

1. ABSTRACT

This poster aims to describe coalitions' capacity to implement Triple P and determine if this capacity has improved over time. Twenty-eight stakeholders involved in the implementation of Triple P in two Canadian French-speaking communities fulfilled a survey before the implementation (T1) and thirty two-years later (T2). Among them, 20 participated to both T1 and T2. These surveys assess their perceptions of the organization's readiness, the functioning and the impacts of the partnership mobilized around Triple P, and some facilitators and obstacles related to the implementation. Descriptive statistics were used to describe coalitions' capacity at T2. The evolution of capacity during implementation process was assessed using data from the twenty respondents who participated at both T1 and T2. Due to the small sample size, changes over time were not statistically significant, despite a large effect size. This project contributes to the scientific literature on capacity building since only few prospective studies currently exist in this field. It also provides feedback to the community coalitions regarding potential improvements of their capacity to implement evidence-based programs (EBP).

2. INTRODUCTION

Capacity is a multicomponent concept that can be defined as a combination of elements (attitudes, capabilities, learning process, organization's characteristics, leadership, resources, partnerships, community participation) that help the environment to recognize, evaluate and address its key problematics.

To implement an EBP, the community, organizations, and individuals need to have the capacity required to go through the process. Some models (Meyers et al., 2012; Wandersman et al., 2006) suggest that the **capacity to implement can also be a result of the implementation process**. Few studies have evaluated capacity building through the implementation process.

Triple P – Positive Parenting Program is an EBP that aims to enhance parental competencies and reduce dysfunctional parenting styles.

A continuum of Triple P services (Sanders & Turner, 2005) is currently offered to parents of children aged 0 to 12 in two Canadian French-speaking communities. The data for the present study have been collected from the offer of this EBP.

3. OBJECTIVES

- I. Describe the coalitions' capacity to implement Triple P
- II. Determine if the coalitions' capacity to offer Triple P has improved over time
 - Based on the literature and models on the subject, the capacity should improve while offering the program.

4. METHOD

Participants

- Stakeholders involved in the implementation of Triple P fulfilled a survey before the implementation (T1), and two-years later (T2).

Participants' characteristics

	N	Female	University diploma	Years of experience in their organization
T1	28	75%	88%	17,2 (7,7)
T2	30	83%	86%	17,2 (8,9)
T1 & T2	20	79%	83%	16,3 (8,6)

Note. Average score and valid percent. Standard deviation in parenthesis.

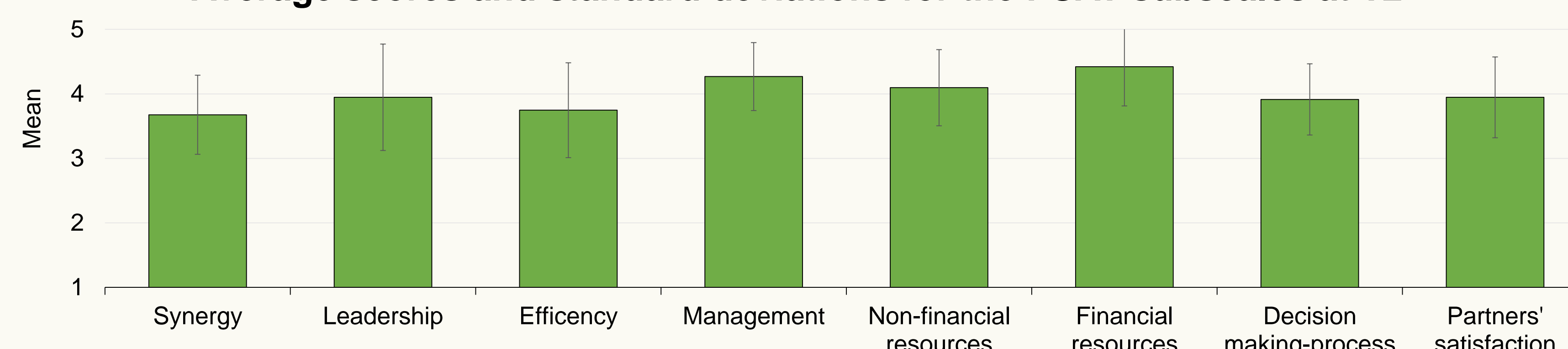
Measures

Instruments	Variables	Scales
Organization readiness for change (ORC; Lehman, Greener, & Simpson, 2002)	<ul style="list-style-type: none"> • Adequacy and sufficiency of offices, staff and communication channels • Comprehension of Triple P's objectives 	(10) Strongly disagree (30) Neutral (50) Strongly agree
Partnership Self-Assessment Tool (PSAT; Center for the Advancement of Collaborative Strategies in Health, 2007)	<ul style="list-style-type: none"> • Level of functioning of the partnership mobilized around Triple P 	(1) Danger zone (3) Working zone (4) Progression zone (4,5) Target zone
Community Impacts of Research Oriented Partnerships (CIROP; King et al., 2005)	<ul style="list-style-type: none"> • Development of skills while participating to the partnership 	(1) Not at all (4) To a certain extend (7) In a very large extend
Factor Related to Program Implementation (FRPI; Mihalic & Irwin, 2003)	<ul style="list-style-type: none"> • Characteristics of the organization, staff, supervisor and training that can be facilitator or obstacles to the implementation 	(1) Important obstacles (3) Neutral (5) Important facilitators

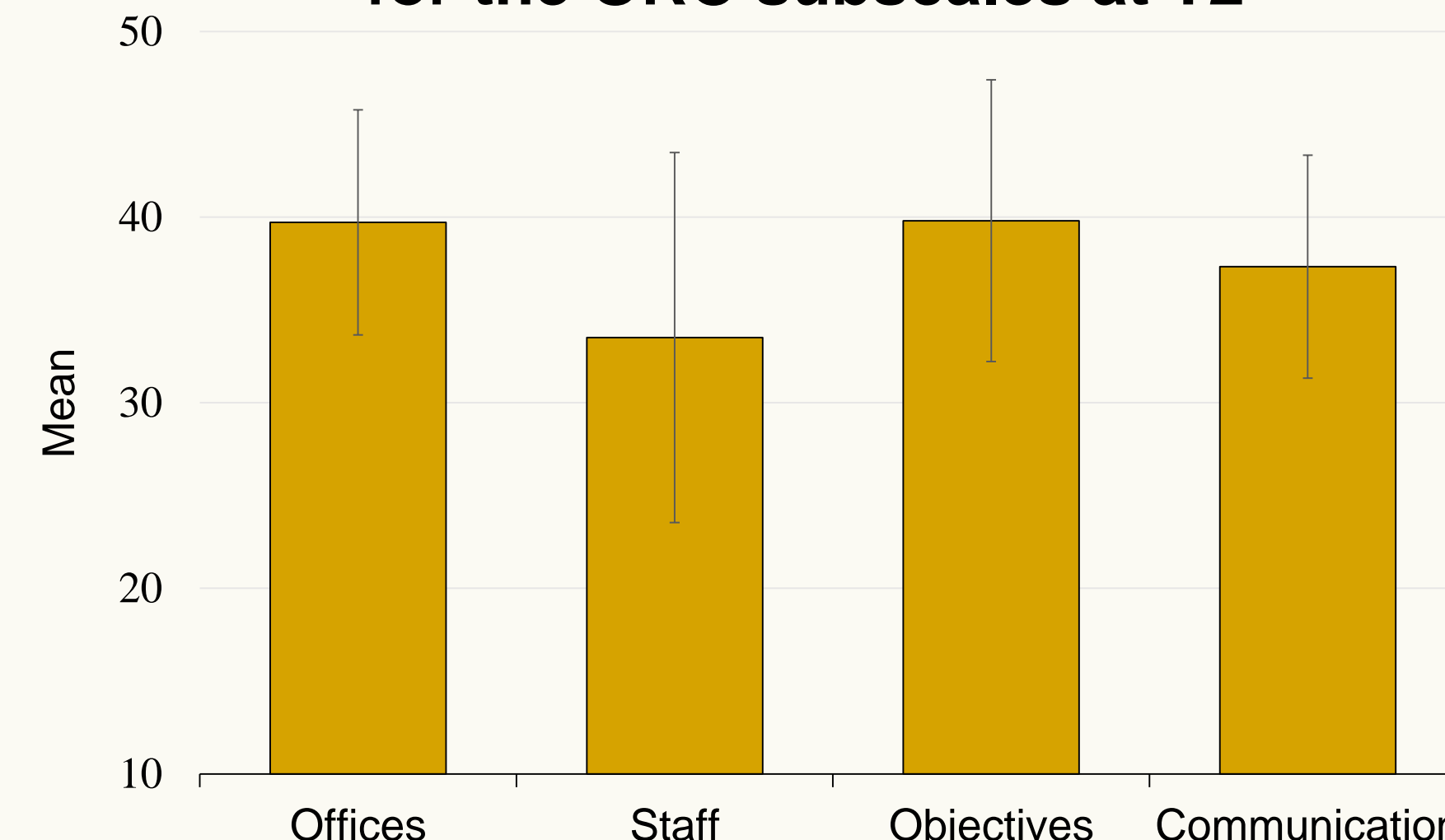
5. RESULTS

I. Stakeholders' perception of coalitions' capacity at T2

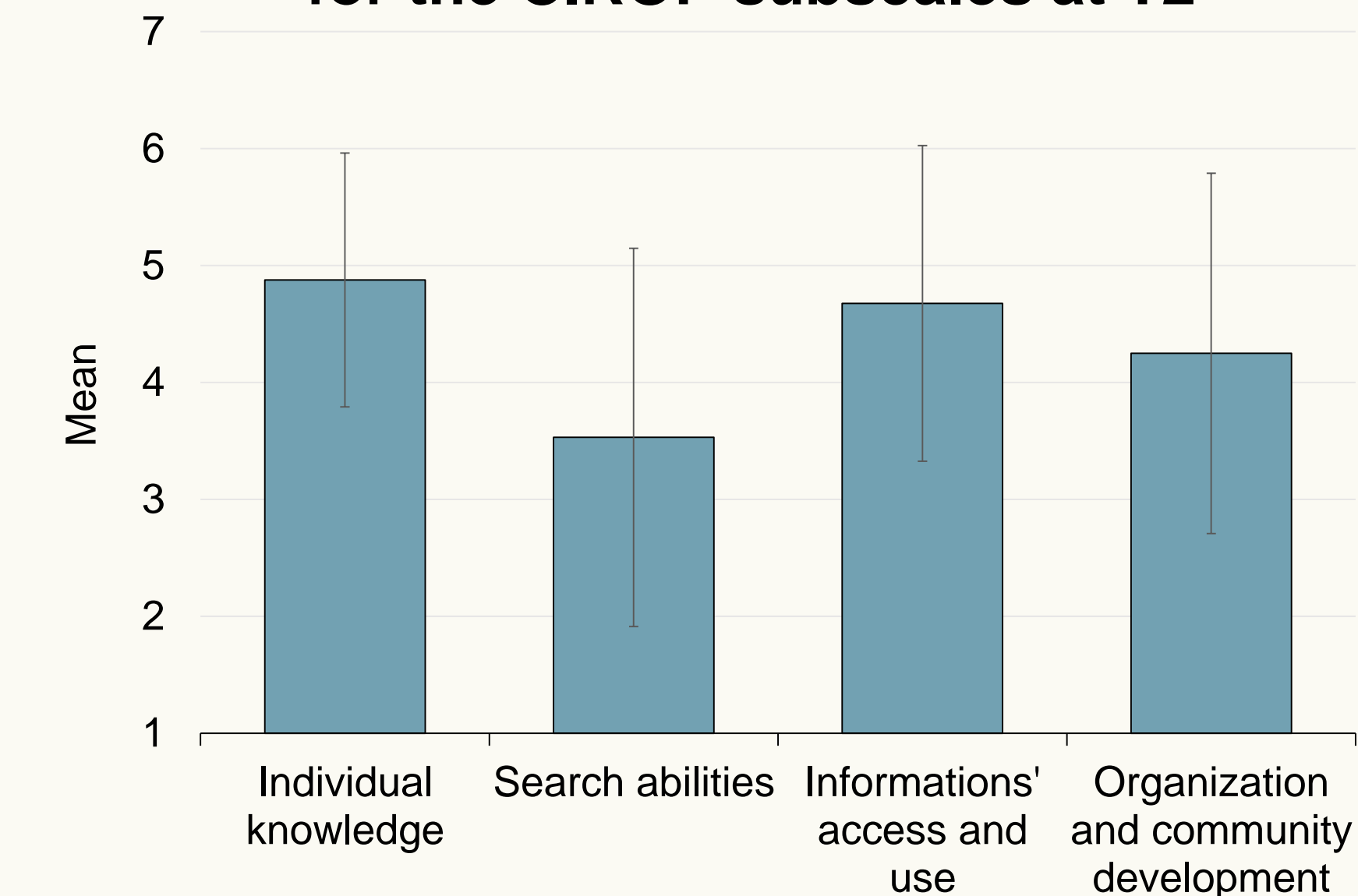
Average scores and standard deviations for the PSAT subscales at T2



Average scores and standard deviations for the ORC subscales at T2



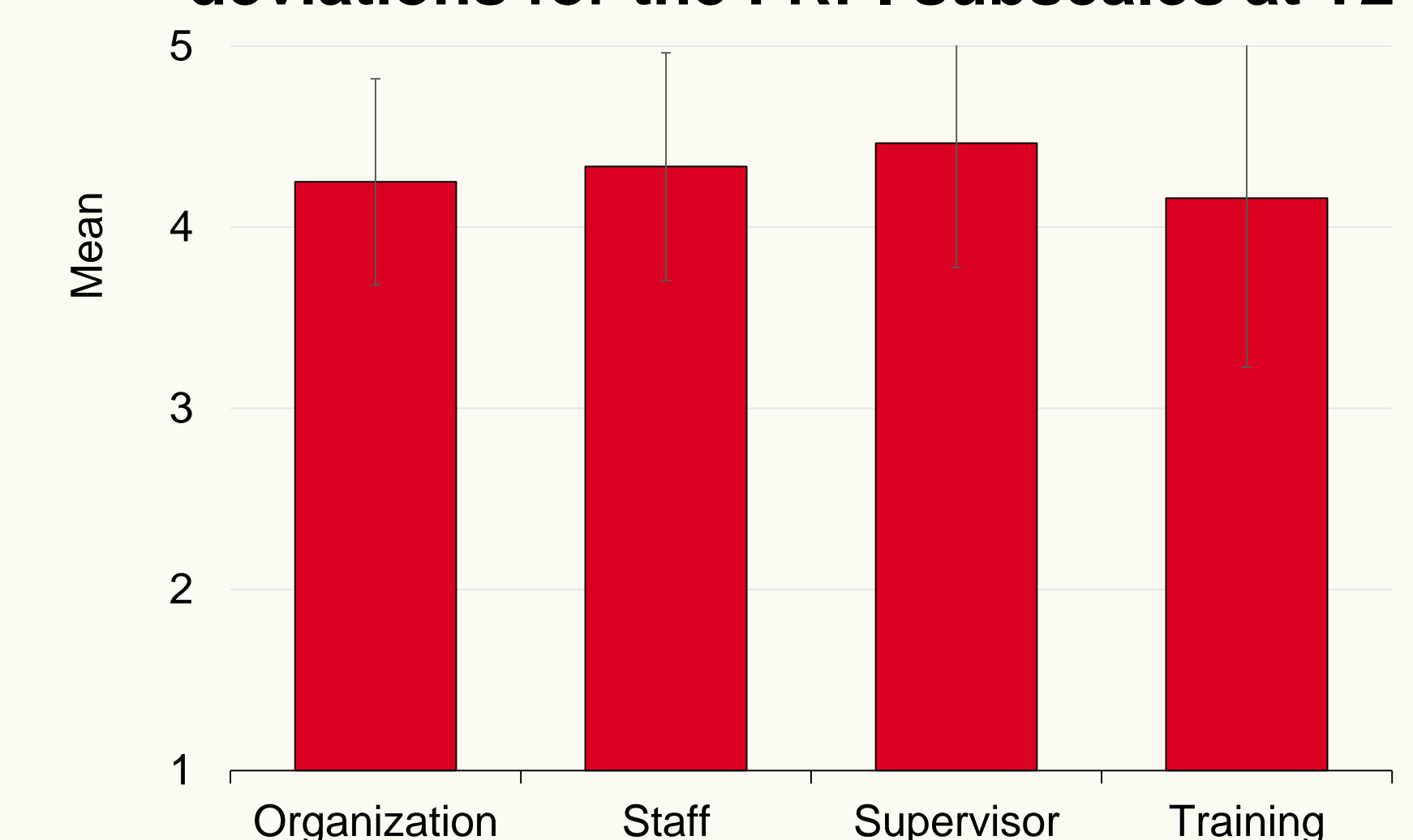
Average scores and standard deviations for the CIROP subscales at T2



II. Effect of time on stakeholders' perceptions of the capacity:

- **No significant effect** on organisation's readiness ($F[5,7]=1,645$, $p=.265$, $\eta^2=.540$)
- **No significant effect** on the facilitators and obstacles related to the implementation ($F[4,14]=0,974$, $p=.453$, $\eta^2=.218$).
- **Large effect size** of time on both dimension.
- The development of other dimensions was not evaluated because only 9 participants answered both T1 and T2.

Average scores and standard deviations for the FRPI subscales at T2



6. DISCUSSION

I. This project provides feedback to the community coalitions regarding improvement of their capacity

- Partnerships are **not functioning at their full potential**.
- Stakeholders are **uncertain of the adequacy of offices, staff and communication channels** to offer Triple P.
- They are also **uncertain to understand Triple P's objectives** and their fit within the organization.
- To a certain extend, individual, organization and community **developed skills** related to EBP
- Coalitions possess some **facilitators** to offer Triple P

II. It also contributes to the literature on capacity building since only few prospective studies currently exist in this field.

- The results can't confirm that the capacity of the two coalitions evolved during the implementation process because it didn't assess all component of the capacity.
- Stakeholders perceived an **improvement of their organization's readiness** (i.e., adequacy of communication channels and installations, openness to implement, understanding of Triple P's objectives and their link to those of organizations) and an **increase of the facilitators to implement** (i.e., the agency and staff are more helpful at T2 to offer the program).