

Best Practices Guide: Submission Form

Best Practice Continuum Track and Health Equity Icon

Best Practices in Canadian Higher Ed.

The Best Practices Network in Canadian Higher Education (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.

Practices that meet the criteria in the best practice continuum track are rated into four best practice categories: cutting-edge, emerging, promising, and best. These categories build on one another; criteria for categories on the left end of the continuum must be met before progressing to a category on the right end of the continuum.

Figure 1. Best Practice Continuum



Note. Adapted from © Association of Maternal & Child Health Programs-Innovation Station (2020)ⁱ, from AMCHP's Effective Practices, which was shared under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License.

ⁱ BP-Net adopted the © Association of Maternal & Child Health Programs-Innovation Station (AMCHP; 2020), which was shared under the [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License](#). Their framework, checklist, submission tips, and submission guide are found on their website and their reviewer score form was provided by the evidence-based practices team. Adaptations were made to their tools with permission from the evidence-based practices team. Additionally, BP-Net adapted elements from the following frameworks, adapting their program tools to the post-secondary mental health context and application process: Centers for Disease Control and Prevention (CDC) [Conceptual Framework for Planning and Improving Evidence-Based Practices](#) by Spencer et al. (2013) and [Policy Evidence Assessment Reports framework for heart disease & stroke prevention](#) by Barbero et al. (2015) with permission from authors/CDC staff: Lorine Spencer and Michael Schooley; [Innovative Practices Evaluation Framework](#) (2012) by Health Council of Canada (HCOC); [Innovative Practices Evaluation Framework](#) (2016) by Health Quality Ontario (HQO); Leading Practices Application Form (2018) by Health Standards Organization (HSO), which is found on their [website](#); Best Promising Practices Guidebook (2016), Intervention Assessment Tool (2016), and [Canadian Best Practices Portal](#) by PHAC with permission from Freda Burkholder, Manager, Public Health Capacity and Knowledge Management Unit, PHAC, Ontario Region (the guidebook and assessment tool were provided by authors: Nadia Fazal and Suzanne Jackson). See Appendix A in the Submission Guide for information about permission and use of materials.

How to get started on your submission

To get started, review the [Submission Guide](#) for submission tips including how to select supporting documents to submit with your application, to learn more about the criteria for each category, and to determine the most appropriate category to apply (see Appendix C). The [Submission Guide](#) also contains a list of definitions and various other helpful resources. Please complete questions through the practice category you are applying for. For example, if applying as an emerging practice, you will complete the indicated questions for cutting-edge and all questions for emerging. If you are applying for promising, you will complete the indicated questions for cutting-edge and emerging and all questions in promising. Appendix F in the [Submission Guide](#) contains a supplementary list of considerations and examples to help you respond to the questions.

Optional: *You are encouraged to answer as many questions as you can in the next category because the reviewers might consider the practice for that category and provide feedback or request additional information to see if the practice meets the criteria. For example, if you are applying as an emerging practice, you are encouraged to complete as many questions as you can in the promising category.*

Please reach out to the BP-Net (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.

- **Equity:** Fairness in the distribution of health and the social determinants of health among people.
- **Equity-deserving groups:** Populations within a community that are marginalized or are constrained by existing structures and practices.
- **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.).
- **Quality Improvement:** A process that includes identifying a problem, developing a plan, carrying out the plan, reflecting on whether this action was effective, and determining a course of action based on outcomes. For the Best Practices Guide, quality improvement also includes ongoing management review and continuous improvement processes for policies, strategies, and health promotion programs.
- **Source:** In the foundation criteria throughout the evaluation categories, source refers to theories, guidelines, standards, frameworks, research, practices, or models that informed the practice.

Contact Information

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

Practice Summary

This section is not scored by the reviewers and provides you with an opportunity to describe the practice before responding to more specific criteria questions.

If the practice is accepted for the Best Practices library, your practice summary will be used to create a description of the practice for the library. You will be asked to review the summary before it is added to the library.

Name of Practice:	
Practice URL (if applicable):	

1. Provide a brief summary of the practice that includes:
 - a. An overall description of what the practice is and what it intends to accomplish (purpose and objectives).
 - b. The key activities or core components
 - c. Any relevant background information such as the history behind the development of the practice, principles or values that support this practice, and the theories or research that were used to inform the practice.

Response:

2. Provide a brief summary of the following:

- a. Primary topic, issue, or need addressed (e.g., mental health literacy, personal skills development, institutional structure, etc.).
- b. Target audience(s) of the practice.
- c. Key population(s) the practice is intended to or does impact.

Response:

3. Provide a brief summary of the practice's evaluation methods, intended outcomes, and key findings.

Response:

4. Explain who developed the practice (e.g., students, staff and role, or faculty).

Response:

5. If the practice was accepted and were to be delivered at another campus, please indicate any specific experience, content knowledge, expertise, professional skills, or credentials required to deliver the practice (e.g., Master of Social Work Students, clinicians and professional designation, students with lived experience, student staff with mental health training, health promotion professionals, etc.).

Response:

6. Explain why the practice is worth sharing with others.

Response:

Submission Overview

Date of submission:	
Select all best practice tracks you are currently applying for: If you are applying ONLY for the Best practice continuum track, please proceed with this form. If you are applying ONLY for the Indigenous-specific practice track, do not proceed	<input type="checkbox"/> Best practice continuum <input type="checkbox"/> Indigenous-specific practice

<p>with this form and please complete the form at this link.</p> <p>If you are applying for both the Best practice continuum and Indigenous-specific practice tracks, please proceed with this form AND complete the form at this link.</p>	
<p>If you are applying for best practice continuum track, which best practice category are you applying for?</p>	<p>Cutting-edge Emerging Promising Best</p>
<p>Select the type of practice you are submitting for review.</p>	<p>Strategy or framework Program or service</p>
<p>Are you applying for the (optional) health equity icon?</p>	<p>Yes No</p>
<p>Was this practice previously submitted to BP-Net?</p>	<p>Yes, and it was accepted. Yes, but it was not accepted. No</p>
<p>Select the category your practice was previously assigned.</p>	<p>Cutting-edge Emerging Promising Best</p>

Best Practice Continuum Track

Cutting-Edge Category

If you are applying for the cutting-edge category, you will be completing questions **1-6**. Please respond to all the questions in this section.

1) Need

Describe the identified need related to student mental health and well-being that your practice is intended to address and explain specifically how the practice will address this need.

In the response, be sure to:

- a. Describe how the need was identified.
- b. Explain who was involved in the identification process.
- c. List the sources of information that support the identified need (e.g., Supporting research, student needs assessment results, aggregated data from mental health services or mental health promotion programs, institutional priority, etc.).

Response: (Recommended character range: 700 to 1000 characters)

2) Stakeholder Engagement and Participation

Describe the practice's campus and community stakeholders and *why* they were engaged or partnered with.

Examples of campus stakeholders: Student leaders, student groups including equity-deserving groups such as – but not limited to – BIPOC and racialized students and 2SLGBTQ+ students, student associations, student unions, international students, undergraduate or graduate students, faculty, staff, clinicians, leadership, administration, academic divisions, etc.

Response: (Recommended character range: 700 to 1000 characters)

3) Foundation

Describe any sources¹ (i.e., theories, guidelines, standards, etc.) that were used to develop and/or implement the practice.

In the response, be sure to:

- a. Provide a citation for the source(s).
- b. Explain why the source(s) was selected.
- c. Describe how the practice was informed by the source(s).

Note: Feel free to submit a separate appendix of references if they exceed the word limit in the text box.

Response: (Recommended character range: 700 to 1000 characters)

4) Intended Benefits

Regardless of whether or not it has been measured yet, describe what the practice is intended to achieve (i.e., intended outcomes or impact of the practice) including how it will benefit the key population identified in the practice summary.

Considerations²:

- Outcomes: Specific changes in participants' behavior, knowledge, skills, status, or level of functioning. Short to medium-term outcomes are generally attainable within one to three years, while longer-term outcomes are generally achievable within a four to six year timeframe.
- Impacts³: Fundamental intended or unintended change occurring in organizations, communities, or systems in the long-term as a result of practice activities (i.e., within the past seven to ten years).
- In the post-secondary context, it is generally understood that measuring medium and long-term outcomes and impacts are challenging to attain given that college and university programs are time-limited (e.g., four years for undergraduate degree programs).

Response: (Recommended character range: 700 to 1000 characters)

5) Signs of Success

Describe initial practice successes or other indicators that demonstrate the practice is working.

Response: (Recommended character range: 700 to 1000 characters)

6) Lessons Learned

Explain the plan to identify lessons learned that will be used to improve the practice, as an indicator of quality improvement.

Response: (Recommended character range: 700 to 1000 characters)

Would you like to complete the questions for the emerging category?

Yes

No

Emerging Category

If you are applying for the emerging category, you will be completing questions **1, 7, 8, 9, 10, and 11**. Please respond to all the questions in this section.

If you have completed the questions from the cutting-edge category, please enter “n/a” for the question you have already answered (Question 1).

**** Note: the numbering of questions is intended to be out of sequence. ****

1) Need

Describe the identified need related to student mental health and well-being that your practice is intended to address and explain specifically how the practice will address this need.

In the response, be sure to:

- a. Describe how the need was identified.
- b. Explain who was involved in the identification process.
- c. List the sources of information that support the identified need (e.g., Supporting research, student needs assessment results, aggregated data from mental health services or mental health promotion programs, institutional priority, etc.).

Response: (Recommended character range: 700 to 1000 characters)

7) Stakeholder Engagement and Participation

Describe the practice's campus and community stakeholders and explain why they were engaged or partnered with. Please also describe how stakeholders, especially students, were engaged or partnered (e.g., co-design, advisory committee, feedback form, consultation sessions, etc.) with in the practice processes (e.g., needs assessment, planning, development, implementation, delivery, quality improvement, evaluation, dissemination).

Examples of campus stakeholders: Student leaders, student groups including equity-deserving groups such as – but not limited to – students who identify as Black, Indigenous, racialized and/or 2SLGBTQ+, student associations, student unions, international students, undergraduate or graduate students, faculty, staff, clinicians, leadership, administration, academic divisions, etc.

Response: (Recommended character range: 700 to 1000 characters)

8) Foundation

Describe any sources (i.e., theories, guidelines, standards, etc.) that were used to develop and/or implement the practice. The source(s) must be grounded in evidence or informed by a theoretical approach(es)⁴. Sources can also come from an authoritative or credible source(s)⁵.

In the response, be sure to:

- a. Provide a citation for the source(s).
- b. Explain why the source(s) was selected.
- c. Describe how the practice was informed by the source(s).

Note: Feel free to submit a separate appendix of references at the end of the form if they exceed the character limit in the text box.

Response: (Recommended character range: 700 to 1000 characters)

9) Evaluation

A) Describe the evaluation plan, including all the following:

- I. State the duration of the evaluation since practice implementation.
- II. Explain who participated or is participating in the evaluation.
- III. List the evaluation question(s) or aim(s).
- IV. List the metrics (e.g., variables, outcomes, outputs) that will be measured or are in the process of being measured to demonstrate the practice is effective.
- V. Describe the methods or tools that are being used or will be used to collect data (e.g., pre- and post-session evaluation form, focus group, interviews, observation, document review, etc.)
- VI. Explain how these data will be or are being analyzed.

B) Provide a brief summary of initial evaluation results or outcomes demonstrating the effectiveness of the practice.

Response: (Recommended character range: 700 to 1000 characters)

10) Lessons Learned

Describe the process used for identifying lessons learned to improve the practice, as an indicator of quality improvement.

Response: (Recommended character range: 700 to 1000 characters)

11) Sustainability

Describe any plans that demonstrate potential for the practice to be maintained (e.g., development of sustainability plan outlining resource requirements).

Response: (Recommended character range: 700 to 1000 characters)

Would you like to complete the questions for the promising category?

Yes

No

Promising Category

If you are applying for the promising category, you will be completing questions **1, 7, 12, 13, 14, 15, and 16**. Please respond to all the questions in this section.

If you have completed the questions from the emerging category, please enter “n/a” for the question(s) you have already answered (Questions 1 & 7).

**** Note: the numbering of questions is intended to be out of sequence. ****

1) Need

Describe the identified need related to student mental health and well-being that your practice is intended to address and explain specifically how the practice will address this need.

In the response, be sure to:

- a. Describe how the need was identified.
- b. Explain who was involved in the identification process.
- c. List the sources of information that support the identified need (e.g., Supporting research, student needs assessment results, aggregated data from mental health services or mental health promotion programs, institutional priority, etc.).

Response: (Recommended character range: 700 to 1000 characters)

7) Stakeholder Engagement and Participation

Describe the practice’s campus and community stakeholders and explain why they were engaged or partnered with. Please also describe how stakeholders, especially students, were engaged or partnered (e.g., co-design, advisory committee, feedback form, consultation sessions, etc.) with in the practice processes (e.g., needs assessment, planning, development, implementation, delivery, quality improvement, evaluation, dissemination).

Examples of campus stakeholders: Student leaders, student groups including equity-deserving groups such as – but not limited to – BIPOC and racialized students and 2SLGBTQ+ students, student associations, student unions, international students, undergraduate or graduate students, faculty, staff, clinicians, leadership, administration, academic divisions, etc.

Response: (Recommended character range: 700 to 1000 characters)

12) Foundation

Describe the sources (i.e., theories, guidelines, standards, etc.) that were used to develop and/or implement the practice. The practice must be informed by theoretical approaches and practice-based evidence/research or (controlled) research⁴.

In the response, be sure to:

- a. Provide a citation for the source(s).
- b. Explain why the source(s) was selected.
- c. Describe how the practice was informed by the source(s).

Note: Feel free to submit a separate appendix of references at the end of the form if they exceed the character limit in the text box.

Response: (Recommended character range: 700 to 1000 characters)

13) Evaluation Plan

Describe the evaluation plan, including all the following:

- a. State the duration of the evaluation since practice implementation.
- b. Explain who participated or is participating in the evaluation.
- c. List the evaluation question(s) or aim(s).
- d. List the metrics (e.g., variables, outcomes, outputs) that were measured to demonstrate the effectiveness of the practice.
- e. Describe the methods or tools used to collect data (e.g., pre and post-session evaluation form, focus group, interviews, observation, document review, etc.)
- f. Explain how these data were analysed.

Response: (Recommended character range: 700 to 1000 characters)

14) Evaluation Results

Provide a summary of evaluation results that clearly link positive outcomes to the practice.

Response: (Recommended character range: 700 to 1000 characters)

15) Quality Improvement

Describe how a quality improvement process was implemented.

In the response, be sure to:

- a. Explain who was involved in this process.
- b. Describe any techniques, models, or tools that were used to implement this process.
- c. Provide a description of changes made to the practice because of this process.

Response: (Recommended character range: 700 to 1000 characters)

16) Sustainability

Please state the date (approximate month and year, if possible) when the implementation of the practice began. Describe how the practice was maintained over time to achieve desired outcomes.

Response: (Recommended character range: 700 to 1000 characters)

Would you like to complete the questions for the best category?

Yes

No

Best Category

If you are applying for the best category, you will be completing questions **1, 7, 12, 13, 15, 17, 18, 19, and 20**. Please respond to all the questions in this section.

If you have completed the questions from the promising category, please enter “n/a” for the question(s) you have already answered (Questions 1, 7, 12, 13, 15).

**** Note: the numbering of questions is intended to be out of sequence. ****

1) Need

Describe the identified need related to student mental health and well-being that your practice is intended to address and explain specifically how the practice will address this need.

In the response, be sure to:

- a. Describe how the need was identified.
- b. Explain who was involved in the identification process.
- c. List the sources of information that support the identified need (e.g., Supporting research, student needs assessment results, aggregated data from mental health services or mental health promotion programs, institutional priority, etc.).

Response: (Recommended character range: 700 to 1000 characters)

7) Stakeholder Engagement and Participation

Describe the practice's campus and community stakeholders and explain why they were engaged or partnered with. Please also describe how stakeholders, especially students, were engaged or partnered (e.g., co-design, advisory committee, feedback form, consultation sessions, etc.) with in the practice processes (e.g., needs assessment, planning, development, implementation, delivery, quality improvement, evaluation, dissemination).

Examples of campus stakeholders: Student leaders, student groups including equity-deserving groups such as – but not limited to – BIPOC and racialized students and 2SLGBTQ+ students, student associations, student unions, international students, undergraduate or graduate students, faculty, staff, clinicians, leadership, administration, academic divisions, etc.

Response: (Recommended character range: 700 to 1000 characters)

12) Foundation

Describe the sources (i.e., theories, guidelines, standards, etc.) that were used to develop and/or implement the practice. The practice must be informed by theoretical approaches and practice-based evidence/research or (controlled) research⁴.

In the response, be sure to:

- a. Provide a citation for the source(s).
- b. Explain why the source(s) was selected.
- c. Describe how the practice was informed by the source(s).

Note: Feel free to submit a separate appendix of references at the end of the form if they exceed the character limit in the text box.

Response: (Recommended character range: 700 to 1000 characters)

13) Evaluation Plan

Describe the evaluation plan, including all the following:

- a. State the duration of the evaluation since practice implementation.
- b. Explain who participated or is participating in the evaluation.
- c. List the evaluation question(s) or aim(s).
- d. List the metrics (e.g., variables, outcomes, outputs) that were measured to demonstrate the effectiveness of the practice.
- e. Describe the methods or tools used to collect data (e.g., pre and post-session evaluation form, focus group, interviews, observation, document review, etc.)
- f. Explain how these data were analysed.

15) Quality Improvement*

In the response, be sure to:

- a. Explain who was involved in this process.
- b. Describe any techniques, models, or tools that were used to implement this process.
- c. Provide a description of changes made to the practice because of this process.

(Recommended character range: 700 to 1000 characters)

17) Evaluation Results

Provide a summary of evaluation results that clearly and/or consistently link positive outcomes (i.e., short, medium, and long-term) and/or impacts to the practice. In your response, please include the time period over which the outcomes and other variables were measured.

Suggestions for inclusion:

- a. Describe the evaluation design used to control for external factors.
- b. Include the measures used and whether they are validated measures.
- c. Explain any potential biases and how they were discounted.

(Recommended character range: 700 to 1000 characters)

18) Sustainability

Describe how the practice was maintained and achieved desired outcomes over time. Please state the duration of the practice since start of implementation.

Response: (Recommended character range: 700 to 1000 characters)

19) Replication

Describe how the practice has been implemented in another setting or with a different population and demonstrate that the results were replicated.

In the response, be sure to:

- a. Describe the replication process.
- b. Describe any adaptations that were made to the original practice.
- c. Provide a summary of evaluation results that demonstrate the practice results were replicated.

For the purposes of this submission, practice replication can be within an organization (i.e., in different faculties or across different student groups) or by another organization, community, etc.

Response: (Recommended character range: 700 to 1000 characters)

20) External Evaluation and/or Dissemination

Describe how the practice has been externally validated to contribute to improving the evidence base, such as through a peer review process, external evaluation, or dissemination of a report or product. In your response, provide citations and/or links to any articles, journals, reports, external evaluations, etc.

Note: Feel free to submit a separate appendix of references if they exceed the word limit in the text box.

Examples: Peer-reviewed journals (may be in the process of being reviewed), published external evaluation or report on the practice outcomes, inclusion in a legacy product or “best practices” toolkit from an authoritative or credible source(s), etc.

Response: (Recommended character range: 700 to 1000 characters)

Health Equity Icon (Optional)

This is an optional question and will not impact your best practice category rating but will be used to determine if your practice is eligible for the health equity icon in addition to the assignment of a best practice category.

Provide an explanation of how the practice intended to improve outcomes for one or more equity-deserving group(s). If available, please include a summary of results that demonstrate improved outcomes for one or more equity-deserving group(s) and/or impacts the practice had on addressing health inequities and discrimination for one or more equity-deserving group(s).

Response:

References (Optional)

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

Acknowledgements

The Best Practices Network in Canadian Higher Education (BP-Net) would like to acknowledge the following for their generous support during various phases of this project. Without their expertise and generous support, this project would not have come to fruition.

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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

- BP-Net adopted the © Association of Maternal & Child Health Programs-Innovation Station (AMCHP; 2020), which was shared under the [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License](#). Their framework, checklist, submission tips, and submission guide are found on their [website](#) and their reviewer score form was provided by the evidence-based practices team. Adaptations were made to their tools with permission from the evidence-based practices team.
- Adapted elements from the Centers for Disease Control and Prevention (CDC) [Conceptual Framework for Planning and Improving Evidence-Based Practices](#) by Spencer et al. (2013) and [Policy Evidence Assessment Reports framework for heart disease & stroke prevention](#) by Barbero et al. (2015) with permission from authors/CDC staff: Lorine Spencer and Michael Schooley.
- Adapted elements from the [Innovative Practices Evaluation Framework](#) (2012) by Health Council of Canada (HCOC).
- Adapted elements from the [Innovative Practices Evaluation Framework](#) (2016) by Health Quality Ontario (HQO).
- Adapted elements from the Leading Practices Application Form (2018) by Health Standards Organization (HSO), which is found on their [website](#).

- Adapted elements from the Best Promising Practices Guidebook (2016), Intervention Assessment Tool (2016), and [Canadian Best Practices Portal](#) by PHAC with permission from Freda Burkholder, Manager, Public Health Capacity and Knowledge Management Unit, PHAC, Ontario Region. The guidebook and asses
- Framework for Selecting Best Practices in Public Health: A Systematic Literature Review (Ng & de Colombani, 2015; adapted for sustainability criteria)

Notes

¹ Examples of sources: Student development theories, Health Belief Model, Social Determinants of Health/Systems Theory, Social Learning Theory, Social Ecological Model, Stages of Change Model, Logic model/Theory of Change, Mental health dual continuum model, First Nations Mental Wellness Continuum Framework (Thunderbird Partnership Foundation), Post-Secondary Student Mental Health: Guide to a Systemic Approach (CACUSS), the Medicine Wheel, Marshall's Two-Eyed Seeing Model, National Standard of mental health and well-being for post-secondary students, Cognitive-Behavioural Therapy, Dialectical Behaviour Therapy, etc.

² Source (of outcomes and impacts definitions): Adapted from W.K. Kellogg Foundation Logic Model Development Guide (2004). Retrieved from:
<https://www.betterevaluation.org/sites/default/files/LogicModelGuidepdf1.pdf>

³ In the post-secondary context, impact is most applicable to policies and strategies.

⁴ Examples of sources grounded in evidence or informed by a theoretical approach(es): Student development theories, Health Belief Model, Social Determinants of Health/Systems Theory, Social Learning Theory, Social Ecological Model, Stages of Change Model, Logic model/Theory of Change, psychotherapy approaches, clinical guidelines (e.g., American Psychological Association, Canadian Network for Mood and Anxiety Treatments, etc.), evidence-based psychotherapies (cognitive-behavioural therapy, dialectical behaviour therapy), etc.

⁵ Examples of authoritative or credible source(s): Post-Secondary Student Mental Health: Guide to a Systemic Approach (Canadian Association of College & University Student Services and Canadian Mental Health Association, 2013), National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students (Canadian Standards Association, 2020), Okanagan Charter: An International Charter for Health Promoting University and Colleges (2015), etc.

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<https://cbpp-pcpe.phac-aspc.gc.ca/>

Public Health Agency of Canada (2016d). *PHAC Best Promising Practices Guidebook*. Retrieved by request. <https://cbpp-pcpe.phac-aspc.gc.ca/>