

# Best Practices Guide: Submission 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.

### Overview

The BP-Net member's portal features a library of Canadian post-secondary students' mental health and well-being practices. Applicants may submit their practice to one or both best practice tracks for evaluation by trained reviewers: the best practice continuum track and optional health equity icon and/or the track for Indigenous-specific practices. For more information about the tracks and the icon, see the Best Practices Submission Guide.

### Getting Started

See the WTT Guidebook for descriptions of the criteria and ratings. Practices that meet all PHAC WTT screening criteria and are rated a total score of 16 or higher out of 24 on the assessment criteria will be designated the 'Ways Tried and True' best practice category.

See the Submission Guide for submission tips including how to select a primary source document to submit with your application.

Please reach out to the BP-Net at [info@bp-net.ca](mailto:info@bp-net.ca) if you have any questions about the application process.

### Definitions

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

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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.

- **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.

### Contact Information

Name(s):	
Post-secondary organization(s) or agency(ies):	
Department(s) or faculty(ies), if applicable:	
Phone number(s):	
Email address(es):	

### Submission Overview

Name of practice:	
Practice URL (if applicable):	
Date of submission:	
Select all best practice tracks you are currently applying for:	<input type="checkbox"/> Best practice continuum track <input type="checkbox"/> Indigenous-specific practices track
Was this practice previously submitted to BP-Net?	<input type="checkbox"/> Yes, and it was accepted as a/an _____ practice (specify category, e.g., ways tired and trues, cutting-edge, promising). <input type="checkbox"/> Yes, but it was not accepted. <input type="checkbox"/> No
Select the category your practice was previously assigned.	<input type="checkbox"/> Cutting-edge <input type="checkbox"/> Emerging <input type="checkbox"/> Promising <input type="checkbox"/> Best <input type="checkbox"/> Ways Tried and True

## Screening Criteria

Practices assessed as a WTT must meet all five screening criteria. Practices that do not meet all screening criteria are excluded from further review.

<p><b>Impact:</b> Positive results are reported.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Community Involvement:</b> Must demonstrate at least minimal involvement from the community in planning, developing, implementing and/or evaluating the initiative. If the initiative is introduced to the community from outside (i.e., government, NGO, researcher), it must be clear that the community has participated in the adaptation and/or implementation of the initiative.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Quality of Evidence:</b> Sufficient information is available to evaluate the effectiveness of the intervention. Accepted evidence includes: peer reviewed reports/journal articles, gray literature reports, internal reports, reports emphasizing lived experiences and using Indigenous specific data collection methodologies including story-telling, talking circles, and testimonials. Digital stories in the form of videos, blogs and other formats are accepted. “Sufficient information” will reflect the community development, partnerships, incorporation of indigenous knowledge and the “benefit to many” of an initiative.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Focus:</b> Addresses a chronic disease or health promotion topic using a Community based or population health approach. <b>(Exclude clinical initiatives)</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Source:</b> Authoritative/credible source of the initiative with contact information readily available. Credible sources include: community based developers, academic partners, evaluators, researchers, peer reviewers etc. Initiatives must have been developed free of commercial interests that may compromise integrity.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

## Assessment Criteria

Respond to all six questions in this section. Practices will be assigned a rating from one (low) to four (high) for each criteria. Practices that are assigned a total score of 16 or higher out of 24 will be designated the 'Ways Tried and True' best practice category.

### 1) Community-based

*[See ratings on p. 12 in the [WTT Guidebook](#)]*

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

Response:

### 2) Wholistic Approach

*[See ratings on p. 13 in the [WTT Guidebook](#)]*

Describe how the practice addresses multiple issues from a wholistic approach on four dimensions:

- 1. Wellness: mind (knowledge development, awareness, skills), body (physical activity, nutrition), emotion (relationships, healing), spirit (mental wellness, confidence, self-esteem, coping) (e.g., medicine wheel model may be used)
- 2. Implementation environments (e.g., school, community, home, workplace, businesses)
- 3. Nature of target group (e.g., children, youth, Elders, families, community members or leaders, organizations)
- 4. Involvement of cross sector departments (e.g., education, health, governance, justice, social services)

Response:

3) Integration of Indigenous Cultural Knowledge  
*[See ratings on p. 13 in the WTT [Guidebook](#)]*

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

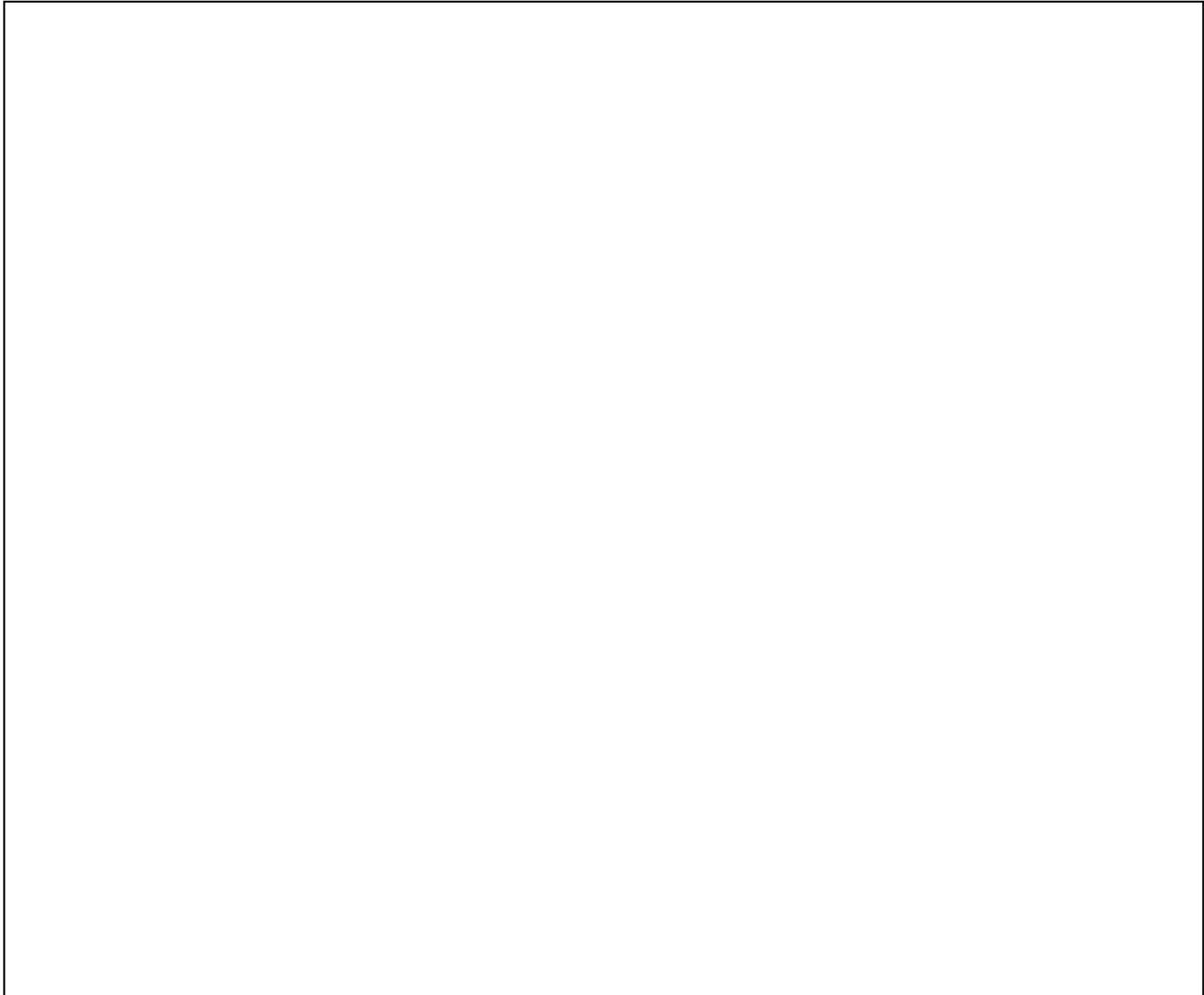
Response:

4) Building on Community Strengths and Needs

*[See ratings on p. 14 in the [WTT Guidebook](#)]*

Describe how the practice recognizes community capacity or readiness (identifying strengths and weaknesses within the implementation environment) at the outset and builds-in mechanisms to leverage strengths and fill gaps through the implementation process.

Response:



#### 5) Partnership and Collaboration

*[See ratings on p. 15 in the [WTT Guidebook](#)]*

Describe how the practice is supported by other organizations or institutions within and/or external to the community (federal, provincial, municipal government, NGOs, institutions). The emphasis is on collaborative approaches to addressing needs or issues (funders are only counted as partners if they provide more than funding to the relationship).

Response:



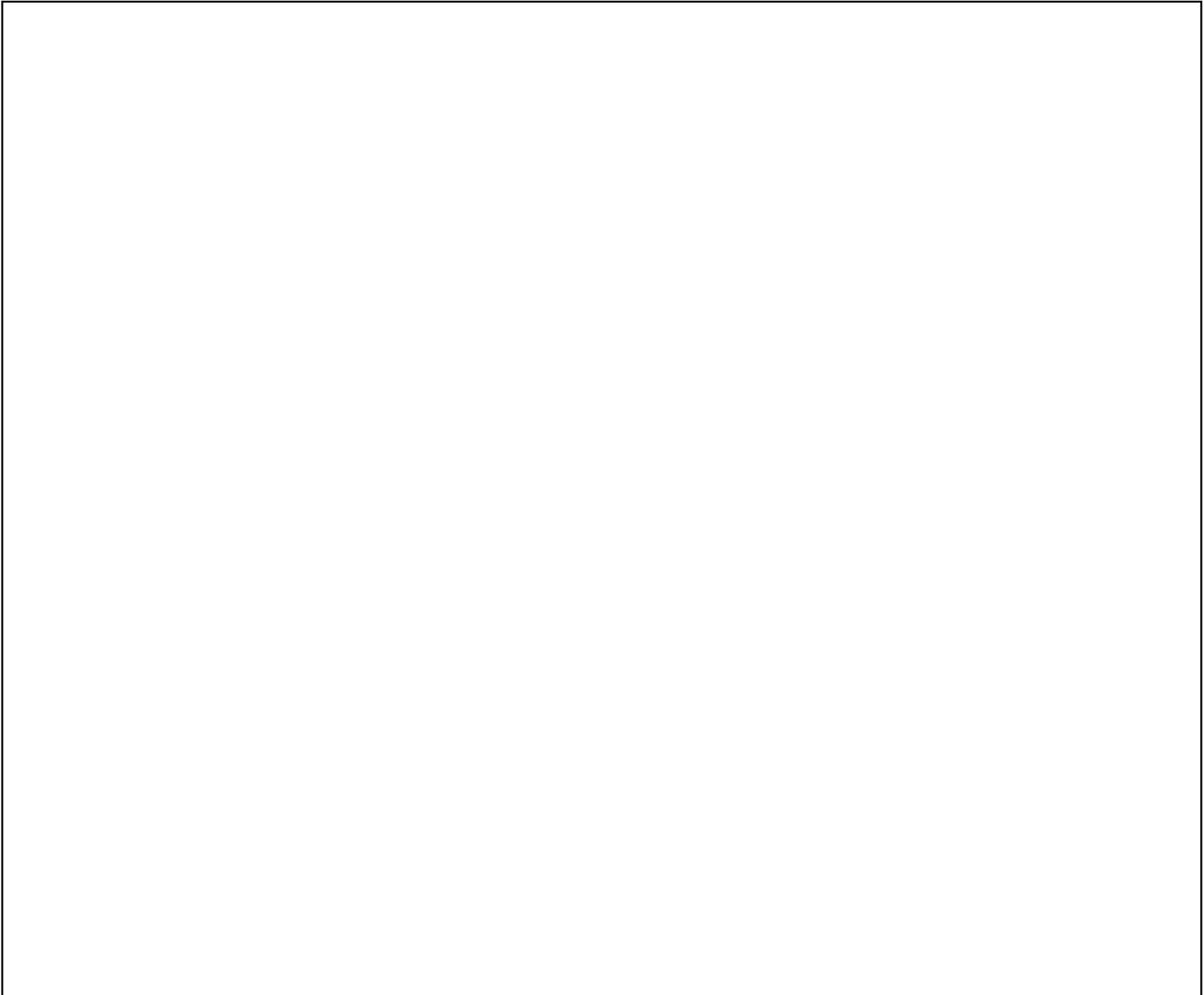
## 6) Effectiveness

*[See ratings on p. 16 in the [WTT Guidebook](#)]*

Demonstrate that the practice has achieved significant (substantive or statistical) positive intended and/or unintended outcomes among target groups (e.g., program participants, communities, organizations, and/or partners).

The term 'substantive significance' is applied broadly to mean more than the quantitative effect size but inclusive of qualitative or practical considerations such as cultural, political, or economic significance. Stated another way the substantive significance refers to the degree to which the findings are significant within the community and context in which they are observed.

Response:



### References (Optional)

Please upload any references corresponding to your responses in the earlier section(s) (optional). Any referencing style is acceptable.

## Acknowledgements

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Laura Powis, Association of Maternal & Child Health Programs  
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Robert Schwartz, Strategy Design and Evaluation Initiative  
Lorine Spencer, Centers for Disease Control and Prevention

### Development phase:

Andrew Szeto, University of Calgary  
Cathy Rocke, University of Regina

### Pilot phase:

Andrew Szeto, University of Calgary

## 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/>