ICTP
Implementation Capacity for Triple P

## Triple P System Implementation Outcomes: *Reach*

"Reach" for the Triple P system refers to "integration of a practice within a service setting and its subsystems" (Proctor et al., 2011, p. 70). Community coalitions can measure how well the Triple P program is reaching eligible participants through various methods. Two suggested methods of assessing program reach are *(not an exhaustive list):*

1. Comparing the number of community families who received Triple P interventions to those who are eligible to receive Triple P interventions.
2. Comparing the number of practitioners actively delivering the Triple P interventions to the number of practitioners trained in or expected to deliver Triple P Interventions.

Most of the data using these two methods can be retrieved from Triple P practitioner contact or training records gathered by community coalitions.

It is useful to measure the level of reach in a Triple P program in order to assist in monitoring the progress of program implementation and to meet accountability and program deliverable requirements — demonstrating successful program implementation (Mirambeau & Losby, 2011). Most importantly, measuring program reach is essential to "understanding the degree to which a program reaches those in need" (Glasgow, Vogt, & Boles, 1999). Lastly, it is recommended to evaluate program reach during both initial implementation and full implementation of the program (i.e., within the supported performance and local coalition regulation stages of implementation) to gauge program effectiveness overtime.

References

Aldridge, W.A., II, Boothroyd, R. I., Veazey, C. A., Powell, B. J., Murray, D. W., & Prinz, R. J. (2016). *Ensuring active implementation support for North Carolina counties scaling the Triple P system of interventions.* Chapel Hill, NC: Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill.

Glasgow, R. E., Vogt, T. M., & Boles, S. M. (1999). Evaluating the public health impact of health promotion interventions: The RE-AIM framework. *American Journal of Public Health, 89,* 1322-1327.

Mirambeau, A. & Losby, J. (2011). CDC coffee break: Reach and impact. Retrieved from https://www.cdc.gov/dhdsp/pubs/docs/cb_may_10_2011.pdf.