Meera Kumanan (00:00):

We've heard how to engage the community so that we work alongside our community partners in setting the table as a pastor reference. Now we look to see how these practices are being applied to Triple P. Triple P is an international evidence-based Positive Parenting Program, scaling up in North Carolina back to Will. What does program implementation regarding Triple P in North Carolina look like?

Will Aldridge (00:27):

When we are building outare supporting the development of the system in North Carolina for Triple Pwe are working with key partners in other states. We're really making sure that the Triple P system of interventions, because remember it's not just a single program or practice, it is a tiered system of multiple variants of programs and practices. We're really making sure that what specific communities need and how they build that local system of Triple P interventions. That they, they have that, that they're able to identify what program variants their community members need based on data, based on the involvement of community members and the, the cultural values, the preferences that exist and that can vary not just from state to state but within a state as well. Whether we're talking about rural and urban context or the other factors that really make up the community within a particular region of a state.

Meera Kumanan (01:41):

So what is your and other implementation specialist role with the community? When you begin this work of scaling up Triple P at that specific community location,

Will Aldridge (01:53):

We might work with them to think critically about what the active ingredients are and that particular Triple P intervention that need to remain constant and where there is room to adapt that intervention for individual family needs and preferences or for community needs and preferences. That way they can really figure out how to ensure that the program is experienced and is observed and looked at in a way that families, in that local community feel included, feel that they belong and that they can see themselves in how that particular Triple B program is being delivered.

Meera Kumanan (02:37):

We've listened to seasoned community-based researchers, practitioners, and leaders, but what does this look like on the ground for those of us who are scaling up programs and policies? We spend time talking with three program implementers in Eastern North Carolina. Joining us to talk about community engagement and capacity building within implementation practice, especially in rural settings are Qua'Tavia White, Triple P lead coordinator, Molly Brown, implementation specialist, and Dominique Campbell, data specialist. All working with the Albemarle regional health services. Could you provide some background on the Albemarle region?

Qua'Tavia White (03:19):

The Albemarle region consists of 12 counties in northeastern North Carolina. We have about 22,000 families with children in the area. Each county ranges from about 253 families up to 4,000 families. Within our 12 county region, ee really just divided ourselves into five hubs and we group those counties based off of preexisting coalitions or some of the regional health departments.

Molly Brown (03:44):

Each hub really knows their community and within our 12 counties, they're actually a lot of similarities but also differences. They work together and then they create these great things that really benefit their community.

Meera Kumanan (04:01):

Your site functions almost as a backbone to these different hubs. Can you talk a little bit more about the organization of these hubs in your role?

Qua'Tavia White (04:08):

Really services are a backbone for the hubs by bringing them all together in our community leadership team meetings. And those meetings they're able to provide success stories or uplift other things that they're happening, happening across the region. And to inform the Triple P leadership team and Triple P coordinators to help kind of guide the direction of the program.

Meera Kumanan (04:29):

Community engagement requires access to community members and spaces and therefore relies heavily on the interconnectedness and social networks to build capacity. Albemarle is a rural region and thus comes with its own unique set of challenges to community engagement work. What are some of those challenges and how have you overcome them In the past?

Molly Brown (04:51):

I think there are a lot of strengths to being rural, but we also encounter some weaknesses. For example, distance and traveling and transportation. So for some of our families it is very difficult to get to the agency or the location that they need to be. And we might also have a provider or a center that covers several counties. We are very different than a city. I think most of the people who live here enjoy that. But we also encounter some pockets where internet or cell phone service, it's just not very reliable

Qua'Tavia White (05:35):

For a lot of the families in our area. There's a lack of access to many basic needs. We don't have any homeless shelters. There's a ton of food disparities.

Molly Brown (05:47):

It's very hard to understand that if you've just been in the city environment, how different it is here. But the families need, you know, just as much.

Meera Kumanan (05:58):

Being more remote does not only impact our approach towards families, but also impacts implementation from the workforce perspective. What about challenges from the provider end, especially in turnover within rural regions? How do you begin to combat that?

Qua'Tavia White (06:15):

So we definitely see a lot of turnovers not only in our providers but families as well. They're moving out of the reach. A lot of our providers do wear many hats because for the lack of workforce,

Molly Brown (06:26):

One of the consistent things that we've done for our providers is reminded them of self care. So I think that that's an additional layer that maybe before we weren't always talking about self-care, it's now become part of the norm.

Meera Kumanan ([06:43](#)):

Workforce recruitment is also a key component of community capacity building. As QA describes.

Qua'Tavia White ([06:49](#)):

When it comes to recruiting providers, we try our best to keep or to train providers that are, that have shown commitment to their personal agencies. That way will in turn, hopefully they will stay with the agency longer and provide triple P longer.

Meera Kumanan ([07:05](#)):

I can imagine that these strategies both for community and provider engagement along with the challenges you mentioned, became all the more palpable during the pandemic. At a time when many services were unable to provide for these families, how did you continue to be there for them?

Molly Brown ([07:21](#)):

We were spoiled before we were used to large health fairs or community events and then everything shut down. So then we started thinking, well where are the parents and where can we find community boards or still let them know that Triple P is a resource.

Qua'Tavia White ([07:41](#)):

We also was able to go to some of those places where parents actually we are able to go and some of them were able to go to like libraries. We were able to distribute our material and to let them know that not only do we have providers, you know, face to face or online, but we also have Triple P online, our vaccine clinics. As health department staff, we were assisting with the clinics through paperwork and other needs and we would take our materials out and do outreach from car to car, having online seminars through Zoom, we were able to kind of help them recruit through flyers, use, use of QR codes.

Meera Kumanan ([08:18](#)):

The common thread running through all of their answers was at the essence of community engagement. Meeting people where they are,

Qua'Tavia White ([08:26](#)):

Meet people, where they are really has just gotta meet people and families where they are.

Molly Brown ([08:30](#)):

Exclamation point, exclamation point.