An Implementation Evaluator’s Perspective on the Scale-up of Triple P
The Triple P Implementation Evaluation in North Carolina, USA

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Evaluating Triple P Implementation: Evaluator, Implementer, and Funder Perspectives
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The Triple P system of parenting and family support interventions is currently being scaled-up in 33 counties in North Carolina.
Cascading Triple P Support Structures in North Carolina

State Triple P Learning Collaborative

County Implementation Teams

County Implementation Teams

County Implementation Teams

Agency Implementation Leads & Mgrs

Agency Implementation Leads & Mgrs

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Agency Practitioner

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Agency Practitioner
“Is the implementation infrastructure being put into place to sustainably support the Triple P system of interventions, or is this another example of ‘when the grant funding goes away, the services fade away?’”

Phil Redmond, The Duke Endowment
Implementation Teams:


Active Implementation Drivers:

Measures were continually refined over the course of the two year evaluation, leading to stronger connection to theory and stronger psychometrics. However, this also precluded the comparison of data across some time points, particularly time 1.
12,102 children under 5


70,878 children under 5


Triple P Implementation Evaluation

Results!
# of agencies engaged includes both active and inactive agencies
# of Triple P interventions includes those in the installation, initial implementation, and full implementation stages
# of trained practitioners includes both active and inactive Triple P practitioners in the county
Population of families assumes 1.9 children per family


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Aldridge, W. A., II (2016, January)
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T3 data reported because of the large number of new agencies joining county coalitions at T4; new T4 agencies had little time to experience what might be ideal FTE for agency implementation team members.

**Cabarrus**
- Added 1 new agency at T3 (18 → 19 total). This new agency was a private practitioner at T2 that took on staff and transformed into an “agency” at T3. Therefore, no “brand new” agencies at T3.
- Added 7 new agencies at T4 (19 → 26 total), lost 3 agencies (including losing a new agency; 19 → 23 total active). One new agency at T4 was a private practitioner at T3 that took on staff and transformed into an “agency” at T4. Six new T4 agencies were “brand new” to the Coalition.

**Mecklenburg**
- Added 0 new agencies at T3 (20 total both times). Lost 5 agencies at T3 (including one which transformed from agency to private practitioner; 20 → 15 total active).
- Added 7 new agencies at T4 (20 → 26 total), including one “old inactive agency” already counted in the “20” at T3 that transformed back from private practitioner to an agency at T4. Therefore, there were six “brand new” agencies at T4. Lost 4 additional agencies at T4 (minus the inactive agency at T3 to active agency at T4; 15 → 18 total active).
“Implementation Climate”: N = sample size from total active and inactive

MECK T3 – [85% of active agencies only]: Among the five agencies that discontinued participation in the Mecklenburg County Triple P Coalition by Time 3, at least three had unfavorable implementation climates at Time 2 (m = 2.71, 2.14, and 1.57). Practitioners from the other two agencies did not participate in the Time 2 web-based Triple P practitioner survey, which might likewise have indicated that Triple P was a low priority in these agencies. Categorizing these five inactive agencies as “not hospitable,” only 61% of all agencies surveyed or inactive in Mecklenburg might have been considered “hospitable” for Triple P at Time 3.

CAB T4 – [81% of active agencies only]: One of the three agencies that discontinued participation in the Cabarrus County Triple P Coalition by Time 4 had an unfavorable implementation climate at Time 3 (m = 2.21). Practitioners from another did not participate in the Time 3 web-based Triple P practitioner survey. The third – a new agency at Time 4 – closed due to financial problems before being able to participate in TPIE assessments. Categorizing the first two inactive agencies as “not hospitable” and excluding the last due to missing data and participation, only 74% of all agencies surveyed or inactive in Cabarrus might have been considered “hospitable” for Triple P at Time 4.

MECK T4 – [94% of active agencies only]: One of the four additional agencies that discontinued participation in the Mecklenburg County Triple P Coalition by Time 4 had an unfavorable implementation climate at Time 3 (m = 2.43). Survey data from Triple P practitioners within the other three agencies suggested that these agencies were “hospitable” for Triple P at Time 3. Categorizing these agencies accordingly and adding in the four still inactive agencies from Time 3, each categorized as “not hospitable” from Time 2, only 76% of agencies surveyed or inactive in Mecklenburg might have been considered “hospitable” for Triple P at Time 4.

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<tr>
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<th>Cabarrus</th>
<th>Mecklenburg</th>
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<tbody>
<tr>
<td><strong>Spring 2014</strong> (Time 1)</td>
<td>Active: 11</td>
<td>Active: 10</td>
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<td></td>
<td>91% (N = 11)</td>
<td>100% (N = 10)</td>
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<tr>
<td><strong>Fall 2014</strong> (Time 2)</td>
<td>Active: 18</td>
<td>Active: 20</td>
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<td>94% (N = 18)</td>
<td>72% (N = 18)</td>
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<tr>
<td><strong>Spring 2015</strong> (Time 3)</td>
<td>Active: 19</td>
<td>Active: 15, Inactive: 5</td>
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<tr>
<td></td>
<td>89% (N = 18)</td>
<td>51% (N = 18)</td>
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<tr>
<td><strong>Fall 2015</strong> (Time 4)</td>
<td>Active: 23, Inactive: 3</td>
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<td>74% (N = 23)</td>
<td>76% (N = 25)</td>
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Aldridge, W. A., II (2016, January)
Odds ratio of having only 1 practitioner
“Survey Response Rate” and “Delivery”: N = sample size from total active
“Delivery Adherence”: N = sample size from total delivering

* Among practitioners who had delivered within the past 6 months.

Recollection of most recent session has been utilized in prior work, but is limited by retrospective self-report and lack of practitioner competency assessment

The percentages reported under “Delivery” reflect only the percentage of active practitioners surveyed who had delivered Triple P at all. When both active and inactive practitioners are considered, the percentage of total trained practitioners who were delivering Triple P interventions through their county Triple P coalition at Time 4 is much smaller. For example, at Time 4, Cabarrus County had 60 active practitioners who indicated they had delivered Triple P out of the 123 total practitioners trained in Triple P since the start of the county Triple P coalition. This translates into approximately a 49% rate of delivering Triple P through the Cabarrus County Triple P Coalition among all trained Cabarrus County Triple P practitioners. Similar methodology among the Mecklenburg County practitioner sample results in approximately a 32% (34 out of 106) rate of delivering Triple P through the Mecklenburg County Triple P Coalition among all trained Mecklenburg County Triple P practitioners at Time 4. These rates are approximate because TPIE evaluators do not know the whether or not Time 4 active practitioners that did not respond to the TPIE web-based Triple P practitioner survey at Time 4 had delivered Triple P.
Population of families assumes 1.9 children per family


Key Learnings

- How to evaluate implementation capacity and infrastructure for social impact
  - Use assessment strategies designed to address multiple levels within a county-wide prevention system
  - Early indicators suggest the validity and reliability of key county and agency assessments

- Agency implementation infrastructure lagged behind county implementation capacity
- Agency continuance was associated with:
  - Strength of county and agency implementation teams
  - Agency implementation climate
  - Number of practitioners trained in the agency
  - Agency sustainability planning

**Key Findings**

- **Mecklenburg County, NC**
  - Cathy Henderson, Mecklenburg County Triple P Coordinator, discusses lessons learned, key challenges, and the importance of co-creation partners.

- **The Duke Endowment**
  - Phil Redmond, Associate Director for Child Care at The Duke Endowment, discusses a funder's interest and role in supporting implementation infrastructure.

- **Cabarrus County, NC**
  - Gina Hofert, Director & Evaluator, Cabarrus County Triple P, discusses lessons learned, key challenges, and the importance of co-creation partners.

Cathy Henderson Link: http://hml.fpg.unc.edu/Play/2211
Phil Redmond Link: http://hml.fpg.unc.edu/Play/2206
Gina Hofert Link: http://hml.fpg.unc.edu/Play/2171
TPIE Final Recommendations: County-level

**County Implementation Capacity**
- Mecklenburg: additional county implementation team FTE
- Develop capacity to increase agencies’ use of best practices related to
  - Coaching Triple P practitioners
  - Fidelity assessment
  - Organizational implementation drivers
- Continue to develop and document sustainability plans

**County Policies and Practices**
- Agencies must commit to 3+ practitioners
- Agencies must commit leadership and agency implementation team resources
- Monitor risk factors for agency discontinuation
- Continue to increase reach of Triple P, though this is not just about more training!
TPIE Final Recommendations: Agency-level

**Agency Implementation Capacity**
- Ensure appropriately staffed agency implementation teams
- Increase the use of best practices related to
  - Coaching Triple P practitioners
  - Fidelity assessment
  - Gathering, using, and sharing data for decision-making
  - Spreading agency facilitators and addressing barriers to implementation
  - Spreading agency successes and addressing larger systems needs
- Continue to develop and document sustainability plans

**Agency Policies and Practices**
- Maintain 3+ Triple P practitioners
- Agency leadership demonstrates ongoing commitment to the implementation of Triple P
North Carolina Implementation Capacity for Triple P (NCIC-TP)
January 2016 - December 2018

Adding a Qualitative Evaluation

- Do the initial evaluation results match experience on the ground?
- Context factors
- Key decision points
- System partner support

Training & Technical Assistance

- TTA plans and quality improvement tools
- Educating stakeholders
- TTA demonstration in another county
- Building capacity in an intermediary organization
For More Information

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The Duke Endowment
www.dukeendowment.org
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http://www.cabarrushall.com
Mecklenburg County Health Department
http://charmecommunity.health/mecklenburg/county/health

The TEAM
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Disclosure: Ron Prinz, Ph.D., is a consultant to Triple P International, which is the technology transfer entity commissioned by the University of Queensland to disseminate the Triple P system, and to the Centers for Disease Control and Prevention, which is involved in implementation/dissemination projects related to Triple P.