Data on the quantity and quality of Triple P services are essential to understanding how well [scale-up](https://impact.fpg.unc.edu/glossary/scale) is going. The [decision-support data system](https://impact.fpg.unc.edu/glossary/decision-support-data-system-dsds) should capture any service data required by funders, **including two important indicators**: number of caregivers served and caregiver satisfaction with Triple P.

Triple P service data are a great starting point for conversations about equity. Collecting demographic and geographic information from caregivers and practitioners can help show if disparities in access to Triple P services exist for different populations or regions. Pairing data on [social determinants of health](https://www.cdc.gov/socialdeterminants/index.htm) information with Triple P service data can highlight opportunities where Triple P could benefit populations with unequal resources or outcomes.

## Before completing the table below, think about the Triple P service data you are currently collecting…

What parts of your service delivery are working? How do you know?

What parts of your service delivery would you like to improve? How would you know if they improved?

What (if any) service delivery data are you required by your funder to collect and report?

What other service delivery data are you already collecting (such as caregiver demographics and zip code, practitioner demographics and zip code, number of children in caregiver households)?

What other data might help you explore disparities in service outcomes (such as service delivery data by caregiver race, ethnicity, or language spoken)?

What else do you want to know in order to improve your service delivery? What data would you need to collect?

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| **Triple P Service Delivery** |
| Data Type | Measurement question | Data point | Collection Method/Tool | Source | Frequency | Data use and improvement |
| **SERVICE DELIVERY DATA** |  |  |  |  |  |  |
| **EQUITY** |  |  |  |  |  |  |