

Meera Kumanan (00:00):

From The Impact Center at UNC's Frank Porter Graham Child Development Institute. I'm Meera Kumanan, and this is Implementation Science at Work. In today's episode, we will learn more about the Triple P system of interventions and how equity is being worked in at every level, from the program purveyors all the way to the funders. First, welcome to Courtney Towne and Sarah van Driel, both implementation consultants at Triple P America.

Could you start us off by giving a brief overview of what Triple P is?

Courtney Towne (00:38):

Sure. I'm happy to, but I'm going to start kind of small, like at its essence, what Triple P is all about at the end of the day at a very kind of granular level is giving each and every parent that interacts with the program, the confidence to just really feel good about navigating everyday parenting tasks. That is absolutely what we're going for, that every caregiver, every parent, or grandparent, aunt, uncle neighbor who's around kids has an opportunity to just be exposed to things that might help them feel like that this is a rewarding relationship, that they are providing something to kids that feels really good. And of course in turn, children are feeling really nurtured and that they're in an environment that feels really supportive and that relationship is positive and kids have the confidence to then go out into the world and, you know, interact well with others and get along.

CT (01:29):

And that's really what we're trying to do, but the way the system of Triple P has been developed and it's really a system it's not, you know, you talk about some parenting programs and our name is the Positive Parenting Program, but it's so much more than just a program. It's really evolved over decades through research and trials in different parts of the world, literally to really have this approach of like, if we're going to be serious, our tagline is 'reaching every parent' and we have to have a program model and system, if you will, that is going to offer incredible flexibility in how we get this out there.

MK (02:04):

Great. Thank you. I especially appreciate your emphasis that this is a system of interventions. The more I learn about Triple P, the more I see just how multi-faceted it is and how it has been adapted into such vastly different contexts. Could you to explain a little bit more about what your roles are?

CT (02:25):

Sara and I have a really fun job. I think a partnering with different communities, you know, in the Carolinas and in other states as well to really build on that vision, like how do we think about in your community, every single caregiver out there, but how do we reach them? How do we get that information to them that we know is shown to be in the evidence really effective?

MK (02:44):

So you're really doing that on the ground work of finding ways to translate evidence into practice, especially in ways of fit the communities' resources and values. What does that work look like? How do you begin or approach it?

Sara van Driel (02:59):

I think when we go in to talk to folks about Triple P communities about Triple P, there are several things that we think about, you know, coming to mind. If a community is going to roll out Triple P, we got to first start with that vision, right? Courtney had said nicely in the description that our tagline is 'for every parent.' And when we say for every parent, we really mean for every parent. So, you're going to adapt the full Triple P system. It is, you know, embracing that vision of getting it out across the entire community first. And then once that vision is had by one or a few then it comes to building a team of people that knows the community. We need to know what our community looks like. Who are the parents in our community? How are the parents touched in the community? Who is connected with families in the community?

SD (03:49):

And then from there it's looking at what resources do we already have for families? What resources are we missing? And that's when then when we can come into, okay, which versions of Triple P are we going to do where. The other big consideration is what does our workforce looks like, just looks very different in a rural community versus an urban community, right? So the Triple P system is built so that you can start with wherever a community is. And that might not be everybody that you want around the table, at the very beginning to start, but you start with the workforce that has that vision and then that can kind of build.

MK (04:25):

So how did this work get started in North Carolina? How did you begin meeting the different communities where they are?

SD (04:32):

I think North Carolina is a great example of that. So they started about eight years ago with three pilot projects that knew they were invested. They wanted to get started. And even within those communities, they would bring some folks to the table. And then they had our folks that eventually we're going to bring you to the table, you know, to have this conversation. Currently we have about 10 LIAs. So all the counties have been regionalized into, into kind of 10 structures and their hubs that help lead Triple P that will work with, what we call, service delivery organizations or the organizations that will actually deliver Triple P to families in the community that have the practitioners who go out to serve families, but they have the leadership teams and then these service delivery organizations and that they can get out there and serve.

SD (05:18):

And it's a constantly evolving process. It's always a balance of thinking about how do we do this? And a constant look at who are we serving and who we are not serving. So how do we make sure that we increase our partners or increase our reach or make the program relevant to families? They might not feel like, you know, a parenting program is what they need. So how do we talk about it in a way that gets back to some of those messages? Courtney was saying in the beginning that really, this is about helping families enjoy their parenting journey, to really support building relationships between parents and kids to support the kiddo development. People want to know, okay. So what's this going to look like? And we're like, it depends. Out answer of it depends gets people laughing a lot because we say it a lot, but really truly, when you see Triple P in one community, you've seen it one community. So when you go into the next community, it's going to look a little bit different. And so that's the idea of having partnerships and building that and thinking about it as evolving over time.

CT ([06:24](#)):

No two communities ever, ever should look alike because every community has got different resources already. They've got, you know, different needs. They've got different abilities in terms of what their funding is or what's already on the ground. And so it's a pretty dynamic for us.

MK ([06:41](#)):

You mentioned building to get everyone at the table that needs and deserves to be heard. How do you ensure that? What does reaching everyone actually look like?

CT ([06:51](#)):

That's the fun bit of our work is like, who's our coalition of the willing in a community, like who does have that vision. Who's going to partner with us and then just really, you know, it's rolling up the sleeves and figuring out like those goals and who do we want to reach and what are the opportunities and to kind of pull out my Mr. Rogers analogy, like who are the people in your neighborhood? And like, where are the opportunities for partnership? Where are the opportunities to have greater reach?

MK ([07:14](#)):

I think a lot of our listeners, myself included, have primarily encountered implementation from a theoretical or academic lens. You work in program scale-up on quite a large level. How does that implementation translate amidst the messiness of the real world, especially when we think of equity, when we reach the communities who may not always be as well resourced?

CT ([07:37](#)):

In the real world, you know, messiness, the work we do, trying to navigate all that. Like what are the resources that we have available and what are we dealing with? And you asked about, when there may be communities where they don't have the same level of resources and what that looks like. It takes longer, it's messier, but it's still, if you've got the folks that we've got the relationship, we've got the partnership, we've got the vision, you know, you keep at it. And I think that's kind of the potential of any implementation that we do. You know, science is only going to take us so far at the end of the day, it's really thinking about stick-to-itiveness of this work. That's so important. And and we have to keep making sure that what we're doing is relevant.

MK ([08:15](#)):

How have you seen Triple P adaptations differ among different communities? You mentioned how it never really looks the same in any two places. Just chatting with you two today, I can tell both of you are well seasoned at finding that culturally and contextually relevant fit in a community, but for those just starting out in this type of work, how do you initially approach or assess a community? And have you experienced differences in implementation in different settings?

SD ([08:44](#)):

I think we've had many conversations about this and this Carolina as we've gone, but defining community is a really interesting term. So I think, you know, a community could be, you know, anywhere from like a housing community of folks that live literally in the same area, you know, or on the same street too. So thinking about, communities as more city or town areas to then, you know, counties or states. And so talking about the term community, I think that you can start smaller where you need

to, and like Courtney said, sometimes it's longer. Sometimes it's more messy and figuring out what that is.

CT (09:27):

And I would say, I mean, I've worked in small rural counties and large urban areas, and there's something to that, you know, smaller, rural community where you kind of know everybody and you can get stuff done sometimes a lot easier with a lot less mess than you can in the larger systems with a lot more bureaucracy and moving levers. So again, that's why the work's that dynamic. And it's just about kind of understanding the context that we're trying to do this work in. And I think that's such an onus on us as purveyors of this program is to really think about like, what's your, what's your real world conditions here, you know, and how do we take what we know from the research about this program that's really effective? We've seen it again and again, it gets really good outcomes, but I think end of the day, it's not going to do anybody any good if we're not thinking of all the other contextual drivers that really support good implementation. And that never looks the same again.

MK (10:15):

Fantastic. In addition to the background on Triple P rollout, this episode is also focused on equity. Can you share some ways North Carolina and Triple P are working with equity in mind?

SD (10:27):

I know that Carolina is looking hard at how do we do more to figure out the demographics of families that we're touching to make sure we aren't leaving out sectors of the population. North Carolina has also been collecting pre and post data for families that go through the program and, and they hit all the marks that statistical significance every year. So the idea is that we know this works on a whole, and we just want to make sure that as it rolls out with different workforce, with different families, you know, that practitioners are equipped and supported to make sure that that it's working for the families they're serving, because it's kind of like what Courtney says. It's only as good as the community makes it fits its needs, as the practitioner makes it fits the parent's needs. Are the parents able to utilize it with their individual kiddos? We're all just a little bit different.

MK (11:16):

On that note, do you have any success stories in North Carolina that you can share with us?

SD (11:21):

One of the practitioners from one of the regions shared a story from a family that had emailed her. This was a mom with a kiddo who had been diagnosed with autism. And so as you may or may not know, if you have a kiddo with autism, you got lots of appointments on your books, right? So there's appointments for the kiddo to get the developmental work. His mom was doing the Stepping Stones part. Mom was working, you know, on the sensory issues to help support that at home. And so she had just essentially said, I came into an appointment where we were talking about these sensory issues and it was brought up about some of the parenting skills to support that. And the mom just said, I can't tell you how important it was for me to come in saying, "I've heard that! I heard that in my Triple P seminar. And I know that, and I do that." So that kind of the pairing of that confidence, she's in a world like this, oftentimes you don't feel that confidence, you don't feel like, you know it, and to come into a meeting saying, "I knew this, I had this, I'm doing what's best for my kiddo," is that the heart of this. You know, just as, as one example story.

MK ([12:38](#)):

Great. Thank you, Sara. And my last question, since we're moving to a funder's perspective next in the episode, is really around the fact that public health is interdisciplinary. We need all layers and all disciplines of health working together to create change, help parents, and promote healthier childhoods. Going back to Courtney's mentioned of Mr. Rogers, which I loved, the quote I always remembered is to "look for the helpers. You'll always find people who are helping." So what have you seen around an interdisciplinary approach in these communities? How can our listeners, who come from so many different fields of science and health, come together to be those helpers that help promote children's wellbeing and that of their families?

SD ([13:22](#)):

We talk about it a lot, no one entity and a community owns parenting, right? So you've got your child welfare organization, you've got your public health, you've got your schools, you've got your medical offices, you've got your mental health office, you know, but, but there's no offices that look at parenting, because parenting goes across all of those. So really this idea of, we talked a lot in the beginning about sharing the vision. And many times, it's figuring out in a community partners to borrow from another video we put together, "Why are we in it together?" You know, for families, why do I want to be a part of this parenting journey for folks? Why, why does this impact the work that I do in my sector? You know, as a worker in my community, why am I interested in parenting? And why do I want to be a part of that kind of growing vision? And so that systems building part, being a really huge part, and maybe we're back to that concept of relationships.

MK ([14:21](#)):

Thank you so much, Sara and Courtney for spending time with us today to really provide a great background on Triple P rollout in North Carolina and how exactly it's being adapted into these many communities and their different contexts.

CT ([14:35](#)):

This was fun! We appreciate the opportunity to get to talk about it and a little bit about the work that we do and what we really love about it. So, I appreciate that.

MK ([14:46](#)):

One of the main funders of the Triple P rollout and scale up in North Carolina is the John Rex Endowment. The grant supports the positive mental health of young children from birth to five years old, through consistent evidence-based approach to improving parenting. Joining us from the John Rex endowment today is Gladys Hairston. Gladys, could you please tell us a little bit more about your work?

Gladys Hairston ([15:09](#)):

I am Gladys Hairston and the Director of Learning Research and Evaluation at the John Rex Endowment. My role at the John Rex endowment, I have a lot of the responsibilities that may seem like a program officer has at a foundation. So working directly with grant funded organizations as they capture their learning and their progress or whatever their funded project is. In addition to that, I'm working in this more specific learning research and evaluation role of how to capture those learnings across grant organizations, whether it's across similarly funded projects, similar organizations, to just compile those learnings, to help us continue to get better at our grant making, make sure we're offering relevant funding. What is most needed, both topically as well as structurally, in how we give grants.

MK ([16:05](#)):

Thanks, Gladys, is there a way that funding procedures and grant structures differ specifically for implementation work compared to maybe some of the more traditional research grants?

GH ([16:16](#)):

For the John Rex endowment, one of the ways that we fund implementation work is to begin with a planning grant phase.

MK ([16:25](#)):

Could you describe what that planning grant phase entails?

GH ([16:30](#)):

During a planning grant, a grantee and their partner and organizations develop an implementation plan. So that planning grant, it might include some research component as you mentioned, but essentially within that planning phase, the grantee and their partners will decide on the longer term and shorter term outcomes that they'd like to accomplish during an implementation phase. And they also develop activities and indicators that they believe can help get them to those outcomes. In addition to that in the planning grant phase, the grantees may also determine the division and overlaps of partner roles, what partners maybe aren't around the table that that should be. So, they'll identify some of those, anything that they feel can make an actual implementation of whatever it is that they hope to do more successful.

MK ([17:22](#)):

I really appreciate the focus on planning and taking the time to really consider are we doing the best we can? Are we involving all of the stakeholders?

Have you received any feedback from the grant applicants on this method?

GH ([17:37](#)):

So in the past, we've heard that taking time for a well-thought-out planning phase prior to beginning, implementation can be really helpful to map out expectations and benchmarks. Not all implementation grants have to have that planning phase. If an applicant feels they already have those components in place, we want the planning phases to not feel like wasted work, but rather as I said, to help set up the implementation for greater success,

MK ([18:06](#)):

You alluded to this point, the focus of today's podcast episode is how do we achieve equity and implementation both from on the ground work to the higher levels of institutions and funders. So how do we ensure equity? How do we make sure that every stage of the process holds that equity lens? What can be done specifically during the funding stage to realize this mission?

GH ([18:31](#)):

This is a great question. And it's one that I think my answer has evolved, but at the John Rex Endowment, equity has been an underlying theme of what we hoped our implementation grant funding would help our grant funded partners achieve. Within the past couple of years, specifically, our foundation has been going through deeper racial equity learning as a foundation staff and board. So we

realized that a more explicitly stated focus specifically on racial equity is critical to fulfilling our mission, which is to help Wake County become a place where children and their families live healthy lives. So I'd say that ensuring equity for us, you know, before we began, our deep racial equity work may have been asking grantees applicants and grantees, to be sure to include staff time into their project budgets. Another way to ensure equity, we would encourage grantees to include stipends for families and children that are participating in any components of the grant.

Speaker 4 ([19:32](#)):

The next iteration of ensuring equity became including a specific question on our application forms about it. So for example, it would say something like, how will you work toward equitable outcomes for those impacted by this work, in those questions, or in those answers to those questions, we want it to see how an applicant would be thinking about access to their programming. So thinking about who's been typically left out, how might you intentionally reach out to those people and reduce barriers to their participation? So now since we've begun to center racial equity in our own operations in grantmaking at the John Rex Endowment, we're thinking of how we can better support grantees to ensure equity on the front end of their work, not just by asking them how they already are, but really focusing on, you know, how our funding can help further how they're centering equity.

GH ([20:25](#)):

We're focusing on racial equity specifically in our foundation, because we know it intersects with all other issues of gender, disability, economic access. And so what it looks like for us now is not only asking grantees, how they'll ensure equity of access, but also asking them what are some ways you'd like to deepen your understanding of current inequities and how would you like to address them? How might our funding help, you know, our funding and increasingly our advocacy help you to ensure equitable outcomes in what you're doing? So we know that, or we've learned that many of our grant funded partners are already working on building out or building up their racial equity lens to their work. We know this often takes deep change, that it works well when it's thoughtfully facilitated by someone outside of the organization. And we know that that can cost money, you know, as organizations are making these mindset and programmatic shifts. So one of the ways that we as a funder are hoping to ensure equity in program implementation is figuring out how we can help more with this. How can we help with those internal conversations that organizations are having?

MK ([21:41](#)):

Gladys and the John Rex Endowment's attitude really encapsulates the need and commitment towards including all layers of public health work and moving towards racial equity. The onus is not just on the program implementer, but also on the funders and the many organizations all of the actors belong to. One lingering question I had was related to the sometimes inadvertent inequitable nature of implementation practice. We want to do the most for the community and meet them somewhere in the middle. However, sometimes the community doesn't have the resources to meet us. And there's inherently a selection bias in partnering with communities that are better resourced. Have you observed this in your work and how does a John Rex Endowment's equity focus address this?

GH ([22:28](#)):

One of the things that helps with, you know, meeting organizations where they are for our particular foundation is that we consider ourselves a capacity building funder. Taking a capacity building approach means that the organizations that come to us, they don't have to have all the answers. It's more helpful

to us sometimes if they have more questions than answers, if they know there's an issue here that they have been trying to address or that they would like to address. The main question that we have is, where do you need your capacity built? What tools are you currently lacking? What professional development does your staff currently need? Do you need more information on a specific topic before you feel you can address it more effectively? That is helpful for us in allowing us to be able to see how we can meet an organization where they are, but for the most part, we want our funding to be able to help fill those gaps that an organization or their partners feel that they have. So they don't have to have all the answers there. We want to support them, finding the answers to be able to do their work better.

MK ([23:41](#)):

In previous episodes, we heard about how different stakeholders are involved in Triple P work and ultimately, everybody's spark to engage in this work requires funding. So why did the John Rex Endowment choose to invest in Triple P, especially in Wake County?

Speaker 4 ([23:58](#)):

Absolutely. The John Rex Endowment at first granted funding for Triple P in Wake County in 2013 with a planning grant, the award in Wake County is to Wake County public school systems, Project Enlightenment. The planning phase, it set the implementation up for clearer direction in the subsequent implementation phase brands. The benefit of that planning phase was expressed by our grant contacts at Project Enlightenment that are leading this work - Dr. Audrey Bunch and Ashley Lindsey. The fact that the Positive Parenting Program was and is considered a proven evidence-based program that's internationally recognized as improving parent outcomes was one of the reasons for this investment. This initial funding to Triple P in Wake County, it came under what a previous funding area that we had called positive mental health. And so we took the approach that you know, investing in organizations that are supporting parents is a great way to invest in supporting the development of the positive mental health of children. And so, although this is an evidence-based program, Triple P, one of the great things about it is that it still allows room for learning and innovation, which is another reason why we followed up that planning grant with three more implementation phase grants.

MK ([25:24](#)):

This brings us back to what Sarah and Courtney shared – the innovation and the adaptability of Triple P and all the work that it does. So Gladys, what would you say are some of the successes you've seen in Wake County?

GH ([25:37](#)):

I would say that some successes have been expanded partnerships amongst the Triple P partners in Wake County. I believe it initially began just in Raleigh and then it was an expansion to figure out, okay, what would need to be different to be in Wake County as a whole. And so, seeing more and more organizations adopting and becoming trained in the levels of Triple P practices has been a success, but the success, it's not just about the fact that there are more organizations involved, but I would say it's also been about how the partners have now developed into a coalition model, how they're providing peer support to one another. That's been another iteration of this work that is evolving, that has been, you know, a great reason for our investment as a funder. We're interested in impact at system levels that are beyond, or in addition to, just singular organizational change. So this coalition and peer support component is a good reason why we've invested in this program. And it also say that the Triple P Wake partnerships in centering equity and racial equity into their understanding of this, they are on

the forefront of what non-profit organizations service organizations are doing, having a racial equity lens to this work too. So I think that is definitely a success.

MK ([27:07](#)):

I definitely agree from what I've learned through this podcast about Wake County is that one of the greatest successes is going from that community engagement to real community ownership through their peer led initiatives and coalitions. Could you talk a little bit more about those coalitions?

GH ([27:24](#)):

So Wake County has a lot of work groups and a lot of planning groups, a lot of collaboratives. Some of the example collaboratives that Ashley shared are the Growing Resilience collaborative that's focused on adverse childhood experiences, or ACEs, outreach and awareness the Young Child Mental Health collaborative, and Wake Up and Read.

MK ([27:49](#)):

Thank you. And my last question today is looking to the future. How do you see funding structures changing and adapting to better serve equity as they continue to fund public health projects more broadly?

GH ([28:02](#)):

I reached out to my grant contact at Triple P Wake, Ashley Lindsey. She serves as the Triple P Wake project coordinator to just get some updates. There are three main components of where Ashley and the great Triple P way team are deeply focused in building more momentum. Number one is reviewing the service delivery data. So far, they're overlaying the highest opportunity areas identified within Wake and creating potential targeted approaches for more impactful reach. Number two, they're continuing those peer support sessions. Those sessions focused on discussions related to equity. And that'll begin in this upcoming, January 2022, and they're sharing learning opportunities that focus on equity with coalition partners. Equity continues to be a consistent discussion amongst those coalition agencies. And she said, the questions that they're asking include, what does this look like in your agency or practice? How are you examining your data to inform decisions related to equity and access? And then a third focus that they're having is partnership with other community efforts and coalitions that are also focused on removing barriers to access, and that are working to work creating a healthy Wake county.

MK ([29:26](#)):

That sounds like great progress from the on the ground work. What about internally at the John Rex Endowment? How have you fit into the larger context of equitably implementing Triple P?

GH ([29:37](#)):

For the John Rex Endowment on the funder side of this? I think progress toward centering race in the parenting support is vital to ensuring equity in this work. We also know there are some parenting practices that cut across all cultures, family types and experiences, you know, how parents want their children to be safe and healthy and happy. However, we also know that there are some contexts to consider and that can hold true for other racial and or religious cultures and backgrounds. And so taking into consideration those contexts, I think is one of the ways that this Triple P Wake specifically and, you know, Positive Parenting Program more generally, is really doing a great job of building upon the foundation of what this program has been. I mean, it's one thing of course, to take it to the different

contexts that the parents that are being supported are in, but also the organizations providing the service, the different contexts that they're working in every day, not just the organizations, but the people and this organizations, the actual service providers, do those service providers feel that they have a support system of others who are also doing this work?

GH ([30:53](#)):

It can be very hard work to do, you know, in helping support families and children. And so all of those things taken together supporting different contexts of family, different contexts of organizations and staff are an integral part of making sure the implementation of Triple P is as equitable and impactful and meaningful as possible.

MK ([31:18](#)):

Thank you so much for sharing your wisdom on this podcast. That was Gladys Hairston from the John Rex Endowment.

And thank you for joining us for this episode. In the past episodes, we saw implementation practice from the lens of community leaders and regional program directors. In today's episode, we see how implementation practice is vital at the larger organizational and funding levels and how the implementation strategies we discussed today are vital in promoting equity and program adoption and scale up. To learn more about The Impact Center's, initiatives, visit impact.fpg.unc.edu.

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