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Toolkits for assessing health promotion in higher education institutions: a global scoping review with narrative synthesis

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ABSTRACT

Higher education institutions (HEIs) play a crucial role in developing healthier communities through diverse functions including research, education, operations, culture, advocacy and civic engagement. However, the implementation of a 'settings-based approach' to a comprehensive campus-wide health promotion strategy remains challenging due to the diverse and complex nature of HEI organisational structures. Toolkits have been developed to guide HEIs in evaluating their health promotion approaches but, to our knowledge, no comprehensive review of these toolkits has been conducted. This scoping review, with a narrative synthesis, sought to identify, map and compare available toolkits, assessing their comprehensiveness in supporting health promotion. Following a search of five online databases and pertinent grey literature, six toolkits were identified that were examined using a 58-item checklist to assess how each toolkit addresses health promotion domains within HEIs. Our narrative synthesis identifies areas of universal coverage, such as the integration of health into HEI policies and context-specific initiatives, including support for minority groups. Across toolkits, governance/leadership integration and monitoring and evaluation were consistently represented, with strong emphasis on mental health and physical activity. Coverage of areas, such as substance use, sexual health, disability-friendly services and indigenous/minority inclusion,


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was less consistent – highlighting differences in how comprehensive toolkits address equity-focused and specialised components of health promotion. Our analysis offers valuable insights for the ongoing assessment and refinement of health promotion strategies in HEIs globally, aiming to enhance their capacity to cultivate healthy, inclusive and sustainable campus environments.

Introduction

Higher education institutions (HEIs) are uniquely positioned to advance the United Nations Sustainable Development Goals (SDGs) by addressing key determinants of health, educating future workforces and policymakers, prioritising research to address complex global challenges and serving as social innovation hubs that engage with their broader communities (UN 2015; World Economic Forum 2022). HEIs refer broadly to accredited tertiary education providers, including universities, colleges and institutes of technology, delivering formal post-secondary education, research and community engagement activities. HEIs are important settings for both student and staff wellbeing (Bickerdike, Dinneen, and O’Neill 2022; Darker et al. 2023; Orme and Dooris 2010). With approximately 254 million students globally (UNESCO 2024), higher education represents a critical period for health behaviour formation and intervention (Moscatelli et al. 2023).

Despite academic success being intrinsically linked to wellbeing (Cobo-Rendón et al. 2020; Trockel, Barnes, and Egget 2000; Wald et al. 2014), substantial proportions of HEI students report suboptimal health linked to lifestyle behaviours and environmental factors including physical inactivity, diet, sleep patterns and academic stress (Aceijas et al. 2017; Bruening et al. 2018; de-Mateo-Silleras et al. 2019; Kwan et al. 2016). Furthermore, the typical age range of students attending HEIs coincides with a developmental period of increased vulnerability to mental ill-health (Kessler et al. 2007; Osborn et al. 2022; Patel et al. 2018), further exacerbated by the challenges of transition to higher education such as academic pressures, changes in social support, financial strain and other concerns (Porru et al. 2022). Additionally, there is a recognised crisis in staff wellbeing within HEIs linked to the demands of their roles, such as high workload and job insecurity (Bickerdike, Dinneen, and O’Neill 2022; Jayman, Glazzard, and Rose 2022).

The ‘Health Promoting Campus’ (HPC) concept, formalised by the Okanagan Charter for Health Promoting Universities and Colleges (Okanagan Charter 2015), is rooted in the ‘settings-based approach’ that promotes integration of health and wellbeing into HEI cultures, policies, procedures and operations through socio-ecological and systems-oriented ‘whole-campus’ strategies (Dooris, Wills, and Newton 2014; Newton, Dooris, and Wills 2016; Tsouros et al. 1998). More recently, the Limerick Framework for Action (International Health Promoting Campuses Network and University of Limerick 2025) has reaffirmed the global commitment to embedding health promotion within higher education systems, emphasising implementation, accountability and equity. A renewed international call to action at the 2025 Global Health Promoting Universities Conference

(Taylor et al. 2025) highlighted the urgency of translating whole-campus principles into structured, measurable practice. Together, these developments aim to address the myriad factors affecting health and wellbeing that extend beyond individual behaviours and are critical in the prevention and amelioration of adverse health outcomes (Aceijas et al. 2017; Porru et al. 2022; Xu and Wang 2023).

From a pragmatic perspective, however, the implementation of the HPC model lacks a universally agreed approach (Suárez-Reyes, Muñoz Serrano, and Van den Broucke 2019). Institutions vary widely in their implementation of health promotion strategies (Darker et al. 2023). While such strategies can improve health behaviours and outcomes (Donnelly, Penny, and Kynn 2024; Hill et al. 2022; Holt and Powell 2017; Luu et al. 2024; Newton, Dooris, and Wills 2016), variability in commitment and resources may pose implementation challenges (Aceijas et al. 2017; Poland, Krupa, and McCall 2009). Furthermore, responsibility for HPC initiatives can fall to health-related departments within HEIs (Suárez-Reyes and Van den Broucke 2016) despite the broader determinants of health that extend beyond individual behaviours (Aceijas et al. 2017; Porru et al. 2022; Xu and Wang 2023).

The HPC model requires ‘whole-campus’ approach necessitating adaptations to the specific developmental stages and health promotion resources of each institution, and HPC toolkits have emerged as practical resources to guide HEIs in addressing these requirements (Darker et al. 2023; Dooris et al. 2018). Such toolkits typically contain self-evaluation tools and encompass a range of strategies relating to key HPC activities (American College Health Association 2021). By offering a structured framework, toolkits support HEIs in the development and implementation of a setting-oriented HPC approach. Despite their apparent utility, there remains a significant gap in the literature, as no reviews of these self-evaluation toolkits for health promotion in HEIs have been published to our knowledge. The current scoping review focused on toolkits for assessing a ‘whole-campus’ approach to health promotion in HEIs. It is important to differentiate isolated initiatives from a ‘whole-campus’ settings-based approach to health promotion. Isolated initiatives often focus on individual behaviours and may have limited sustainability or institutional impact, whereas whole-campus approaches integrate health promotion into governance, policy, culture and operations, enabling systemic and long-term improvements in health and wellbeing (Suárez-Reyes and Van den Broucke 2016; Suárez-Reyes, Muñoz Serrano, and Van den Broucke 2019).

Methods

This scoping review was performed in adherence to the Joanna Briggs Institute (JBI) methodological guidance for scoping reviews (Peters et al. 2020). Reporting followed the PRISMA extension for scoping reviews (PRISMA-ScR) Checklist (Appendix 1) (Tricco et al. 2018). This review was part of a larger project to develop a toolkit to support HEIs to implement the Healthy Campus Charter and Framework in Ireland (HEA 2021). Institutional review board approval was not required for this scoping review. The protocol was not prospectively registered, reflecting the iterative aim of mapping and comparing existing toolkits.

Search strategy and selection criteria

The selection criteria were designed to ensure the inclusion of toolkits that addressed the settings-based approach to health promotion in HEIs taking into consideration variations in terminology (Richardson et al. 1995).

- The **population criteria** included toolkits that were inclusive of the entire HEI population, encompassing students and staff, thereby excluding those that targeted specific subsets such as students only.
- The **intervention or exposure criteria** required toolkits to employ a ‘whole-campus’ approach addressing multiple institutional levels, such as governance, policy, service provision, campus environment or organisational culture. Toolkits focused solely on single interventions, specific health topics or individual operational areas without broader institutional integration were excluded.
- The **context criteria** necessitated that the toolkits must have been thoroughly developed with evaluative methods, such as question-and-answer formats or indicators of success, to gauge progress, thus excluding toolkits offering theoretical guidance without practical evaluative methods.
- The **outcome criteria** mandated a comprehensive coverage of health, addressing physical, mental and social wellbeing in a holistic manner.

An academic librarian (DM) conducted a search on 8 February 2024 of five databases (Web of Science, EMBASE, MEDLINE, CINAHL and ERIC) for articles, peer-reviewed papers and documents that contained toolkits to support whole-campus approaches to health promotion. The search terms used across these databases are outlined in Appendix 1. A grey literature (Google Scholar) search was also undertaken, and retrieved sources were screened against the same eligibility criteria. Reference lists of the included sources were hand-searched to identify additional toolkits. Three of the authors (DGL, KS, and CDD) independently screened titles and abstracts, and subsequently full texts. All sources were screened by at least two authors.

Data extraction

To assess and conduct a standardised mapping of toolkits that met our inclusion criteria, we constructed a comprehensive checklist of items deemed relevant to the multifaceted aspects of implementing a settings-oriented ‘whole-campus’ approach to health promotion within a HEI. As depicted in Table 1, the checklist contained 58 items that were stratified into 10 domains. The included domains encompassed both macro-level determinants, such as HEI governance/leadership, culture, infrastructure and service provision. Checklist criteria were purposively designed to account for potential intersectionality, whereby areas such as mental health may be considered within HEI policies, service provision and/or specific initiative(s). Quality appraisal was not undertaken because the aim was mapping content and coverage, not evaluating effectiveness or measurement properties.

Table 1. Checklist of items.

<p>1. Governance & Leadership</p> <p>1.1. <i>Strategic Planning & Policy</i></p> <p>1.1.1. Integration of health and wellbeing in strategic planning and governance</p> <p>1.1.2. Alignment with national policy/framework/charter (e.g. Okanagan Charter)</p> <p>1.2. <i>Policies for Holistic Health</i></p> <p>1.2.1. Address mental, emotional, physical, and sexual health in institution policies</p> <p>1.2.2. Address equity, diversity and inclusion in strategic planning</p> <p>1.2.3. Inclusion of sustainability and ethical considerations in policies</p> <p>1.3. <i>Corporate Responsibility</i></p> <p>1.3.1. Partnerships with health and wellbeing organisations</p> <p>1.3.2. Corporate responsibility for health promotion services</p> <p>1.3.3. Resource allocation for health and wellbeing promotion</p> <p>1.4. <i>Cross-Setting Coordination</i></p> <p>1.4.1. Organisation of cross-institution health strategy working groups</p> <p>1.4.2. Strategies for community engagement at local and wider levels</p>	<p>2. Special Focus Areas</p> <p>2.1. <i>Mental & Emotional Wellbeing</i></p> <p>2.1.1. Strategies and initiatives for mental health</p> <p>2.1.2. Training for staff and students in mental health</p> <p>2.2. <i>Physical Activity</i></p> <p>2.2.1. Promotion of and access to physical activity services</p> <p>2.2.2. Integration of physical activity into facilities</p> <p>2.3. <i>Substance Use & Misuse</i></p> <p>2.3.1. Interventions for substance issues</p> <p>2.3.2. Educational programmes</p>	<p>3. Culture & Communication</p> <p>3.1. <i>Campus culture</i></p> <p>3.1.1. Promotion of a culture of wellbeing, belonging, respect, and safety</p> <p>3.1.2. Inclusion of indigenous or minority cultures in initiatives</p> <p>3.2. <i>Communication Strategy</i></p> <p>3.2.1. Health communication strategies and routes within the institution</p> <p>3.3. <i>Information and Awareness</i></p> <p>3.3.1. Promotion of health literacy and information dissemination</p>	<p>4. Facilities & Infrastructure</p> <p>4.1. <i>Campus Infrastructure</i></p> <p>4.1.1. Safety and environmental sustainability of buildings</p> <p>4.1.2. Wellbeing-conducive environment creation measures</p> <p>4.2. <i>Food & Nutrition</i></p> <p>4.2.1. Policy on healthy and sustainable food</p> <p>4.2.2. Access to healthy food options and drinking water</p> <p>4.3. <i>Travel & Mobility</i></p> <p>4.3.1. Sustainable and healthy travel plans</p>	<p>5. Monitoring & Evaluation</p> <p>5.1. <i>Impact Assessment</i></p> <p>5.1.1. Impact assessment of health initiatives</p> <p>5.2. <i>Continuous Improvement</i></p> <p>5.2.1. Continuous improvement based on feedback and evidence</p> <p>5.3. <i>Health services research</i></p> <p>5.3.1. Health services data collection and assessment</p> <p>5.4. <i>Health promotion research</i></p> <p>5.4.1. Health promotion research</p>
<p>6. Service Provision</p> <p>6.1. <i>Health Services</i></p> <p>6.1.1. Range of health services and consultation on health service needs</p> <p>6.1.2. Policies on referral, confidentiality, and early access to health services</p> <p>6.1.3. Provision of wellbeing services for staff and students</p> <p>6.2. <i>Specialised Services</i></p> <p>6.2.1. Mental health support and services</p> <p>6.2.2. Sexual health support and services</p> <p>6.2.3. Substance use support and services</p>	<p>7. Academic Development</p> <p>7.1. <i>Curriculum Development</i></p> <p>7.1.1. Opportunities for integration of health and wellbeing topics into curriculum</p> <p>7.1.2. Opportunities for health education in academic programmes</p> <p>7.2. <i>Knowledge & expertise</i></p> <p>7.2.1. Dissemination of health-related research</p> <p>7.2.2. Engagement in health research by students and faculty</p> <p>7.2.3. Training and resources for staff on health issues</p> <p>7.2.4. Support for professional development in health promotion</p>	<p>8. Community Engagement</p> <p>8.1. <i>Stakeholder Collaboration</i></p> <p>8.1.1. Engagement with external bodies and local systems for health promotion</p> <p>8.1.2. Stakeholder feedback and communication mechanisms</p> <p>8.2. <i>Volunteerism & Collective Action</i></p> <p>8.2.1. Encouragement of institution volunteerism in health promotion</p> <p>8.2.2. Initiatives for collective action in health</p>	<p>9. Systems & Inclusion</p> <p>9.1. <i>University Management</i></p> <p>9.1.1. Implementation and management of healthy institution policies</p> <p>9.2. <i>Equal Opportunities & Accessibility</i></p> <p>9.2.1. Provision of facilities and opportunities for diverse groups</p> <p>9.2.2. Availability of disability-friendly services</p>	<p>10. Sustainability & Environment</p> <p>10.1. <i>Sustainable Practices</i></p> <p>10.1.1. Integration of sustainability practices in institution operations</p> <p>10.1.2. Opportunities for training and engagement in sustainable practices</p> <p>10.2. <i>Eco-Friendly Initiatives</i></p> <p>10.2.1. Promotion of eco-friendly transportation and energy usage</p> <p>10.2.2. Practices in waste and water management</p>

Data synthesis

Two authors (DGL and KS) reviewed the included self-evaluation toolkits to identify items that matched or corresponded with checklist criteria. Where appropriate, individual items were allocated to multiple checklist criteria. If consensus could not be reached, a senior author (CDD) acted as arbitrator. Relative domain coverage was expressed as the proportion of checklist items addressed within each domain, using the total allocated items as the denominator to indicate depth in each domain. As items from toolkits could be allocated to more than one checklist item (due to inherent overlap within and across domains), percentage values represent an approximation of the distribution for each toolkit rather than an exact measure. A heatmap was generated to illustrate patterns of domain coverage and variability across toolkits.

Results

Search results

The search retrieved 3,151 sources which were imported into Covidence Systematic Review Software (2024). After duplicates ($n=1,572$) were removed the titles and abstracts of the remaining papers ($n=1,579$) were screened independently by at least two reviewers (DGL and KS). Any disagreements were discussed with a third reviewer (CDD). The full text of the remaining papers ($n=51$) was assessed independently by two reviewers and deviations were discussed with a third reviewer. This resulted in six eligible papers containing toolkits for inclusion in the review. Figure 1 shows the PRISMA Flowchart (Figure 1).

Characteristics of included toolkits

This review included six toolkits: Association of Southeast Asian Nations Healthy University Rating System (ASEAN-HURS) (2023), Fédération Internationale du Sport Universitaire Healthy Campus Standard (FISU-HCS) (2020), Public Health Wales Healthy and Sustainable Higher Education/Further Education Framework (PHW-HSF) (2015), Tertiary Wellbeing Aotearoa New Zealand translation guide (TWANZ-TG) (Tonks et al., 2017), University of British Columbia Activate Wellbeing Toolkit (UBC-AWT) (2023) and UK Healthy Universities Network Self-Review Tool (UK-HUNT) (2012). The characteristics of the included self-evaluating toolkits are available in Table 2.

These toolkits had differing structures that addressed a range of health promotion topics relevant to both staff and students. Some toolkits emphasised the evaluation of institutional health services and environmental supports (e.g. PHW-HSF), while others were focused primarily on strategic planning processes, such as assessing institutional policies without explicitly evaluating service provision (e.g. UBC-AWT).

All toolkits included a focus on general health and wellbeing, such as integration of health into governance, policy and campus culture. Some also included consideration of specific health issues. For example, PHW-HSF included indicators related to mental health service provision, healthy food environments and physical activity promotion, while ASEAN-HURS included criteria addressing

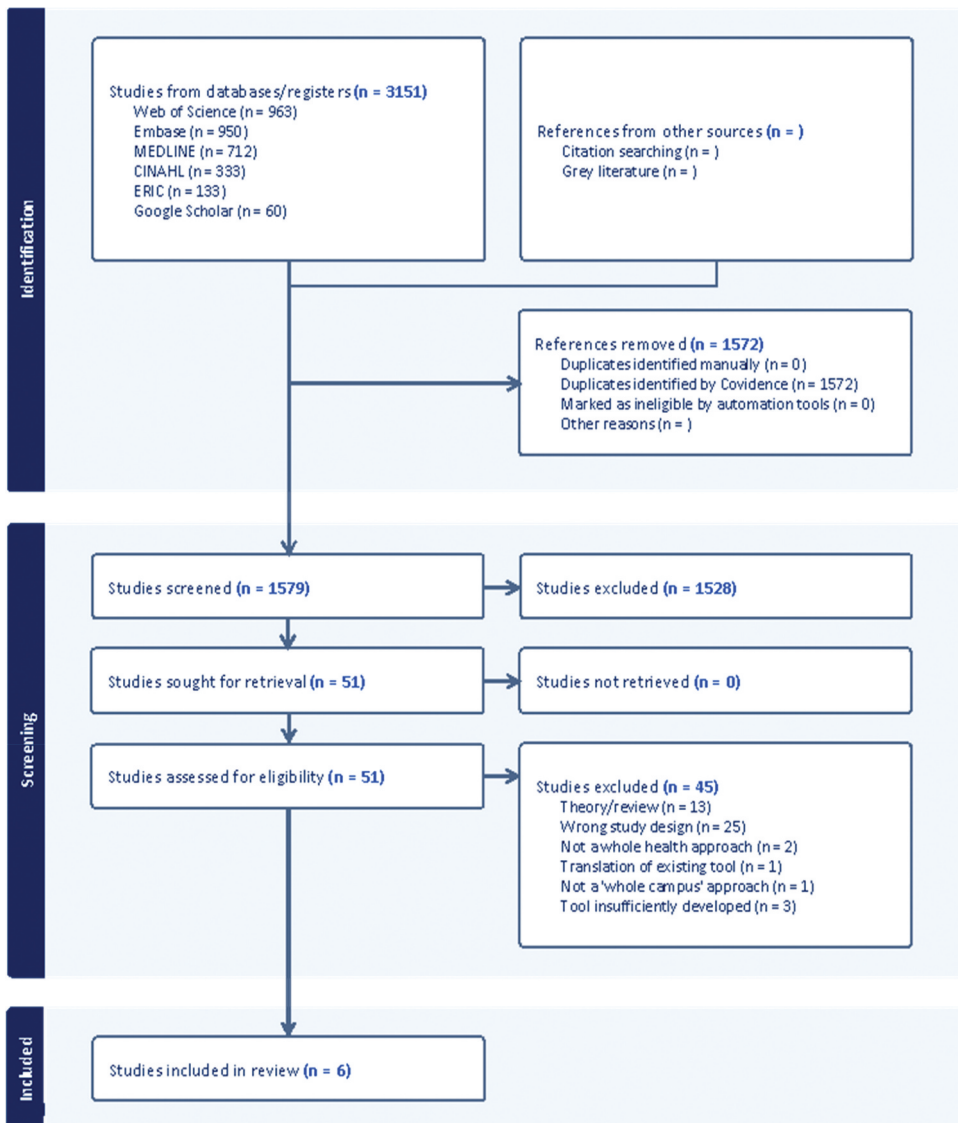


Figure 1. PRISMA diagram of studies identified in scoping review.

substance use prevention, injury prevention and infectious disease management reflecting regional health priorities. The toolkits utilised diverse self-reflection methodologies, from qualitative reflective data capture (e.g. UBC-AWT) to quantitative rating systems (e.g. ASEAN-HURS). They also incorporated different forms of scoring systems or outputs such as a composite score (e.g. ASEAN-HURS) or a summary of current actions, strengths and areas for improvement regarding mental health and wellbeing (e.g. UBC-AWT).



Table 2. Characteristics of included toolkits.

Toolkit	Source	Year	Structure	Primary Focus Areas	Data Capture	Scoring/Output
ASEAN-HURS	Association of Southeast Asian Nations	2023	Three domains with 22 sub-domains and 42 items.	<p>System & infrastructure (Healthy university policies; Safe buildings and safe, clean, green environments; Health promotion services; counselling and advisory support; Equal opportunities including accessibility and disability friendly; Health promotion curriculum and co-curriculum; Capacity building on health promotion; Health promotion research; University volunteerism; Budgetary support for healthy university programs);</p> <p>Zero tolerance areas (Smoking; Alcohol consumption; Illicit drug use; Gambling; Violence, bullying and sexual harassment; Road safety violations including helmet use);</p> <p>Health promotion areas (Health literacy; Mental wellbeing; Social interaction; Physical activity and active mobility; Healthy diet and balanced nutrition; Safe sexual behaviour; Work life balance (integration) and healthy ageing);</p> <p>Healthy campus management (Context, literature and needs; Leadership; Vision strategy and action plan; Role, responsibilities; Resources; Communication; Stakeholders and network; Events, programmes and services; Evaluation and improvement);</p> <p>Physical activity & sport; Nutrition;</p> <p>Disease prevention;</p> <p>Mental & social health;</p> <p>Risk behaviour;</p> <p>Environment, sustainability & social responsibility;</p>	Tailored 5-point ordinal response scales.	Aggregation of question scores forms final composite score out of 1,000. This can be categorised into number of stars (1–5, and 5 plus stars).
FISU-HCS	Fédération Internationale du Sport Universitaire	2020	Seven domains with 100 criteria.	<p>Healthy campus management (Context, literature and needs; Leadership; Vision strategy and action plan; Role, responsibilities; Resources; Communication; Stakeholders and network; Events, programmes and services; Evaluation and improvement);</p> <p>Physical activity & sport; Nutrition;</p> <p>Disease prevention;</p> <p>Mental & social health;</p> <p>Risk behaviour;</p> <p>Environment, sustainability & social responsibility;</p>	Criteria met with provision of verifiable evidence.	HEI receives a status that ranges from Certified to Bronze, Silver, Gold, or Platinum depending on the number of criteria met, a university. Additionally, the status depends on the year of use, with universities eligible for Certified status in the first year and Bronze or higher in subsequent years.

(Continued)

Table 2. (Continued).

Toolkit	Source	Year	Structure	Primary Focus Areas	Data Capture	Scoring/Output
PHW-HSF	Public Health Wales	2015	Six health topics intersecting across four aspects of college and university life. Each intersection (n = 24) has a list of criteria (3–7 criteria per intersection; n = 104 total) underpinned by six principles.	Aspects of college & university life (Governance, leadership and management; Facilities, environment and service provision; Community and communication; Academic, personal, social and professional development); Health topics (Mental and emotional health and wellbeing; Physical activity; Healthy and sustainable food; Substance use and misuse; Personal and sexual health and relationships; Sustainable environment); Embed health into all aspects of campus culture, across the administration, operations and academic mandates (Embed health in all campus policies; Create supportive campus environments; Generate thriving communities and a culture of wellbeing; Support personal development; Create or re-orient campus services); Lead health promotion action and collaboration locally and globally (Integrate health, wellbeing and sustainability in multiple disciplines to develop change makers; Advance research, teaching and training for health promotion knowledge and action; Lead and partner towards local and global action for health); Awareness & knowledge; Strategy & planning; Evaluation & reflection;	Open-text box to provide evidence of accomplishments/actions.	No points/categorical system specified. Record of accomplishments or actions as entered into open-text box.
TWANZ-TG	Tertiary Wellbeing Aotearoa New Zealand	2017	Structured around the Okanagan Charter's two main Calls to Action with eight key action areas. Each 'Action' has three subdomains (Guiding questions/Opportunities for action/Measuring success) containing a range of items (4–9 items per subdomain; n = 139 total).	Embed health into all aspects of campus culture, across the administration, operations and academic mandates (Embed health in all campus policies; Create supportive campus environments; Generate thriving communities and a culture of wellbeing; Support personal development; Create or re-orient campus services); Lead health promotion action and collaboration locally and globally (Integrate health, wellbeing and sustainability in multiple disciplines to develop change makers; Advance research, teaching and training for health promotion knowledge and action; Lead and partner towards local and global action for health); Awareness & knowledge; Strategy & planning; Evaluation & reflection;	No input required. Items are listed as a guide to implementation of Okanagan Charter.	No points/categorical system specified. Identification of opportunities to integrate wellbeing into campus initiatives, policies and teaching practices, and implement health promotion activities.
UBC-AWT	University of British Columbia	2023	Structured around 5 steps each with a worksheet (4 possible worksheets for Step 3) across four focus areas.	Awareness & knowledge; Strategy & planning; Evaluation & reflection;	Guided input of qualitative data into worksheets of current actions, strengths and areas for improvement regarding mental health and wellbeing.	No points/categorical system specified. Identification of current actions, strengths and areas for improvement regarding mental health and wellbeing.

(Continued)



Table 2. (Continued).

Toolkit	Source	Year	Structure	Primary Focus Areas	Data Capture	Scoring/Output
UK-HUNT	UK Healthy Universities Network	2012	Five domains with 16 sub-domains and 68 items.	<p>Leadership & governance (<i>Corporate engagement and responsibility; Strategic planning and implementation; stakeholder engagement</i>);</p> <p>Service provision (<i>Health services; Wellbeing and support services</i>);</p> <p>Facilities & environment (<i>Campus and buildings; Food; travel; Physical activity, recreational and social facilities; Accommodation</i>);</p> <p>Communication, Information & marketing (<i>Communication; Information; Marketing</i>);</p> <p>Academic, personal, social, & professional development (<i>Curriculum; Research, Enterprise and knowledge Transfer; Professional development</i>);</p>	<p>Likert scale with four choices per question ranging from "No not at all/Don't know" to "Yes we are there".</p>	<p>Red, amber, and green colour-coded system representing levels of progress in each area, based on the average of item scores within each area.</p>

Toolkits assessment

Each included toolkit addressed all checklist domains although the extent and depth of coverage varied across domains (Appendix 2). Figure 2 shows each toolkit’s relative item distribution across domains. Figure 3 shows a heatmap of the percentage coverage across toolkits for each domain and includes the mean coverage. Domains were ranked by mean percentage coverage. A summary by domain is provided in Figures 2 and 3.

Governance and leadership

In ‘Governance and Leadership’ all toolkits contained items to address integration of health and wellbeing (1.1.1). There was less coverage of items considering alignment with national policies or a charter such as the Okanagan Charter (1.1.2). Within policies for holistic health, the most comprehensively addressed items across toolkits were mental, emotional, physical and sexual health in institution policies (1.2.1) and inclusion of sustainability and ethical considerations in policies (1.2.3). Strategies that were specific in focus received less attention (e.g. equity, diversity and inclusion) (1.1.4). Corporate

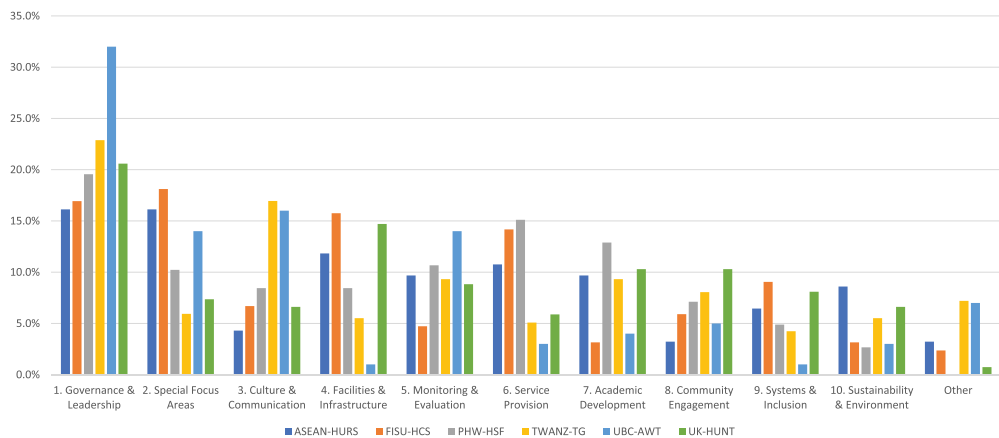


Figure 2. Percentage coverage of each checklist domain by included toolkits.

Checklist Domain	ASEAN-HURS	FISU-HCS	PHW-HSF	TWANZ-TG	UBC-AWT	UK-HUNT	Mean
1. Governance & Leadership	Green	Green	Green	Green	Green	Green	21.3%
2. Special Focus Areas	Green	Green	Green	Green	Green	Green	12.0%
3. Culture & Communication	Green	Green	Green	Green	Green	Green	9.8%
4. Facilities & Infrastructure	Green	Green	Green	Green	Red	Green	9.5%
5. Monitoring & Evaluation	Green	Green	Green	Green	Green	Green	9.5%
6. Service Provision	Green	Green	Green	Green	Red	Green	9.0%
7. Academic Development	Green	Red	Green	Green	Red	Green	8.2%
8. Community Engagement	Green	Red	Green	Green	Red	Green	6.6%
9. Systems & Inclusion	Green	Green	Red	Green	Red	Green	5.6%
10. Sustainability & Environment	Green	Red	Red	Green	Red	Green	4.9%
Other	Green	Red	Red	Green	Green	Red	3.4%

Green indicates greater coverage and red indicates less coverage. The Figure includes the mean percentage coverage across Tools.

Figure 3. Heatmap of percentage coverage of each checklist domain by included tools. Green indicates greater coverage and red indicates less coverage. The figure includes the mean percentage coverage across tools.

engagement and responsibility items (1.3.1–1.3.3) were commonly addressed across all toolkits, albeit with varying emphasis. Coordination across settings reflecting interdisciplinary collaboration and community engagement in health and wellbeing strategies were addressed by all the toolkits (1.4.1 and 1.4.2).

Special focus areas

In ‘Special Focus Areas’ there was universal coverage of strategies and initiatives for mental health (2.1.1). With the exception of UK-HUNT, all toolkits contain items relating to strategies and initiatives for mental health (2.1.2). Similarly, there was widespread coverage for aspects related to physical activity (2.2.1 and 2.2.2) using all toolkits, except UBC-AWT. Conversely, the areas of substance use and misuse (2.3.1 and 2.3.2), as well as sexual health and relationships (2.4.1 and 2.4.2), were more sporadic in their coverage across toolkits and were not addressed by UK-HUNT or UBC-AWT.

Culture & communication

In ‘Culture and Communication’, all toolkits provided coverage of health communication strategy/health literacy dissemination (3.2.1 and 3.3.2). In marketing and promotional strategies, there was less coverage in terms of integrating health and wellbeing into marketing materials and promoting the health benefits of institutional services and facilities (3.4.1 and 3.4.2), with only three toolkits addressing these aspects (FISU-HCS, TWANZ-TG and UK-HUNT). The promotion of a campus culture that enhances wellbeing, belonging, respect and safety (3.1.1) was only included in FISU-HCS, TWANZ-TG and UBC-AWT. Only UBC-AWT and TWANZ-TG addressed inclusion of indigenous or minority cultures in initiatives (3.1.2), each addressing multiple checklist criteria.

Facilities & infrastructure

With exception of UBC-AWT, the five remaining toolkits documented various aspects of ‘Facilities and Infrastructure’. The remaining toolkits consistently addressed the safety and environmental sustainability of buildings (4.1.1) and wellbeing-conducive environment creation measures (4.1.2). They also addressed policies or access regarding healthy food options and drinking water (4.2.1 and 4.2.2) and recreational and social facilities (4.4.1). There was lower priority for initiatives concerning inclusivity in recreational and social facilities (4.4.2), with four toolkits providing some coverage addressing these aspects, apart from ASEAN-HURS and UBC-AWT. Apart from TWANZ-TG and UBC-AWT, the remaining toolkits provided some coverage of travel and mobility (4.3.1).

Monitoring & evaluation

All toolkits incorporated items related to ‘Monitoring and Evaluation’, including performance and impact assessment regarding health services and health initiatives (5.1.1 and 5.3.1). There was also a focus on continuous improvement based on feedback and evidence (5.2.1), particularly within PHW-HSF and TWANZ-TG. Apart from FISU-HCS and PHW-HSF, all toolkits provided some coverage of health promotion research (5.4.1) through criteria relating to institutional research engagement, evidence-informed policy development and benchmarking of progress over time.

Service provision

FISU-HCS and PHW-HSF provided the most coverage across all items in ‘Service Provision’. The range of health services and consultations on health service needs was included across all toolkits (6.1.1). However, policies on health services (6.1.2) were only included in FISU-HCS, PHW-HSF and UK-HUNT. Regarding services related to well-being (6.1.3) there was coverage from all toolkits except UBC-AWT. For more specialised services related to mental health, sexual health and substance misuse (6.2.1–6.2.3), there was coverage from all toolkits except UK-HUNT which had no items and UBC-AWT which provided coverage of mental health.

Academic development

Opportunities for integrating health education and topics into ‘Academic Development’ academic programmes and the curricula were broadly addressed across five toolkits (7.1.1 and 7.1.2), with the exception of UBC-AWT. Additionally, all toolkits emphasised the importance of training and resources for staff on health issues and professional development in health promotion (7.2.3 and 7.2.4). Dissemination of health-related research (7.2.1) and engagement in health research by students and faculty (7.2.2) were less consistently addressed.

Community engagement

‘Community Engagement’ with external and local bodies for health promotion was uniformly supported across toolkits (8.1.1). There was coverage of stakeholder feedback and communication mechanisms (8.1.2) in four toolkits: FISU-HCS, PHW-HSF, TWANZ-TG and UK-HUNT. Both the encouragement of institutional volunteerism in health promotion (8.2.1), and initiatives for collective action in health (8.2.2) were included in five of the six toolkits (the former in all but the UK HUNT, and the latter in all but PHW-HSF).

Systems & inclusion

In ‘Systems and Inclusion’, all toolkits consistently addressed the implementation and maintenance of healthy institution policies and management’s commitment to health promotion services (9.1.1). Regarding equal opportunities and accessibility, there was coverage across all toolkits for the provision of facilities and opportunities for diverse groups (9.2.1). However, there was a significant gap in items covering availability of disability-friendly services, with only ASEAN-HURS and FISU-HCS addressing this component (9.2.2).

Sustainability & environment

In ‘Sustainability and Environment’, all toolkits addressed integration of sustainability practices in institution operations (10.1.1). Four toolkits considered the provision of opportunities for training and engagement in sustainable practices (10.1.2), except for ASEAN-HURS and UBC-AWT. The commitment to eco-friendly initiatives demonstrated similar variability, with no coverage from UBC-AWT. The remaining toolkits provided items related to both transportation and energy usage (10.2.1) and waste and water management (10.2.2).

Discussion

Our review identified six global toolkits outlining how HEIs can implement whole-campus health promotion within the HPC framework (Donnelly, Penny, and Kynn 2024; Hill et al. 2022; Holt and Powell 2017; Luu et al. 2024; Newton, Dooris, and Wills 2016). Despite differences in design and emphasis, all toolkits addressed a breadth of core domains relevant to health promotion. These represent essential components for developing a ‘whole-campus’ health promotion strategy within complex HEI systems (Bachert et al. 2021).

Our review has reinforced the critical need for consideration of health promotion in HEI policies, in addition to continuous collaboration among academic departments, health services and administrative offices to develop comprehensive unified health strategies (Suárez-Reyes, Muñoz Serrano, and Van den Broucke 2019). The toolkits emphasised the need for specific health concerns to be a central component of HEI health promotion strategies and into governance policies. Addressing such issues requires a ‘whole-campus approach’ that includes engagement across institutional stakeholders beyond health-related services alone (Suárez-Reyes and Van den Broucke 2016; Suárez-Reyes, Muñoz Serrano, and Van den Broucke 2019). Key collaboration priorities include staff training and partnership with external stakeholders for health promotion initiatives.

The universal emphasis on evaluation reinforces the importance of evidence-informed health promotion. Impact assessment can identify effective practices and sub-cohorts requiring additional support (Porru et al. 2022), while monitoring processes support continuous adaptation to local needs and competing institutional priorities (Dooris et al. 2018).

The toolkits often included a focus on specific health areas, most predominantly mental health, reflecting the well-documented challenges faced by students and staff at HEIs (Auerbach et al. 2018; Cvetkovski, Reavley, and Jorm 2012; Li et al. 2022; Porru et al. 2022; Sivertsen et al. 2019; Stallman 2010). Moreover, staff at HEIs globally are at a higher risk of experiencing burnout and psychological distress (Rahman et al. 2024) with many reporting poor wellbeing, mental health and probable depression (Bickerdike, Dinneen, and O’Neill 2022; Dougall, Weick, and Vasiljevic 2021; Jayman, Glazzard, and Rose 2022; Wray and Kinman 2021) possibly linked with the demands of the role (Xu and Wang 2023). The toolkits can also help identify areas that receive less focus compared to mental health, such as those affecting minorities. Engagement in this area could include consideration of concerns specific to minorities such as access and inclusivity for people with disabilities (Brown and Leigh 2018; Mellifont et al. 2019).

Finally, the included checklist of items enables HEIs to consider their current and future approach to health promotion and to assess how it can align with the broader principles of health promotion within an international context (Okanagan Charter 2015). The findings of this review directly informed the development of a national toolkit, the Higher Education Authority (HEA) Healthy Campus Self-Evaluation Tool (HEA 2024), designed to support implementation of the Healthy Campus Charter and Framework in Ireland (HEA 2021). Our review may also serve to inform the development of future guidelines, such as the ongoing update of the Okanagan Charter, to ensure inclusivity of both local and global health promotion concerns as addressed in these toolkits.

Strength and limitations

To our knowledge, this is the first review of existing toolkits and provides a comprehensive guide for integrating health, wellbeing and sustainability into HEI operations and strategic frameworks, in alignment with the Okanagan Charter (2015). Our review may not be fully generalisable to all geographical regions due to differences in health priorities, access to statutory healthcare, cultures and stages of socioeconomic development. Each HEI will have different priorities and challenges, in addition to variances in levels of administrative support or resources for initiatives related to health promotion. The eligibility criteria may have excluded toolkits under development. Emerging frameworks such as the Limerick Framework for Action (2025) are likely to influence the future toolkit development.

Implications for practice and toolkit development

Findings from this review directly informed the development of the HEA Healthy Campus Self-Evaluation Tool (HEA 2024), strengthening operational guidance on equity and inclusion, monitoring and evaluation and governance integration to support the implementation of the Healthy Campus Charter and Framework in Ireland (HEA 2021). The variability observed across existing toolkits highlights the importance of balancing global health promotion principles with locally adaptable implementation processes. Structured self-evaluation may support leadership accountability, cross-departmental collaboration and sustained organisational change within HEIs seeking to operationalise whole-campus health promotion approaches.

Conclusion

Our scoping review highlights the critical role of self-evaluation toolkits in advancing a comprehensive ‘whole-campus approach’ to health promotion in HEIs. The identification of core components provides a foundation for HEIs to strengthen whole-campus health promotion strategies. Embedding health promotion into campus operations can support healthier and more equitable campus environments. The Limerick Framework for Action (2025) reinforces the priorities of implementing fidelity, accountability and equity, for future campus toolkits. Future efforts should prioritise adapting identified domains to local contexts and supporting sustainable implementation aligned with global health promotion standards.

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Author contributions

Conceptualisation (dgl, ks, ab, mb, sc, cb, ed, mtd, sk, cm, mm, con, mon, at, cw, cn, svdb, vs, ss, ld, an, cdd); data curation (dgl, ks, dm, cdd); methodology (dgl, ks, cdd); formal analysis (dgl, ks, cdd); writing - original draft (dgl, ks, ab, mb, sc, cb, ed, mtd, sk, cm, mm, con, mon, at, cw, cn, svdb, vs, ss, ld, an, cdd); writing – review and editing (dgl, ks, cdd).

Abbreviations

ASEAN-HURS	Association of Southeast Asian Nations Healthy University Rating System
FISU-HCS	Fédération Internationale du Sport Universitaire Healthy Campus Standard
HEA	Higher Education Authority
HEI	Higher Education Institution
HPC	Health Promoting Campus
PHW-HSF	Public Health Wales Healthy and Sustainable Higher Education/Further Education Framework
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
SDGs	Sustainable Development Goals
TWANZ-TG	Tertiary Wellbeing Aotearoa New Zealand translation guide
UBC-AWT	University of British Columbia Activate Wellbeing Toolkit
UK-HUNT	UK Healthy Universities Network Self-Review Tool
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization

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Data availability statement

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