



A Parent-Driven Future for our Children: Scaling Up Evidence-Based Parent Education in Houston, Texas

**Nancy Correa MPH, Megan Schneider,
Lisa Stocker MA, Bethanie Van Horne MPH**

Advised by:

**Charles Begley, PhD
Luisa Franzini, PhD
Angelo Giardino, MD, PhD (co-chair)
Christopher Greeley, MD, FAAP (co-chair)
Holly Heard, PhD
Melissa Peskin, PhD
Robert Sanborn, EdD**

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Introduction

Parents are the greatest influence on a child's life, and healthy parent-child relationships are fundamental to children's brain development and their physical, emotional, social, behavioral, and intellectual capabilities. Research has demonstrated that parent education has a positive impact on families, including lowering rates of social, emotional, and behavioral disorders in children; parental stress and anxiety; and child maltreatment.^{1,2} Parent education is designed to improve parenting skills and family communication, prevent child and family problems, and educate parents on child development and positive parenting practices with a goal of developing safe, stable, and nurturing parent-child relationships.³ Given the many benefits of parent education, the Center for Parenting and Family Well-Being (CPFWB) convened a multi-sectorial partnership of organizations and conducted a needs assessment on the state of parent education in the Greater Houston area. The assessment revealed that there is a need to provide more parents with evidence-based parent education through a population-based approach. This approach is designed to support all families in a community by providing varying levels of parent support programs to meet the differing needs of families. This report describes the strategy and plan to achieve a community-wide evidence-based parenting initiative.

Background

In 2012, the CPFWB conducted an assessment of parent education services in the Greater Houston area, developed community partnerships, analyzed the community impact of evidence-based parent education classes, and developed recommendations for the community. The methodology, findings, and recommendations were published in the report *The State of Parent Education in Houston, Texas: An Opportunity to Strengthen Family Well-Being, Prevent Child Maltreatment, and Prepare Children for a Brighter the Houston*.³ The findings and recommendations include:

- There is a need in Houston, Texas for a population-based approach to parent education to reach more parents with evidence-based programming.
- The research and academic literature on the evidence-based parent education program Triple P (Positive Parenting Program) is compelling, and the CPFWB anticipates Triple P could have a significant positive impact on the well-being of children, families, and community health indicators. Triple P is an evidence-based parent education program based on 30+ years of research that uses a population-based approach and offers parenting support programs of different intensities to meet the varying needs of families.
- There is community support for the implementation of a population-based parenting support system. Triple P provides a model for a population-based approach, but the Triple P program should be integrated with other evidence-based programs that are used or supported by the Greater Houston community.

¹ Nowak, C., & Heinrichs, N. (2008). A Comprehensive Meta-Analysis of Triple P-Positive Parenting Program Using Hierarchical Linear Modeling: Effectiveness and Moderating Variables. *Clinical Child and Family Psychology Review*, 11.3, 114-44.

² Prinz, R., Sanders, M., Shapiro, C., Whitaker, D., & Lutzker, J. (2009). Population-based prevention of child maltreatment: The U.S. Triple P System Population Trial. *Prevention Science*, 10, 1–12.

³ Correa, N., Quintal, L., Sanborn, R., Begley, C., Franzini, L., Giardino, A., Greeley, C., Heard, H., Tortolero, S. (2012). *The State of Parent Education in Houston, Texas: An Opportunity to Strengthen Family Well-Being, Prevent Child Maltreatment, and Prepare Children for a Brighter the Houston*. *Children at Risk*. Retrieved from http://childrenatrisk.org/wp-content/uploads/2013/05/03_The-State-of-Parent-Education-in-Houston-Full-Report.pdf.

- Implementing a population-based parenting support system will require substantial infrastructure and coordination between agencies and organizations. Current agencies that provide parenting classes have limited capacity. To train enough providers for a population-based approach will require training of staff at schools, hospitals, medical practices, faith-based organizations, etc.
- More research is needed on how to structure, fund, and prioritize populations to effectively implement a population-based approach to parent education.
- Implementing Triple P will require a significant financial investment; research suggests, however, that it is a cost-effective program that could pay for itself within the first year of implementation through cost savings.

Based on the findings and the recommendations of the assessment, the CPFWB developed a strategy for scaling up parent education, which is described in this report.

Methodology

Four sources of information and expertise contributed to the development of the scale-up strategy of parent education.

1. **Best practices.** The CPFWB used the peer-reviewed literature on best practices and dissemination and implementation frameworks to develop a theoretical framework for the dissemination of evidence-based parent education. The CPFWB was also guided by an Academic Advisory Council of six experts in child abuse prevention, parent education, health promotion, cost effectiveness, demographics, and health policy.
2. **The expertise of partners.** The CPFWB utilized the expertise of 70+ partners to ensure the strategy is aligned with Houston policies, systems, and culture. The CPFWB Partnership formed three workgroups that provided expertise on how to scale up parent education in the Greater Houston area. The Communications and Outreach Workgroup developed recommendations on a media and outreach strategy for a social marketing campaign to de-stigmatize parent education. The Programs and Infrastructure Workgroup developed suggestions on programming and the necessary infrastructure to scale up parent education. The Research and Evaluation Workgroup provided input on how to evaluate the implementation of evidence-based parent education across the region.
3. **The private sector.** The private sector has successfully scaled up programs and products. The CPFWB partnered with Inspire, a consulting firm that is run by volunteers from the leading management consulting companies to develop best practices around partner prioritization, partner reporting and feedback, and partner communication and management.
4. **Lessons learned from a parenting pilot.** The CPFWB also launched a pilot program and coordinated the training of 80 providers in the Positive Parenting Program (Triple P). The CPFWB partnered with five community agencies and coordinated the training of their staff in different levels of Triple P, offered technical assistance, facilitated peer support groups, and evaluated the program. The CPFWB used the lessons learned from this pilot for the recommendations on how to scale up parent education in the Greater Houston area.

The following report details the strategy to scale up parent education in the Houston area. Appendix A provides additional details on the activities of the CPFWB that led to the strategy and the development of this report.

Results

Overview of the Scale Up Strategy

Through the input of the CPFWB partners, the private sector, and with experience in implementing the Triple P pilot, the CPFWB identified key components of a scale up strategy for parent education. Each component listed below is described in more detail in the following sections, along with how it fits within the context of a theoretical framework.

- Training opportunities to train providers, teachers, counselors, social workers, and other professionals in evidence-based parent education.
- Providers offering a variety of evidence-based parenting support programs across the city in organizations that routinely engage with families. This allows families to receive services through organizations with whom they are familiar and comfortable. Organizations may include schools, places of faith, youth services, clinics, hospitals, work sites, and social service agencies.
- A social marketing campaign to decrease the stigma associated with attending parenting classes and enhance the knowledge of how to access these services.
- A referral system so providers can easily refer parents to other programs, providers, and organizations if they are unable to provide the appropriate program or support to the parent.
- A website and database so parents and providers can easily look up what programs are available.
- Technical assistance to help providers and organizations overcome barriers to successful adoption, implementation, and sustainability.
- Peer support for providers to seek assistance and learn from their peers.
- Evaluation tools and support to gather data on the impact of parent education on the community.
- A transparent system for prioritization of funding and partners.
- A sustainable funding stream for the ongoing costs associated with delivering evidence-based parent education.

Dissemination and Implementation Frameworks

The research-to-practice gap has been well-established in health promotion and prevention literature indicating that too often, evidence-based programs are not successfully disseminated and implemented in the community.⁴ This literature emphasizes the importance of identifying an evidence-based dissemination framework to support the rollout of prevention programming. Large-scale dissemination of evidence-based programs commonly takes place by way of academic institutions, federal and state government, and community initiatives.^{5,6} The CPFWB's dissemination approach involves an intermediary non-profit organization working with community stakeholders to actively bridge the gap between academic research and real-world practice. The goals of the CPFWB are to transfer academic knowledge of evidence-based programs to community practitioners, address practitioner-specific

4 Elliot, D.S. & Mihalic, S. (2004). Issues in disseminating and replicating effective prevention programs. *Prevention Science*, 5(1), 47-52.

5 Botvin, G.J. (2004). Advancing prevention science and practice: Challenges, critical issues, and future directions. *Prevention Science*, 5(1), 69-72.

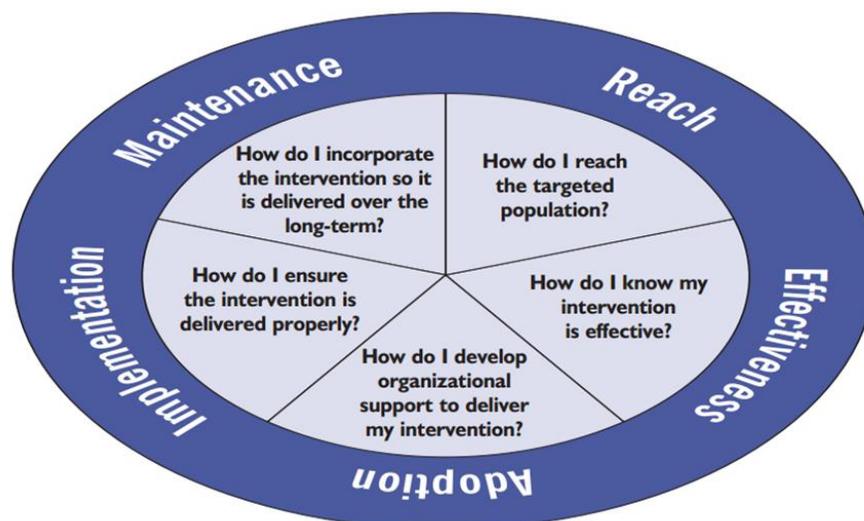
6 Stith, S., Pruitt, I., Dees, J., Fronce, M., Green, N., Som, A., & Linkh, D. (2006). Implementing community-based prevention programming: A review of the literature. *Journal of Primary Prevention*, 27(6), 599-617.

implementation barriers and capacity needs, and advocate for change of macro-system factors such as policy, funding, and climate.

The CPFWB identified two dissemination and implementation frameworks to guide the scale-up of parent education programming. Both frameworks are evidence-based and contribute a unique piece to the CPFWB's scale-up strategy.

1. *RE-AIM*. The RE-AIM framework is a well-established model that can be used to plan and evaluate the implementation of programs.⁷ The RE-AIM framework includes five dimensions including reach, effectiveness, adoption, implementation, and maintenance. According to this framework, successful dissemination of evidence-based programming must involve consideration and engagement of all five dimensions.⁴ The overarching objective of each dimension is shown in Figure 1.⁸ The CPFWB is using the RE-AIM framework as the foundation for the strategy to scale up parent education.

Figure 1: RE-AIM Model



* Model from Belza et al, 2007.⁸

2. *Interactive Systems Framework*. The Interactive Systems Framework is a community-centered approach that emphasizes the central role of practitioners and community members in program dissemination and implementation.⁹ The Interactive Systems Framework depicts three systems representing different phases of dissemination (see Figure 2). The three systems incorporate different stakeholder perspectives such as community practitioners, trainers/coaches, and researchers, and address macro-level factors such as funding and policy.⁶ The Prevention

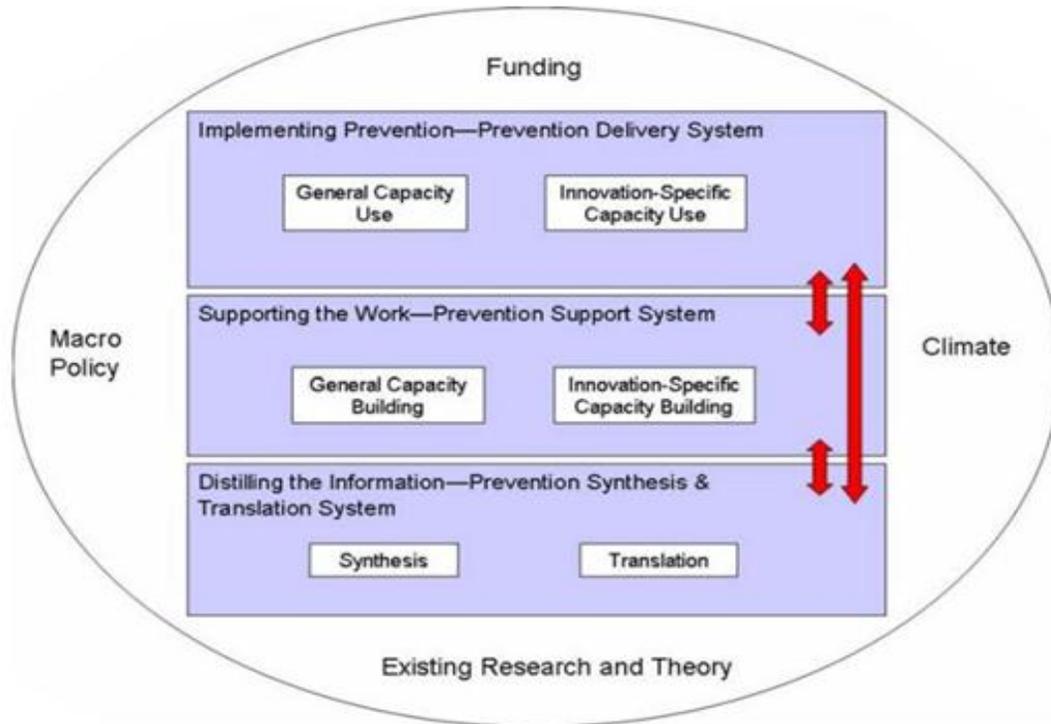
7 Glasgow, R. E., Vogt, T. M., & Boles, S. M. (1999). Evaluating the public health impact of health promotion interventions: The RE-AIM framework. *American Journal of Public Health, 89*(9), 1322-1327.

8 Belza, B. A., Toobert, D. J., & Glasgow, R. E. (2007). RE-AIM for program planning: Overview and applications. *Center for Healthy Aging Issue Brief*. Center for Healthy Aging, www.healthyagingprograms.org.

9 Wandersman, A., Duffy, J., Flaspohler, P., Noonan, R., Lubell, K., Stillman, L., ... Saul, J. (2008). Bridging the gap between prevention research and practice: The interactive systems framework for dissemination and implementation. *American Journal of Community Psychology, 41*(3-4), 171-181.

Synthesis and Translation System works to integrate and distribute information broadly and effectively, the Prevention Support System focuses on building capacity by training practitioners and coaching organizations, and the Prevention Delivery System works to deliver the program to target populations.⁶ The CPFWB identified this model as relevant to the scale-up of parent education, specifically the macro-level factors and the concept of capacity building.

Figure 2: Interactive Systems Framework



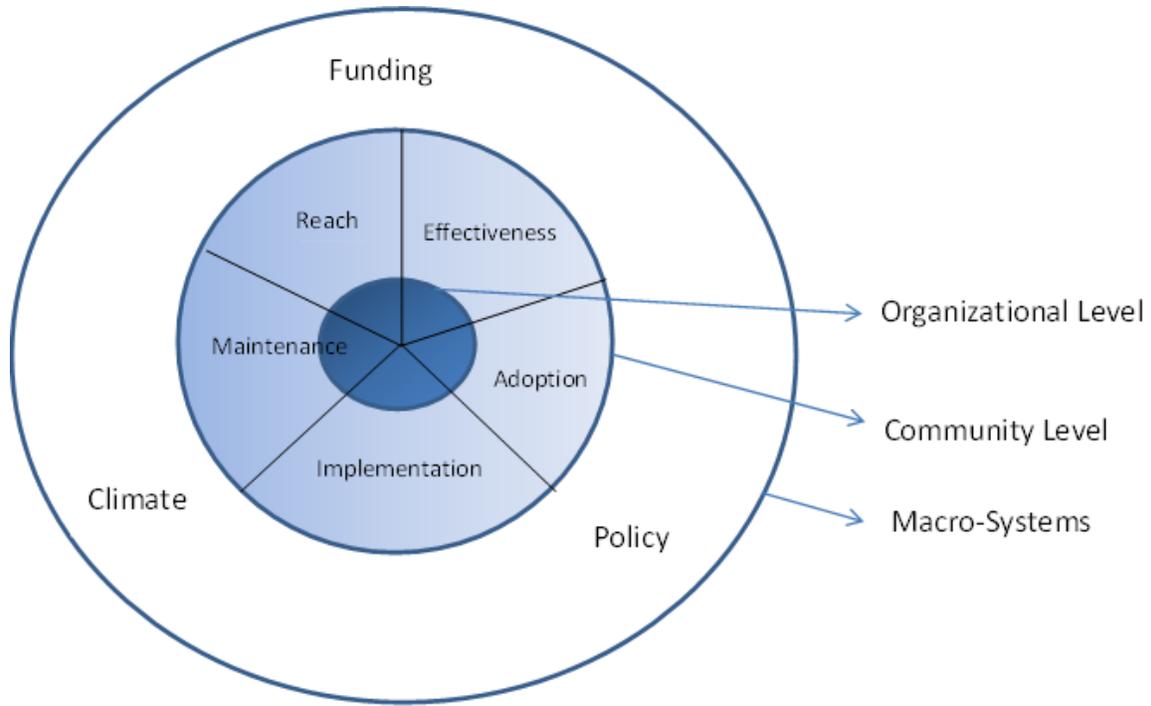
* Model from Wandersman et al., 2008.⁹

CPFWB Implementation Framework: REAIM-MS

The CPFWB integrated components of the two frameworks to create a guide for the scale-up of parent education programming in Houston. The RE-AIM framework provides the foundation of our approach, while incorporating macro-systems (MS), multiple levels of implementation, and implementation capacity building (see Figure 3). The CPFWB’s REAIM-MS framework includes three levels important to an effective scale-up strategy: the macro-systems level, community level, and organizational level. The macro-systems (MS) level conceptualizes environmental factors such as funding, policy, and climate, which play an influential role in the success of parent education initiatives. For example, a widespread social marketing campaign can reduce stigma and promote a more positive climate for parent education programming. The community level illustrates the role of the community or purveyor in the dissemination of parent education programming and services. At this level it is important to consider the five components of RE-AIM to ensure that parents across the community have access to effective parenting programs. At the organizational level it is also important to consider the five components of RE-AIM to ensure high-quality and sustainable implementation of evidence-based parent education programming. See Figure 4 for more detail on how reach, effectiveness, adoption, implementation,

maintenance, and macro-system factors are being addressed at the organizational and community level in the scale-up strategy for evidence-based parent education.

Figure 3: REAIM-MS Framework



The CPFWB is focused on creating the necessary infrastructure at the community level to effectively scale-up parent education, while also providing technical assistance to individual organizations. This report focuses on the REAIM-MS framework at the community level.

Figure 4: REAIM-MS Framework: Parent Education

	Reach	Effectiveness	Adoption	Implementation	Maintenance	Macro-Systems (Funding, Policy, Climate)
Community level / Purveyor	<ul style="list-style-type: none"> • Trying to reach “all” parents community-wide • Prioritization of partners • Social marketing campaign 	<ul style="list-style-type: none"> • Using evidence-based programs • Using process and outcome evaluations to measure impact at a community level 	<ul style="list-style-type: none"> • Teach value of parent education • Meet with decision-makers • Site selection • Organizational support (capacity-building) 	<ul style="list-style-type: none"> • Training and accreditation • Peer support • Unified metrics & data collection • Technical assistance for impl. barriers 	<ul style="list-style-type: none"> • Funding applications • Identify ways to reduce costs • Share evaluation reports and knowledge • Referral system 	<ul style="list-style-type: none"> • Culture shift via social marketing and policy change • Sustainable funding • Policy support
Organizational-level	<ul style="list-style-type: none"> • Target population within org. • Estimate reach • Identify barriers to participation • Advertise and recruit parents 	<ul style="list-style-type: none"> • Program evaluation • Measure change in parent behaviors 	<ul style="list-style-type: none"> • Identify champion • Train facilitators based on criteria • Buy-in from <i>all</i> stakeholders • Develop implementation structure 	<ul style="list-style-type: none"> • Front-end planning • Active program participation • Class attendance • Program evaluation and monitoring 	<ul style="list-style-type: none"> • Build evidence-based programs into organizational mission • Additional training and maintenance • Leadership and peer support 	<ul style="list-style-type: none"> • Promotion of classes/outreach • Open and friendly environment • Attrition risk management • Policy changes within org. • Funding options

Reach

In the REAIM-MS framework, reach refers to identifying and reaching the target population. The CPFWB is addressing reach at the community level through a population-based approach, a social marketing campaign, and partner prioritization.

Population-based approach

The CPFWB is trying to reach *all* parents through a population-based approach to parent education. A population-based approach offers different types and intensities of support to meet the varying needs of parents during different phases of child rearing. This approach prevents over-supporting a parent that is generally adapting well to parenthood and needs only a “light touch” and under-supporting a parent that could benefit from a more extensive intervention. A population-based approach also helps remove the stigma of attending parenting classes by targeting all families rather than only families that are considered high-risk.

Social marketing campaign

Despite nearly universal acknowledgement of the difficulties of parenting and a wealth of evidence supporting the far-reaching benefits of parent education for children, parents, families, and communities, there is stigma associated with seeking parent education. Seeking parent education classes may be viewed as a sign that something about the parent-child relationship is not normal or that Child Protective Services is requiring the parent to take the class.

Social marketing is increasingly gaining recognition as an effective and systematic approach to reinforcing population-based efforts of service delivery. The social marketing model is a structured planning process that applies principles of commercial marketing to the promotion of behavior change. Formative research is conducted on targeted subsets of the population to gain specific insights about factors contributing to the behaviors involved. Findings from this research are then applied to the development of a tailored marketing strategy that includes specific and measurable objectives that can be used to guide the development, implementation, and evaluation of the campaign. A number of social marketing campaigns have demonstrated success at impacting norms and behaviors in targeted and meaningful ways, like the “truth” campaign to reduce smoking initiation among teens and the “back to sleep” campaign to promote safe sleep habits for infants.

The CPFWB worked with Triple P International to create a small social marketing campaign to accompany the pilot program using Triple P’s Stay Positive marketing campaign. Stay Positive was first piloted in the Netherlands, and it is now being used across the world. CPFWB distributed brochures and posters in English and Spanish for trained providers to use and display at their respective locations. Based on initial estimates, the brochures and posters were used at over 20 locations and were seen by over 3,500 parents. See Figure 5 for sample posters.

Figure 5: Triple P Pilot Program Posters



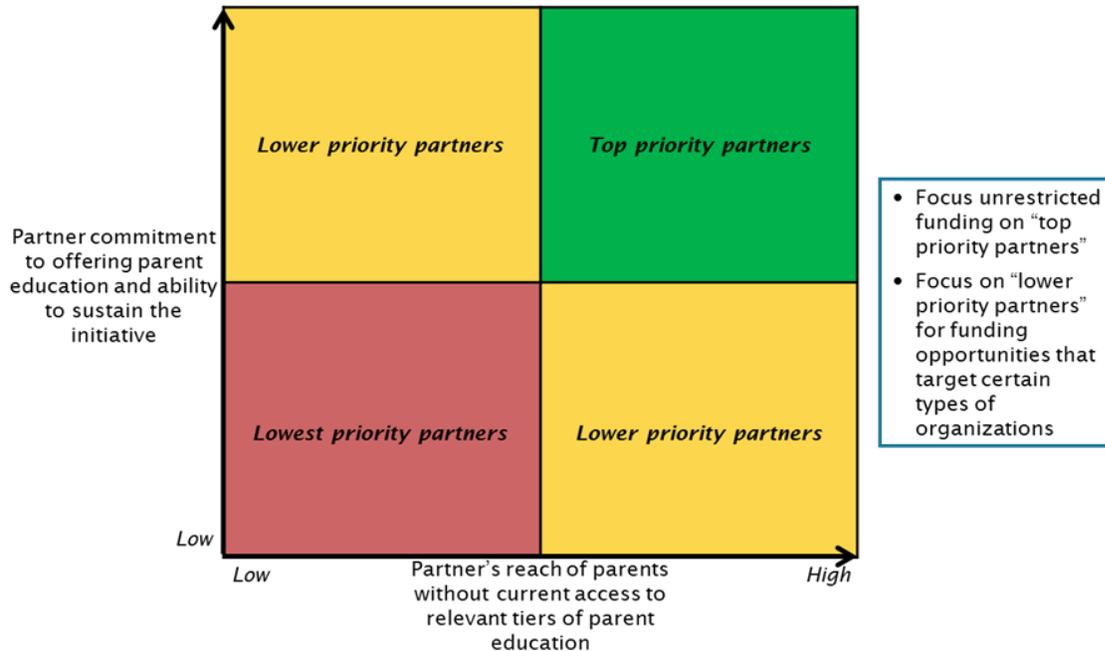
Partner prioritization

While the CPFWB strives to make parent education accessible to all parents in the community, the dissemination of a universal approach to parent education in a city as large as Houston will not occur all at once. As a result, certain organizations, geographic areas, and populations will receive the intervention before others. The CPFWB strives to be equitable to its partners and the community as we build capacity to deliver parent education in Houston and will prioritize organizations that are committed to offering parent education and are able to reach parents (see figure 1). Goals include:

- **Support organizations and providers that are able to reach a high volume of parents.** Recruiting parents to attend parenting classes can be challenging. As a result, organizations and providers that have access to many parents should be prioritized over organizations and providers that have access to only a few parents.
- **Partner with organizations and providers that truly are committed to offering parent education.** Training providers in evidence-based curricula is expensive, and successful implementation of parenting classes requires buy-in from the organization. As a result, we will prioritize working with organizations and providers that are dedicated to offering parent education to their clients.
- **Train providers in all levels of the model.** A population-based approach to parent education requires different intensities of parenting support to be offered. Therefore we will train providers in different types of parenting support programs such as seminars, group classes, and individual consultations.
- **Support organizations that currently offer parent education AND organizations that are new to offering parent education.** This approach will help both build capacity of existing organizations and extend the reach to parents by partnering with new organizations. This creates a diverse pool of providers.

- **Offer education in geographically diverse areas.** In order to increase access to evidence-based parent education, we should partner with organizations that reach different areas of the region.

Figure 5: Partner prioritization framework



In the initial phase of CPFWB’s work with community partners, an organization’s dedication to training staff in Triple P was the main factor in determining whether the partnership was a good fit. As the CPFWB has built community capacity we have been able to more formally outline the desirable characteristics of partner organizations, using the list of criteria above as a framework. We anticipate that we will formalize these criteria through an application process for future funding opportunities.

Effectiveness

In the REAIM-MS framework, effectiveness refers to ensuring the intervention results in the expected positive outcomes. The CPFWB is addressing effectiveness at the community level through the use of evidence-based programs and evaluation.

Evidence-based programming

Over the last decade, governments and other funding agencies have placed specific emphasis on implementing evidence-based programs. A program is judged to be evidence-based if (a) evaluation research shows that the program produces the expected positive results; (b) the results can be attributed to the program itself, rather than to other extraneous factors or events; (c) the evaluation is peer-reviewed by experts in the field; and (d) the program is “endorsed” by a federal agency or

respected research organization and included in its list of effective programs.¹⁰ Because these are established programs with proven positive outcomes, fully developed curricula, training, and support services, using evidence-based programs to achieve our goal is both appealing and efficient.

Several registries exist that evaluate the effectiveness of parenting programs, including the Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Registry of Evidence-Based Programs and Practices, and the California Evidence-Based Clearinghouse for Child Welfare. Using these registries, we created a matrix of evidence-based parent education programs currently offered in the Houston area. To be consistent with the population-based approach, the matrix was further refined to identify programs at each level or tier of service. Figure 6 describes the different tiers of service and evidence-based programs that are currently available in the Greater Houston area for each tier.

Figure 6. Tiers of Parenting Support Programs

Tier	Target pop. ^a	Description	Proven Effective Programs Offered in the Greater Houston Area
Tier 5	2% ^b	Parenting programs for families that are at high risk for abuse and/or families that have additional challenges such as anger management	<ul style="list-style-type: none"> • Nurturing Parenting • Triple P Level 5
Tier 4	20% ^c	Intensive parenting programs that promote positive parenting and help parents manage misbehavior	<ul style="list-style-type: none"> • AVANCE Parent-Education Program • HIPPY • Incredible Years • Love and Logic • Nurse-Family Partnership • Parent-Child Interaction Therapy • Parenting Wisely • Parents as Teachers • Triple P Level 4
Tier 3	33% ^d	Brief interventions that target specific behaviors	<ul style="list-style-type: none"> • Triple P Level 3
Tier 2	60% ^d	Basic seminars to promote positive parenting	<ul style="list-style-type: none"> • Triple P Level 2
Tier 1	100% ^d	Media campaigns to de-stigmatize attending parenting classes, raise awareness of available classes, and promote positive parenting	<ul style="list-style-type: none"> • Triple P Stay Positive Campaign

a: Target population is an estimate of the percentage of parents for whom the intervention is appropriate based on the best data available and represents the percentage of parents the CPFWB will target as we scale up evidence-based parent education.

b: Tier 5: Percent of Harris County children that are investigated for child maltreatment;

c: Tier 4: Percent of children with behavioral disorders;

d: Tiers 1, 2, and 3: Based on Triple P International’s estimates.

As the fourth largest city in the U.S., Houston has a richness of diversity of culture, language, and support needs. The CPFWB prioritizes and financially supports evidence-based programs; however, we also recognize the need for new and innovative programs that fill identified gaps in service. Therefore, although we do not financially support these non-evidenced-based programs, we will continue to collaborate with agencies providing these services through facilitating peer support and referrals and the development of a website and database of parent education programs available in the Houston area. Additionally, we encourage the evaluation and monitoring of all programs implemented in our

¹⁰ Cooney S. M., Huser M., Small S., & O’Connor C. (2007). Evidence-Based Programs: An Overview. Retrieved from <http://www.human.cornell.edu/outreach/upload/Evidence-based-Programs-Overview.pdf>.

area to assess the effectiveness and impact on populations served. To that end, the CPFWB is currently monitoring and evaluating the effectiveness of the Triple P Pilot.

Evaluation

With the assistance of an Academic Advisory Council and Research and Evaluation Workgroup, a comprehensive evaluation plan for the Triple P pilot program was developed, including process and outcomes evaluation measures. Validated survey instruments are used when available. Details on the evaluation tools are available in the effectiveness section of Appendix A.

Adoption

In the REAIM-MS framework, adoption refers to successfully recruiting organizations and individuals to offer parent education. The CPFWB is addressing adoption at the community level through targeted outreach and education and creating organizational requirements to ensure organizations understand the necessary commitment.

Targeted outreach and education

A necessary component of scaling up parent education is for organizations and providers to recognize the value of parent education and to want to offer parent support services at their organization. The CPFWB is addressing adoption through outreach to organizations that routinely engage with families, such as schools, places of faith, clinics, hospitals, child care centers, and other nonprofit organizations to identify organizations that are interested and committed to offering evidence-based parent support programs. The CPFWB and partners are also educating direct service providers through Women, Infants, and Children (WIC), Child Protective Services and school districts on available parent education programs so the agencies are able to refer families to parenting support programs if the agency cannot meet the needs of the parents. Once it is determined that agencies are interested in offering evidence-based parent education, the principles described in the reach section are used to prioritize potential partners. A description of all of the CPFWB's outreach activities is listed in the adoption section of Appendix A.

Organizational requirements

Prior to moving forward with implementation, community partners must commit to offering a minimum number of parenting classes and reaching a minimum number of parents, participating in peer support sessions, and submitting evaluation data. Specific requirements that are included in the memorandum of understandings with our community partners are listed in the adoption section of Appendix A.

Implementation

In the REAIM-MS framework, implementation refers to effectively offering the program. The CPFWB is addressing implementation at the community level through training providers in evidence-based parent education, providing technical assistance, and evaluation support.

To scale up parent education in the community, providers will need to be trained and accredited in evidence-based parent education curricula. Furthermore, based on our experiences with the Triple P

pilot and the capacity-building elements of the Interactive Systems Framework, it is the CPFWB's recommendation that technical assistance be provided to organizations that will be offering parent education. The technical assistance should help organizations address common barriers to implementation, select appropriate staff members to be trained, encourage providers to offer classes soon after training, provide realistic estimates of the time and commitment that is necessary, and help ensure that all of the key stakeholders in the organization are aware of and support the program. Additionally, program monitoring and evaluation tools should be utilized to help providers and organizations understand the impact of their program and whether changes or additional supports are needed.

Maintenance

In the REAIM-MS framework, maintenance refers to institutionalizing programs and policies so the program continues to be offered. The CPFWB is addressing maintenance at the community level through funding, communication, and identification of when we have reached a maintenance level.

Funding

To sustain the delivery of parent education, it is necessary to identify funding to cover the ongoing costs, such as the cost of parent materials and training due to attrition. Funding is discussed in the macro-system section.

Communication

Another factor necessary to sustain the delivery of parent education is the successful management of communications among agencies and parents. In collaboration with the consulting firm, Inspire, the CPFWB developed a communications framework and tools to efficiently share information including a calendar of classes, coverage map of where classes are offered, contact information of providers, performance reporting, and resources.

There is also a need for a publicly accessible website that parents can use to access information about all parent education available in the city. The CPFWB plans to spearhead this project with support from agencies that offer parent education. Ideally, the website would include a searchable database of available classes, so that parents can search for classes by time offered, length of course, language, location (ex. within a certain distance of a given zip code), etc. The site would be modeled after Collaborative for Children's Qualifind system (a searchable database of child care centers) and Harris County Department of Education's AfterSchoolZone.org.

Identification of maintenance level

Finally, another component of maintenance is identifying the threshold of when we have successfully scaled-up parent education to have a positive impact on the well-being of children and families. Once we have reached this threshold, it is critical to maintain the parent support programs available, but funding to scale up parent education should then be distributed to other areas that support child and family well-being. The CPFWB will have reached a steady state when:

1. all of the components of the scale up strategy are implemented (page 5);

2. there are 8 providers trained in evidence-based parent education per 1,000 families. Based on a previous study, this produces a large enough provider base to effect positive outcomes related to child welfare at a population level;¹¹ and
3. when there are statistically significant reductions in rates of substantiated child maltreatment and social, emotional, and behavioral problems in children.

Macro-System

In the REAIM-MS framework, macro-system refers to having the necessary policies, climate, and funding for the program to be adopted, implemented, and maintained. The CPFWB is addressing climate, funding, and policies.

Climate

Currently, there appear to be many organizations that are interested in offering parenting support programs to families. However, to ensure that parents actually attend the classes once they are available, attending parenting classes must become a social norm, similar to attending a parent-teacher conference or a childbirth class. The CPFWB is addressing the climate by recommending the implementation of a social marketing campaign as a key component of scaling up parent education and by suggesting that parenting support programs be offered by organizations that parents already are comfortable with such as places of faith and schools.

Funding

Sustainable funding also is necessary to scale up parent education so all parents have access to parenting support programs. While there are many avenues that currently fund parent education, the current funding is able to reach only a small number of parents. It is likely that in order to fully scale up the implementation of parent education, a blended funding stream that includes public funding will be required. Funding options include:

- **Fee for service:** Organizations charge parents to attend parenting classes to cover the costs incurred by the organization.
- **Federal funding for home visitation:** Federal funding is currently available for evidence-based home visitation programs, the most intense form of parenting support programs.
- **Public funding:** Other states, including California and Florida, fund parent education through a children's trust fund.
- **Federal research grants:** Federal funding for research could support the scaling-up of parent education, as we intend to include a robust evaluation.
- **Insurance coverage:** Research studies have demonstrated that evidence-based parent education decreases rates of social, emotional, and behavioral disorders in children, potentially making it appealing for health insurance companies to include in coverage plans.
- **Foundation, corporate, and individual support:** The implementation of parent education can be supported through individual, corporate, and foundation gifts and grants.

Policies

¹¹ Prinz, R., Sanders, M., Shapiro, C., Whitaker, D., & Lutzker, J. (2009). Population-based prevention of child maltreatment: The U.S. Triple P System Population Trial. *Prevention Science*, 10, 1–12.

Organizational, local, state, and federal policies can impact the scaling-up of evidence-based parent education. Policies can designate funding and require programs to be evidence-based. Organizational policies also can change the climate and increase the number of parents receiving classes. Examples include: job requirements and performance metrics of school counselors can include offering parenting classes; attending parenting classes is a required component of preparing for religious rights of passage such as baptism, first communion, bar mitzvah, etc; and pediatricians are required to refer parents to parenting classes if concerns with a child's behavior are brought up during a well-child visit.

Discussion

The CPFWB has developed a strategy to scale up evidence-based parent education through the expertise of partners and the private sector, best practices, and the experience of implementing a parenting pilot. The scale-up strategy blends the RE-AIM Model and the Interactive Systems Framework. Components of the strategy are grouped by reach, effectiveness, adoption, implementation, maintenance, and macro-systems and include:

- **Reach:** using a population-based approach to target all parents, implementing a social marketing campaign to de-stigmatize attending parenting classes, and prioritizing partners according to identified criteria;
- **Effectiveness:** using evidence-based programs and conducting an evaluation;
- **Adoption:** Educating organizations on the value of parent education and services available and creating requirements for organizations and providers that receive training through the CPFWB;
- **Implementation:** Training providers in evidence-based parent education and providing technical support to help providers address common implementation challenges;
- **Maintenance:** Supporting communication between providers and referrals through a website and database of available parenting classes, and institutionalizing parenting classes at organizations across the community; and
- **Macro-system:** Addressing policies, funding, and climate to ensure that there is adequate sustainable funding and favorable environment to support a population-based approach to parent education.

The CPFWB's community partners have demonstrated an interest and willingness to increase the availability of evidence-based parent education programs in Houston, Texas. A plan has been developed to successfully scale up parent education to address reach, effectiveness, adoption, implementation, maintenance, and macro-system factors. In collaboration with many community organizations, the CPFWB will continue to address all of these factors to successfully scale up evidence-based parent education in the Houston community and ultimately have a positive impact on the well-being of our children, parents, family, and community.

Appendix A: The CPFWB's Progress on Scaling Up Parent Education in Houston

Reach

- Convened a Communications and Outreach Workgroup with community representatives to develop recommendations on media and an outreach strategy for the social marketing campaign.
- Received proposals from four marketing firms on the scope and cost of a social marketing campaign.
- Implemented small social marketing campaign at Triple P pilot sites that has reached 3,000+ parents as of October 2013.
- Developed criteria for prioritizing partners.

Effectiveness

- Convened a Research and Evaluation Workgroup with community representatives and an Academic Advisory Council to assist in planning and developing the Triple P pilot evaluation and research grant protocols.
- Created a matrix with key information on all parent education programs in the California Evidence-Based Clearinghouse or the National Registry of Evidence-Based Programs and Practices.
- Developed evaluation protocol for the pilot program, including process and evaluation measures.
- Developed data collection instruments for the Triple P pilot, including:
 - Process tools: program log, session checklist, sign-in sheet, peer support log, consultation with C@R/Triple P
 - Content and outcome tools:
 - Providers: Demographics, work history, self-efficacy, and perceived support/barriers
 - Parent/Child: Demographics, satisfaction/benefits, discipline style (level 4 only), self-efficacy, child adjustment (level 4 only), and relationship/management (level 3 only)
 - Validated survey instruments include: Strengths and Difficulties Questionnaire and Parenting Scale.

Adoption

- Educated 160 professionals on the value of evidence-based parent education through five events: Parenting and Family Well-Being Conference: New Morbidities 2.0, CHILDREN AT RISK North Texas Children's Summit, Harris County School Health Leadership Group, Harris County Department of Education Board of Trustees Meeting, and University of Houston-Downtown Family Strengths Symposium.

- Coordinated presentations from 10 agencies that provide parent education, to a total of 200 caseworkers at three events for WIC staff, child protective services staff, and school staff. During the presentation each of the 10 agencies provided an overview of the parenting services their agency offers. Ninety-six percent of the attendees reported that they learned new information about parenting programs available in the Houston area, and 98% reported that they were likely or very likely to refer their clients to parent education services.
- Wrote an article in the peer-reviewed *Journal of Applied Research on Children* on the CPFWB’s needs assessment of parent education, titled “Report from the field: The results of a community needs assessment for parent education in Houston, TX.”
- Authored a chapter on parenting support in *The Texas Statewide Blue Ribbon Task Force Final Report*, http://www.texprotects.org/site/DocServer/SBRTF_Report2012_final.pdf?docID=5361.
- Met with more than 150 organizations to educate them on the value of parent education and to identify whether the organization is interested in offering parent education to their parents. Outreach efforts focused on organizations that have access to a high volume of families, including: 19 school districts or education focused organizations, 9 faith-based organizations, 33 early childhood education centers, 37 medical clinics and hospitals, and 38 social service agencies.
- Coordinated meetings of the Parent Education Providers Partnership, a group of 18 agencies that provide parent education and come together quarterly to address challenges and identify opportunities to work collaboratively to increase the impact of parent education in our community.
- Coordinated 15 meetings of the CPFWB Partnership and Workgroups. The workgroups consisted of Programs and Infrastructure (5), Communications and Outreach (5), and Research and Evaluation (3).
- Developed and implemented a memorandum of understanding with community partners on requirements that must be met in order to receive funding to train their staff in evidence-based parent education. The following requirements are suggested guidelines that are currently in place for the Triple P pilot. These guidelines will be adjusted based on feedback from the participants of the Triple P pilot.

Tier 2 Seminar	1 seminar within two months of training and 6 seminars within one year of training
Tier 3 Individual Sessions	Sessions with 2 families within two months of training and sessions with at least 25 families within one year of training
Tier 4 Group Classes	Begun 1 class within two months of training and completed 3 group classes within one year of training, reaching at least 20 parents

Organizations and providers that receive funding through the CPFWB will be expected to fulfill the following requirements:

- Organizations will be required to sign a memorandum of understanding with the CPFWB. Individual providers will be required to sign a memorandum of understanding with their agency or the CPFWB to ensure they understand their commitment.

- To fill the number of designated training spots allotted to their organization. Organizations are required to have two staff members as backup in the event that one of their designated staff members is unable to make the training.
- To assist staff in scheduling the first parent education sessions in advance, so that sessions begin soon after training ends.
- To coordinate peer support sessions for the trained providers in collaboration with CPFWB.
- To allow their staff the necessary time to promote and offer parenting classes.
- To complete and submit attendance records.
- To distribute and collect parent pre-questionnaires and post-questionnaires.
- To complete agency and provider surveys.

Implementation

- Trained 66 unique providers in Triple P across 12 agencies: Archdiocese of Galveston-Houston, Boys and Girls Club of Greater Houston, Children’s Museum, Collaborative for Children, Communities in Schools—Baytown and Houston, DePelchin Children’s Center, Galena Park Independent School District, Harris County Department of Education, Neighborhood Centers, Sheldon Independent School District and Spring Branch Independent School District. As of February 2014, providers have reached 1,136 at 30 different locations.
- Developed, distributed, and analyzed 1,190 surveys on parents’ perceptions and interest in parent education to help partners with implementation plans.
- Coordinated peer support meetings at community partners to assist in overcoming barriers to implementation.

Maintenance

- Created database to manage communications and track data for partner agencies and the CPFWB.

Macro System

- Used diversified funding strategy to identify and apply for parent education support through corporate, federal, and private foundations. Applied for 22 grant proposals and received \$813,199.92 from seven sources: American Academy of Pediatrics, Community Health Choice, Ed Rachal Foundation, Harris County Hospital District Foundation Children’s Health Fund, Houston Endowment, Rees-Jones Foundation, and Strake Foundation.
- Created a detailed cost model, training recommendations, and budget for scaling-up parent education across the region for \$5 million/year as part of a campaign to create a public fund for early childhood education.