GREEN PAPER
ON
HEALTH PROMOTING UNIVERSITIES

"Don't Blame the Frog":

Early Lessons from Theory to Practice in Health & Wellness Promotion within the State University of New York (SUNY) System

SUNY University Faculty Senate Student Life Committee

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I. Introduction

Rapidly rising negative trends in mental health pre- and post-COVID-19 continue to highlight the need for higher education institutions to prioritize health and wellness among students, faculty, and staff. After extensive work in understanding these trends, Health Promoting Wellness Frameworks (HPWF), and the culture and needs of the State University of New York (SUNY) System, the 2023-2024 SUNY University Faculty Senate Student Life Committee (SUNY UFS-SL) crafted Resolution 198-03-1, recommending the adoption of the Okanagan Charter for Health Promotion in Universities and Colleges or similar frameworks across the SUNY System. At the recommendation of the 2024-2025 SUNY UFS-SL, the SUNY University Faculty Senate (SUNY UFS) passed Resolution 198-03-1 on October 26, 2024. One year after the resolution was introduced, the 2025-2026 SUNY UFS-SL conducted a survey in the fall semester of 2025 to learn about engagement with the Okanagan Charter and other HPWFs across the SUNY system.

The 2025 SUNY UFS-SL survey yielded a small sample size that revealed a high level of awareness about the Okanagan Charter, but fewer campuses reported signing the Charter. Our exploration of the survey results and proposed recommendations outline feasible steps for individual campuses and SUNY System Administration to take to further support the health and well-being of students, faculty, and staff. Aligned with the frameworks discussed, these recommendations recognize the diverse readiness levels across institutions and are designed to be adaptable so that each campus can continue to engage with health promotion initiatives in a

way that respects its unique cultural and structural characteristics, history, and capacity for change.

II. Background

II.A. The State of College Student Health

Research on college student health reveals multiple challenges in the areas of mental, social, academic, and physical health. Studies such as the Healthy Minds Study (HMS) and the American College Health Association's (ACHA) National College Health Assessment (NCHA) have found a variety of holistic health challenges in college student populations. According to the 2025 HMS of mental health and related issues in college student populations, 37% of students reported symptom levels that meet the criteria for depression, 33% of students reported symptom levels that meet the criteria for anxiety, and 28% of students reported symptom levels that meet the criteria for an eating disorder. Further, according to NCHA, 76.4% of students surveyed report experiencing overall moderate or high levels of stress within the last 30 days (ACHA, 2025).

Socially, 21-41% of students reported feeling "left out, isolated from others, or lack[ed] companionship" often or some of the time (Healthy Minds Network, 2025, p. 5). Similarly, the NCHA reported that 46.7% of students surveyed in the Spring 2025 reported symptom levels that meet the criteria for loneliness (ACHA, 2025). Loneliness is further associated with some physical health issues as well as with increased risks for anxiety, depression, and suicide (U.S. Centers for Disease Control and Prevention, 2024). Furthermore, health challenges can impact students' academic performance. According to HMS (2025), 68% of students reported that

emotional or mental difficulties had hurt their academic performance at least once in the past four weeks, with 16% reporting six or more affected days.

Considering physical health, according to NCHA, only 56.3% of students surveyed meet the criteria for a healthy weight based on Body Mass Index (BMI), with only 45.9% reporting engaging in activity that meets the guidelines for active adults according to the definitions of the U.S. Department of Health and Human Services (ACHA, 2025). Additional physical health challenges cited in the literature for college students include lack of physical activity, hypertension, lack of sleep, insufficient nutrition, and increased use of drugs and alcohol (Scroggs *et al.*, 2025).

These studies suggest students may experience significant challenges to mental, social, academic, and/or physical health. However, currently only 52% "feel that students' health and well-being are a priority of [their] college/university," suggesting that there is room for increased prioritization of health and well-being initiatives on campuses (ACHA, 2025, p. 2). The literature also suggests that presently, many health efforts on campuses are focused on individual treatment rather than on prevention and system-level initiatives (Ginter *et al.*, 2024). Therefore, there is a great need to increase the prioritization of system-level health and wellness efforts on campuses.

II.B. The Evolution of Health Promotion

The history of health promotion in higher education started long before the introduction of the Okanagan Charter and the SUNY UFS-SL's work in this area of research. Health promotion has evolved from isolated education efforts to a "whole-systems" or "whole-persons" approach as a strategy to support students more effectively. Early wellness efforts relied heavily

on individualistic interventions like workshops, tabling, and peer education (Travia *et al.*, 2024). However, research suggests that often these events are not communicated well enough, and students are often too busy to attend these events and programs without incentive or tangible results (Travia *et al.*, 2024). Isolated education efforts are more likely to result in short-term benefits with no long-term return.

Institutions are increasingly shifting from reactionary structures and policies to strength-based, holistic approaches to student success and wellness, incorporating broader views that include societal well-being. New evidence-based frameworks that utilize cultural shifts toward proactive wellness paradigms are rapidly developing, but many institutions are not measuring their efforts, highlighting a need for guidance in this area (Travia *et al.*, 2024). This whole-systems/persons approach considers all potential factors at play when it comes to an individual's wellness. If we observed a change in another species, a frog that started to show a mutation, we would question what in the environment caused the change rather than what the frog did to make it react negatively, say, to water. We might see that there are many factors that affect the way a frog adapts or does not adapt to its environment. This metaphor is the idea behind this growing transformative vision for higher education (American College Health Association & the InterAssociation Well-being Collaborative, 2026). The introduction of the Ottawa Charter, Edmonton Charter, Okanagan Charter, and the concept of Health Promoting Universities are creating educational environments that proactively nurture and teach rather than react.

The Ottawa Charter of 1986 was the first document to establish that "health is created [...] where [people] learn, work, play and love," naming the environment as a vital setting for health creation (World Health Organization *et al.*, 1986, p. 3). Higher education institutions are environments where people spend a significant portion of their lives, not only in physical time

but in the developmental stage that is monumental for identity and value development. These institutions prepare individuals who are primed to be global leaders whose values and ideas will influence and impact society (Suárez-Reyes & Broucke, 2016; Suárez-Reyes *et al.*, 2019). This positions higher education institutions as valuable opportunities to promote health and wellness (Suárez-Reyes & Broucke, 2016; Suárez-Reyes *et al.*, 2019). Although the Ottawa Charter of 1986 influenced higher education institutions to make a commitment to health, many still lacked a commitment to a whole-systems approach (Suárez-Reyes & Broucke, 2016).

By the mid-1990s, the Health Promoting University or Healthy Universities approach was first advanced in England (Reis *et al.*, 2018; Suárez-Reyes *et al.*, 2019). This approach directly connected the Ottawa Charter to higher education by explicitly identifying campuses as places where this work should occur. The approach had a robust theoretical basis; however, implementation was slow and at times not well-grounded in practice (Reis *et al.*, 2018). The first Health Promoting Campuses Network was established in Lower Saxony in Germany in 1995, but the framework itself was first introduced at the International Conference on Health Promoting Universities held in 1996 (International Health Promoting Campuses Network and University of Limerick, 2025b). The concept was later refined by the guidelines for establishing Health Promoting Universities by WHO-Euro in 1998 and was reinforced with the Edmonton Charter for Health Promoting Universities in 2006 (Reis *et al.*, 2018). The Healthy Universities framework set objectives and expected outcomes to include health integration in institutional culture, structures, and processes; and to measure the extent to which the health of the members of the university community improves (Reis *et al.*, 2018).

II.B.1. Okanagan Charter

The Okanagan Charter for Health Promotion in Universities and Colleges was a key outcome of the 2015 International Conference on Health Promoting Universities and Colleges held at The University of British Columbia, Okanagan Campus. The Charter serves as a foundational international document to transform higher education institutions into centers of wellness and sustainability. The Charter calls on institutions to integrate health into every aspect of campus culture and operations in order to "create campus cultures of compassion, well-being, equity and social justice and strengthen the ecological, social, and economic sustainability of our communities and wider society" (International Conference on Health Promoting Universities and Colleges, 2015, p. 2).

The core framework of the Charter is built around two primary calls to action for higher education: "embed health into all aspects of campus culture," and "lead health promotion action and collaboration locally and globally" (International Conference on Health Promoting Universities and Colleges, 2015, p. 3). It highlights a holistic systems perspective, recognizing that the vitality of human communities is deeply interconnected with the health of the planet and its ecosystems (International Conference on Health Promoting Universities and Colleges, 2015). This vision is supported by key principles such as trans-disciplinary cooperation, asset-based approaches, indigenous inclusion, universal responsibility, participatory approaches, and research and evidence-informed solutions to drive systemic change (International Conference on Health Promoting Universities and Colleges, 2015). The Okanagan Charter provides a unified language for promoting health and well-being at higher education institutions. At the same time, there is flexibility with the methods used to operationalize the Okanagan Charter, from low lift to high impact, and campuses can begin to engage at any action step.

In 2016, the International Health Promoting Universities and Colleges Network was established (International Health Promoting Campuses Network and University of Limerick, 2025b). This network has grown to include campuses from about 40 countries today (International Health Promoting Campuses Network and University of Limerick, 2025b).

II.B.2. The Limerick Framework for Action

The Limerick Framework for Action was established from the 2025 International Health Promoting Campuses Conference, hosted by the University of Limerick. This framework builds on decades of Health Promoting University work, but most specifically the work of the Okanagan Charter. In addition to the Ottawa, Edmonton, and Okanagan Charters detailed above, the Limerick Framework also draws from the Geneva Charter for Well-being, which builds on the work of the 10th Global Conference on Health Promotion hosted by the World Health Organization in Geneva, Switzerland, in December of 2021 (WHO, 2021b). The Geneva Charter for Well-being advocates for the creation of "well-being societies" through five areas of cooperative action and emphasizes the urgency to act, considering how pandemics have revealed serious "fractures in society" (WHO, 2021b).

While the Okanagan Charter established the foundational principles for Health Promoting Universities, the Limerick Framework serves as a practical action plan to operationalize the Charter (International Health Promoting Campuses Network and University of Limerick, 2025a). The Limerick Framework is structured around three core pillars, three principles, and ten key actions (International Health Promoting Campuses Network and University of Limerick, 2025a). This Framework aims to support Health Promoting Campuses in taking practical steps to establish the pillars of "a healthy planet, healthy places, and healthy people" based on the three

principles of "partnership, participation, and progress" (International Health Promoting Campuses Network and University of Limerick, 2025b, p. 8). The Framework tasks Health Promoting Campuses with prioritizing health, well-being, and sustainability in all areas of higher education as well as advancing meaningful goals through collaboration and inclusion (International Health Promoting Campuses Network and University of Limerick, 2025b). The Framework is flexible and encourages campuses to determine the most effective actions that work for their individual communities (International Health Promoting Campuses Network and University of Limerick, 2025b).

The Limerick Framework encourages commitment to the following 10 actions with adaptations to fit an individual campus: "Ethos, Act, Localise, Leadership, Policies, Culture, Partnership, Students, Research, and Celebrate" (International Health Promoting Campuses Network and University of Limerick, 2025a, pp. 12-13). These ten actions (see Appendix D) are meant to be empowering rather than prescriptive; campuses can choose to operationalize the Charter actions to meet the needs of their community, which will look different from campus to campus. The Limerick Framework also includes a "Quick-Start Roadmap Checklist" (see Appendix C) outlining six broad steps that campuses can use to enact the Charter. Additionally, the International Health Promoting Campuses Network and University of Limerick (2025b) also released a plain language version of the Okanagan Charter to help campuses further understand and enact the charter (see Appendix C).

Figure 1

Limerick Framework Pillars & Principles Diagram



Note: From the *The Limerick Framework for Action: Advancing the Global Health Promoting Campuses Agenda: Plain Language Summary* by the International Health Promoting Campuses Network and University of Limerick, 2025b, p. 8. CC BY-NC-ND 4.0

II.C. Important Definitions

The literature and our research revealed differences in how campuses understand HPWF and define this work. For the purpose of this paper and continuity across this work, we will use the definitions in this section. The Limerick Framework and Okanagan Charter use the following definition of "health promoting campuses": "Higher education institutions that design their working, studying, and living conditions in such a way that they contribute to the well-being and health of all campus members and integrate health into their culture, processes, and structures" (International Health Promoting Campuses Network and University of Limerick, 2025a, p. 39). Further, "health" is defined by the World Health Organization (WHO, 2021a) as "a state of complete physical, social, and mental well-being, and not merely the absence of disease or infirmity" (p.3). Expanding out, "wellness" is defined as "the active pursuit of activities, choices,

and lifestyles that lead to a state of holistic health" (Global Wellness Institute, 2024, para. 6). Finally, the Limerick Framework uses the definition of "well-being" from the WHO Health Promotion Glossary of Terms (2021a):

> Well-being is a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions. Well-being encompasses quality of life, as well as the ability of people and societies to contribute to the world in accordance with a sense of meaning and purpose. Focusing on wellbeing [*sic*] supports the tracking of the equitable distribution of resources, overall thriving, and sustainability. A society's well-being can be observed by the extent to which they are resilient, build capacity for action, and are prepared to transcend challenges. (p. 10)

It is noteworthy that the literature revealed that definitions or usage of "well-being" or "wellness" may vary with campus culture and philosophy (Travia *et al.*, 2024). Stakeholders (students and staff) should work to define what "success" looks like for their unique campus culture to increase institutional ownership (Suarez-Reyes *et al.*, 2019).

II.D. Theoretical Foundations

In addition to these key definitions, modern health promoting initiatives are increasingly informed by the Socio-Ecological Model (SEM) and Positive Psychology (Travia *et al.*, 2024). The Okanagan Charter does not explicitly name a theoretical framework; however, its principles can be aligned with concepts of SEM and Positive Psychology. The Charter uses SEM to define where to act (across systems and settings) and Positive Psychology to define the desired outcome (wellness and flourishing).

II.D.1. Socio-Ecological Model (SEM)

The Socio-Ecological Model (SEM) emphasizes a setting-based, multilayered approach that addresses broad determinants of health and the system as a whole (Allen *et al.*, 2018; Kilanowski, 2017). According to SEM, health is not just the result of individual choices but is shaped by the complex interplay between individuals and their physical, social, and economic environments (Allen *et al.*, 2018; Kilanowski, 2017). The Okanagan Charter explicitly adopts a settings-based health promotion approach to "improve the health of the people who live, learn, work, play and love on our campuses," placing health and wellness in its real-life context (International Conference on Health Promoting Universities and Colleges, 2015, p. 2). The Okanagan Charter calls for action across all aspects of campus culture, including administration, operations, and academic mandates, further utilizing this systems approach (International Conference on Health Promoting Universities and Colleges, 2015). Campuses must aim to "strengthen the ecological, social and economic sustainability of our communities and wider

society," acting as change agents to address broad determinants of health and wellness (International Conference on Health Promoting Universities and Colleges, 2015, p. 2).

II.D.2. Positive Psychology

Positive Psychology focuses on strengths, well-being, and human flourishing rather than solely on the treatment of mental illness (Yurayat & Seechaliao, 2021). The Okanagan Charter's vision centers on the "flourishing of people, campuses, communities and our planet" and the creation of "thriving communities," which mirrors the focus on flourishing and thriving that is found in positive psychology (International Conference on Health Promoting Universities and Colleges, 2015, p. 7). A core principle of the Charter is to "use an asset-based and salutogenic approach to recognize strengths, understand problems, celebrate successes and share lessons learned," which aligns with the strengths-based approach of positive psychology (International Conference on Health Promoting Universities and Colleges, 2015, p. 10; Yurayat & Seechaliao, 2021).

III. Methods

For this research, the SUNY UFS-SL developed a concise, five-question, mixed-methods survey built in Qualtrics, which was distributed to faculty and staff of SUNY to gauge their knowledge and implementation of the Okanagan Charter and other Health & Wellness promotion programming on their campus (see Appendix B). Percentages were calculated for quantitative responses, and thematic coding was completed for the qualitative question. The survey was distributed in December 2025, first through SUNY UFS channels to Campus Governance Leaders (CGLs) and through SUNY UFS Senators to their campuses. Additionally, the

committee sent targeted messaging to Student Affairs professionals through distribution by Senior Vice Chancellor Hamilton to Student Affairs Administrators across the system. Responses were limited to one per user but did not restrict how many individuals from one campus could answer, which resulted in multiple responses from some campuses (see Limitations).

IV. Results

The survey was successfully completed by 28 respondents, representing 16 distinct SUNY UFS-represented (state-operated and statutory) campuses and one community college campus represented by the Faculty Council of Community Colleges (FCCC). While the survey was not a scientifically representative sample of all campuses across the SUNY organization, we did have representation across all SUNY sectors, with 43% of responses returned from the Comprehensive Sector (Figure 2). Additional participation by sector was 18% from the Colleges of Technology & Agriculture, seven percent from Specialized and Statutory, 11% from University Centers, four percent from Health Science Centers, and seven percent from campuses that were not listed as a choice from the drop down; 10% chose not to identify their campus. Figure 2 shows the percentage of each sector represented within the data.

Participation within each sector varied, with the Colleges of Technology & Agriculture, the Comprehensive sector, and the University Centers leading sector participation. However, the number of SUNY campuses within each sector varies, affecting how sectors may be represented. For instance, two of four University Center campuses were represented within the results as compared to the Comprehensive Colleges, which have 13 campuses within their sector. Figure 3

shows the breakdown of participation within each individual sector (campuses were only counted once, even if they had multiple responses).

Figure 2

Responses by Sector

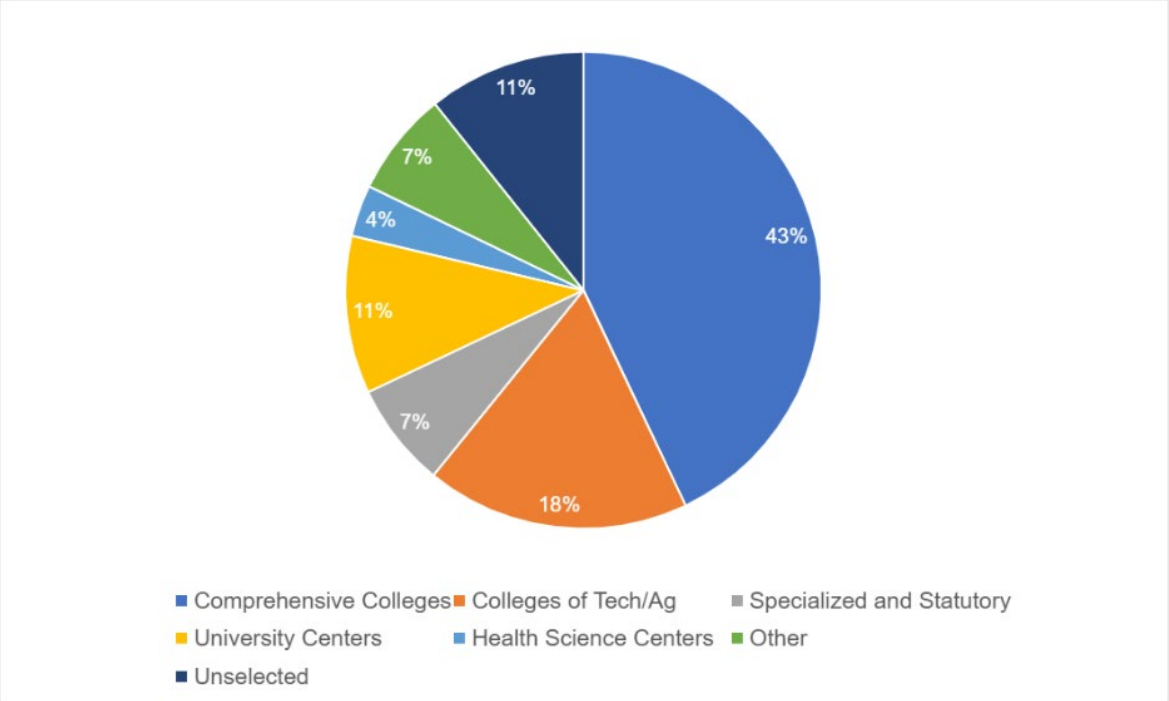
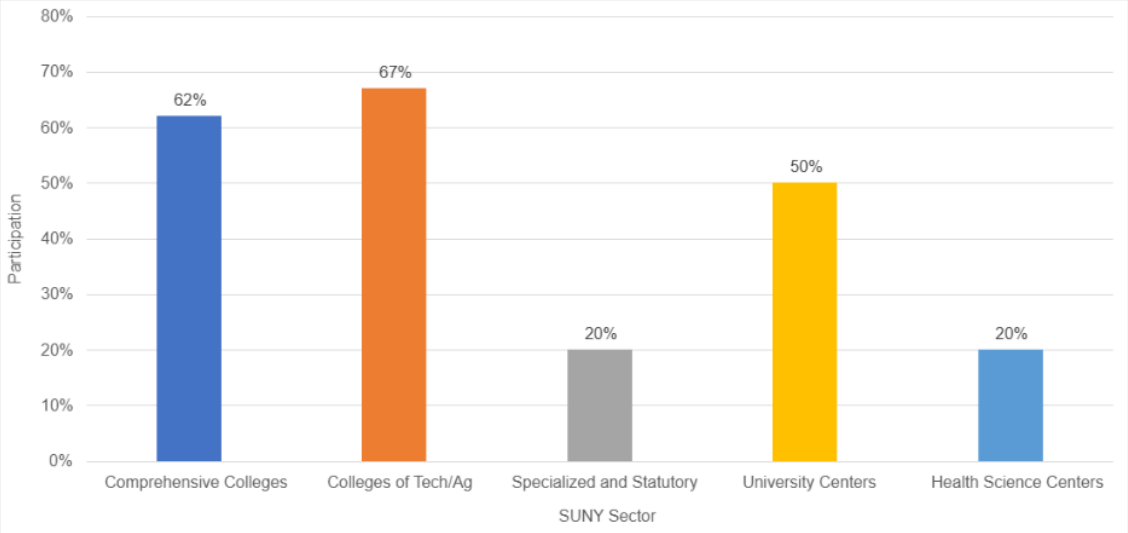


Figure 3

Representation within Each Sector



IV.A. Awareness and Adoption of the Okanagan Charter

The survey revealed a high level of awareness regarding the Okanagan Charter, with 86% (24 out of 28 respondents) stating that their campus has heard of the Charter (Figure 4). Despite high awareness, formal adoption is still in progress across the system (Figure 5). Only 14% of respondents indicated their campus signed the Charter, while 36% have not, and another 50% were unsure if their campus signed the Charter or declined to answer this question (Figure 5).

Figure 4

Has Your Campus Heard of the Okanagan Charter?

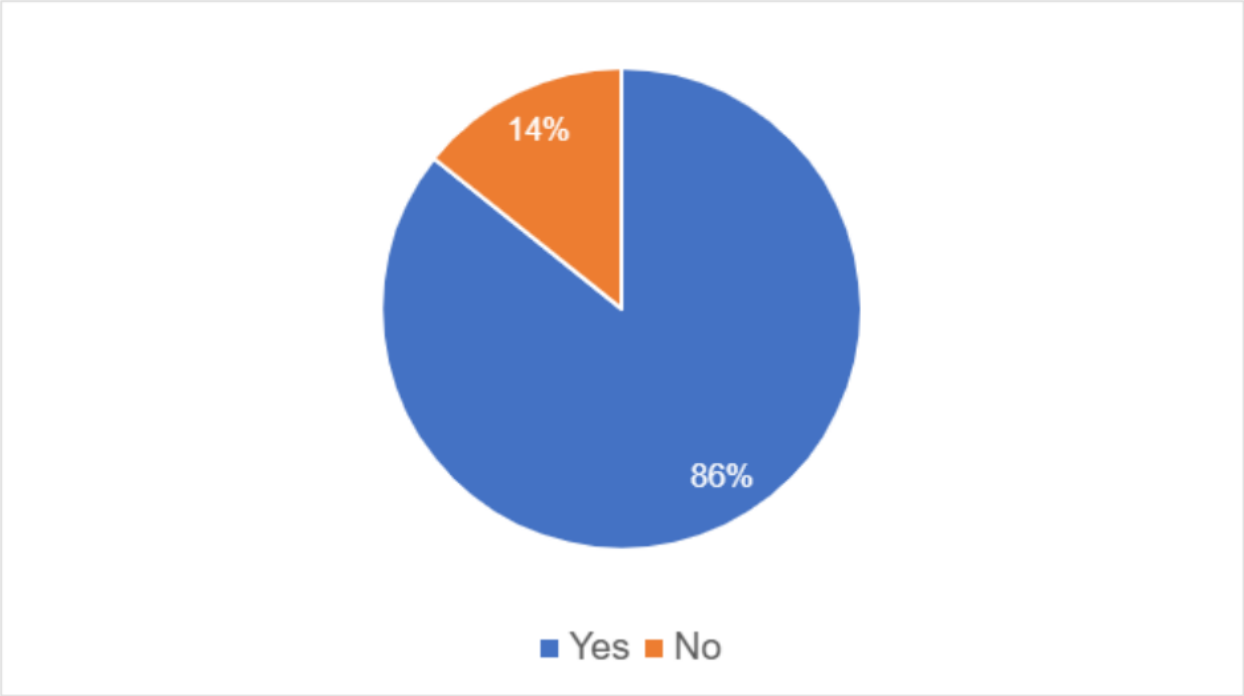
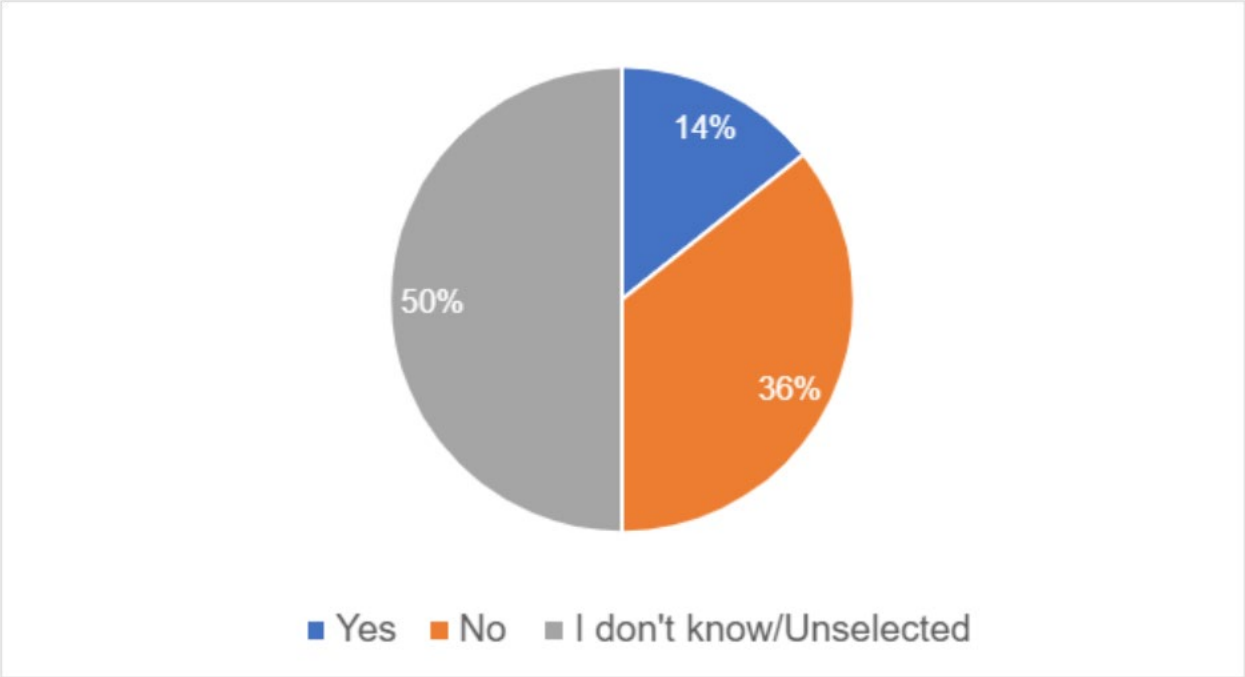


Figure 5

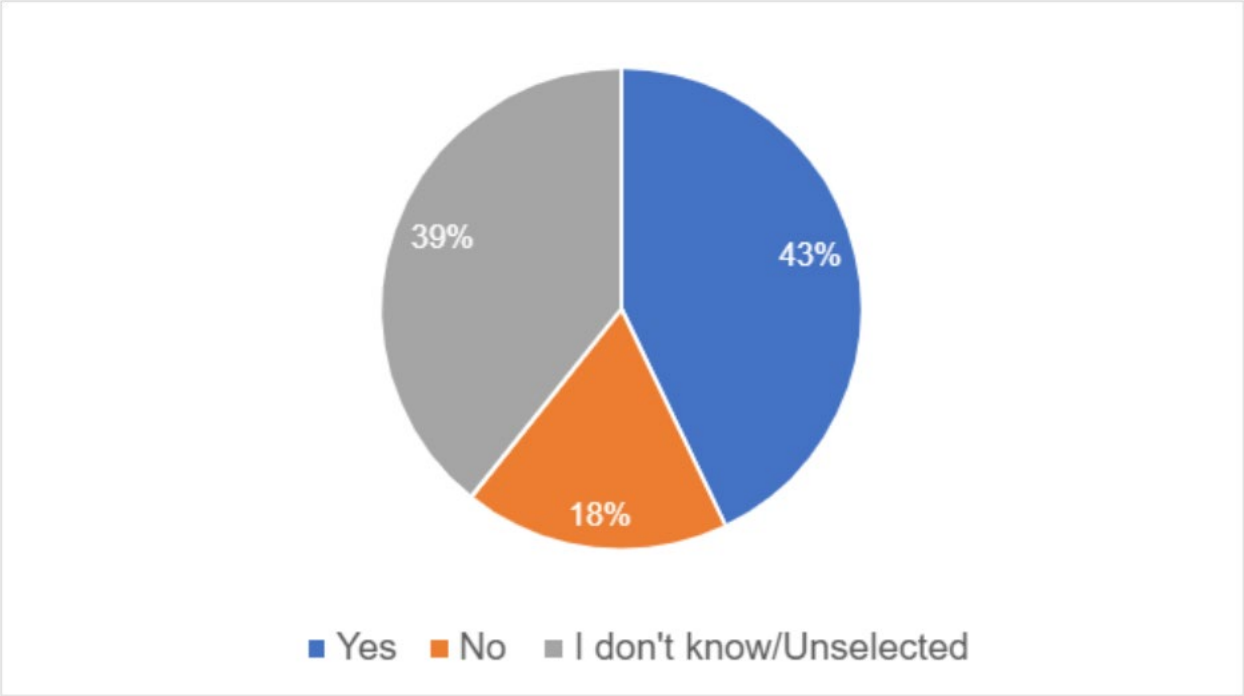
Has Your Campus Signed the Okanagan Charter?



Despite the small percentage of campuses that reported signing the Okanagan Charter, the implementation of any wellness framework was higher. Approximately 43% of respondents reported that their campuses have implemented some type of Health & Wellness framework (including the Okanagan Charter, 8 Dimensions of Wellness, the Inter-association Well-being Collaborative, The Ottawa Charter for Health Promotion, the ACHA Healthy Campus Framework, or other wellness frameworks), with 57% reporting they didn't know if their campus was implementing any framework, declined to answer this question, or reported their campuses has not engaged with any frameworks (Figure 6).

Figure 6

Has Your Campus Implemented the Okanagan Charter or Other Wellness Frameworks?



IV.B. Wellness Frameworks and Implementation

To study levels of engagement with the Okanagan Charter and other Health Promoting Wellness Frameworks (HPWF), both quantitative and qualitative data were analyzed to establish three categories of engagement across campuses. The results revealed substantial variation in how campuses conceptualize and operationalize HPWF.

There were 21 responses used to determine campus levels of engagement. Accounting for multiple responses from the same campus resulted in 17 unique SUNY campuses (16 SUNY UFS, 1 FCCC). These qualitative responses were coded to specific keywords (such as but not limited to: “framework,” “Okanagan Charter,” “model,” “8 Dimensions of Wellness,” “steering

committee," "Strategic Plan") and combined with responses to the quantitative questions to determine the campus level of engagement. Responses ranged from formal adoption of established frameworks to decentralized programming, or no programming. While many campuses reported having robust programming, some respondents noted that they are not aware of specific frameworks being used despite having active outreach. Respondents from other campuses mentioned that although Human Resources or Student Life may run programs, there is sometimes a lack of familiarity with these initiatives across the broader campus community. Other important qualitative findings include that respondents from only five campuses discussed outreach that included physical health considerations, such as food access, and respondents from only four campuses included discussion of faculty and staff well-being in their responses.

Ultimately, three levels of engagement emerged from the data: aspirational, informal programmatic wellness, and structured, model-based approaches. Two campuses mentioned having no knowledge of frameworks or programming at all; they were placed in an unengaged category. Overall, the results indicate that 38% of campuses have successfully moved toward a structured framework, 29% are aspirationally committed to the Okanagan Charter or Health Promotion, 24% of the responding institutions are currently in a state of limited informal implementation, and nine percent are unengaged with Health Promotion (Figure 7). Level of engagement was also studied by sector (Figure 8).

Figure 7

Campus Levels of Engagement

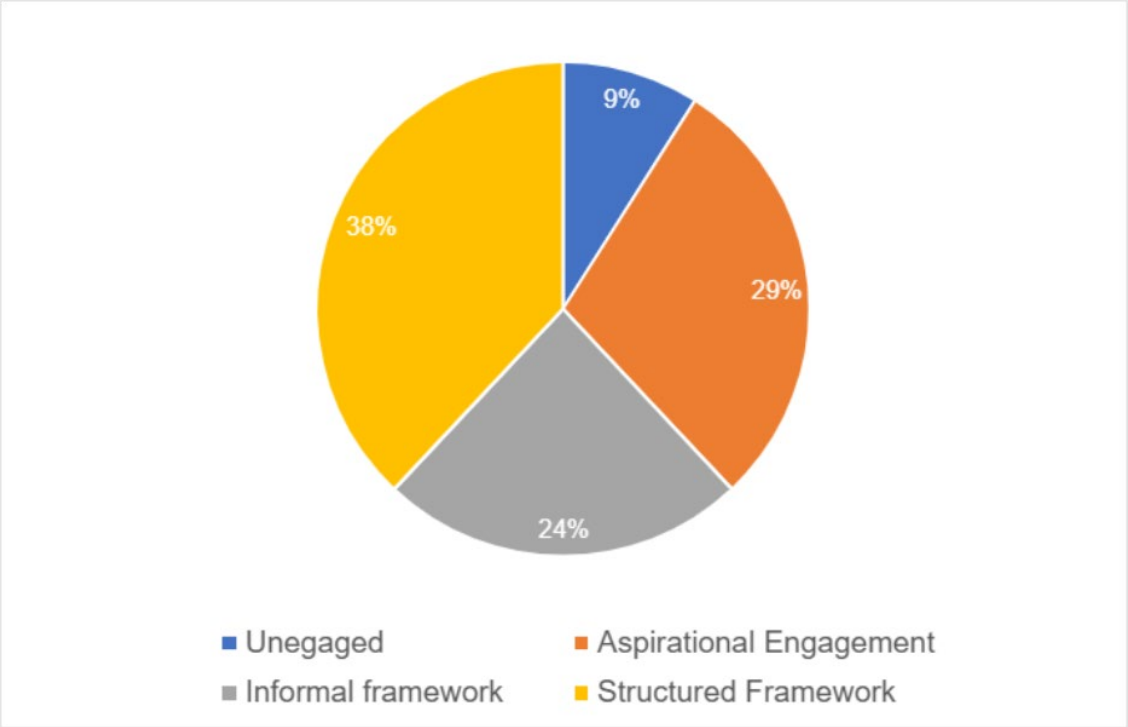
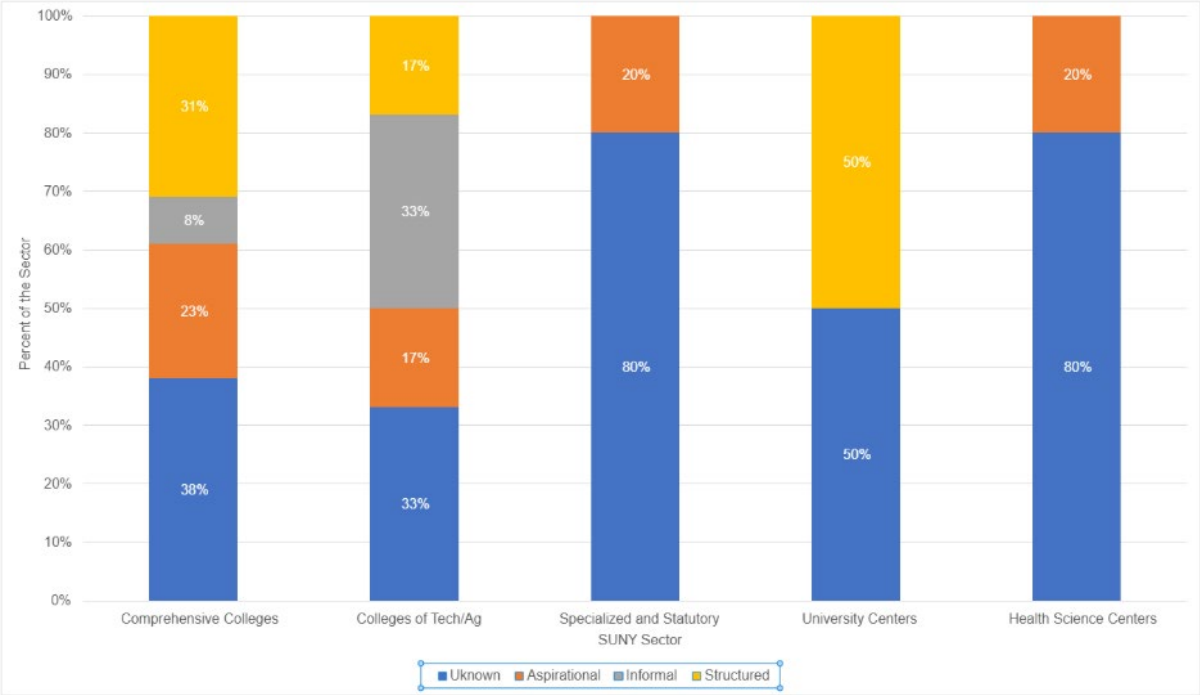


Figure 8

Level of Engagement by Sector



Structured frameworks were reported from the Comprehensive and Tech/Ag sectors. In contrast, structured frameworks were not reported from the Specialized & Statutory or Health Science Centers sectors (see the Limitations; this result may not accurately reflect a sector's adoption of HPWF). In addition to the Okanagan Charter and the Limerick Framework for Action, 8-9 Dimensions of Wellness, POISE, Heart of the Dragon, and the Middle Earth Peer Assistance Program were among other formal programs and frameworks mentioned. While the 8 Dimensions of Wellness were articulated by Dr. Peggy Swarbrick in 2006 as a way to address wellness more wholistically, the Middle Earth Peer Assistance Program is a program through which student volunteers are trained by mental health professionals so as to better provide assistance to student peers around issues of academic and social concern, gender identity,

substance abuse, and other issues of college life (Korneski, 2023; University at Albany, 2026). In the following sections, each of the three levels that emerged are discussed in more detail.

IV.B.1. Aspirational Engagement

Several campuses referenced the Okanagan Charter, but their descriptions suggested their campuses were at early-stage, partial implementation, or information-gathering stage without any formal implementation. According to the results, 29% of respondents are aspirationally committed to the Okanagan Charter for Health Promotion. Examples from this level of engagement included campuses that acknowledged the Charter but have not formally adopted it, signed but have not operationalized, or discussed general alignment with wellness programming but lacked examples. This population demonstrated conceptual support for the Charter's principles, but inconsistent institutional embedding, which suggests an opportunity for system-level clarification of what "implementation" entails.

IV.B.2. Informal Framework

Campuses in this category are operating in a more traditional, decentralized, programmatic wellness model. According to the results, 24% of the responding institutions are currently in a state of limited, informal implementation. Campuses within this level of engagement may have described brief or generalized wellness programming (e.g., mental health services, campaigns, EAP) with no explicit guiding HPWF identified. Many campuses described: "student wellness initiatives," "Wellness Weeks," "Stress Relief Weeks," Counseling or Recreation Center programming, Student Life programming, and Employee Assistance Programs (EAP). However, none of these initiatives were explicitly connected to a guiding framework.

This category showed a pattern of campuses engaging in service delivery rather than systems-level culture change. Across levels, mental health was the most frequently referenced domain of wellness, but the informal framework category highlighted that wellness is being interpreted primarily as mental health intervention and that broader ecological and institutional determinants of wellness are less considered. Sarmiento (2017) mapped existing health initiatives at Florida International University (FIU) and found that many operated in isolated "silos," often due to self-financing models that foster competition for resources. The FIU case study cautions how decentralized, informal engagement can lead to reactive service delivery rather than the systemic, whole-systems culture change advocated for by the Okanagan Charter (Sarmiento, 2017).

IV.B.3. Structured Framework

Campuses in this category have formally adopted, implemented, and/or integrated recognized frameworks such as the Okanagan Charter or 8 Dimensions of Wellness, have a dedicated health and wellness steering committee, or strategic plan objectives committed to health promotion. Campuses in this category have made a strong commitment to campus health and wellness. According to the results, 38% of campuses have successfully moved toward a structured framework. Engagement within this category demonstrated intentional alignment between framework and initiatives. Dominant frameworks that emerged in this category included the Okanagan Charter and the 8 Dimensions of Wellness; however, POISE, Heart of the Dragon, and the Middle Earth Peer Assistance Program were other programs mentioned. Many campuses, six out of eight in this category, listed more than one framework being utilized on their campus.

V. Discussion

Currently, health promotion and wellness efforts across SUNY campuses vary in their implementation efforts and utilization of established frameworks. Ideally, SUNY UFS resolutions are shared with local campuses once they are passed at plenaries. Thus, it is encouraging to find that a year after Resolution 198-03-1 was passed, a high proportion (86%) of the survey respondents reported that they were aware of the Okanagan Charter across the sample of 28 respondents representing 17 campuses. However, implementation and communication about official adoption scored much lower, with only 14% reporting adoption of the Charter. Meanwhile, 86% responded that their campus did not sign the Charter, were unsure if their campus signed, or declined to answer. It is likely that for many campuses, it would take more than a year from receiving the SUNY UFS resolution to adopt the Okanagan Charter and to implement actions aligned with the framework. Additionally, the results suggest that multiple health frameworks have been implemented across the SUNY system rather than revealing a singular focus on the Okanagan Charter; the 8 Dimensions of Wellness, or unique campus adaptations of it, appeared to be the other most popular framework. It is not surprising, then, that we found that 43% reported that their campus had implemented the Okanagan Charter or other Wellness Frameworks, compared with only 14% that reported adoption of the Okanagan Charter as a stand-alone framework. The recommendations that follow are designed to close the gap between awareness and action to further health-promoting goals in the SUNY system.

The lack of a shared understanding of well-being or wellness across the SUNY system and higher education was illuminated by both the literature and our study. Responses varied across institutions with respect to the initiatives shared as examples for their health promoting work. Responses also varied with respect to what part of campus is responsible for health and

wellness programming work, with areas such as human resources, counseling centers, and recreation programs all cited. Finally, it was noted that many focused on mental health, with respondents from only five campuses directly referencing physical wellness or nutrition in their programs or initiatives.

VI. Limitations

There were a few limitations to this study that could be addressed to improve further research. First, the sample size was small and does not fully represent all SUNY campuses. Additionally, responses may not accurately represent the actual status of adoption on a given campus. Similarly, a lack of response from a campus does not imply a lack of engagement with HPWF or similar programming. Responses were limited to one per user but did not limit how many individuals from one campus could answer. This resulted in multiple responses from some campuses with differing knowledge of the Okanagan Charter and general health and wellness programming on their campus. Thus, comprehensively measuring campus engagement with the Okanagan Charter and other wellness frameworks proved challenging and exploratory. The limited sample size and knowledge could be attributed to the brief period of time in which the survey was open and the collection of data being executed just one year after the passing of Resolution 198-03-1, without giving sufficient time for adoption and implementation.

If the survey is repeated, suggested structural improvements would include separating the question “Has your campus implemented the Okanagan Charter or other wellness frameworks like the 8 Dimensions of Wellness, the Inter-association Well-being Collaborative, The Ottawa Charter for Health Promotion, or the ACHA Healthy Campus Framework” into different questions for each framework. Additionally, when a respondent selected “other campus/not

listed" as their affiliation, a follow-up question like "what is your institution" should be added to clarify affiliations. Finally, the anonymous format did not allow for follow-up with respondents to share more information about successes or challenges; adding a voluntary option for respondents to identify themselves would remedy this issue.

VII. Recommendations

This section will outline our recommendations for further engagement and adoption of the Okanagan Charter across the SUNY system. Current research within the SUNY system is limited, but this exploratory study revealed a disconnect between theory and practice. There is a high level of awareness regarding the Okanagan Charter (Figure 4); however, formal adoption is still in progress across the system (Figure 5). Implementation of any framework across the system showed a need for continued advocacy, with only 43% of respondents reporting that their campuses implemented some type of Health & Wellness framework, 18% reported no framework, and 39% reported they didn't know if their campus was implementing any framework or declined to answer (Figure 6). As a committee, our goal is to move the entire SUNY system towards full implementation of a whole-systems approach to health promotion that includes adoption and implementation of the Okanagan Charter and the Limerick Framework for Action, or other frameworks such as the 8 Dimensions of Wellness.

As a part of our recommendations, we will discuss both actions for individual campuses as well as for SUNY System Administration and SUNY UFS leadership. Recommendations for individual campuses are further organized by level of engagement so that campuses can gauge where they presently are and where they would like to be in the future, using the suggestions accordingly. Recommendations focus on the implementation of the Okanagan Charter for a

healthy “planet, places, and people” and the ways in which we accomplish this are through “partnership, participation, and progress” (International Health Promoting Campuses Network and University of Limerick, 2025a, p. 8). The recommendations are meant to be broad and flexible as campuses are encouraged to adapt these efforts for their unique campus (International Health Promoting Campuses Network and University of Limerick, 2025a). The Okanagan Charter and the Limerick Framework for Action do not have to follow a linear trajectory or require campuses to implement steps in order. Additional resources to support this work are linked in Appendix C. Further research and development throughout the system is recommended to determine more specific action plans in consultation with individual campuses. Appendix E includes a short case study of SUNY Albany as a highly structured campus example that institutions at all levels of engagement can utilize.

VII.A. Recommendations for Campuses

VII.A.1. Getting Started: Assess Readiness

The first step for campuses at any level of engagement is to assess their current health and wellness model(s) (if present), culture, and capacity for change. The Limerick Framework for Action Quick-Start Roadmap Checklist found in Appendix D suggests using self-evaluation tools such as Irish Healthy Campus, ASEAN HURS, HEA Healthy Campus Self-Evaluation Tool, or others to identify gaps in policy, culture, and resources (International Health Promoting Campuses Network and University of Limerick, 2025a). The HEA Healthy Campus Self-evaluation Tool (see Appendix C) helps institutions evaluate their Healthy Campus approach comprehensively (Higher Education Authority, [HEA], n.d.). It aligns with the HEA Healthy Campus Charter Framework’s whole campus approach, which is made up of five pillars:

"Leadership, Strategy and Governance, Campus Environment (Facilities and Services), Campus Culture and Communications, Personal and Professional Development, and Health Focused Areas" (HEA, n.d., para. 2, bulleted list). This tool is easily accessible and free to use. Although it is based on the HEA Healthy Campus Charter Framework, it aligns with the same goals as the Okanagan Charter and Limerick Framework.

Step One of the Limerick Framework for Action is to "Advance a Shared Ethos of Stewardship for Planet, Places, People" by "align[ing] governance, planning, education, research, and partnerships" (International Health Promoting Campuses Network and University of Limerick, 2025a, p. 13). To do this, campuses should start by assessing their individual campus level of commitment to "a shared ethos" and "make these values and priorities foundational in curriculum, infrastructure, [and] strategic vision" (International Health Promoting Campuses Network and University of Limerick, 2025a, p. 13). The campus assessment should be used to develop campus-specific goals grounded in each campus's unique context and be used to monitor progress toward achieving each goal (International Health Promoting Campuses Network and University of Limerick, 2025a). It is recommended to align assessment with your institution's strategic planning cycles on a yearly or biennial basis based on the size of the institution and its resources (HEA, n.d.).

VII.A.2. Build Partnerships and Use Shared Governance

Shared governance is critical for a cultural shift of this size as it requires collaborative decision making for planning, policy change, implementation, and assessment of this work (Newton *et al.*, 2016). The Health Promoting Campus Network uses strategies that are co-created, inclusive, and developed through active participation (International Health Promoting Campuses Network and University of Limerick, 2025a). This means engagement is expected at

all levels, including students, faculty, staff, and communities (International Health Promoting Campuses Network and University of Limerick, 2025a). Using shared governance processes involves campus governance bodies working with campus leadership to develop campus-wide strategic plan goals and/or steering committees that help infuse every aspect of campus life and decision making with the ideas of the health promoting campus. Embedding wellness into strategic planning helps hold institutions accountable. Campuses should utilize campus assessment and national data such as the 2024-2025 Healthy Minds Study (HMS) and Spring 2025 NCHA data to underscore the "sense of urgency" for adopting HPWF.

Individuals on campuses that have yet to adopt a framework should connect with their campus governance body to encourage campus leadership to sign and adopt the Okanagan Charter. We recognize that individual campus governance bodies operate under their own policies, procedures, and hierarchies responsible for policy adoption and implementation. Therefore, we recommend campus governance bodies endorse the SUNY UFS-SL Resolution 198-03-1 (see Appendix A), write a statement or local resolution that builds on Resolution 198-03-1 and calls for local action, and/or request that their campus's administration provide a response to such resolutions.

Additionally, to shift culture most effectively, campuses should identify allies and strive for champions at all levels and in all departments across campus (International Health Promoting Campuses Network and University of Limerick, 2025a). Health and wellness require a collective effort. Campus champions and allies can work to help infuse "a shared ethos" across campus (International Health Promoting Campuses Network and University of Limerick, 2025a). To promote broader awareness and engagement, campuses should make the signing formal and public, having a ceremony or event for the signing. Individuals who are unsure of their current

adoption status should connect with colleagues and their campus governance bodies for guidance and to gather more information about their campus's current implementation status. After engaging with shared governance channels to officially adopt the Charter, institutions should work to adapt the remainder of the 10 Actions to your campus context (International Health Promoting Campuses Network and University of Limerick, 2025b). Appendix D details a phased implementation plan for the Okanagan Charter and Limerick Framework.

VII.A.3. Determine Your Present and Desired Level of Engagement

VII.A.3.a. Aspirational Engagement

This section will discuss low lift, high-impact practices for campuses to engage in based on an aspirational level of engagement. Campuses within this level of engagement had awareness of the Okanagan Charter but did not have clear examples of ways in which they were operationalizing the framework or lacked knowledge if their campus had signed it. Initial efforts for engaging with the Okanagan Charter are focused on assessing readiness and building partnerships while adapting the framework to specific campus needs (International Health Promoting Campuses Network and University of Limerick, 2025a). As mentioned earlier, campuses can start the process by mapping all current wellness activities, working to understand and clarify institutional commitment, and establishing steering committees dedicated to this work. This will prepare campuses to integrate and embed health in policies across campus (International Health Promoting Campuses Network and University of Limerick, 2025a).

For campuses with limited staffing, start with two actions: (a) conduct a rapid readiness scan using the Quick-Start Roadmap (Appendix D), and/or the HEA Healthy Campus Self-Evaluation Tool, and launch a low-cost "Wellness-Wednesday" communication campaign that

highlights existing services and collects student feedback. Gathering feedback from the community aligns with engaging stakeholders at all levels and low-lift communication strategies can significantly shift campus culture without requiring extensive new programming. Social norming campaigns and unified wellness branding can help publicize health-promotion efforts and normalize help-seeking behavior across the community. Incorporating "Wellness Wednesdays" or similar low-barrier outreach events that focus on the adopted HPWF start to build awareness of holistic health. Campuses should focus on building a "culture of care" for everyone on campus by removing financial barriers to health and wellness by offering discounted or free services such as wellness coaching and professional development opportunities for faculty and staff.

Minor changes to the learning and physical environment can also have a systemic impact on student and employee well-being. Shared governance bodies can recommend consideration of well-being in course design and syllabi. Health and well-being foci can also be incorporated into coursework; Coffey & Coufopoulos, (2010) provide a concrete model for embedding health into the curriculum. This case study engaged senior undergraduate students in conducting a Health Needs Assessment (HNA) of their peers (Coffey & Coufopoulos, 2010). The project moved students from theoretical understanding to applied practice, developing transferable skills in communication, networking, and reflection (Coffey & Coufopoulos, 2010). This case study also serves as a "low-lift" example of how campuses with limited resources can use student-led wellness activities to gather essential data.

Student-centric physical spaces can help support a diverse campus population (Newton *et al.*, 2016). Campuses can evaluate how physical facilities and services support health. Low-lift changes, such as improving signage for existing wellness spaces or lactation rooms, and

encouraging use of, and access to, existing greenspaces can help transform the campus environment into a "healthy place" without requiring new construction (Newton *et al.*, 2016). Refer to the Quick-Start Roadmap Checklist to engage in additional steps to implementation (see Appendix D).

VII.A.3.b. Informal Framework

This section will discuss ways for campuses to intentionally align their programming with a framework for engagement based on an informal level of engagement. Campuses in this level of engagement utilized more traditional health promoting initiatives. These campuses have heard of the Okanagan Charter, but responses varied whether the respondent was aware of their campus having signed. Regardless of their engagement with the Okanagan Charter, these campuses differed from aspirational campuses by giving examples of traditional programming efforts. Campuses currently in the informal category are providing "service delivery" rather than the "systems-level culture change" required by the Okanagan Charter. Campuses within this category should first address the ambiguity regarding charter signatures by working with leadership to clarify their status, and then work through shared governance to develop a resolution or statement to advocate for the formal adoption of the Okanagan Charter.

Campuses within this level of engagement demonstrated a campus commitment to "a shared ethos" of health and wellness but lacked connecting threads across departments, policies, and programs (International Health Promoting Campuses Network and University of Limerick, 2025a). Campuses at this level already possess a wealth of "traditional" health initiatives; but the goal is to connect these to culture and a HPWF, using a systems perspective. Recommendations for campuses within this engagement level include forming steering committees, engaging with

the immediate campus and broader communities, committing to annual assessment, and working with shared governance and campus leadership to embed health, well-being, and sustainability into campus policies.

Campuses should use strategic mapping to examine all current traditional programs with the five pillars of the HEA Healthy Campus Self-Evaluation Tool (HEA, n.d.; see Appendix C). This identifies strengths and areas for improvement without needing to create new content from scratch. This also identifies how current efforts already support institutional goals, moving the campus from "informal" activities to strategic alignment. Institutions can begin reviewing campus policies through a "well-being lens," ensuring that health promotion is embedded into the campus's strategic plan.

Since traditional programming is often invisible to those not directly participating, it is important to create a unified digital resource hub to consolidate varied traditional examples; work with campus constituents to provide access to evidence-based health promotion tools and professional development, thereby shifting the responsibility of "wellness" from a single office to a shared institutional effort; and use the Self-Evaluation Tool to track progress and regularly assess and identify trends, celebrate successes, and make data-driven adjustments (HEA, n.d.).

VII.A.3.c. Structured Framework

This section will discuss ways for campuses with a high, structured level of engagement to continue to engage and improve upon the work they are doing. Campuses at this level of engagement are doing excellent work, but there is always room for growth. Recommendations within this section mainly focus on how campuses can advance the concept of the health promoting campus locally and globally. This section will also outline ways for campuses to

integrate the Okanagan Charter and Limerick Framework into the work they are already doing with other frameworks they are utilizing.

Assessment should be used to track long-term trends and identify gaps to allow for informed decision-making regarding where to shift resource allocation for maximum impact. Publicly reporting outcomes of campus health promotion efforts will also cultivate a high-level culture of accountability. Additionally, an important part of health promotion is celebrating and sharing success stories, as summarized by the International Health Promoting Campuses Network and University of Limerick (2025a): "recognition nurtures ongoing commitment and supports innovation and momentum" (p. 20). Build on your success by evaluating and celebrating your campus's contributions to health promotion. Create awards, publish impact stories, host annual reflection forums, produce progress reports, and disseminate findings using digital platforms for interaction (International Health Promoting Campuses Network and University of Limerick, 2025a).

Furthermore, high-engagement campuses must fulfill the Okanagan Charter's second call to action: to lead health promotion collaboration locally and globally. By publishing stories of impact, strengthening links with local, national, and international partners (International Health Promoting Campuses Network and University of Limerick, 2025a), and participating in the International Health Promoting Campuses Conference or similar forums, the message of health promotion can be spread and successes can be leveraged. Campuses in this category should empower future global citizens by mobilizing and empowering students to become "active local and global citizens, future decision-makers, and change-agents" (International Health Promoting Campuses Network and University of Limerick, 2025a, p. 21). Ultimately, the goal involves

moving beyond students as "consumers" of wellness to recognize students as active decision-makers and global citizens who carry health-promoting values into their professional lives.

VII.B. Recommendations for Shared Governance and SUNY SystemAdministration

In order to support further work on health and wellness initiatives, we recommend that the SUNY UFS (and campus shared governance bodies) urge SUNY System Administration to invest in research, education, and funding for HPWF implementation across the system. As mentioned previously, shared governance is critical for a cultural shift like this, and campuses within the SUNY system can also share strategies, best practices, and work to hold one another accountable.

VII.B.1. Funding & Education

Well-being should be a high priority for the SUNY Board of Trustees and SUNY System Administration. With the support of shared governance, we recommend designating and allocating resources at both the SUNY and local levels to support innovations in, and the implementation of, health and well-being initiatives across the system. The FIU case study found that when wellness initiatives are self-financed (e.g., through student fees or voluntary contributions like food banks), they naturally foster competition for resources rather than collaboration, which inhibits Health Promoting work (Sarmiento, 2017). As long as wellness is funded through "voluntary" or "ancillary" means, it remains vulnerable to fiscal instability and turnover.

Investment in professional development and continuing education is a key recommendation for SUNY System Administration. Post-COVID, many campuses are operating

with limited resources. Campuses need more guidance on how to implement frameworks in contexts with access to varying levels of resources. Investment in SUNY Health & Well-being Fellows and a SUNY HealthyU conference to share and learn could be actionable steps to increase campus engagement. Providing education about the Okanagan Charter and other wellness frameworks—including a summary of common frameworks, best practices and checklists for implementation—will help campuses gain a better understanding of how to adopt and adapt a HPWF and become a health promoting campus.

Additionally, we propose working with the SUNY Center for Professional Development (CPD) and other SUNY constituents to continue supporting campuses with implementation in the following ways:

- A community of practice could be formed on the SUNY Learning Commons for constituents to come together to discuss best practices and strategies for implementation. The community could support campuses who have not yet signed the Charter and highlight the successes of campuses who are further along in the implementation process. Through shared governance, campuses within the SUNY system can share strategies, best practices and act to hold one another accountable through additional working groups.

- "The SUNY Wellness Frameworks Webinar Series" could continue within or alongside the community of practice, featuring a variety of institutions to showcase practical strategies for Charter implementation. Links to recordings of the webinar series are included in Appendix C.

- SUNY System Administration should establish a committed SUNY entity to study the well-being of our students, faculty, and staff across the system. Those looking at this data could do a longitudinal study to understand the impacts of formally adopting and implementing a HPWF. Establishing expected outcomes and assessments now would provide a roadmap for the system to measure its progress and improvements.

- SUNY System could help publicize successes with a regular SUNY Spotlight to celebrate campus adoptions of HPWF and unique programs implemented at campuses.

These recommendations align with advancing the ten action steps of the Limerick Framework; see Appendix D (International Health Promoting Campuses Network and University of Limerick, 2025a).

VII.C. Limitations to Advocacy and Implementation

Limitations are inevitable with culture shifts as large as this one. With the current variations in levels of fiscal stability across SUNY, it is challenging for some campuses to earmark funding for another initiative when already stretched thin trying to meet the goals of many other mandates and expectations. With the changing landscape of higher education, sustaining staff roles critical for implementing this work is also a challenge. Health promotion and well-being staff and faculty may find that they are required to do more with less, whether it be funding, personnel, or support from administration. This can create some turnover within the field, leaving programs in a vulnerable, unsustainable space.

Wellness frameworks are unique to each campus across the SUNY System. Some campuses may be ahead in terms of prioritizing and funding well-being initiatives. With additional and sustained SUNY System financial and educational support, adoption of HPWF should increase and the number of specific initiatives should grow in quantity and quality to further collective well-being across SUNY.

VII.C.1. Sustainability

To ensure the long-term sustainability of Health Promoting University (HPU) initiatives within the SUNY system, campuses must move beyond decentralized, informal programming that lacks consistent institutional embedding. A successful transition to a structured framework requires official recognition from university authorities with an institutional wellness mandate (Suarez-Reyes *et al.*, 2019). Limits to staffing and resources can cause disruption in services. To mitigate the impact of high population turnover, campuses should adopt a "pass the baton" model, which ensures that students and faculty transition their work, data, and momentum to successors (Budgen *et al.*, 2011). Addressing the financing gap is critical; relying on voluntary contributions or isolated student fees often fosters competition and siloed efforts, whereas direct budgetary allocation for dedicated human resources ensures that health promotion becomes an integrated part of the university's "core business" rather than an unsustainable parallel burden (Newton *et al.*, 2015; Sarmiento, 2017; Suarez-Reyes *et al.*, 2019).

VIII. Further Research

VIII.A. Health & Wellness Frameworks

The SUNY UFS-SL Health & Wellness subcommittee recommends additional research across the SUNY system to gauge engagement with HPWF. Our study revealed a small snapshot

of work happening across the system. However, a more detailed survey that was open longer and distributed through more channels would paint a better picture of actual engagement and implementation across the SUNY System. We hope this survey set the groundwork for future committees to expand this work and follow up through additional passed resolutions.

VIII.B. Faculty & Staff Burnout & Well-Being

Out of all the responses, only four campuses mentioned faculty and staff wellness or Employee Assistance Programs (EAP), revealing a singular focus on student wellness over faculty and staff. However, when staff feel "valued" and "fulfilled," they are better equipped to do their jobs, which leads to better academic outcomes and lower student dropout rates (Newton *et al.*, 2015). There is a clear correlation between faculty and staff well-being and student outcomes. The impact of management style, lack of agency, parallel duties, resource competition, exclusion of staff, and self-financing stress are just some of the issues cited within faculty and staff burnout research (Budgen *et al.*, 2011; Newton *et al.*, 2015; Sarmiento, 2017; Suárez-Reyes *et al.*, 2019). Mainly, lack of funding coupled with parallel voluntary work creates a sustainability challenge. In instances where funding is absent, coordination is much more difficult because all staff must perform wellness tasks "in parallel with other academic activities" or rely entirely on voluntary work (Suarez-Reyes *et al.*, 2019, p. 1018). The pressure to consider the health and well-being of students may add burdens to the health and well-being of faculty and staff (and their families).

In January 2026, SUNY Chancellor John B. King, Jr. announced the convening of a Working Group on Faculty and Staff Well-being and Development. This working group has been charged with providing recommendations to the Chancellor and his senior team on specific,

concrete steps SUNY System Administration can implement to advance faculty and staff well-being and development. The formation of this working group coincides with additional work done by the SUNY University Faculty Senate's Ethics and Institutional Integrity Committee, which recently published the white paper, "'Tissues are for Students Only': The Ethics of Faculty and Staff Burnout in the State University of New York." Drawing on a multi-year study conducted by the SUNY UFS Ethics and Institutional Integrity Committee, the white paper identifies how post-pandemic conditions, institutional decisions, rising workloads, and limited structural support correspond with the finding of system-wide employee burnout, which in turn directly impacts services and supports provided to students.

The SUNY Chancellor's Working Group on Faculty and Staff Well-being and Development is a great opportunity to assess the current state of our campuses' well-being assets, resources, and challenges. The committee has already distributed two short surveys focused on barriers to well-being and professional growth, and on practical, low- or no-cost steps SUNY can take system-wide to address these concerns. It is clear that faculty and staff health and wellness is intertwined with student success and system well-being. Adopting a holistic perspective of campus health and wellness means adopting these policies and programs for students, faculty, and staff. There is likely space to share resources and services for a more manageable cost.

VIII.C. Basic Needs

The SUNY UFS-SL would also like to highlight the correlation between basic needs and health and wellness. The committee will soon be reviewing the results from the recent 2025 SUNY Basic Needs Survey. In the meantime, according to the NCHA Spring 2025 survey,

28.1% of students reported having eaten less than they felt they should in the last 30 days because there was not enough money for food; further, 44.7% of students are experiencing some level of food insecurity (ACHA, 2025). Lack of access to food and other basic needs is a significant social determinant of health. As part of their advocacy to address gaps in student basic needs, the SUNY Faculty Council of Community Colleges (FCCC) passed resolution CSL-1-25-26: Supporting Student Success through Basic Needs Access Initiatives at SUNY Community Colleges on December 11, 2025. SUNY UFS-SL would like to lay the framework for a similar resolution to be passed by the SUNY UFS during the 2026-2027 academic year. The VOICE Study provides a successful, evidence-based roadmap for addressing food security through Community-Based Participatory Action Research (CB-PAR) (Budgen *et al.*, 2011).

IX. Conclusion

A year after passing SUNY UFS-SL Resolution 198-03-1, the results of this survey indicate a widespread awareness of the Okanagan Charter, but limited adoption and discussion of implementation within its small sample. Taking a closer look at the barriers that prevent or delay the adoption of the Okanagan Charter on SUNY campuses could provide additional insights to guide recommendations. Furthermore, as more campuses hopefully adopt the Okanagan Charter with additional time, examining and sharing best practices for implementation could help build on successes. Comparing this work in SUNY to what is being done in other higher educational systems would be an interesting study that could shed light on shared issues and strategies found across the higher education community.

X. SUNY UFS Committee on Student Life Subcommittee on Health & Wellness 2025-2026

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XII. Appendices

XII.A. Appendix A - Resolution 198-03-1

TO: SUNY University Faculty Senate

FROM: Student Life Committee

RE: Resolution: Recommendation for the adoption of the Okanagan Charter for Health Promotion in Universities and Colleges

DATE: October 26, 2024

LOCATION: SUNY Plattsburgh, NY

RESOLUTION #: 198-03-1 Student Life

VOTE: For: 45 / Against: 2

RATIONALE:

WHEREAS, health and well-being are fundamental to the success and flourishing of students, faculty, and staff within our campuses;

WHEREAS, the Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance Data Summary & Trends Report: 2011-2023 stated that: 1) In 2021, more than 4 in 10 (42%) students felt persistently sad or hopeless and nearly one-third (29%) experienced poor mental health; and 2) In 2021, more than 1 in 5 (22%) students seriously considered attempting suicide and 1 in 10 (10%) attempted suicide;

WHEREAS, the Okanagan Charter for Health Promotion in Universities and Colleges provides a comprehensive framework for promoting and enhancing the health and well-being of our campus communities;

WHEREAS, embracing the principles outlined in the Okanagan Charter aligns with our campuses commitment to fostering a supportive and thriving environment for all members of our community;

WHEREAS, The Healthy Minds Study: 2022-2023 Data Report states that: Approximately 40% of college students suffer from moderate or major depression, and more than one-in-three college students deal with anxiety.

WHEREAS, the United States Surgeon General's Advisory on the Epidemic of Loneliness and Isolation states that: The health and societal impacts of social isolation and loneliness are a critical public health concern in light of mounting evidence that millions of Americans lack adequate social connection in one or more ways.

WHEREAS, New York State Education Department states that: Research has shown that the quality of the school climate may be the single most predictive factor in any school's capacity to promote student achievement. When young people are educated about mental health, the likelihood increases they will be able to effectively recognize signs and symptoms in themselves and others and will know where to turn for help.

WHEREAS, SUNY is the nation's largest comprehensive system of public higher education and is a leader in public higher education in the United States;

WHEREAS, it is included in the Mission of the State University of New York (SUNY) to provide to the people of New York educational services of the highest quality, with the broadest possible access, fully representative of all segments of the population;

WHEREAS, the following institutions of Higher Education have adopted the Okanagan Charter: College of the Holy Cross, Cornell University, Grand Valley State University, Kansas State University, Northern Illinois University, Northern Michigan University, Pace University, Russell Sage College, Springfield College, SUNY Albany, UCLA, University of Alabama at Birmingham, University of California-Berkeley, University of California-Irvine, University of Colorado-Boulder, University of Connecticut, University of Delaware, University of Massachusetts-Amherst, University of Massachusetts-Boston, University of Massachusetts-Lowell, University of Michigan, University of North Florida, Ursinus College, Wentworth Institute of Technology, Western Michigan University, Western Washington University.

RESOLUTION:

THEREFORE BE IT RESOLVED that the SUNY University Faculty Senate requests that the SUNY Chancellor recommend to campus executive leadership that they work with campus governance to adopt the Okanagan Charter for Health Promotion in Universities and Colleges or comparable wellness framework and commit to implementing its principles and goals in all aspects of academic and campus life; and

FURTHER BE IT RESOLVED that the SUNY University Faculty Senate, as part of such policy development, requests that Chancellor recommend to campus executive leadership that they work with campus governance to regularly review and update their policies, programs, and initiatives to ensure alignment with the principles of the Okanagan Charter or comparable wellness framework, with the ultimate goal of creating a healthier and more supportive campus environment for all.

BACKGROUND

References:

Okanagan-Charter.pdf https://bp-net.ca/wp-content/uploads/2019/03/Okanagan-Charter.pdf

The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

The Healthy Minds Study https://healthymindsnetwork.org/wp-content/uploads/2023/08/HMS_National-Report-2022-2023_full.pdf

NYS Department of Education - School Mental Health Education https://www.nysed.gov/curriculum-instruction/mental-health

CDC - Youth Risk Behavior Survey Data Summary & Trends Report: 2011-2021 https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf

U.S. Health Promoting Campuses Network http://ushpcn.org/network/

US trends in social isolation, social engagement, and companionship – nationally and by age, sex, race/ethnicity, family income, and work hours, 2003–2020 Viji Diane Kannana,∗ and Peter J. Veazieb

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9811250/#:~:text=Average%20time%20spent%20socially%20e ngaged,4.3;%20p%20=%200.001%5D.

Governor Hochul Expands Access to Mental Health Care to 200,000 SUNY Students https://www.governor.ny.gov/news/governor-hochul-expands-access-mental-health-care-200000-suny-students

XII.B. Appendix B - Survey Questions

1) What is your SUNY institution?
    a) Comprehensive (Brockport, Buffalo State, Cortland, Empire State, Fredonia, Geneseo, New Paltz, Old Westbury, Oneonta, Oswego, Plattsburgh, Potsdam, or Purchase).
    b) Health Sciences (Buffalo, Downstate, Optometry, Stony Brook, Upstate)
    c) Statutory and Specialized (Cornell ALS, Cornell HUM, Cornell IRL, Cornell, VET, ESF, Maritime, NYSCC, or SUNY POLY)
    d) Tech Schools (Alfred State, Canton, Cobleskill, Delhi, Farmingdale, or Morrisville)
    e) University Centers (Albany, Binghamton, Buffalo, or Stony Brook)
2) Has your campus heard of the Okanagan Charter?
    a) Yes
    b) No
3) Has your campus signed the Okanagan Charter?
    a) Yes
    b) No
    c) I don't know
4) Has your campus implemented the Okanagan Charter or other wellness frameworks like the 8 Dimensions of Wellness, the Inter-association Well-being Collaborative, The Ottawa Charter for Health Promotion, or the American College Health Association (ACHA) Healthy Campus Framework?
    a) Yes
    b) No
    c) I don't know
5) What wellness framework(s) or initiatives has your campus chosen to implement? Give examples of specific Health and wellness programming or initiatives. (Open Ended 1)

XII.C. Appendix C - Health Promoting Campus Resources

XII.C.1. Charters & Documents:

1. The Okanagan Charter - An International Charter for Health Promoting Universities & Colleges.
    a. https://open.library.ubc.ca/cIRcle/collections/53926/items/1.0132754
2. The Limerick Framework for Action.
    a. https://researchrepository.ul.ie/entities/publication/bd64952b-6f9d-45b1-bd75-4c19d2dcac61
    b. Quick-Start Roadmap Checklist – p. 49
    c. Plain Language Summary
        i. https://researchrepository.ul.ie/entities/publication/414411f8-d0a2-4818-86b5-187b6e8eeab2

XII.C.2. Resource Repositories:

1. International Health Promoting Campuses Network
    a. https://www.healthpromotingcampuses.org/
    b. https://www.healthpromotingcampuses.org/resources
2. HEA Healthy Campus Resource Repository
    a. https://hea.ie/policy/health-and-wellbeing-landing-page/healthy-campus-landing-page/healthy-campus-self-evaluation-tool/hea-self-evaluation-toolkit-resources/
    b. HEA Healthy Campus Self-Evaluation Tool
        i. https://hea.ie/policy/health-and-wellbeing-landing-page/healthy-campus-landing-page/healthy-campus-self-evaluation-tool/

XII.C.3. Webinars:

1. The SUNY Wellness Frameworks Webinar Series
    a. https://web.cvent.com/event/b8c1e685-39be-466f-bc79-a10606c38f6d/websitePage:cb99b27a-bbb5-4747-97ee-8679e267fc28
2. ACHA & the InterAssociation Well-being Collaborative (IWC) Webinar: From Okanagan to Limerick: A Global Journey Toward Health Promoting U.S. Campuses
    a. https://www.acha.org/resource/from-okanagan-to-limerick-a-global-journey-toward-health-promoting-u-s-campuses/?utm_medium=email&utm_source=rasa_io&utm_campaign=newsletter

XII.D. Appendix D – SUNY UFS-SL Quick-Start Roadmap

Suggested phased timeline for implementation linked to the limerick actions steps and Okanagan charter themes with potential and reasonable measurable outcomes/metrics. Adapted from the "Quick-Start Roadmap Checklist" verbatim (p. 49) embedded with the Summary of Actions (p. 12) from *The Limerick Framework for Action: Advancing the Global Health Promoting Campuses Agenda,* and expanded upon by the SUNY UFS-SL. Actual timeline is dependent on individual campus staff, resources, and culture.

Goal: Embed health, well-being, and sustainability across your campus.

Phase 1 – Assess & Build Partnerships (Months 1-3); Limerick actions: Step 1 (Assess Readiness) & Step 2 (Build Partnerships); Okanagan themes: Embed health in all policies; create shared governance.

Step 1: Assess Readiness

- Use self-evaluation tools (Irish Healthy Campus, ASEAN HURS or others).
- Inventory campus programs and services.
- Identify gaps in policy, culture, and resources.

Step 2: Build Partnerships

- Form a cross-campus taskforce.
    - Example: Form a three-person task-force (one faculty, one staff, one student) and meet bi-weekly.
- Engage students, employees, and community stakeholders.

Potential Metrics: Evaluation matrix completed for ≥ 80 % of listed services; task-force charter signed; baseline student-stress score established.

Phase 2 – Localise & Act (Months 4-6); Limerick actions: Step 3 (Localise) & Step 4 (Act); Okanagan themes: Integrate health into campus culture; promote equity and sustainability.

Step 3: Localise the Framework

- Adapt the 10 Actions to your context. Choose two actions that require no new funds (e.g., Wellness Wednesday email blast; signage to existing green spaces).

1. Ethos: Advance a Shared Ethos of Stewardship for Planet, Places, People.

2. Act: Adopt an Action-Oriented Approach to Health and Well-being.

3. Localise: Localise the Framework with Agility and Responsiveness.

4. Leadership: Strive for Collaborative Leadership and Shared Responsibility.

5. Policies: Integrate Health, Well-being, and Sustainability Considerations in all Policies.

6. Culture: Engage and Collaborate with Campus Communities to Foster a Culture of Health and Well-being Physically and Virtually.

7. Partnership: Develop and Strengthen Partnerships for Health, Well-being, and Sustainability.

8. Students: Mobilise and Empower Students to be Active Local and Global Citizens, Future Decision-makers, and Change Agents.

9. Research: Strengthen and Embed Research, Evidence, and Innovation for Health Promotion.

10. Celebrate: Celebrate Progress and Recognise Contribution.

- Prioritise equity, Indigenous knowledge, and sustainability.

Step 4: Embed Health in Policy

- Apply "Health in All Policies" approach.
    - Align one existing policy (e.g., lecture-hall scheduling) with a "Health-in-All-Policies" statement.
- Audit and align governance, curriculum, and operations.

Potential Metrics: Number of communication pieces delivered ≥ 5; policy amendment adopted; student-awareness survey showing ≥ 30 % increase in knowledge of wellness resources.

Phase 3 – Embed & Celebrate (Months 7-12); Limerick actions: Step 5 (Embed Health) & Step 6 (Celebrate); Okanagan themes: Lead health-promotion locally and globally.

Step 5: Activate Culture & Leadership

- Launch awareness campaigns.
- Empower student leadership and employee champions.
- Host a low-cost "Health-Spotlight" event featuring a student-led wellness activity.

Step 6: Measure & Share Progress

- Define indicators for Planet, Places, People.
- Publish annual progress reports and celebrate achievements.
- Publish a brief annual "Wellness Dashboard" (metrics from Phase 1-2) on the campus website.

Potential Metrics: Dashboard posted by Month 9; event attendance ≥ 15 % of campus community; follow-up stress survey shows a ≥ 5 % reduction in moderate/high stress levels.

XII.E. Appendix E – Case Study: University at Albany (U Albany): High Impact Practices – self-reported by UAlbany in the UFS-SL survey results

XII.E.1. Context & Vision

U Albany's strategic plan "Just for the Health of It" frames health and sustainability as core institutional values. The university positions itself as a "health-promoting university," aligning with the Okanagan Charter's calls to embed health in all campus activities and to lead local and global health promotion.

XII.E.2. Key Recognitions

- **Princeton Review Mental-Health Services Honor Roll** (multiple years) – "Included for its strong commitment and services supporting student mental health and well-being."
- **Insight Into Academia Excellence in Mental Health and Well-Being Award (2025)** – highlights a whole-systems approach that couples mental health services with belonging and sustainability; "UAlbany has a comprehensive, campus-wide approach, integrating mental health, belonging, and sustainability into its core values and programs, focusing on accessible services, peer support, and proactive policies."
- **Middle Earth Peer Assistance Program (MEPA)** – a 50-year-old student-led peer-support model cited nationally for its effectiveness.

Initiative	Description	System-Level Impact
Comprehensive Services	CAPS counseling, suicide-prevention, naloxone training, substance-misuse support.	Provides a safety net for all campus members; integrates "health-in-all-policies."
MEPA	Trained student volunteers deliver peer counseling, crisis de-escalation, and referral pathways. Student peers address issues of academic and social concern, gender identity, substance abuse, and other issues of college life	Empowers students as health ambassadors; expands reach without major budget.
Sustainability & Health Integration	"Faculty and staff recognized for integrating sustainable development goals with health and well-being".	Integrates health in all aspects of campus including curriculum.

Initiative	Description	System-Level Impact
Community Engagement Programs	Urban Planning Studio projects improve local community health; Center for Healthy Aging leverages interdisciplinary expertise; faculty receive awards for public engagement in health-related fields.	Extends campus impact beyond campus borders, fulfilling the Charter's "local & global collaboration" call.

XII.E.3. Lessons for Low-Resource Campuses

- **Leverage peer networks** – MEPA demonstrates how student volunteers can amplify services with minimal cost.
- **Embed health in existing programs.**
- **Use recognitions as catalysts** – Awards provide external validation that can motivate leadership and attract grant funding.

XII.E.4. Transferability

A campus can adopt a phased version of U Albany's model: start with a peer-support pilot, integrate health language into current sustainability initiatives, and track simple metrics (service contacts, stress-survey scores) to demonstrate progress and build momentum for broader adoption.