

# Best Practices Guide: Reviewer Form

## Indigenous-Specific Practices Track

Best Practices in Canadian Higher Ed (BP-Net)

BP-Net adopted the Public Health Agency of Canada (PHAC) [Canadian Best Practices Portal](#) Aboriginal Ways Tried and True (WTT) Framework<sup>1</sup> (2016) to identify Canadian post-secondary student mental health and well-being practices that have been developed with or by Indigenous communities and have demonstrated a positive effect on target groups. Based on their assessment approach and methodology in the [WTT Guidebook](#), a companion submission form and a reviewer tool were created to operationalize the application process. Minor adaptations were made to reflect the post-secondary student mental health context (e.g., adding examples). See the [WTT Guidebook](#) to learn about the development of their framework.

Please contact [info@bp-net.ca](mailto:info@bp-net.ca) if you have any questions during the review process.

### Definitions

Below is a list of definitions of key terms that are used throughout the application process. Appendix B in the Submission Guide provides a comprehensive list of definitions and their sources.

- **Indigenous:** The terms “Indigenous” and “Aboriginal” are used interchangeably to refer to the original inhabitants of Canada and their descendants including First Nations, Inuit and Métis peoples as defined in Section 35 of the Canadian Constitution Act, 1982. The term “Indigenous” is used in this application process.
- **Practice:** In this application, practice refers to, but is not limited to, a program, service, strategy, framework, or policy that supports post-secondary student mental health. Other types of materials or resources will be considered (e.g., toolkits, curriculum, etc.).
- **Ways Tried and True:** Refers to successful practices implemented in First Nations, Inuit and Métis contexts to address local challenges. Success is measured not only by effectiveness, but also by how the intervention was designed and carried out.

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<sup>1</sup> BP-Net adopted the Aboriginal Ways Tried and True Framework (2016) by PHAC with permission from Freda Burkholder, Manager, Public Health Capacity and Knowledge Management Unit, PHAC, Ontario Region. Minor adaptations were made for the post-secondary mental health context and application process. See Appendix A in the [Submission Guide](#) for information about permission and use of materials.

## Instructions

Use the guiding statements and checkboxes below to rate the practice. Give the practice a score (1 to 4) on each Ways Tried and True assessment criteria as well a total score out of a possible of 24. Provide a brief rationale prepared for each rating assigned for each criteria category. Practices must have a total score of 16 or higher to be designated the 'Ways Tried and True' best practice category.

Final practice designation of the 'Ways Tried and True category' will be based on:

1. Practices meeting the screening criteria,
2. An independent rating process from each reviewer, and
3. Consensus from all reviewers based on a facilitated group meeting.

## Submission Information

Name of reviewer:	
Name of practice being reviewed:	
Select all best practice tracks applied for:	<input type="checkbox"/> Best practice continuum track <input type="checkbox"/> Indigenous-specific practices track
Date:	

### 1) Community-based

Describes how Indigenous stakeholders (community members, service providers, community leaders, Elders) were involved in the planning, design, delivery, adaptation, and evaluation of the practice.

- (1) The idea for the practice came from outside of the community and is implemented with limited community involvement (involves the community without formal structures such as a project committee).
- (2) Adaptation of a mainstream approach to an Indigenous context, with structures (committees, preplanned community engagement meetings) involving the community in the adaptation.
- (3) The practice is based on a need identified by the community and is led by community members, but rooting of the initiative within the systems of the community has not yet taken hold.
- (4) The initiative is based on a need identified by the community and a strong community process is established. For example, action taken from within the

community to address the need and ownership of the initiative (e.g., design through to evaluation) is deeply-rooted within the systems of the community.

Optional: Please provide any questions, comments, or other feedback for this question:

## 2. Wholistic Approach

Describes how the practice addresses multiple issues from a wholistic approach on four dimensions: wellness, implementation environments, nature of target group, and involvement of cross sector departments.

- (1) The practice is one dimensional (one target group, one activity, one partner) and has not engaged a wholistic perspective.
- (2) The practice addresses a few dimensions but remains limited in terms of targeted implementation environment, view of wellness, involvement of community partners and participants.
- (3) The practice is multidimensional and has targeted multiple implementation environments, participant groups, departments in the community and is based on a wholistic view of health.
- (4) The initiative is wholistic, targeting numerous environments (school, home, work), and/or participant groups (children, Elders, families, community leaders), community departments and implements a wholistic view of health.

Optional: Please provide any questions, comments, or other feedback for this question:

### 3) Integration of Indigenous Cultural Knowledge

Describes how the practice formally addresses and incorporates the values, culture, shared experiences, and principles of the community or group in which it operates.

- (1) Values, knowledge, culture, and community perspectives play an informal role in the initiative (e.g., an articulated theory, process, or structure has not been identified).
- (2) Indigenous knowledge has been used to adapt a mainstream approach using an articulated theory, process, and/or structure; however not within a community participatory process.
- (3) Articulated structures (committees, focus groups, processes) are in place to ensure that Indigenous knowledge is applied to the initiative within a community participatory process.
- (4) The values, culture, and perspectives of the community are integrated into and continue to inform all aspects of the initiative, from planning through to implementation.

Optional: Please provide any questions, comments, or other feedback for this question:

#### 4) Building on Community Strengths and Needs

Describe how the practice recognized community capacity or readiness at the outset, builds in mechanisms to leverage strengths and fill gaps through the implementation process, and contributes to a growing and evolving community.

- (1) The practice shows informal acknowledgement of community strengths and needs (gaps). Capacity may be being built, but not among Indigenous peoples within the community.
- (2) The practice design formally acknowledges and builds on strengths of Indigenous peoples. Members of these groups within the community are building limited skills and/or resources as a result of the practice.
- (3) The practice design acknowledges and builds on strengths of the community and attempted to fill gaps in community expertise, resources, and services (e.g., community staff, members are building extensive skills, resources as a result of the practice).
- (4) The practice contributes to a growing and evolving community and is an example and inspiration for others (e.g., practice team has expanded program based on initial success; other Indigenous peoples are using the practice as a model).

Optional: Please provide any questions, comments, or other feedback for this question:

### 5) Partnership and Collaboration

Describe how the practice actively involves partners and/or collaborators from other organizations or institutions within and/or external to the community.

- (1) There are no collaborative relationships or partnerships associated with the practice.
- (2) The practice utilizes a collaborative approach which defines a strategy for involving partners or collaborators; however, there have been substantial challenges in implementing the plans or involving partners.
- (3) The practice involves active partners and/or collaborators who are guided by a collaborative strategy; however, there is room for improvement in deepening the partnerships/collaborative relationships (e.g., a few challenges have been identified with partnerships).
- (4) The practice involves active partners and/or collaborators who are guided by a collaborative strategy, and the partnerships and/or collaborations are recognized (i.e., by the community) for their contribution to addressing needs or issues (e.g., the identification of project champions may be an indication of the quality of relationships).

Optional: Please provide any questions, comments, or other feedback for this question:

## 6) Effectiveness

Demonstrates that the practice has achieved significant positive outcomes (intended and/or unintended) amongst target group(s) and provides information to show the effectiveness of the practice has been established.

- (1) Emerging results suggest positive outcomes among target group(s), but reporting is preliminary or limited (i.e., the evidence is based on early stages of implementation and/or evidence is limited or difficult to verify).
- (2) The applicant provided sufficient information to demonstrate significant achievement of knowledge and/or awareness change among the target group(s); however, there is limited partnership, networking, and/or development of organizational capacity among the target group(s).
- (3) The applicant provided sufficient information to demonstrate achievement of some positive outcomes (e.g., changes in attitudes, intentions or values, building partnerships, networks, and/or developing organizational capacity) among the target group(s); however, changes may not yet be statistically or substantively significant among the target group(s).
- (4) The applicant provided sufficient information to demonstrate significant achievement of positive behavior change outcomes (e.g., personal or professional practice change, organizational/systems, and/or policy change) among target group(s).

Optional: Please provide any questions, comments, or other feedback for this question:

Overall Comments: Please provide any overall comments or reviewer's note. This may include strengths, weaknesses, additional information needed, etc.

## Acknowledgements

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### Development phase:

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## Attributions

Adopted the [Aboriginal Ways Tried and True Framework](#) (2016; [Canadian Best Practices Portal](#)) by PHAC with permission from Freda Burkholder, Manager, Public Health Capacity and Knowledge Management Unit, PHAC, Ontario Region. Minor adaptations were made.

## References

Public Health Agency of Canada (n.d.a). Canadian Best Practices Portal: Aboriginal Ways Tried and True. Retrieved from <https://cbpp-pcpe.phac-aspc.gc.ca/aboriginalwtt/>