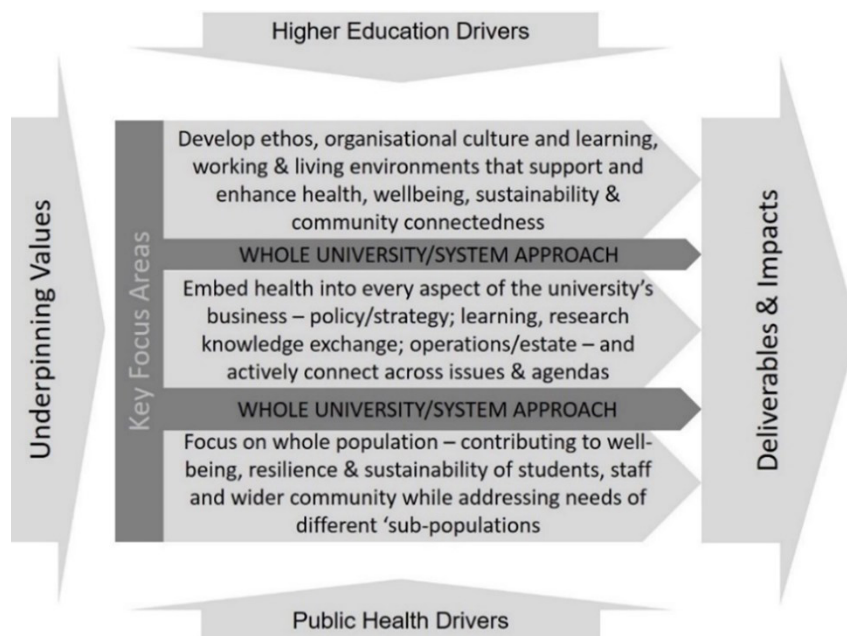
One framework developed in Canada is the Okanagan Charter, which was co-authored by participants who attended the 2015 International Conference on Health Promoting Universities & Colleges (VII International Congress) in Kelowna, British Columbia. Collectively, through facilitation and workshops, participants constructed a vision, calls to action, and principles for PSE institutions to promote well-being on their campuses (Okanagan Charter, 2015). Charter purposes are:

> 1) guiding and inspiring action using a framework aligned with principles of Health Promoting Universities and Colleges; 2) generating dialogue and research that connects networks at all levels and that accelerates action; and 3) mobilizing action across sectors so that health is integrated in the policies and practices across organizations. (Okanagan Charter, 2015, p. 3)

The two calls to action are: “1) Embed health [defined holistically] into all aspects of campus culture, across the administration, operations and academic mandates, and 2) Lead health promotion action and collaboration

Figure 1

Healthy Universities—A model for conceptualizing and applying the healthy settings approach. Source: Dooris et al., 2010



locally and globally" (Okanagan Charter, 2015, p. 3). The Okanagan Charter exemplifies a systems approach to health promotion that has been identified by many researchers as a promising structure to organize and galvanize the well-being efforts on a campus (see Dooris, 2009; Dooris et al., 2014; Newton et al., 2016.). Through the support of provincial PSE networks and the Canadian Health Promoting Campuses (CHPC) Network, the framework has received significant attention, the result of which is many more campuses signing on to the Charter. By signing the Charter, that campus needs to commit to achieving the goals of the Charter but can determine specific initiatives and institutional goals that are suited for that campus and its context while adhering to the pillars of the framework.

Examining the Implementation of the Okanagan Charter

Such a framework can potentially amplify the efforts of individual campuses by establishing robust mechanisms to support well-being. However, the efforts need to be sustained and progress needs to be monitored so that campuses can determine if their work to date has been effective and where gaps or issues may still exist. The critical importance of careful implementation and evaluation of the Charter led us to wonder how campuses were progressing in their Charter efforts and if campuses had determined what was working and why. Our curiosity framed the development of a research study. In 2018, we received an Insight Development Grant from the Social Sciences and Humanities Research Council (SSHRC IDG) to investigate the implementation of the Charter at the first 10 signatory Canadian campuses (see Table 1).

The study employed a qualitative case study methodology that is well suited for sociological and political studies, where context plays a critical role (Creswell, 2014; Jones et al., 2006; Yin, 2014). We used a multi-case study approach to understand health promotion across these 10 institutions, investigating the variations and similarities across contexts (Miles et al., 2014). After analyzing each case independently to identify themes during a within-case analysis (Baxter & Jack, 2008: Merriam, 1998), we conducted a cross-case analysis, or a holistic analysis across cases (Miles et al., 2014; Yin, 2014). The cases in this multi-case study provided diversity of contexts across provincial systems of higher education embedded within different communities and connected via a national network. Importantly, this collection of the data for this study was completed prior to the declaration of a global pandemic.

Research Methods

After receiving approval from our own institutional Research Ethics Board, we followed the processes required to receive ethics approval for each of the 10 campuses noted previously. During this time, we gathered data from each institution's website. We were interested in determining how their health promotion work was communicated to the students and to the employees. Furthermore, we looked for references to either the Okanagan Charter itself or to health initiatives and health promotion

Table 1

Two Stages of Signatory Campuses

First Stage of Signatory Campuses (2015)	Second Stage of Signatory Campuses (2016 – 2017)
University of British Columbia	University of Saskatchewan
Simon Fraser University	University of Guelph
Mount Royal University	King's University College
University of Lethbridge	Western University
University of Calgary	
Memorial University	

more broadly. We examined the institutional mission, vision, and values statements for each campus as well as their strategic plans and any other publicly available documents that could potentially refer to the work aligned with the implementation of the Okanagan Charter. Interestingly, well-being was referred to in the majority of these strategic plans but only two had well-being featured predominantly in their strategic plans; the amount of publicly available information was very limited and usually included only announcements of the signing of the Charter; in only two cases did we discover well-being elevated as a priority for the campus.

The primary source of data, however, was the interview data. Upon receiving ethics approval, we approached between one to three individuals per campus whose portfolios included key leadership for health promotion at their institution. Occasionally, these individuals suggested others to interview. Altogether, 12 people were interviewed either as individuals or in pairs. Unfortunately, we were unable to set up an interview with anyone from two of the 10 campuses. Semi-structured interviews (Merriam, 1998) were conducted either in person or through an electronic platform; the interviews were recorded and transcribed. The interviews were conducted from June 2018 to October 2018.

Findings of the Study

Upon analysis of our interviews and documents, several key findings were emphasized; interestingly, we saw a dichotomy between the most successful and the least advanced campuses in the implementation and evaluation of the Okanagan Charter. Table 2 highlights the strengths of the leading campuses countered by the challenges of those campuses who did not seem to be moving forward in the advancement of the work.

The leading campuses tended to be from the two most western provinces, where the respective provincial governments have a longer history of focusing on health promotion efforts within the educational sectors. Even though some campuses were making progress on addressing the Okanagan Charter commitments, one campus, the University of British Columbia, was the furthest advanced in terms of the development, implementation, and evaluation of a well-articulated systems approach to health promotion on the campus and beyond.

Leadership and Champions

The most prominent emergent theme was that leadership support, including campus champions, was foundational to the efforts. The leaders' elevation of health

Table 2

Key Findings

Strengths of Leading Campuses	Challenges for Struggling Campuses
Supportive leadership and engaged champions	Change in leadership and loss of champions
Well-articulated collaborative structures and collaborative leadership model to galvanize the well-being efforts	Continued silo approaches to programs
Intentional and strategic communication strategies to support the collaboration	Ineffective communication strategies
Visibility and prominence of the work	Lack of visibility of the work
Defined goals and milestones to guide the work	Poorly articulated goals
Dedicated resources (human and financial)	Lack of dedicated resources; responsibilities for the work added to existing portfolios
Focus on student, staff, and faculty well-being	Difficulty broadening the focus beyond students and student services to classroom experiences and to employee well-being

promotion was evident through the dedicated resources and the consistent messaging that kept the focus on health promotion as a priority for campus. This leadership support came from positional leaders such as presidents and deans, but also informal leaders such as researchers focused on well-being studies and student activists building programs from the ground up. The leaders at UBC were easily discernable. A similar connected and supportive leadership structure was described at a second campus, even though the processes and communication strategy did not appear as mature as those of the exemplar campus.

Progress on the implementation of the Okanagan Charter was uneven across campuses, and there are opposite examples in terms of amplifying well-being as a priority on campuses. In some cases, the loss of a champion or a change among the executive leadership on campus significantly impacted or derailed the well-being efforts entirely. On other campuses, the role of champions was celebrated. One participant noted that they have a network of people identified as champions:

> those are faculty who we celebrate as champions who create well-being and learning environments and we profile them on our website. We meet with them and find out what it is that they are doing to create well-being within the learning environment.

Embedded Collaborative Mechanisms

Participants at the exemplar campus labelled the leadership style of that campus as “collaborative leadership”; the practices employed by leaders on this campus were first developed to support campus-wide implementation of a fulsome sustainability strategy. These practices were then adapted by the leaders of the well-being strategy. Based on participant responses, the collaborative leadership model was identified as a crucial structure for coordinating efforts and amplifying impact in terms of health and well-being writ broadly. As one participant articulated, “you need to have multiple named senior leaders, knowing that they’re owners of this effort and showing up to the table regularly to create support, partly why we created this collaborative leadership piece.” Key elements of this model included the involvement of senior executive leaders on campus, and leaders at each of the subsequent levels. In practical terms, that meant that the president, provost, vice presidents, deans, department heads, directors, associate vice presidents, associate vice provosts, and student leaders were involved in the efforts.

Robust Communication Strategy

Key messages were communicated across the organization through these campus leaders. They also met periodically throughout the year to consider progress reports on articulated targets and milestones, and to construct additional or revised goals. Furthermore, the goals were communicated prominently in institutional documents, such as mission and vision statements, and embedded within strategic plans. One participant noted that, in their recently launched academic plan, the healthy campus community initiative was referenced with the focus on

> building community and social connection and addressing mental health and that’s sort of the [plan] where the individual faculty must model their own academic plan after. It is embedded at that level which I think that this Charter had a huge impact on.

Leaders found opportunities in their communication within their units to highlight the importance of well-being and they shared information on developments across the organization.

Additionally, a senior executive leader, a campus champion, and/or a campus leader tasked with providing oversight of the well-being efforts on leading campuses was connected to the provincial and national networks focused on well-being and thus was a key liaison, bringing back information on new developments and ideas for their own campus. Participation in these networks helped the campus leadership develop a big picture of the national and international work on this front. One participant elaborated that “the international group is meant to be a network of networks to think about how to best inform efforts around the world.”

Visibility of the Efforts

Visibility of efforts was also highly variable. In most cases, the announcement of the university or college signing the Okanagan Charter was accompanied by a media splash and stories in campus newsletters. However, after that point, finding evidence of the Okanagan Charter and its impact on campus using publicly available websites and documents was extremely difficult. Programs, initiatives, and supports focused on health and well-being might be announced through faculty and staff or student

newsletters or may be housed on support services websites, but a website that highlighted well-being efforts on campus was not usually evident, except for our exemplar campus and two others. At one of these other campuses, the two participants listed the communication strategies that they had employed to communicate important well-being information, including website redesign, social media ads, and electronic billboards, as well as more traditional forms of announcements such as posters and email communication. Another participant emphasized the impact of messaging: "We may be rational in some things, but actually how we feel about messages and how they're presented actually influence us."

Some participants in our study did provide us with non-confidential campus documents that may not be easily found on their campus website, but many campuses did not identify well-being targets or provide any information on progress on goals. That led us, as researchers, to wonder whether publicly identifying campus initiatives as connected to the Okanagan Charter commitments was necessary to ensure sustained efforts in addressing those commitments. However, the connection was helpful for the purposes of evaluating the effectiveness and reach of the health promotion efforts.

Articulation of Goals

The exemplar campus had set and then communicated goals aligned with their well-articulated strategy. Most goals were measurable using identified metrics; however, ostensibly all work on health promotion activities should result in improved well-being for all members of campus. Other campuses did have goals aligned with particular strategies and initiatives but the scope and breadth of UBC's planned goals and milestones was impressive. The targets were meant to be achieved at all levels; one participant identified that the list of commitments to well-being at the institutional level focused on:

> a commitment to collaborate with community members to embed well-being into all organizational plans, policies, practices, strategies, so that every year they can go to deans and unit heads and say you need to report out on how you've embedded the Charter and these targets.

Potentially for other campuses, articulating specific targets during the initial implementation stage based on the Okanagan Charter was sufficient, and from there forward, monitoring and reporting on progress regarding well-being initiatives provided enough information to the campus community and the leadership team. The goals had to be meaningful. As another participant posited, "your evaluation is meaningless unless you have a goal that is meaningful. It's principled and is based on some sort of theoretically based solution." That led us to wonder how most campuses were going to be able to determine overall progress in health promotion on their campuses and how they could report to the campus community and beyond the impact of the health promotion work.

Interestingly, in thinking about setting goals, several leaders determined that they needed a way to measure improvements in student well-being that was Canadian-centric. Prior to this point, campuses were using the National College Health Assessment survey from the United States. However, there are sufficient contextual differences among Canadian and American post-secondary education and among Canadian and American young adults that the NCHA assessment was felt not to be the best tool to use in this context. After several years of development, the Canadian Student Well-being Survey was piloted last year and will be launched more broadly this fall. In this way, Canadian student data will be collected and analyzed, leading to better aligned services and programs.

Dedicated Resources

Resource allocation to support the well-being efforts also pointed to its priority status. For example, specific offices and personnel tasked with providing structure to the implementation and evaluation of well-being initiatives were essential for ensuring oversight of the work and sustaining the momentum of the efforts. Human and financial resources were prioritized accordingly, a challenging task on campuses with significant financial constraints and shrinking budgets. One participant pointed out that their institution had committed a million dollars "annually, so an ongoing, not just a one-time thing but as part of our operational funding." Having a known infusion of resources available annually assisted with current actions but allowed for long-term planning for supporting initiatives and meeting goals.

Additionally, not having someone specifically tasked with and focused solely on providing oversight to the work and connecting with the executive leadership to ensure flow of information meant that the efforts suffered. Moreover, well-being initiatives required a team of peo-

ple, some of whom may have roles relevant to well-being (student wellness, human resources, sustainability), along with a project coordinator or team leaders and administrative support. Implementation of the Okanagan Charter commitments could not be done *off the side of someone's desk* or as an added accountability to an already very full portfolio.

A Focus on All Campus Members or a Focus on Students Primarily

As is evident in the themes that emerged, most campus well-being efforts are directed to support students. Part of the reason for the student-centric work was the interest of Advanced Education in the outcomes. One participant illustrated that point with the following comment:

> [The Charter work] aligns well in relation to the Ministry of Advanced Education. So, they committed funds to the 26 publicly funded post-secondary to support mental health a part of their approach in addressing or in supporting student mental health on campus is looking at a systems approach.

While all campuses had employee support programs and had a branch of their human resources division focused on employees, only a very few had incorporated employee well-being in a fulsome way within their overall wellness strategy. The human resources wellness teams often seemed under-resourced, with one to three team members focused on well-being supports on the majority of the campuses. Furthermore, programs or initiatives appeared ad hoc or minimalist in approach. That is not to discount the incredible efforts of the human resources team and the pockets of excellent initiatives but, based on our participants' comments, we had the sense that the focus on employee wellness was an afterthought in all but three campuses.

Another key theme that emerged in our discussions that has particular relevance given the pandemic is delivery of services to students in remote environments. During our study, some participants commented on the challenges of ensuring that all students had access to equitable services. They were speaking primarily of students studying at satellite campuses, but students who were enrolled in online programs were also mentioned. Main campuses have recreational facilities, residences, student wellness and counselling services, library services and learning programs, PRIDE and women's centres, as well as opportunities for social connection through student groups and student clubs. There has been recent emphasis on building resources online so that students can access important information quickly and thereby connect with the appropriate supports in a timely manner. Although there are self-help materials accessible online and phone appointments with doctors and counsellors, these supports may not meet the needs in critical circumstances such as the pandemic.

Additionally, some participants noted the complexity of the issues and the multidimensional supports required in many cases. In keeping with a holistic approach, many participants mentioned variations of teams drawing from experts and professionals from several student services units, so that an issue is not addressed from a siloed perspective but from a community and collaborative approach. Variously described as student support teams, or student crisis teams, their mandate is to help derive multi-pronged solutions to student issues.

For employees, informational emails that highlighted employee supports were frequently distributed. However, the remote delivery of counselling and other services was not emphasized in the same way as with students. There were also targeted emails to faculty regarding advice and assistance with remote delivery of courses. Some campuses had programs to offset some of the financial costs of working from home. The scope of pandemic supports was not the focus of this research; however, further research could explore how different campuses supported well-being for all members of campus.

Implications for the Future of Well-Being Strategies on Campus

The current trends noted earlier are predicted to continue, with a move to more online learning, the addition of more satellite campuses across the country, increased student mobility, and the need to support traditionally underserved, and increasingly diverse, students, thereby enhancing access to PSE (Hardy Cox & Strange, 2010; Hevel, 2016). Recognition of the need for a systems approach to well-being has been gaining traction within the last decade given the increasing complexity of campuses and a developing understanding of the inter-related dimensions of wellness that require a holistic perspective; more and more campuses are adopting the Okanagan Charter in response. Since our study of the

implementation of the Okanagan Charter began, more Canadian campuses have signed on to the Charter so that currently there are 30 post-secondary institutions that are signatories (a number that changes monthly), and five organizations that have endorsed it. Even though both health and education are under provincial jurisdiction, these campuses can connect with other signatory campuses across Canada through the CHPC Network. Moreover, these networks are connected globally through the International Health Promoting Universities and Colleges (IHPU&C, n.d.). The IHPU&C supports the building of regional and international networks, facilitates conferences, and engages in global knowledge mobilization initiatives focusing on the adoption and implementation of the Okanagan Charter.

Using a framework such as the Okanagan Charter and building an advisory group or steering committee focused on the work of the Charter sets the foundation for moving forward in addressing health promotion on campuses. Most importantly, deliberately planning an overarching strategy complete with concrete actions, identified milestones, and achievable, well-articulated goals sets the campus on a course toward changing the well-being ethos of a campus. Recognizing that each campus has a unique history and context implies that every signatory campus has a responsibility to design implementation and evaluation of the Charter commitments that suits their own environment. This environmental approach has been recognized for decades (Strange, 2010) but seems even more apparent currently.

Layered on top of these considerations is the challenging financial picture facing higher education globally; the pandemic can be blamed for some of these financial hardships such as reduced revenue from international student tuition (Salmi, 2020), but the fiscal pressures facing most campuses have been evident for several years (Austin & Jones, 2016). Allocating resources to well-being efforts may prove to be more difficult than ever.

Conclusion

Examining the history of student services and support for well-being, from a narrow, siloed perspective to a more holistic view, can provide campus administration with a perspective of lessons learned, as Rhatigan (1974) pointed out. The examination of well-being on campus highlights how faculty and staff are an afterthought in this regard.

However, exploring the evolution of the integrated approach to wellness sets the stage and explains the argument for a systems approach using a framework such as the Okanagan Charter to ensure the well-being for all members of a campus, which can then expand to the community beyond the campus (Dooris, 2009, 2010; Dooris et al., 2010; Dooris et al., 2014). Based on the key findings of our study, institutions that are seeking to address current health issues on campus can enhance their likelihood of success by identifying champions of well-being at all levels and throughout their campus and supporting those leaders with ongoing education and strategies to advance well-being. Campuses can create structures that facilitate collaboration and communication to break down siloes, increase integration, and reduce inefficiencies and redundancies.

Looking to future opportunities, post-secondary institutions can participate meaningfully in national and international healthy campus networks to receive and share evidence-based strategies and collectively advance well-being coming out of a global pandemic. While the allocation of dedicated resources may seem daunting when considering fiscal pressures, PSE can do so with goals and measurable accountabilities to assess outcomes that align with their healthy campus commitments.

By engaging in these conversations and intentionally developing integrated strategies at the local, provincial, and federal level, campuses will embed health promotion in the organization and support the well-being of all of its members.

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