

# Ohio Triple P Online SFY2024Q3 Cumulative Evaluation Report

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## Executive Summary

This report provides a cumulative evaluation of Triple P Online (TPOL), including findings for the “Primary Prevention” population of all Ohio caregivers; how concrete supports may boost program effectiveness; and findings for families recruited through public children’s services agencies (“Tertiary Prevention”).

The report’s findings describe the characteristics of participants, summarizes their opinions of the program, and explains how participation may be associated with changes in parenting outcomes and involvement in Ohio’s child welfare system.

### Key Findings – Primary Prevention

- Since beginning in May 2022, TPOL has been used widely across Ohio by 22,010 participants from each of the state’s 88 counties. This corresponds to **1% of all Ohio households with children** participating in TPOL. (p. 5). Participation was especially high in rural areas – including Appalachian counties with high child poverty rates – suggesting the TPOL’s value in reaching these populations.
- **Participants rated the program highly.** For example, 94% rated the quality of the program as either “excellent” or “good.” (17) Two-thirds said they planned to implement the strategies they had learned, and during a follow-up survey, **73% said they implemented the strategies they learned.** (18)
- Participants who completed a posttest **improved parenting outcomes** on the Protective Factors Survey Nurturing and Attachment subscale and the Parenting Experiences Survey. (22)
- About **12% of TPOL participants who participated in the evaluation group were involved with Ohio’s child welfare system, mostly *before* they enrolled in TPOL.** (26) These families reported similarly high levels of satisfaction with the program and exhibited notable improvements in parenting outcomes. (31)
- Of the 1,656 participants who joined the evaluation group, **many reported significant financial hardships**, such as being unemployed when they really need a job (22%) or moving in with others because they could not afford rent (10%). One third (33%) said at least sometimes they have trouble affording what they need each month (33).

Commented [CT1]: I think good to add a key finding of engagement in rural counties where there may likely be fewer resources; and you’ll see in further comments a request to include some info on poverty and maltreatment rates with TPOL penetration—with poverty being such a high area of focus for DCY good if we can add a key finding related to that as well?

Commented [SN2]: Clarify this is 12% of those who consented into the evaluation (n=1656); --not 12% of the 22,010

### Key Findings – Concrete Supports

- Concrete supports were very welcome and used to pay household expenses and family social activities. Although survey results did not suggest a significant impact of concrete supports on parenting outcomes (19), during in-depth qualitative interviews, **parents reported decreased stress and improved relationships with their children because of concrete supports.**

### Key Findings – Tertiary Prevention

- A planned effort to **encourage Public Children Services Agencies (PCSA) to refer clients** to the program has had a slow start. Sixty-nine caregivers from five counties have enrolled in the program, 11 of whom joined the evaluation group. (37)
- Qualitative interviews were conducted with five TPOL participants and PCSA workers. **Parents found the program to be helpful in their interactions with their children, PCSA workers reported Triple P to be an important source of support to families** involved with the child welfare system. (38)

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## Background

This report describes how an online parenting education program – Triple P Online (TPOL) – has been implemented across Ohio. The report assesses how the program was disseminated across Ohio, describes the characteristics of participants, summarizes their opinions of the program, and explains how participation may be associated with changes in self-reported parenting outcomes.

The statewide roll-out of TPOL began in May 2022, but the results of this report focus on the period when the evaluation was active with online surveys and telephone interviews from February 21, 2023 through April 21, 2024. As a cumulative report, it includes some findings that have been presented in earlier reports. For additional background and methods on topics listed in the box to right, please refer to the Ohio TPOL Evaluation FFY2023 Annual Report.

*Please see the FFY2023 Annual Report for information on:*

What is TPOL?  
Who is involved?  
What are its goals?  
What did the evaluation involve?  
How many people joined the evaluation group?  
Strategies participants intended to implement.

## PRIMARY PREVENTION TPOL

### Who participated?

Since debuting across Ohio in May 2022, TPOL recorded 22,010 initial logins, including 14,877 unique registrations since the evaluation begin on February 21, 2023. For the 1,365,299 Ohio households with children, this would correspond to about 1% of Ohio households with children logging on to TPOL.

### Demographic characteristics

TPOL participants who joined the evaluation group were mostly female (55.3%) and White (48.4%); 14.8% were Black or African American and 23.1% were Hispanic (Table 1). The plurality (54.4%) was married, 16.4% had a high school education or less, 42.9% had some post-secondary schooling, but less than a 4-year college degree, and 30.8% had at least a 4-year college degree.

**Table 1. Demographic characteristics of the Primary Prevention TPOL evaluation group**

	<i>N</i>	<i>percent</i>
<b>TOTAL</b>	<b>1,643</b>	<b>100.0%</b>
male	555	33.8%
female	909	55.3%
other	16	1.0%
missing	163	9.9%
White	795	48.4%
Black or African American	243	14.8%
Hispanic	380	23.1%
Asian	16	1.0%
Native American	6	0.4%
Multiracial/Other	48	2.9%
missing	155	9.4%

	<i>N</i>	<i>percent</i>
married	893	54.4%
partnered	143	8.7%
single	274	16.7%
divorced	109	6.6%
separated	48	2.9%
widowed	13	0.8%
missing	163	9.9%
Elementary or junior high school	3	0.2%
Junior high school	4	0.2%
Some high school	64	3.9%
High school diploma or GED	198	12.1%
Trade/Vocational training	59	3.6%
Some college	372	22.6%
2-year college degree (Associate's)	274	16.7%
4-year college degree (Bachelor's)	365	22.2%
Advanced degree	141	8.6%
missing	163	9.9%

### Which counties participated the most in TPOL?

Based on TPOL CMS data, every county in Ohio has had at least 12 families participate in TPOL. Not surprisingly, most TPOL participants come from some of the state's most populous counties, including Franklin (n=2,646), Cuyahoga (n=1,880) and Montgomery (n=1,633). Using the number of households with children as a denominator, Table 2 presents the participation rate by county.

Rates of TPOL participation were similar across most types of counties (Table 2), although the **most rural "non-core" counties (21.6) had the highest participation rates.**

**Table 2. TPOL participation by county type, since May 2022.**

<i>County type</i>	<i>Number of counties (example)</i>	<i>Number of TPOL participants</i>	<i>Number of households with children (&lt;18)</i>	<i>Number of TPOL participants per 1,000 households with children</i>
large central metro	3 (Franklin)	5,660	392,820	14.4
large fringe metro	16 (Butler)	4,289	299,256	14.3
medium metro	13 (Lucas)	6,001	343,885	17.5
small metro	6 (Allen)	1,026	64,088	16.0
micropolitan	33 (Guernsey)	3,562	209,409	17.0
noncore	17 (Meigs)	1,208	55,841	21.6
Missing		264	--	--
<b>Total</b>	<b>88</b>	<b>22,010</b>	<b>1,365,299</b>	<b>16.1</b>

Commented [SN3]: This doesn't match the data Courtney has provided - we've been saying over double digits for each county for awhile now

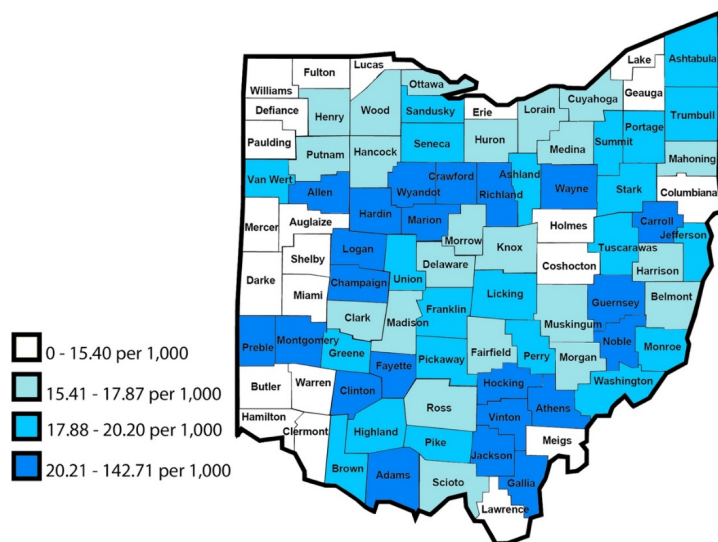
Commented [CT4R3]: Currently Noble County with 12 is the lowest and has been at that # for several months—10 with 0-12 and 2 with Teen. While Table 2 looks current, the figures in Appendix B seem dated—the total count of registrations for that snapshot looks to be a little under 15k parents—we need to note when that data was from—or better yet—update it

Commented [KS5R3]: The data in this report remove duplicate entries and users that surveys later determined were inauthentic.

Notes: County type was based on the National Center for Health Statistics, 2013 Urban Rural County Classification Scheme. Please see the Appendix for a map listing county that correspond to each county type.

In terms of participation rates based on county population size, many rural counties – including Appalachian counties with high rates of child poverty – had high rates of TPOL participation (Figure 1). This highlights TPOL’s value in providing prevention programming to families in counties that may be hard to reach through in-person contacts. Appendix B includes a table of all primary TPOL participation rates per 1,000 households with children by county as well as dosage information per 1,000 households with children as well as contextual information about those counties. As can be seen in the Appendix, across Ohio, child maltreatment rates ranged from 1.4 (Delaware) to 32.4 (Marion) per 1,000 children in the county, and child poverty rates ranged from 4.5% (Delaware) to 30.0% (Jefferson).

**Figure 1. TPOL primary prevention participants over the period February 21, 2023 to April 21, 2024 per 1,000 households with children, by quartile.**



Figures 2 and 3 show the number of participants completing 4 or more modules per 1,000 households with children and the number of participants completing all modules per 1,000 households with children, respectively.

Commented [SN6]: Let's make this bigger - hard to see

*Figure 2. TPOL primary prevention participants completing 4 or more modules over the period February 21, 2023 to April 21, 2024 per 1,000 households with children, by quartile.*

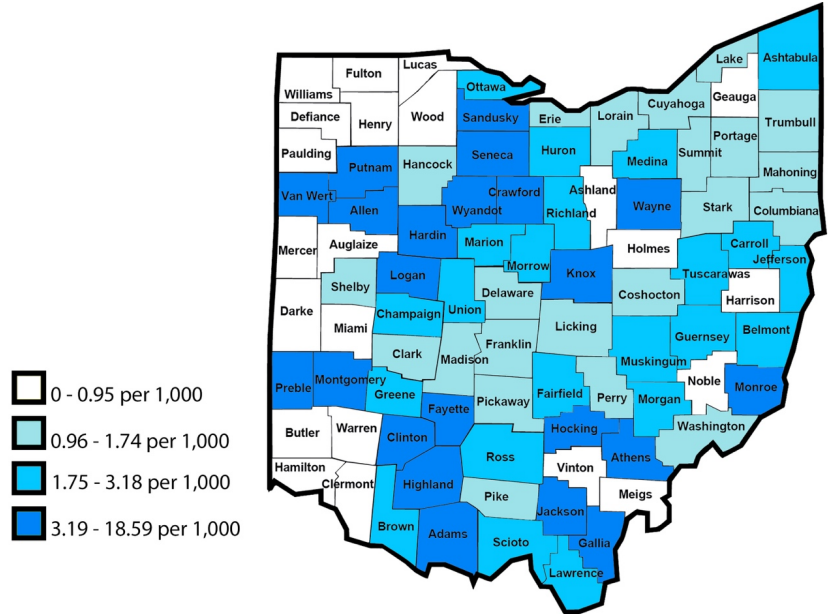




Figure 3. TPOL primary prevention participants completing all modules (8 for 0-12 Triple P and 6 for Triple P Teen) over the period February 21, 2023 to April 21, 2024 per 1,000 households with children, by quartile.

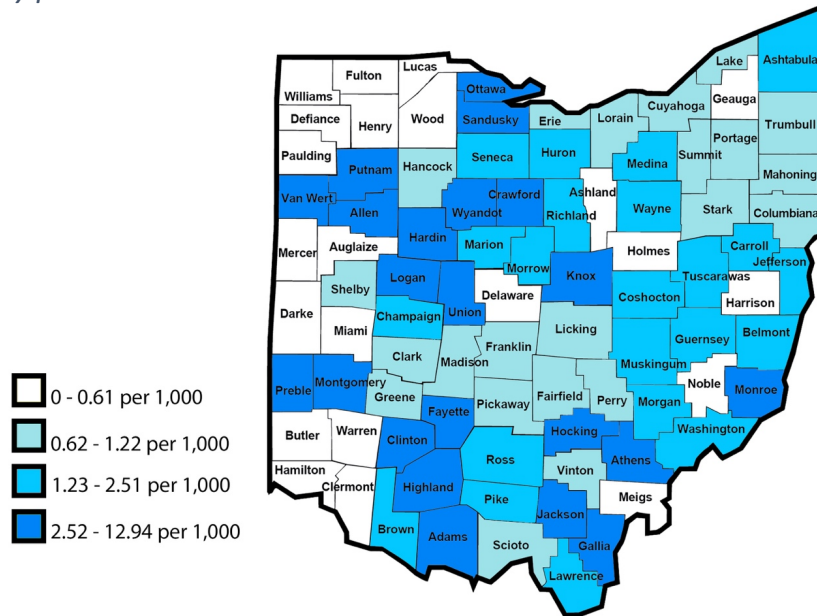


Table 3. Number of TPOL participants completing surveys, by county or county type

County (or county type)	Logged on to TPOL (since February 21, 2023)	Completed a first survey	
		N	Percent
Cuyahoga	1,319	127	9.6%
Franklin	1,803	251	13.9%
Hamilton	817	91	11.1%
Lucas	424	64	15.1%
Montgomery	1,095	76	6.9%
Summit	759	59	7.7%
All other	8,660	977	11.3%
<b>Total</b>	<b>14,877</b>	<b>1,643</b>	<b>11.0%</b>

Note: Omits 165 people with county missing

## How did participants access and use TPOL?

The evaluation team interviewed two groups of TPOL participants. The first group included participants who reported a high level of financial hardships on the pretest and who had received supplemental concrete supports. In July and September 2023, the evaluation team contacted 68 such individuals and interviewed 36 about their experiences with TPOL and the effects of the financial support that they had received.

The second group of interviewees included TPOL participants who reported a similar level of financial hardships, but who had not received concrete supports (because they were not available when these individuals completed the pretest survey). Of the 93 total participants contacted, 20 consented and completed either a phone or Zoom interview regarding their experiences with TPOL.

We found few differences between the groups regarding their experience with TPOL and so report their qualitative results together. Findings regarding the impact of concrete supports were limited to the interviewees who received them.

The qualitative interviews provided valuable information about how participants found out about TPOL, as well as their preconceptions of the program, and how they ended up using it.

Most interviewees said they **found out about the program** through online resources, including one third who found out about the program while searching online for childcare advice. An additional nine participants reported signing up for the program after seeing advertisements for Triple P on websites associated with their doctors' or pediatricians' office, or through mental health counselors, as well as public schools, or the Ohio State University. Other online referral resources included: searching for parenting resources through Google, Facebook, or Instagram. Others learned about TPOL by word of mouth from friends and family members, through work references at childcare centers, television advertisements at work, through shelters where their family had stayed, community flyers, PEP program, or special services events.

Interviewees often said that when they first began TPOL, they had mixed **preconceptions of what the program** would entail. About half reported feeling positively about signing up for the program, describing emotions such as excitement, hopefulness, curiosity, and interest in program matter. Other participants reported either neutral or negative feelings towards the program, such as skepticism of whether the program would be effective, lack of interest in the program material, and an inability to focus on, or commit to completing the modules. Some attributed their skepticism to their mixed prior experiences with other parenting programs.

Commented [CT7]: Ahead of this section it would be great to include a little more 'meta' context --folks at DCY and the OCTF Board found it interesting and helpful to know more about the county profiles in relation to poverty and maltreatment and TPOL penetration --this rural info is great--can we add those elements too?

Commented [KS8R7]: I mentioned this briefly above in reference to Figure 1. "In terms of participation rates based on county population size, many rural counties --including Appalachian counties with high rates of child poverty -- had high rates of TPOL participation (Figure 1). This highlights TPOL's value in providing prevention programming to families in counties that may be hard to reach through in-person contacts." I also added it to Key Findings. Is that sufficient, or Katie could you elaborate a bit?

### How much participants use TPOL

TPOL consists of eight modules, each with varying numbers of topics. Overall, 78.5% of all TPOL enrollees progress only to the first module and 6.6% of participants completed all the modules (Table 4). Participants in the TPOL evaluation group had similar levels of progress.

**Table 4. Percent of TPOL users progressing to each module**

	All TPOL Enrollees*		TPOL Evaluation Group	
	<i>n</i>	<i>Percent</i>	<i>n</i>	<i>Percent</i>
Module 1 What is Positive Parenting?	17,288	78.5%	1,241	75.1%
Module 2 Encouraging Behavior You Like	1,691	7.7%	137	8.3%
Module 3 Teaching New Skills	682	3.1%	79	4.8%
Module 4 Managing Misbehavior	356	1.6%	31	1.9%
Module 5 Dealing with Disobedience	169	0.8%	12	0.7%
Module 6 Planning Ahead to Prevent Problems	326	1.5%	20	1.2%
Module 7 Making Shopping Fun	51	0.2%	5	0.3%
Module 8 Raising Confident, Capable Kids	1,447	6.6%	127	7.7%
Total	22,010	100.0%	1,652	100.0%

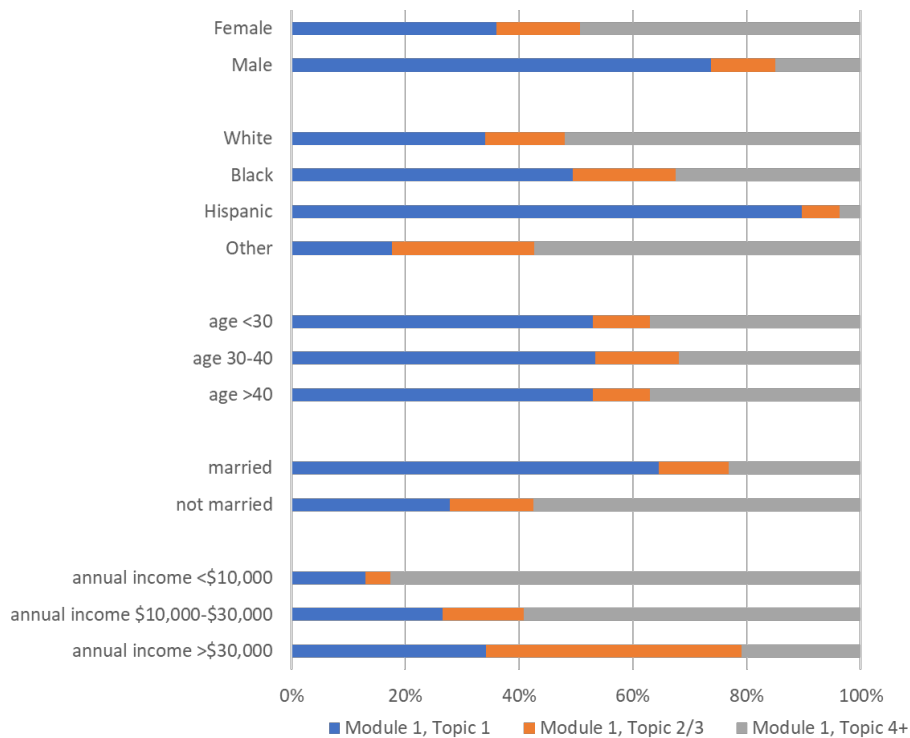
Based on previous evaluations we collapsed participation among people in the evaluation group into three groups: (1) those who only completed Module 1, Topic 1 (55.1%); (2) those who completed through Module 1, Topics 2 or 3 (13.9%); and those who completed at least Module 1, Topic 4 (31.0%). This distribution was similar to the distribution for all TPOL enrollees: 50.6%, 13.3%, and 35.8% respectively.

### Who used TPOL the most?

Compared to other groups, White, unmarried, lower income females tended to progress further in TPOL (

Figure 4). For example, 49.3% of females progressed at least through Module 1, Topic 4, compared to only 15.0% of males. And 57.5% of unmarried participants progressed at least through Module 1, Topic 4, compared to only 23.3% of married participants. Differences by age group were minimal.

**Figure 4. Progress through TPOL modules for selected demographic groups**



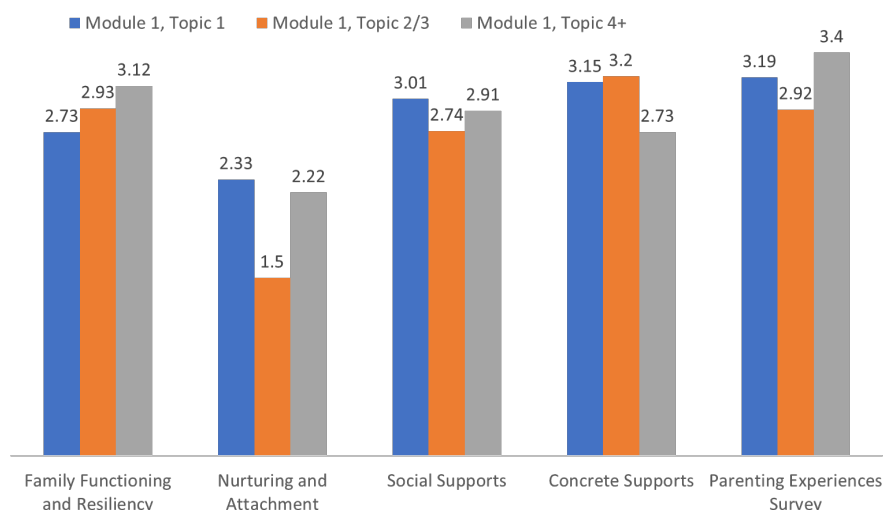
*Results limited to TPOL evaluation group, N=1,654; omits missing values*

TPOL participants' self-reported pretest parenting outcomes were not clearly associated with how far they progressed in the program. Participants with higher (i.e., "better") family functioning and resiliency at pretest tended to progress further, but those who progressed to Module 1, Topic 2 or 3 had lower scores on Nurturing and Attachment, Social Support and on the Parenting Experiences Survey (

Figure 5). And consistent with

Figure 4, people with fewer concrete supports at pretest tended to progress further.

Figure 5. Mean scores on pretest parenting outcomes by TPOL dosage



#### What participants liked about TPOL

Almost all the interviewed participants reported that **the TPOL website was easy to access and navigate**, whether they were on a mobile device or a computer. A few mentioned that it was sometimes difficult to log on with their credentials, but that the problems were then quickly and easily fixed. And one parent noted they had some trouble signing up for the program as they had to access the Ohio-specific webpage to sign up for free.

Interviewees generally praised overall format of the TPOL website, its **free** access, and **non-judgmental** tone. Several participants appreciated how TPOL offered **various viewpoints** on how to approach childcare situations. Many specifically cited as helpful the behavior/chore/reward charts, the “comprehensible” and “easy-to-access” videos although some felt they were outdated. Others liked the workbooks, goals and feedback at the end of modules, although a few felt the questions’ written format required too much time and effort.

Many of the participants appreciated TPOL’s **convenient, private** online format and how they were able to **complete the modules at their own pace**, including the ability to go back to modules and review what they had learned. A few noted that for single parents, it was particularly helpful to use the modules as a reference point when they lacked a partner to bounce ideas off.

Most participants would generally log on during downtime in the mornings or evenings when their children were put to bed, or sporadically throughout the day whenever they had available time or when they were not occupied with work or childcare. Seven participants also noted that they would sometimes use the modules after stressful episodes with their children to learn what they could have done better or to look for solutions to their parenting issues.



Even beyond TPOL’s specific format and content, some participants felt supported in the knowledge that there are other parents out there struggling as well.

### Diversity, Equity, Inclusion Considerations

Nearly all interviewed participants reported feeling comfortable and respected during the time that they spent working on the modules and they appreciated the diverse populations represented in the information. They felt the language was respectful and inclusive and the information presented was factual and concise, without being overly aggressive or condescending. Moreover, almost all the participants saying that the information was provided at the perfect level (although one person said the language was sometimes difficult for her) and that they appreciated the simplicity of the principles taught. However, one participant reported that the content in the modules felt culturally irrelevant to her. She did not relate to any of the behaviors that were presented in the modules and felt like there could be improvements made to the level of inclusivity of the program by including parenting styles of different cultures.

Many interviewees spoke glowingly of their interactions with Triple P representatives. They said they felt like the staff really cared, and that the exceptional treatment they received was a source of motivation for them to sign up for the program and work on the modules.

### How satisfied were participants with TPOL?

Questions about satisfaction with TPOL appeared on both the pretest and posttest surveys, and responses were very positive. On the pretest surveys,<sup>1</sup> for example, 95.6% agreed “definitely” (25.9%) or “somewhat” (69.7%) with the statement: “Did you receive the type of help you wanted from Triple P Online?” (Table 5). Similarly, 94.6% rated the quality of the program highly, as either “excellent” (42.7%) or “good” (51.9%)

**Table 5. Program satisfaction of TPOL participants at pretest**

	<i>Mean</i>	<i>s.d.</i>	<i>Percent agreeing somewhat or definitely</i>
How would you rate the quality of the Triple P Online website?	6.35	0.66	94.6%
Did you receive the type of help you wanted from Triple P Online?	6.19	0.60	95.6%
If you were to seek help again, would you come back to Triple P?	6.44	0.64	89.2%

*Note: n’s range from 1,522 to 1,594*

<sup>1</sup> This report presents program satisfaction results at pretest because the much larger number of responses allows for analyses stratified by demographic characteristics. Results for posttest program satisfaction (not shown) were largely similar.

Participants' high levels of satisfaction with the program largely persisted across different demographic characteristics. Nearly all females (94.2%) and males (96.3%) for instance, rated the TPOL website as "good" or "excellent" (Table 6).

**Table 6. Program satisfaction and behavioral intentions at pretest: Percent of TPOL participants agreeing somewhat or definitely, by demographic groups.**

	Female	Male	White non-Hispanic	Other	High school or less	More than High School
How would you rate the quality of the Triple P Online website? ("good" or "excellent")	93.2%	97.8%	90.9%	93.4%	92.9%	91.3%
Did you receive the type of help you wanted from Triple P Online?	94.8%	98.4%	93.0%	93.9%	93.6%	93.2%
If you were to seek help again, would you come back to Triple P?	96.4%	99.1%	93.8%	98.3%	98.6%	94.2%
Would you recommend Triple P to family and friends who are seeking parenting advice?	94.2%	96.3%	92.7%	94.9%	96.9%	94.2%

One question asked only at posttest was "Would you recommend Triple P to family and friends who are seeking parenting advice?" More than half of respondents (59.1%) responded "Yes, definitely" and another 38.4% responded "Yes, generally." These figures did not vary notably by sex, race/ethnicity, education, or marital status.

## What strategies did participants intend to implement?

Beyond the format of the TPOL website, participants found the specific content helpful. When surveyed at pretest,<sup>2</sup> two thirds of participants said they either "yes, definitely" (33%) or "yes, generally" (36%) agreed that they intended to implement specific strategies they had learned. These figures were similar during the posttest test (28% and 45% respectively), with two-thirds of respondents saying they had implemented the strategies they learned.

### Examples of specific strategies

An open-ended question on the pretest survey asked participants to describe the strategies that they learned from TPOL and that they planned to implement. The evaluation team reviewed all 409 responses and identified some common themes. We supplemented these with responses from the qualitative interviews, where participants gave similar examples of information and strategies they learned and intended to use.

### Remaining calm

Many parents noted "remaining calm" during parenting as one of the most important TPOL strategies they learned and intended to use. As one parent said, "You can't pour from an empty cup. Your response

<sup>2</sup> Note that evaluation group participants completed the pretest survey shortly *after* they first logged on to TPOL. As such, they already had a sense of what they might learn and do differently.

to child's behavior cannot be about you; you have to react in a calm supportive manner." Here are just a few of the dozens of other examples in participants own words:

---

*Helping to calm down before speaking to my toddler. Even if it means to leave the room to calm myself so that I don't yell but instead speak more calmly*

---

*How to actually keep calm during a disagreement with my child*

---

*How to be more present and calm when responding to their actions*

---

*I am going to work harder to always keep a calm voice when speaking to my child, no matter the situation.*

---

*I learned how to work on different techniques such as discipline and Trying to calm down kids while in the middle of a temper tantrum*

---

*I learned to follow the method of calming down and understanding with children and controlling them when angry*

---

*I plan to have more realistic expectations and to be more assertive with discipline while remaining calm.*

---

*I'm a new stepparent who doesn't know the first thing about children or how to raise them effectively. My stepdaughter, [name], is two and a half. The triple p program has taught me to not escalate when she misbehaves, keep calm when she does escalate, and reminded me that my needs are just as important as [name]. It's also given me ideas for how to have her play independently.*

---

*Keep a calm voice and if they still don't listen make them sit in quiet time for a few minutes*

---

*Learning to remain calm and positive and be more aware of when my child's mood changes and assuring him that I'm always here to talk and help with anything he needs*

---

*The whole course was very informative I'll implement the advice of calming myself first and then dealing with the tantrums. I was getting my emotions interfering with my parenting*

#### Creating a safe environment

Another common strategy that impressed parents involved creating a safe home environment that feels and is safe for children and reduces their temptations or opportunities to misbehave.

---

*To make the environment interesting. I never thought to look at the house from their perspective. I've been focused on keeping it clean.*

---

*So far I want to ensure that I am creating a safe and interesting environment for my child to interact with, I want to ensure there is plenty to keep him busy and that he is not constantly dealing with boredom*

---

*Learned about a safe environment and steps to take and time to spend with my child, congratulations on good. Don't yell all the time, compromise they have small ever learning minds. Home should feel safe.*

---

*I've only just started the program but so far the lessons seem to start with general safety in the home and paying attention to your child. I think everyone could practice better parenting and as of right now, the program seems to be a reminder that we could all do a little better*

---

*I re-evaluated my safety proofing of our home and we purchased an additional smoke detector to install.*

---

*I really enjoyed the safety considerations and how each step of the module has you complete items that can lead to action for improving parenting.*

*I plan to removed fragile items from my children's environment so they are able to explore more freely without me saying "no" so much.*

---

*I plan to reduce tantrums using the tips in positive parenting. Keeping the environment stimulating.*

---

*I appreciated some of the suggestions about maintaining a safer environment.*

---

*Ensuring a safe engaging environment. Creating a positive learning environment. Using assertive discipline.*

---

*Creating a safe and interesting environment for my children to learn and play*

---

#### Praising children

Many participants said the TPOL taught them about the importance of praising children, to "catch them" being good. This helps children understand behaving well can get them parental attention.

*I intend to praise the positive, i believe I shouldn't focus on my child's bad behaviors and call it out, because they may read this as a way to get my attention, perpetuating poor conduct rather than putting a stop to it. I believe children thrive on praises it makes them feel loved and special*

---

*Encouraging favorable behavior. I want to start making a "bigger deal" of the good behavior my children exhibit, so they understand that this kind of behavior is what we want to see more of.*

---

*I learned how to better praise my child*

---

*I learned how to encourage good behavior instead of punishing bad behavior. I can encourage and praise my son when he sits at the table, instead of yelling or getting angry when he climbs up.*

---

*I learned that I need to remember to praise my children for good behavior, and have started to implement this.*

---

*I plan to put more focus on modeling behavior for my children and by praising their desirable behavior more often*

---

*I really appreciated the positive parenting module and the complimenting your child when they are doing a good behavior. Taking notice to the positive behavior seems to help in decreasing the negative behaviors from happening.*

---

*I want to praise my children's actions more. I also want to make sure my expectations for my kids are appropriate for their ages. I'm hoping this helps reduce the whining.*

---

*Ignoring bad behaviors, and letting my kids know and giving praise/ attention for good behaviors.*

---

*Positive praise to help reinforce wanted behaviors, and parenting traps that can encourage unwanted behaviors.*

---

#### Assertive discipline

Assertive discipline was another TPOL strategy widely admired by participants, where parents give clear, consistent guidance and follow through on their discipline. This helps teach children that their actions have consequences and that their home environment is predictable.

*The main thing is the assertive discipline*

---

*That I really need to stop and calming discipline them at the very moment. That waiting does not reinforce change. And also that I need to follow through on the punishment I decided upon and not to let them bargain or guilt me into giving in. That they really need me to follow through so that they learn discipline and understand what is expected of them. They need that structure. And that its going to probably get worse before it gets better.*

---

*I will plan to implement tools they provide for help with discipline.*

---

*I plan to have more realistic expectations and to be more assertive with discipline while remaining calm.*

---

*I need to provide my children with more one on one attention. My husband is not willing to do the Triple P but I want to talk to him about changing his discipline practices!*

---

*I learned about not falling for traps and ways to help give my children discipline and instructions.*

---

*I haven't finished the program yet, but so far plan to try to be more consistent in discipline*

---

*I am looking to apply more consistent discipline. I have not accessed all of the strategies yet, still working my way through the modules.*

---

*I also plan to use the assertive discipline strategies.*

---

*Following through with discipline*

---

*Discipline, I wouldn't want to be too harsh when disciplining my child*

---

*Being more assertive and cooperative with discipline.*

In the qualitative interviews, participants also frequently referenced remaining calm, creating a safe environment, praising children, and assertive discipline as TPOL strategies they intended to implement. And they reported other examples of information and strategies they learned, including:

- Reasonable expectations for their children
- Talking to one's children about why a behavior is unacceptable
- De-escalation techniques
- How to calm a child mid-tantrum
- Parenting traps
- Other parents going through the same difficulties as them
- Self-care and managing one's own schedule on top of the children's
- Developmental stages in children
- Communication techniques for different-aged children
- Goal charts and disciplinary/behavioral worksheets
- Creating and sticking to schedules
- Bedtime techniques/tools
- Paying precise attention to what their child is trying to communicate instead of just brushing them off
- The importance of good communication between caregivers
- Immediately removing children from the presence of people exhibiting bad behavior
- Talking through problems with their children
- Asking children for their opinion on how to approach a problem
- Giving space and time for children to self-regulate their emotions
- Timeouts or "Quiet time" for as long as the child is told
- Not doing everything for their kids
- Trying to empathize with their children
- Spending more quality time with their children, trying to have conversations with them

## How did parenting outcomes change over time?

One of most important measures of TPOL's success is how it changes participants perceptions of, and behaviors related to parenting. The evaluation surveys included standard measures from the Protective Factors Survey, version 2 (PFS), including scales measuring Family Functioning and Resiliency (e.g., "The future looks good for our family"), Nurturing and Attachment (e.g., "In my family, we take time to listen to each other"), Social Support (e.g., "I have people who believe in me"), and Concrete Support (e.g., "I have trouble affording what I need each month"). The Parenting Experiences Survey (PES) is an 8-item instrument that measures perceptions of parenting (e.g., "In the last 6 weeks, how confident have you felt to undertake your responsibilities as a parent?") The pretest survey was completed within one week of the participant first logging on to TPOL and the posttest was completed about 90 days later, after nearly all participants had stopped using the resource.

As a group, TPOL participants who completed both a pretest and a posttest showed some improvement in Nurturing and Attachment and on the Parenting Experiences Survey (Table 7).

**Table 7. Pretest and posttest scores of parenting outcomes.**

	Pretest		Posttest		paired t-test
	Mean	s.d.	Mean	s.d.	P
<b>Protective Factors Survey (version 2 scales)</b>					
Family Functioning and Resiliency	3.0	0.7	3.1	0.7	0.35
Nurturing and Attachment	1.8	0.9	2.2	0.8	<0.01
Social Support	2.8	0.8	2.9	0.9	0.07
Concrete Support	3.0	1.0	3.0	1.0	0.36
<b>Parenting Experiences Survey (overall scale)</b>					
Overall score*	3.1	0.6	3.4	0.6	<0.01

*Notes: For the PFS scales and the PES, higher scores are more ideal. Omits 432 participants with no posttest. n's range from 377 to 477.<sup>3</sup>*

### Improvement in parenting scales

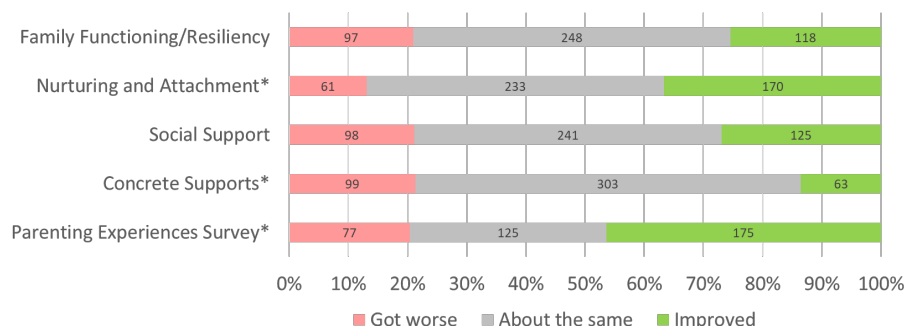
Given the goals and design of this study, a preferable approach to documenting meaningful changes in parenting outcomes is to track changes within each participant (as opposed to comparing group means from pretest and posttest as presented in Table 7).

Overall, TPOL participants showed notable improvement from pretest to posttest for the PFS scale on Nurturing and Attachment and for the Parenting Experiences Survey (Figure 6). Of the 377 PES respondents,<sup>3</sup> 175 (33%) reported notable improvement on the measure, compared to 125 (46%) who remained largely the same, and 77 (20%) who scored worse at posttest.

There were no marked changes in Family Functioning/Resiliency or Social Support, but Concrete Supports were more likely to worsen than improve over time. TPOL is not designed to affect concrete supports, so this difference may be broader trends in the economy. Further analyses will be necessary to explore this finding.

<sup>3</sup> We did not include the PES in the survey until April 2023, so the number of respondents to this scale is lower than that for the PFS scales.

**Figure 6. Individual pre/posttest changes in parenting scales among TPOL Participants**



Note: \*  $p < 0.05$  for McNemar's  $\chi^2$  test.  $n$ 's range from 377 to 465.<sup>3</sup>

#### Are these changes due to TPOL participation?

Without a comparison group (i.e., surveying similar people who did not participate in TPOL) we cannot confidently attribute the observed pre/posttest changes to TPOL participation. Nonetheless, the results are as encouraging as we could hope for, given the limitations of the study design.

#### Differential attrition

One other potential source of bias we could address related to differences between people who completed a posttest versus those who did not. If, for example, people with fewer parenting challenges were more likely to complete a posttest, then group-level parenting outcomes may appear to improve even when an intervention is not effective.

To address such concerns, attrition analyses split the 1,656 participants who completed a pretest survey into two groups: 497 (30%) who completed the posttest survey and 1,159 (70%) who did not. We then compared the groups' demographic and pretest parenting outcomes. Overall, females (39%) were more likely than males (20%) to complete the posttest survey, and respondents 40+ years old (40%) were more likely to complete a follow up survey, compared to those 30-40 (30%) or less than 30 years old (24%). Black (40%) and White, non-Hispanic (37%) participants had similar rates of completing follow up surveys, whereas Hispanic respondents were lower (12%). Unmarried respondents (27%) were less likely to complete a follow up survey, compared to those who were married (39%).

For pretest parenting measures, analyses found significant differences for three of the four PFS scales. Compared to those who did not respond, participants who completed a posttest had higher pretest scores on Family Functioning and Resiliency and lower scores on Nurturing and Attachment, and Social Support. They also scored lower on the Parenting Experience Survey.

To address these concerns, we entered those demographic variables associated with attrition into a multivariable logistic regression model and found that age and sex accounted for most of the unique associations with attrition. As a result, all pre/post analyses were stratified by sex (female/male) and by age group (<30, 30-40, >40). Because results were consistent across all these groups, we only present the overall findings (see p. 22).

Commented [CT9]: I had anticipated in this report that there was going to be analysis on looking at how dosing connected to outcomes? Were the numbers too small within the eval group?

Commented [KS10R9]: See the "difference by dosage" paragraphs at the end of this section

#### Differences by dosage

Another approach to examining whether changes in parenting outcomes can be attributed to TPOL participation involves examining program dosage (i.e., how many modules and topics a participant completed). One might expect that greater participation in TPOL should be associated with greater improvement in parenting outcomes. This expectation, however, is complicated by the fact that parents enroll in TPOL from a variety of backgrounds and with a variety of needs. Indeed, people who enrolled with greater demographic risk factors (e.g., lower income; unmarried) but higher pretest parenting outcome scores tended to progress further through the program (see



Figure 4 and

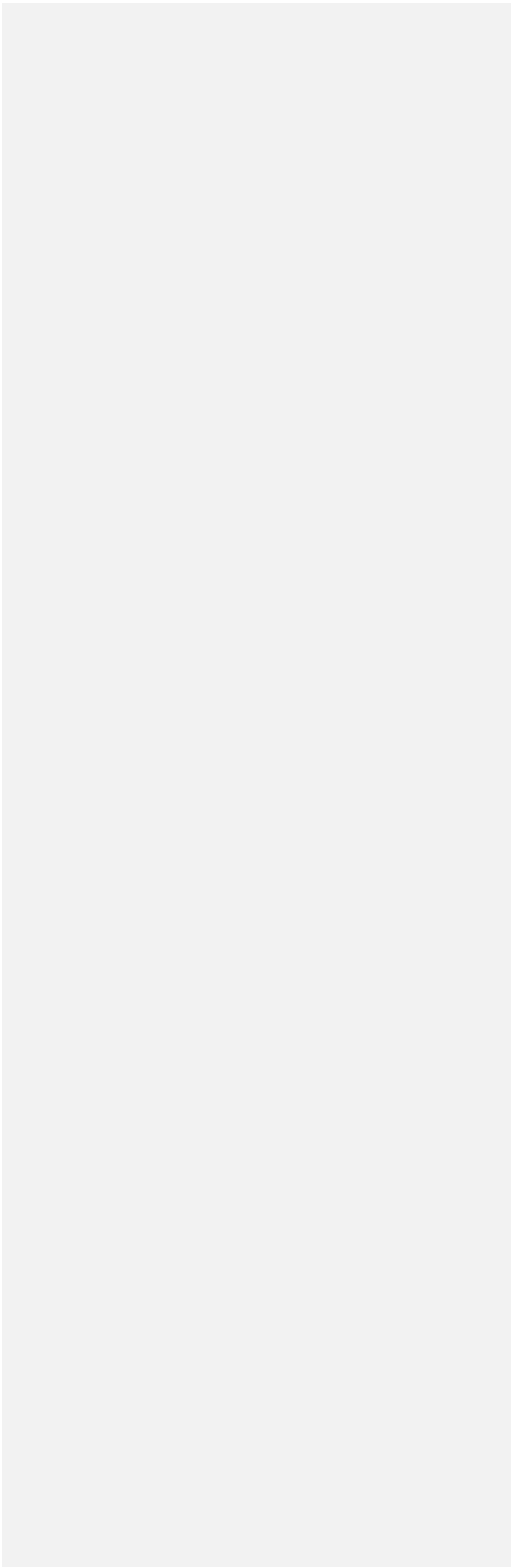


Figure 5). For some parents, limited involvement with TPOL might be all they need, whereas others may seek more extensive involvement.

To consider this, we stratified analyses of changes in parenting outcomes by dosage and found that the same patterns persisted across all dosage levels. For instance, people who only completed Module 1, Topic 1 improved their Nurturing and Attachment scores at about the same level as those who progressed beyond Module 1, Topic 4. As such, the results presented in Figure 6 are consistent for all dosage levels.

One interpretation of this finding is that TPOL does not change parenting outcomes, that people who complete a pretest and posttest survey would improve their self-reported parenting outcomes over time regardless of TPOL participation. This could be because they are motivated to enroll in TPOL when their parenting challenges are particularly difficult and that many concerns will resolve on their own over time with or without TPOL. Another, not-mutually-exclusive interpretation is that any access to TPOL reassures parents, making them feel less alone in their parenting struggles and improving their self-confidence for accessing needed resources. This second interpretation aligns better with the qualitative results (see p. 16) but the present evaluation design lacks a comparison group and is therefore unable to definitively determine which interpretations are most compelling.

TPOL Participation and Ohio SACWIS

TPOL participants who consented to join the evaluation group also permitted the evaluation team to share their personally identifiable information (PII; including names, address, phone numbers, date of birth) with ODJFS data analysts who would search Ohio’s Statewide Automated Child Welfare Information System (Ohio SACWIS) for matches. On February 2, 2024, the evaluation team sent ODJFS personal information from 674 TPOL participants who all completed a pretest survey between February and June, 2023. This period allowed 3 months for them to complete using TPOL (and, in many cases, a posttest survey), plus at least four more months to observe whether they would appear in SACWIS.

ODJFS found 83 (12%) unique participants who also appeared at least once in SACWIS, of whom 77% (n=64), had already appeared in Ohio SACWIS in the year *before* they first enrolled in TPOL, and 23% (n=19) of who appeared *after* beginning TPOL (although they might have appeared in Ohio SACWIS before February 2022). They also appeared in Ohio SACWIS in a variety of ways. Some had only one report involving one case and one child that was unsubstantiated, whereas others had multiple cases involving multiple children, some of which involved substantiated allegations and resulted in children being removed from the home. Table 8 summarizes such outcomes.

These data resemble statewide figures for SFY2023 (from the PCSAO Factbook). Statewide, for instance, 46% of cases were screened in traditional and 40% were screened in AR, whereas the comparable figures for the TPOL evaluation group that matched in SACWIS were 45% and 42% respectively (Table 8). IN addition, statewide, neglect and physical abuse are the most common types of reports.

Table 8. Child welfare characteristics of TPOL enrollees who appeared in Ohio SACWIS before or after program participation.

	Ohio SACWIS before TPOL		Ohio SACWIS after TPOL		total	
	(n=64)	(100%)	(n=19)	(100%)	(n=83)	(100%)
In at least one report, was...						

Commented [SN11]: Do we have an explanation of who these 674 participants are? Isn't it something about 3 months lapsing since they took their pre-test - or something to that effect? I think we need to explain why all these different sample sizes are different throughout this report

Commented [CT12]: What about adding some additional context for this in relation to % of general population figures?

Commented [CT13]: I think this would be more clear as Ohio SACWIS after TPOL

Screened in traditional	30	47%	7	37%	37	45%
Screened in AR	24	38%	11	58%	35	42%
Both	10	16%	1	5%	11	13%
Alleged dependency	5	--	0	--	5	--
Alleged emotional abuse	4	--	3	--	7	--
Alleged medical neglect	4	--	2	--	6	--
Alleged neglect	40	--	7	--	47	--
Alleged physical abuse	37	--	11	--	48	--
Alleged sexual abuse	4	--	2	--	6	--
substance abuse identified	27	42%	3	16%	30	36%
child was removed from the home	23	36%	4	21%	27	33%
indicated (but none substantiated)	5	8%	2	11%	7	8%
substantiated	27	42%	0	0%	27	33%
(no reports substantiated or indicated)	32	50%	17	89%	49	59%

*Note: Percentages of allegations are omitted because a person can have more than one type*

People who appeared in SACWIS before they enrolled in TPOL tended to have more worrisome SACWIS outcomes compared to people who appeared in SACWIS after enrolling in TPOL. As presented in the table above, they were more likely to have substance abuse identified (42% vs. 16%) to have had a child removed from the home (36% vs. 21%) and to have had a report substantiated (42% vs. 0%).

Analyses found few differences in the demographic characteristics of TPOL enrollees who appeared in Ohio SACWIS before versus after enrolling in the program (

Table 9). However, both groups tended to be younger, had less education, and were less likely to be married when compared to other TPOL enrollees who did not appear at all in Ohio SACWIS. Over one third of TPOL enrollees who appeared in Ohio SACWIS were less than 30 years old, compared to only 19% who did not appear in Ohio SACWIS. About half of TPOL enrollees who appeared in Ohio SACWIS had a high school education or less, compared to only 17% who did not appear in Ohio SACWIS.

**Table 9. Demographic characteristics of TPOL enrollees who appeared in Ohio SACWIS before or after program participation.**

	Ohio SACWIS before TPOL		Ohio SACWIS after TPOL		Did not appear in Ohio SACWIS	
	(n=64)	(100%)	(n=19)	(100%)	(n=591)	(100%)
Female	44	69%	15	79%	404	68%
Male	10	16%	2	11%	117	20%
Other	1	2%	0	0%	6	1%
Missing	9	14%	2	11%	64	11%
White	34	53%	11	58%	353	60%
Black or African American	12	19%	5	26%	107	18%
Hispanic (any race)	1	2%	0	0%	39	7%
Other	8	13%	1	5%	28	5%
Missing	9	14%	2	11%	64	11%
< 30 years old	22	34%	7	37%	114	19%
30-40 years old	24	38%	8	42%	334	57%
>40 years old	18	28%	4	21%	143	24%
High school or less	33	52%	9	47%	99	17%
Some post high school	21	33%	7	37%	241	41%
4-year-college degree	1	2%	1	5%	187	32%
Missing	9	14%	2	11%	64	11%
Not married	45	70%	15	79%	258	44%
Married	10	16%	2	11%	269	46%
Missing	9	14%	2	11%	64	11%

Commented [CT14]: Same comment as above—I think this would be more clear as Ohio SACWIS after TPOL

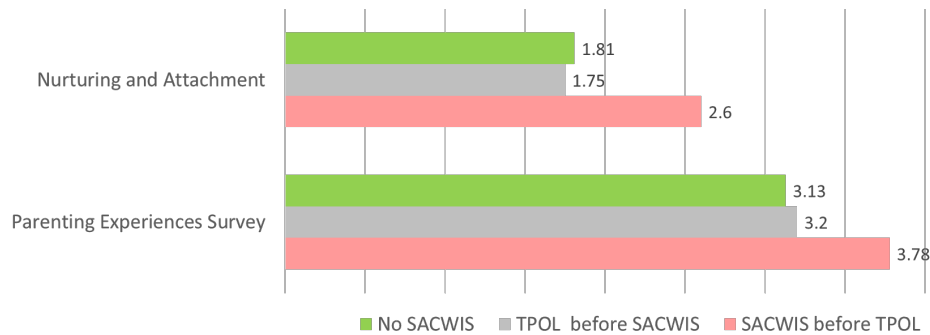
#### Pretest parenting outcomes

People who appeared in Ohio SACWIS before enrolling in TPOL reported more ideal pretest parenting outcomes compared to people who did not match or who appeared in Ohio SACWIS after enrolling in TPOL. As illustrated in

Figure 7, people who appeared in SACWIS before enrolling in TPOL (n=64) had higher (i.e., “better”) mean scores on the pretest nurturing and attachment subscale (2.6), compared to the 19 people who enrolled in TPOL before appearing in SACWIS (mean=1.81) or the 591 TPOL enrollees who never appeared in Ohio SACWIS (mean=1.75).

This finding might be attributed to rating their current parenting situation in the context of past troubles that had resulted in their connection with the child welfare system. To the extent they have benefitted from the support of the child welfare system, they may rate their current situation highly compared to past struggles which they once considered “normal.” Alternately, they may be particularly hesitant to report poor parenting outcomes on a survey for fear of receiving renewed scrutiny from children’s services.

**Figure 7. Mean scores on selected pretest parenting outcomes, by types of Ohio SACWIS involvement .**



#### Changes in parenting outcomes

Regardless of pretest scores, TPOL is designed to benefit parents with a wide range of needs. Focusing on the subset of 674 participants whom ODJFS tried matched with Ohio SACWIS, analyses examined whether the overall improvement in parenting outcomes (see p. 22) was also true for participants involved in the state’s child welfare system.

Commented [SN15]: What about dosage and how far the families are through the program? Are there differences in outcomes depending on how many modules the family completes?

Commented [KS16R15]: See the “Differences by dosage” section on p. 22

Commented [SN17]: This isn't the number that matched with Ohio SACWIS

## CONCRETE SUPPORTS

One ancillary project during Spring 2023 involved providing \$500 supplemental concrete supports to 69 TPOL participants who had reported financial hardships at pretest as part of the primary prevention population. Most interviewees reported that they participated in one or more government programs, the most common being SNAP and Medicaid. Building on our earlier report,<sup>4</sup> analyses of surveys and qualitative interviews distinguished participants who received concrete supports from other TPOL participants, so analyses could provide results specific to them. A similar approach was initiated in early 2024 with participants as part of the tertiary prevention population, though a smaller sample size of families (N=4) received these concrete supports. Across both primary and tertiary prevention programs, families who received concrete supports resided in 28 counties across the state. This included 24 (32.9%) residing in large metro counties, 12 (16.4%) residing in fringe metro counties, 19 residing in medium metro counties (26.0%), 5 (6.9%) residing in small metro counties, 9 (12.3%) residing in micropolitan counties, and 4 (5.5%) residing in noncore counties. Table 10 lists and Figure 8 depicts the counties where families received concrete supports. The final column of Table 10 displays the child poverty rate for each county and shows that although all participants receiving concrete supports had significant financial need, they resided counties with varying levels of poverty, ranging from 4.5% of children living under the federal poverty level up to nearly 1/3 of children (28.8%). The statewide average was about 17.0% of children.

**Table 10. Child poverty rates for 28 counties with at least one family receiving concrete supports.**

County	County child poverty rate (2022)	County	County child poverty rate (2022)
Allen	17.0%	Licking	11.6%
Champaign	14.1%	Logan	18.2%
Clark	20.4%	Lucas	23.4%
Clinton	16.6%	Mahoning	28.1%
Cuyahoga	24.1%	Montgomery	20.1%
Delaware	4.5%	Morrow	14.4%
Fairfield	10.3%	Muskingum	18.2%
Franklin	20.8%	Portage	12.4%
Gallia	28.2%	Preble	15.3%
Greene	10.7%	Richland	20.5%
Hamilton	18.1%	Stark	18.8%
Hardin	17.9%	Summit	17.5%
Highland	20.4%	Warren	5.8%
Jefferson	30.0%	Williams	15.0%
<b>Total</b>		<b>17.0% (statewide mean)</b>	

Compared to all TPOL participants (see Table 4), those who received concrete supports progressed much further through the Modules, including an impressive 23.2% who completed all 8 modules (Table 11). On 42% of participants receiving concrete support stopped with Module 1, compared to 78.3% of

<sup>4</sup> Please refer to our August 7, 2023 report for a description of the process of identifying eligible participants and distributing the concrete supports, as well as the characteristics of the 69 families that received such supports.

Commented [SN18]: Is it 68 or 69; the footnote below says 69

Commented [CT19]: Add a map of counties where CSs were provided

Commented [KS20R19]: Jim or Katie can you do this?

Commented [KS21R19]: Here is the list of counties:

Cuyahoga  
Allen  
Logan  
Franklin  
Lucas  
Montgomery  
Clinton  
Hamilton  
Champaign  
Highland  
Morrow  
Fairfield  
Mahoning  
Gallia  
Greene  
Delaware  
Hardin  
Muskingum  
Clark  
Portage  
Jefferson  
Williams  
Warren  
Stark  
Summit  
Licking

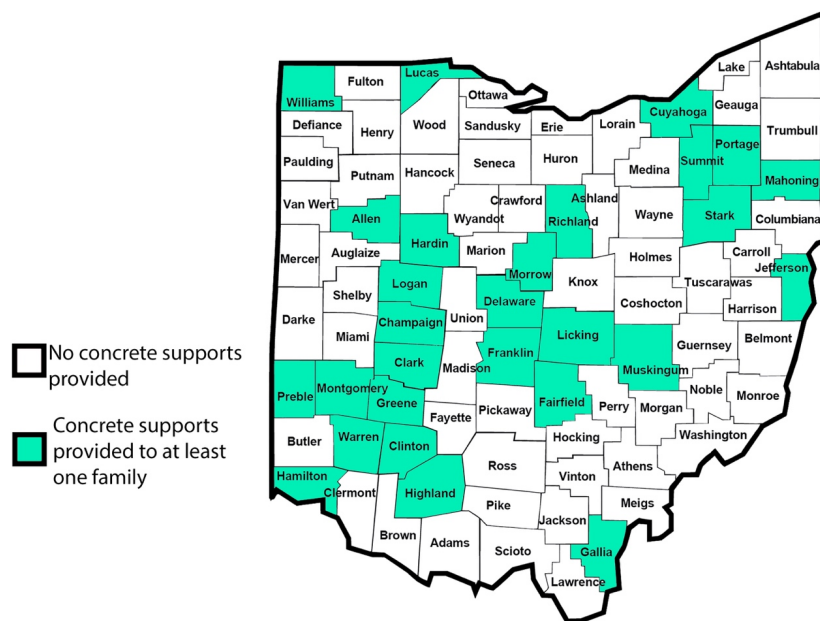


all TPOL participants. Receiving concrete supports was strongly associated with greater participation in TPOL.

*Table 11. Percent of TPOL users who received concrete supports, progressing to each module*

	<i>n</i>	<i>Percent</i>
Module 1 What is Positive Parenting?	29	42.0%
Module 2 Encouraging Behavior You Like	9	13.0%
Module 3 Teaching New Skills	12	17.4%
Module 4 Managing Misbehavior	1	1.4%
Module 5 Dealing with Disobedience	1	1.4%
Module 6 Planning Ahead to Prevent Problems	1	1.4%
Module 7 Making Shopping Fun	0	0.0%
Module 8 Raising Confident, Capable Kids	16	23.2%
<b>Total</b>	<b>69</b>	<b>100.0%</b>

*Figure 8. Map of counties where TPOL participants received concrete supports*



### Financial hardship in the Primary Prevention group

Because financial hardship is strongly associated with child maltreatment, prevention efforts like TPOL can be most effective when they reach families who struggle financially. Analyses found that TPOL has served many such households in Ohio. On a pretest survey, a series of seven questions asked whether

they had been unable to pay for certain expenses during the previous month. About 12.6% of respondents, for instance, were unable to pay their rent or mortgage (Table 12). Only half (52.9%) of respondents said they were able to pay for all the expenses. Another series of six common hardships found that a significant proportion of respondents had been evicted (5.6%), without regular transportation (14.9%) or unemployed (22.4%) during the previous year. Just under half (43.4%) had not experienced any of the hardships.

**Table 12. Percent of TPOL participants reporting selected financial hardships at pretest**

	Percent reporting hardship (n=1,519)
<u>In the past month, were you unable to pay for...?</u>	
Rent or mortgage	12.6%
Utilities or bills	17.8%
Groceries/Food	15.3%
<u>In the past year, have you...?</u>	
Been evicted from your home or apartment	5.6%
Lost access to your regular transportation	14.9%
Been unemployed when you really needed and wanted a job	22.4%

**Table 13. Self-Reported income and participation in government programs at posttest**

	Percent receiving
<u>Which, if any, of the following do you or your family currently receive?</u>	
Supplemental Nutrition Assistance Program	32.1%
Social Security Disability Income	5.6%
Medicaid	38.2%
Earned Income Tax Credit	12.6%
Temporary Assistance to Needy Families	2.6%
Head Start/Early Head Start Services	11.1%
Unemployment benefits	7.3%
State Health Insurance (including children's health insurance)	16.5%
Supplemental Security Income	7.3%

Note: n's range from 156 to 246

TPOL also measured respondents' participation in government programs. For those who took the posttest survey, Medicaid (38%) and SNAP (32%) were the most commonly utilized programs (Table 13).

### Receiving and using concrete supports

Almost all the interviewed participants reported no barriers in receiving their gift cards, with some even remarking how quickly they received their funds after they got in contact with their representatives. One interviewee reported that they had to re-order their card because the first one did not arrive, but that the issue was resolved quickly. All the participants reported that the funds were extremely helpful to their families, with many participants citing a recent loss of income being offset by the sudden injection of funds. Examples of how the funds were used included:

- groceries
- baby diapers
- summer clothes for children
- toys
- back-to-school supplies
- paying rent/utilities
- paying for automobile expenses (e.g., gas, repairs)
- going to a swimming pool/park with their children
- eating out with their family
- paying for a family vacation/reunion

### Changes in parenting outcomes among families with financial hardship

In qualitative interviews with 36 participants who received concrete supports, most reported that the funds did not have a direct effect on their parenting or their relationship with their children. However, many reported that the funds significantly decreased their everyday stress levels and therefore improved their relationship with their children.

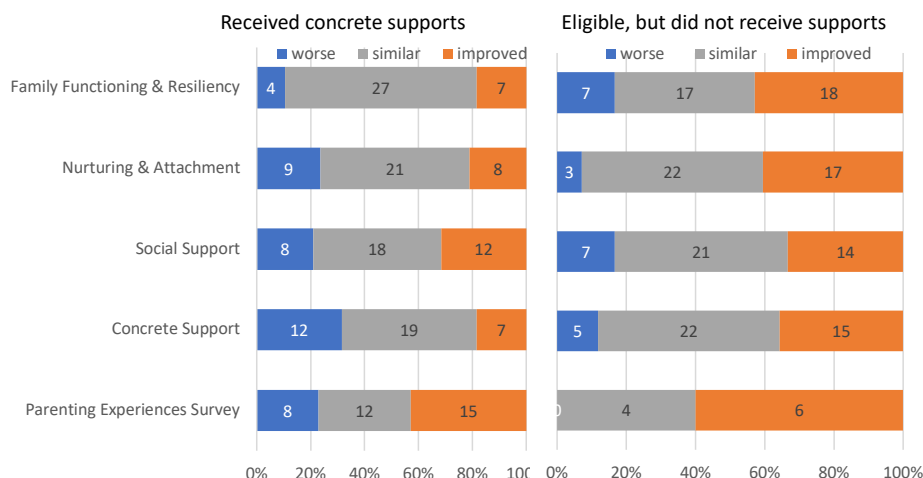
For the participants who had not started on any of their modules before receiving their gift card, the funds served as an effective reminder and motivator to start looking at the online modules. And among participants who had already started going through the modules, the funds did not have any additional motivating influence on their level of participation. Many of the participants who had already recommended the program to their family and friends reported that, though the funds were a welcome additional incentive, they would have recommended the program even without it. However, there were also participants who viewed the funds as an additional benefit to an already beneficial program and marketed it to their community as a “win-win” opportunity where one could learn parenting techniques while also potentially receiving financial support.

Using the survey data, analyses examined whether participants who received concrete supports improved more on parenting scales from pretest to posttest, compared to TPOL participants who reported similar levels of financial hardships at pretest but did not receive concrete supports.

### Survey results for participants receiving concrete supports

Of the 69 TPOL participants who received concrete supports, 38 (55.1%) completed a posttest and were included in the analyses. In contrast, only 42 of 125 (33.6%) participants from the comparison group did so. Still, the two subgroups that completed posttests (i.e., received concrete supports vs. eligible, but did not receive supports) were quite similar in terms of demographics and pretest parenting outcomes.

**Figure 9. Individual pre/posttest changes in parenting scales among TPOL participants who did vs. did not receive concrete supports.**



The survey results found no evidence that financially struggling TPOL participants who received concrete supports had greater improvement in parenting outcomes compared to financially struggling TPOL participants who did not receive concrete supports. For instance, of the 38 people who received concrete supports and completed a posttest, only 7 (18.4%) improved their Family Functioning and Resiliency scores from pretest to posttest (Figure 9). In comparison, of the 42 similar people who did not receive concrete supports, 18 (42.9%) improved on the same scale. Other parenting measures (e.g., PFS subscales, PES) did not improve more for participants who received concrete supports compared to eligible participants who did not receive them.

Given the small sample size, and the large, differential levels of attrition these results should not be regarded as conclusive. While the survey results did not show a significant impact of concrete supports, the interview results suggested that the concrete supports enhanced parent-child relationships, especially through reduced parental stress. Additional studies are needed with a larger sample size, and, ideally, randomization of who receives concrete supports to ensure that the only difference between the treatment and comparison group is the receipt of concrete support. Without a large sample and randomization, it is impossible to know whether the differences (or lack of) between the treatment and comparison groups are due to a priori differences between the groups. For example, if the parents who received concrete supports had higher levels of stress overall in their lives and that increased their chance of receiving supports, then achieving a similar gain in parenting skills to those without the high level of stress would demonstrate an added benefit of the concrete support. If the parents were randomly selected, then these confounding variables could be ruled out.

### TERTIARY PREVENTION TPOL

To address tertiary prevention, TPOL was implemented with families who have had contact with the child welfare system, in an effort to prevent future maltreatment from occurring and improve child welfare

Commented [CT22]: This is the main focus for this report -- need to do more to contextualize these findings and articulate whatever further questions need to be explored and expand on why these findings should not be considered conclusive.

Commented [KS23R22]: Beyond the next paragraph, I'm not sure what more we can say. Katie, thoughts?

Commented [KMJsh24R22]: Added and updated the interview findings - it was not accurate

Commented [SN25]: Can we include somewhere in this section the total number of families who are participating in the tertiary piece?

Commented [SK26R25]: Katie, do we know the number of families who have been referred to TPOL? I added a little bit about the 11 who filled out survey.

Commented [KMJsh27R25]: I think Jim has this information - I don't have this information off hand.

outcomes, including not being placed in out-of-home care, spending less time in foster care, increasing reunification rates, and having fewer re-referrals for child welfare investigations. Of the 70 families who registered for TPOL, 11 from 6 counties opted to join the evaluation. All who joined the evaluation groups are White and range in age from 21-35 years old. Given the small number of participants and the need to protect their privacy, this report omits further details about them.

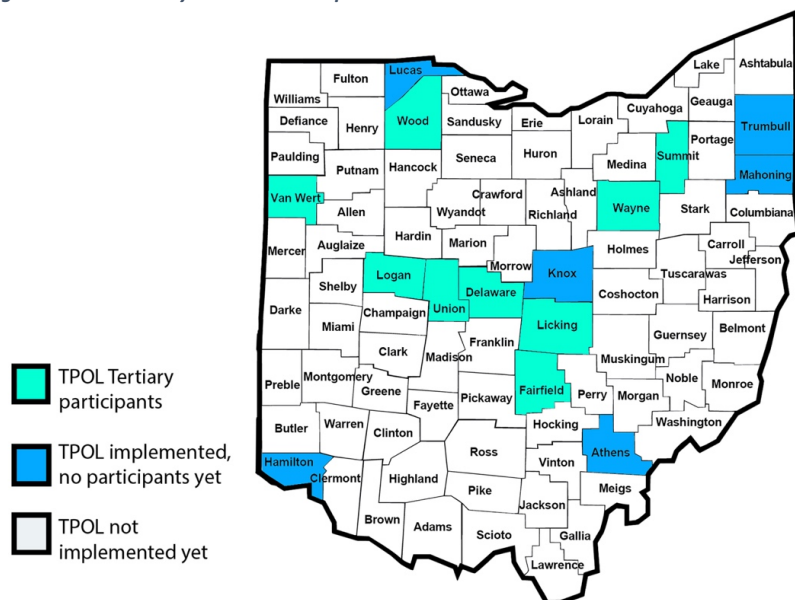
TPOL has been implemented thus far in phases across the State of Ohio. In Phase 1, there were 7 initial pilot sites (Fairfield, Knox, Licking, Logan, Summit, Van Wert, and Wayne) that were oriented to the TPOL curriculum between late April and mid-May 2023. Site orientations typically included PCSA supervisor or someone in leadership role and sometimes would include a worker or staff member who might be issuing codes. At this time, sites were trained to provide access to the online program two ways 1.) Directly issuing the access code through the OMS or 2.) Flyers were created with specific QR code links to the agency's landing page with their designated codes, so parents could get the code themselves without the direct support of the PCSA staff member. The first of the pilot sites to issue a code was Summit County in May 2023 with most other agencies issuing codes shortly thereafter in June, Sept, and Oct. Knox County PCSA has not issued any TPOL codes at this time.

In Phase 2, 8 additional counties (Athens, Delaware, Hamilton, Lucas, Mahoning, Trumbull, Union, and Wood) were oriented to the TPOL program in January 2024. Site orientations often included PCSA leadership along with program supervisors and some staff who would be sharing information to eligible families about the TPOL program. Site meetings were much more thorough with more screen shots and descriptions of the program as well as a focus on the optional coaching, which was not touched upon as much in meetings with initial pilot sites. Some sites requested additional meetings to share information directly with staff to gain increased buy in. Additionally, PCSAs were more engaged in the orientations overall with increased curiosity about the program and its content as well as how staff could experience the program firsthand through demonstration codes. These PCSAs have been trained to refer eligible families using a simple referral form and a code will be issued through a designated team at Nationwide Children's Hospital (NCH); if the agency wants ongoing communication regarding completion and coaching participation, a release of information would also be submitted.

### [Tertiary TPOL Implementation](#)

Figure displays a map of TPOL implementation for tertiary prevention efforts. Appendix C includes a table of all tertiary TPOL participation rates per 1,000 households with children by county as well as dosage information per 1,000 households with children, as well as contextual information about those counties. As can be seen in the Appendix, across counties implementing TPOL for tertiary participants, child maltreatment rates ranged from 1.4 (Delaware) to 12.2 (Logan) per 1,000 children in the county, and child poverty rates ranged from 4.5% (Delaware) to 23.4% (Lucas). It was implemented across large fringe metro, medium metro counties, and micropolitan counties.

Figure 10. Ohio county PCSAs' TPOL implementation status



Commented [SN28]: Make bigger - hard to see

### Qualitative Interviews with Tertiary TPOL Participants

#### Who participated in interviews?

In March and April of 2024, an MSW-level research assistant at the University of Michigan completed qualitative interviews with families who were referred to Triple P Online (TPOL) from their PCSA worker. A total of nine participants who had completed their initial survey invitation in the past four months, all of whom were contacted to participate in a qualitative interview. Of the nine participants, **the research assistant was able to successfully contact and interview five parents who had participated in TPOL. One of these five had qualified for concrete supports**, and received an additional set of questions related to those supports.

Overall, there were three fathers and two mothers who participated in interviews. Three of the five had at least one child who was not currently living in the home due to their active CPS investigation. One parent had one child who was currently living with the child's other parent and the participating parent had visitations only, one parent had four children but only one of whom was currently living with the parent due to the child welfare investigation, one had five children but one of those children was currently in a residential caring institution due to the child welfare investigation, and two parents had six children who were all residing within the home. All participants reported hearing about the program from their child welfare worker.

**Four of the five parents reported some level of economic need.** Three parents reported receiving WIC, two reported receiving SNAP (Food Stamps), two reported receiving Medicaid, and one reported not receiving any financial assistance, but paying child support himself.

What was the experience of the program?

Parents reported mixed feelings at the beginning of the program, with some parents reporting feeling skeptical and other reporting feeling hopeful about the help they might receive. One parent stated,

1. *At first, I was skeptical 'cause (sic) I wasn't sure if I even really needed it. But I realized it wasn't what I thought it would be, I guess you could say. I thought it was just... I didn't know it would be helpful tips versus somebody telling me what I have to do to raise the kids.*

However, after participating in the program, **all five interview participants reported overwhelmingly positive experiences with TPOL.** All five parents reported that they were connected to TPOL from their child welfare worker, but two parents also mentioned that they had seen billboards about Triple P in their community, which gave them some familiarity when their child welfare worker mentioned it. No parents who completed interviews reported barriers to participating in TPOL. **Parents reported great satisfaction that the program was delivered online, stating that they would not have been able to find the time or felt comfortable participating in Triple P in a different format.** Parents reported that the website was easy to use and that signing up for the program was very straightforward. Related to the online nature of the program, participants noted:

1. *I liked the online modules. It was something that I watched the video or something. If I didn't get something and I wanted to see it again I could go back and re-watch it or re-examine the text as much as I wanted without causing delay to anyone else.*
2. *I like the fact that it's online... it was super easy to sign up." "[I completed modules] mainly in my free time. Once I would lay the baby down for a nap, and he was asleep.*
3. *I was glad that I was able to do it at my own pace and able to make the time that if I was in a classroom setting and I had to be somewhere I had a certain amount of time because we have so much going on, it would not have been beneficial to me because I wouldn't have been able to do it. It gives me the flexibility to do it when and where I wanted to.*

What strategies did parents learn from TPOL?

Parents reported the program to be helpful for them to learn a new model of parenting, stating that the norms and role models they had in their own lives had taught them strategies that were not helpful in their parenting. Related to this theme, parents stated:

1. *I think it's a good program for a lot of the new generation parents to try to view things differently.*
2. *I thought it was interesting. It was nice to be learning new parenting styles that were different than I grew up with or that were described to me from my parents and*

*grandparents growing up. It really resonated with me as a good way to connect with the kids and form strong bonds.*

3. *My friends who got married and had kids and picked up bad habits from their parents that they're trying to break. So, giving them the resources, good for them and good for the kids.*
4. *I would definitely recommend it because it does give you a lot of useful information on how to look at a situation different versus how we were necessarily raised to view a situation. Growing up, my parents were very much, kids are seen and not heard, but with Triple P kind of helped, the kids have more of a voice."*

Parents reflected on how the program helped them in their interactions with their children, in terms of how to help their children do what is expected of them, without having to resort to yelling or repeating instructions over and over. On this theme, parents stated:

1. *I learned some good methods on dealing with behaviors. The best ways to approach and give good instructions instead of vague instructions.*
2. *Probably a lot more patience and maybe not being so repetitive on telling my kids what to do versus... Not constantly say, "Stop, stop, stop," but giving them a lot of positive praise in the process.*
3. *If my little one wants to do something, so specifically encouraging them to help clean up, giving them a positive incentive on something we can do after they're done cleaning up, so positive reward for them helping definitely helps a lot.*
4. *I don't have to tell them more than once to stop doing something. They normally listen the first time. Or if I tell them that they can't have a certain thing, they don't freak out like they did before. Just being able to talk to them, basically, to where they would understand. It's helped them not freak out as much, and just be able to tell me what's wrong, or why they act that way when they don't get something that they want.*

Parents also found that the program helped them to have more empathy for their children and ways to soothe and understand their children better. Related to this theme, parents stated:

1. *A lot of the emotional stuff with the kids, like they had used one thing about an emotional piggy bank, adding to that without taking from that constantly. That was definitely beneficial.*
2. *Things to do to help soothe my kids, or understand why they're throwing fits, and how to handle them right... with having access of easier ways to deal with tantrums and stuff, that's what really helped."*
3. *Getting on their level and asking them, "Hey, what's wrong?" Taking a moment to breathe, being able to calm them down easily... It worked great. They were good the rest of the day.*



4. *...My daughter, she was angry about something, she was stomping and everything. I went in there and was like, "We need to talk about this, but right now I'm going to let you cool down." My wife, she proceeded just to scold her in the corner. I brought my wife in the room, and I asked her, I said, "I don't think we going to get anywhere with that." I said, "All you're doing is just throwing her in the corner. Maybe it's something that she has from her point of view or something that she's trying to communicate but we're not listening, maybe we need to talk about it." At the end of the day, it turns out that it was some concerns that she had and how do we correct that and how do we fix it is by having a healthy communication about it and having an understanding of where she was coming from.*

One reported applying what they had learned in TPOL to their interactions with their partners and even coworkers. This parent stated:

1. *I went ahead and got proactive and tried to learn how to go about disciplining or interacting with my son potentially, so I could have a better relationship with him. But then it turned into a big deal as far as interacting with people and family. It widened my experience in just selecting or isolating, interacting with my son. It taught me how to deal with it, and not deal but how to interact and communicate things not with just my children in my family, but with people period. For instance, I would have, if I was in there with someone, let's say they have a nasty attitude about something. So, I can't really pinpoint the actual curriculum, but these are things that I remember, have empathy to know okay, maybe they're having a bad time right now because everyone has bad days.*

Two parents reported TPOL being helpful to improving the relationships between their children – amongst the siblings. Specifically, helping them to understand how to respect each other's boundaries and approach each other with respect.

#### TPOL for child-welfare involved families

In terms of the unique experience of going through TPOL as a family who is currently being served by the child welfare system, parents reported that being open to learning from the program has helped them to understand how to improve their parenting; and that regaining custody of their children is a big incentive for them to really learn from TPOL. On this note, one parent stated:

1. *I wasn't excited about it, to me at first it was more just like another chore. Like I said, I went into it with a faint heart at first, but then I looked at it like, man I got to get my son back. I got to not just get my son back home with me, it was an embarrassing experience of course knowing my son being taken away from me as I fought all his life to get custody of him. But then as I kept digging and whatnot, it started to change my perspective on things because you go into anything with a negative mindset, you going to have negative results. So, I just started really trying to apply the positives to it and I got to thinking to myself, well this can't be bad. People make mistakes, it's all about who owns them, who wants to be transparent about it. And then when I really discovered just by looking into myself about things like how I may approach who I am, how I may approach situations or how I may go about things. My automatic thought, I can override those automatic thoughts and replace them*

*with positive thinking and things that I've learned from the program. That's the only way I can be able to learn, the only way I can be able to apply that is from things that I learn. I can't do anything I don't know.*

What suggestions did they have for improvement?

Although the feedback of the online system was positive, one parent wished that there had been a chat feature, so that she could ask follow-up questions at any time about something that perhaps didn't make sense. One parent reported that he wished there was live interaction, perhaps with a zoom call, so that the educator could role-play or model some of the techniques. One parent reported that he was connected with a Triple P coach, and that has been very helpful for him in applying the techniques.

Two parents reported that they felt the program was a bit "one size fits all." They specifically mentioned having neurodivergent children, and feeling as though some of the techniques, such as avoiding repeating yourself, could be counterproductive for autistic children. Related to neurodivergence, one parent asked that resources be added on getting diagnosis or additional help related to autism.

Finally, two parents mentioned that they felt the program should be more widely publicized, that it is an "underground resource," that more parents could benefit from it if it was more well-known.

#### Diversity, Equity, and Inclusion Considerations

Overall, parents reported feeling comfortable and respected within the program. They felt that the beginning of the modules was somewhat beginner-level, but that this was appreciated, and that it delved deeper as they moved through the modules. In particular, parents reported that they were worried they would feel judged as bad parents in this program, and they were pleasantly surprised that this was not the case. Parents reported:

1. *With Triple P, I feel like they also took the parents' opinions and took account on things. They didn't necessarily, I don't know, parent shame. They never tried to make the parents feel bad for anything that's going on. They like, "We're here to help," kind of thing, if that makes sense.*
2. *The way that it's written just makes me feel like, basically, needing these classes doesn't make you a bad parent. It's what it made me feel. Just very more comfortable with being able to do it.*
3. *The whole thing, just the mindset of having to like, "Hey, I'm taking these classes to learn how to be a parent." That was uncomfortable because it made me feel like I was a failed parent, but it was reiterated to me through [my coach] like, "You had good intentions, but you didn't have the tools, you didn't have the tools to learn how to go about doing it." My intentions was (sic) right, but I didn't have the tools, I had the wrong tools. So, with that being said there, when that was presented to me, it made me feel a lot better about okay, well actually I can't go fix a car without the correct tools. I can't raise my kids, or I can't be a better person or be a better husband without the correct tools.*

### Concrete Supports

Only one parent who was receiving tertiary TPOL services and completed an interview had received concrete supports. She had plans to use the funds for a birthday party for her daughter, clothes for all her children, food for the family, and diapers for her younger children. She reported that the gift card was extremely helpful to her because her food stamps hadn't come through yet and her family was low on food. She was also excited about being able to provide a birthday party for her daughter, because without the concrete supports, she would not have been able to do so. She thought that the concrete supports were helpful to her family in assisting them with meeting their basic needs and relieving the stress and pressure she was under due to not having those funds.

**Commented [SN29]:** When we did the initial report for APSHA we had the concrete support score breakdown from the pretest. Can you provide some sort of data or table that shows the scores for the concrete support subscale and the differences between those who received versus those who didn't receive the concrete support? I know these are small numbers but what can we show?

**Commented [KS30R29]:** I'd hesitate to report findings or draw any conclusions from just 4 people.

### Qualitative Interviews with Public Children Service Agency Workers

#### Who participated in interviews?

In March and April of 2024, an MSW-level research assistant at the University of Michigan conducted interviews with public children services agency (PCSA) workers in Ohio counties in which TPOL had been rolled out for families involved with child welfare. There were 19 individuals for whom we received contact information, and we reached out to all 19. **The research assistant successfully interviewed three PCSA workers about their experiences referring families involved with child welfare to TPOL.**

#### Workers' perception of the helpfulness of TPOL for child welfare-involved families

Overall, the workers thought that the program was beneficial for families involved with child welfare. Regarding how this specific population has experienced the program, workers stated:

1. *I think one of the things, my family's experience is that they've been involved with children services, and they are concerned that they do not want to get any calls on them about their parenting or their discipline style. And so, they become very stuck on, "Well, I'm afraid to parent because I don't want to do something wrong." And when we go through the Triple P and we use the Triple P resources that are available, it allows them room to sit down and parent with intention and they can plan ahead for misbehaviors. So, they feel very empowered when misbehavior occurs. And some of my families will be like, "I nailed it. I so got that right," because they see that, when it happened, they're like, "Oh, yeah, I know what to do." They did their plan, and they were happy with the outcome. And as they begin to see changes with their children and how their children are behaving, it's very empowering for them and they gain parental confidence. And I think when we increase their confidence, we make them more resilient and then they're willing to even try more. So, it's been very positively received with my families.*
2. *I work with families that are involved with children services and I have learned that working with them, it gives them information in a different way that they hadn't thought of before. And what they find really helpful is the video examples, so they can see it in action. And even families who may have their children placed out of their home, they're able to still practice the skills because they're still involved with other children in their lives. And so, there's a ripple effect. So, it not only impacts the parenting of their children, but their interactions with*

*other children around them. I think for a lot of our families, is that they kind of know the things that they're doing that's not working and they know what they don't want to do. And so, giving them ideas and strategies of things that they can do, it's very empowering for them. And when they begin to see it work, I see a lot of excitement and they want to learn more.*

#### Is the online format effective for this population?

Although parents who participated in TPOL and completed interviews with the research team expressed great satisfaction with the online format of the program, child welfare workers expressed mixed feelings about it, with some concern about its effectiveness and accessibility for the families with whom they work. It is possible (and likely, even) that the families who completed interviews with the research team were more likely to have not had issues accessing the content, and the child welfare workers may have a better understanding of the experience of all families, not just those who opted in to be interviewed.

Highlighting the mixed responses, Regarding the online format, workers stated:

- 1. I think some of the families find it super beneficial and some families, I feel like the online just doesn't meet their needs. I think that they would do better with in-person or one-on-one kind of things. But some of our families have found benefit from the program and it has helped for sure.*
- 2. I've had a few that have had confusion maybe initially at the beginning on how to get signed up, and so, I've been able to help them troubleshoot that. But once they get in there, they seem to do well. They enjoy the fact that it's online and they can work at their own pace. I'm frequently working with families in crisis, so having them be connected with the online program allows us to be able to focus on other things when I do a home visit.*
- 3. I would say there's less completion follow through. They'll log in and maybe do a couple modules or maybe just do the registration process, but when we have someone following through with them, we get really good response.*
- 4. And there have been some barriers in terms of consistency of internet access because we work with a low SES population, so they're dependent on free WI-FI a lot of the time. So, if that access is removed for a while, that will be an issue.*

#### How could the program be improved?

Two of the respondents mentioned that there is a need for more teen-focused content in TPOL, due to the nature of the population they serve. Specifically, these workers mentioned that many of the families with whom they work have older children. However, this suggestion is not able to be implemented because of funding restrictions under Title IV-E. At this time, the program is only able to offer the 0-12 content.

Commented [SN31]: Can we clarify here why the PCSAs aren't receiving the teen content - its not part of the Title IV-E clearinghouse and we only used the funding to support birth -12 to plan for future implementation as part of family first. Teen content is available, but not for this population due to funding restrictions

Commented [KS32R31]: Katie, can you respond?

One worker stated that it would be helpful if it could be more individualized, having TPOL as an option, but also having other Triple P formats available everywhere for families involved in child welfare. This worker stated:

1. *I mean, I think number one being for all families, being available to all families, having that option of not just the online; being able to do it in person. I think the curriculum of Triple P is amazing. I've done some of the courses myself. I've got a couple young children and I gather great ideas from the program. So, I am definitely an advocate for the program. But I think it just depends on each family and their needs. And some of them, it fits real well and they can follow along in the program and they're willing to do it. And others, like I said earlier, just need more support, more one-on-one, more hands-on an instructor with the parents while interacting with the child, and really just kind of modeling exactly what that parenting should look like.*

#### What barriers have been experienced in referring families to TPOL?

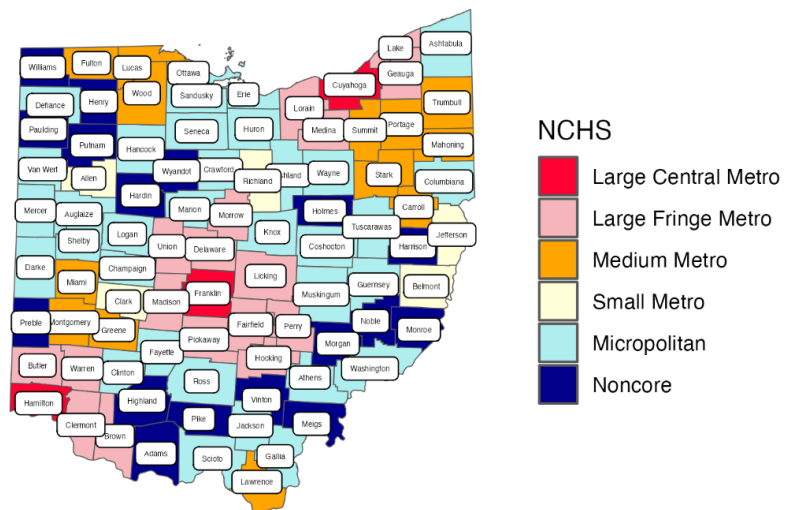
Child welfare workers noted challenges in making referrals to TPOL and getting parents to follow through with the referral. One noted that there is a need for more targeted outreach, specifically mentioned that the schools in their area were not aware of TPOL. Another worker stated that keeping parents motivated to complete the modules was a challenge for them, due to how busy they were, or other struggles such as substance use, which might be inhibiting their motivation.

Finally, one worker noted challenges in the inclusion criteria, in terms of who is eligible within the child welfare population to receive TPOL. This worker noted that many of their cases have children who go into the county's custody or relatives' custody, which would make them no longer a prevention case and therefore not eligible to be referred. This same worker noted implementing their own criteria for who they perceived might benefit from the program before making a referral. This worker stated:

1. *I don't think that it makes sense to refer families that it wouldn't benefit from the program. So, I mean, we're definitely like, okay, is parenting a concern? Are they struggling? Are they identifying that they want to engage in parenting education? So, we don't want to refer people that aren't necessarily going to do it, although lots of our referrals don't really follow through.*

## Appendix A. Classifying Ohio counties by urban-rural status

## Urban-Rural Classification of Ohio Counties



Source: National Center for Health Statistics 2013 Urban-Rural County Classification Scheme

## Appendix B. Number of TPOL Primary Prevention Participants by County

County	# primary participants	Households with children <18 years	Participants per 1,000 households with children	Primary prevention completed 4+ modules	Completed 4+ per 1,000 households with children	Primary prevention completed all modules	Completed all modules per 1,000 households with children	Child poverty rate	Child maltreatment rate per 1,000 children	NCHS classification
Adams	430	3,013	142.71	56	18.59	39	12.94	26.0%	17	non-core
Allen	300	10,498	28.58	95	9.05	80	7.62	17.0%	10.4	small metro
Ashland	85	4,735	17.95	<10	--	<10	--	13.8%	11.2	micropolitan
Ashtabula	175	9,009	19.43	24	2.66	17	1.89	22.5%	6.4	micropolitan
Athens	131	4,240	30.90	20	4.72	13	3.07	22.7%	19.4	micropolitan
Auglaize	39	5,417	7.20	<10	--	<10	--	10.5%	6.2	micropolitan
Belmont	94	5,762	16.31	12	2.08	<10	--	22.6%	13.1	small metro
Brown	80	4,243	18.85	11	2.59	10	2.36	21.8%	6.8	fringe large metro
Butler	506	42,585	11.88	29	0.68	18	0.42	13.9%	4.6	fringe large metro
Carroll	60	2,650	22.64	<10	--	<10	--	17.5%	6.4	medium metro
Champaign	85	4,196	20.26	10	2.38	<10	--	14.1%	3.8	micropolitan
Clark	245	14,231	17.22	17	1.19	14	0.98	20.4%	7.2	small metro
Clermont	297	23,024	12.90	<10	--	<10	--	11.4%	2.1	fringe large metro
Clinton	174	4,168	41.75	49	11.76	46	11.04	16.6%	11.7	micropolitan
Columbiana	144	9,616	14.98	13	1.35	6	0.62	22.1%	4.9	micropolitan
Coshocton	56	4,062	13.79	<10	--	<10	--	18.6%	6.2	micropolitan
Crawford	118	4,484	26.32	33	7.36	28	6.24	22.5%	8.8	micropolitan
Cuyahoga	1,880	120,382	15.62	116	0.96	77	0.64	24.1%	9.3	core large metro
Darke	76	5,553	13.69	<10	--	<10	--	12.9%	2.1	micropolitan
Defiance	53	3,994	13.27	<10	--	<10	--	13.2%	5.3	non-core
Delaware	473	30,685	15.41	37	1.21	18	0.59	4.5%	1.4	fringe large metro
Erie	112	7,302	15.34	9	1.23	8	1.10	15.9%	7	micropolitan
Fairfield	305	18,501	16.49	38	2.05	20	1.08	10.3%	2	fringe large metro
Fayette	74	2,887	25.63	16	5.54	14	4.85	20.1%	12.3	micropolitan

County	# primary participants	Households with children <18 years	Participants per 1,000 households with children	Primary prevention completed 4+ modules	Completed 4+ per 1,000 households with children	Primary prevention completed all modules	Completed all modules per 1,000 households with children	Child poverty rate	Child maltreatment rate per 1,000 children	NCHS classification
Franklin	2,646	145,979	18.13	254	1.74	152	1.04	20.8%	4.9	core large metro
Fulton	68	4,617	14.73	<10	--	<10	--	10.3%	3	medium metro
Gallia	71	2,785	25.49	19	6.82	17	6.10	28.2%	10	micropolitan
Geauga	97	9,733	9.97	<10	--	<10	--	6.6%	1.7	fringe large metro
Greene	314	17,147	18.31	30	1.75	19	1.11	10.7%	4.6	medium metro
Guernsey	83	3,888	21.35	<10	--	<10	--	21.0%	17.1	micropolitan
Hamilton	1,133	87,513	12.95	62	0.71	34	0.39	18.1%	6.3	core large metro
Hancock	146	8,211	17.78	11	1.34	7	0.85	11.5%	9	micropolitan
Hardin	77	3,072	25.07	23	7.49	22	7.16	17.9%	15.3	non-core
Harrison	20	1,264	15.82	<10	--	<10	--	21.2%	11.1	non-core
Henry	47	3,012	15.60	<10	--	<10	--	11.1%	10.5	non-core
Highland	86	4,563	18.85	21	4.60	16	3.51	20.4%	13.8	non-core
Hocking	82	2,983	27.49	26	8.72	19	6.37	20.0%	7.8	micropolitan
Holmes	46	5,048	9.11	<10	--	<10	--	9.1%	1.6	non-core
Huron	103	6,259	16.46	12	1.92	8	1.28	17.6%	6.6	micropolitan
Jackson	94	3,138	29.96	22	7.01	18	5.74	23.2%	13.5	micropolitan
Jefferson	108	5,783	18.68	14	2.42	10	1.73	30.0%	3.2	small metro
Knox	116	6,602	17.57	36	5.45	26	3.94	15.2%	12.1	micropolitan
Lake	335	22,425	14.94	30	1.34	22	0.98	11.3%	3.8	fringe large metro
Lawrence	79	6,170	12.80	14	2.27	10	1.62	22.3%	9.5	medium metro
Licking	400	19,971	20.03	33	1.65	21	1.05	11.6%	4.8	fringe large metro
Logan	116	5,510	21.05	30	5.44	21	3.81	18.2%	12.2	micropolitan
Lorain	535	31,386	17.05	33	1.05	22	0.70	19.2%	6.6	fringe large metro
Lucas	621	45,005	13.80	40	0.89	26	0.58	23.4%	13	medium metro
Madison	69	4,151	16.62	<10	--	<10	--	13.7%	6	fringe large metro



County	# primary participants	Households with children <18 years	Participants per 1,000 households with children	Primary prevention completed 4+ modules	Completed 4+ per 1,000 households with children	Primary prevention completed all modules	Completed all modules per 1,000 households with children	Child poverty rate	Child maltreatment rate per 1,000 children	NCHS classification
Mahoning	365	21,987	16.60	25	1.14	18	0.82	28.1%	2	medium metro
Marion	143	5,954	24.02	18	3.02	11	1.85	23.3%	32.4	micropolitan
Medina	349	21,167	16.49	45	2.13	33	1.56	7.3%	7.8	fringe large metro
Meigs	28	2,099	13.34	<10	--	<10	--	25.0%	20.8	non-core
Mercer	38	4,212	9.02	<10	--	<10	--	8.7%	4.5	micropolitan
Miami	169	12,529	13.49	<10	--	<10	--	13.2%	4.6	medium metro
Monroe	26	1,296	20.06	<10	--	<10	--	21.2%	3.9	non-core
Montgomery	1,633	55,093	29.64	295	5.35	242	4.39	20.1%	11.4	medium metro
Morgan	22	1,237	17.78	<10	--	<10	--	24.2%	3.9	non-core
Morrow	65	3,892	16.70	10	2.57	<10	--	14.4%	4.1	fringe large metro
Muskingum	154	8,957	17.19	24	2.68	16	1.79	18.2%	16.3	micropolitan
Noble	12	587	20.44	0	0.00	0	0.00	16.9%	8.9	non-core
Ottawa	62	3,678	16.86	11	2.99	10	2.72	14.5%	6	micropolitan
Paulding	23	1,972	11.66	<10	--	<10	--	14.0%	4.3	non-core
Perry	66	3,551	18.59	<10	--	<10	--	19.1%	10	fringe large metro
Pickaway	119	6,567	18.12	11	1.68	<10	--	12.6%	2.2	fringe large metro
Pike	55	2,887	19.05	<10	--	<10	--	25.9%	7.6	non-core
Portage	278	15,272	18.20	25	1.64	16	1.05	12.4%	5.9	medium metro
Preble	114	4,446	25.64	25	5.62	18	4.05	15.3%	7.1	non-core
Putnam	70	3,994	17.53	16	4.01	14	3.51	7.2%	3.4	non-core
Richland	279	10,732	26.00	22	2.05	18	1.68	20.5%	10.4	small metro
Ross	129	7,526	17.14	15	1.99	12	1.59	19.4%	6.3	small metro
Sandusky	118	6,023	19.59	33	5.48	26	4.32	15.2%	7.7	micropolitan
Scioto	114	6,836	16.68	15	2.19	<10	--	28.2%	13.7	micropolitan
Seneca	101	5,558	18.17	19	3.42	12	2.16	15.4%	8.2	micropolitan

County	# primary participants	Households with children <18 years	Participants per 1,000 households with children	Primary prevention completed 4+ modules	Completed 4+ per 1,000 households with children	Primary prevention completed all modules	Completed all modules per 1,000 households with children	Child poverty rate	Child maltreatment rate per 1,000 children	NCHS classification
Shelby	55	5,379	10.22	<10	--	<10	--	12.3%	7.5	micropolitan
Stark	733	37,852	19.36	53	1.40	27	0.71	18.8%	3.6	medium metro
Summit	1,122	56,288	19.93	88	1.56	46	0.82	17.5%	4.4	medium metro
Trumbull	332	18,409	18.03	20	1.09	14	0.76	26.2%	3.5	medium metro
Tuscarawas	166	9,197	18.05	22	2.39	19	2.07	14.0%	4.2	micropolitan
Union	169	8,372	20.19	26	3.11	22	2.63	5.3%	2.2	fringe large metro
Van Wert	64	3,332	19.21	14	4.20	12	3.60	11.2%	8.5	micropolitan
Vinton	27	1,272	21.23	<10	--	<10	--	29.0%	6.5	micropolitan
Warren	342	29,638	11.54	21	0.71	14	0.47	5.8%	3.2	fringe large metro
Washington	112	5,906	18.96	10	1.69	10	1.69	21.0%	8.1	micropolitan
Wayne	255	11,712	21.77	46	3.93	29	2.48	12.5%	8.9	micropolitan
Williams	54	3,892	13.87	<10	--	<10	--	15.0%	17.7	non-core
Wood	227	13,180	17.22	10	0.76	<10	--	9.2%	9.1	medium metro
Wyandot	71	2,298	30.90	21	9.14	18	7.83	10.9%	6.8	non-core

*\*Note: the numbers for Adams County (and possibly Allen County) is likely artificially high. It was the first option in the drop-down list so many people may have selected it if they wanted to skip the county question. Cells with less than 10 individuals are listed as <10 to protect participants' privacy.*

*Data regarding the number of households with children were downloaded from the American Community Survey. County poverty rate and child maltreatment rate per 1,000 children were downloaded from KidsCount.*

### Appendix C. Number of TPOL Tertiary Prevention Participants by County

<i>County</i>	<i># tertiary participants</i>	<i>Households with children &lt;18 years</i>	<i>Participants per 1,000 households with children</i>	<i>Child poverty rate</i>	<i>Child maltreatment rate per 1,000 children</i>	<i>NCHS classification</i>
Delaware	<10	30,685	--	4.5%	1.4	large fringe metro
Fairfield	11	18,501	0.59	10.3%	2	large fringe metro
Licking	<10	19,971	--	11.6%	4.8	large fringe metro
Logan	10	5,510	0.50	18.2%	12.2	micropolitan
Lucas	<10	45,005	--	23.4%	13	medium metro
Summit	<10	56,288	--	17.5%	4.4	medium metro
Union	<10	8,372	--	5.3%	2.2	large fringe metro
Van Wert	<10	3,332	--	11.2%	8.5	micropolitan
Wayne	29	11,712	2.48	12.5%	8.9	micropolitan
Wood	<10	13,180	--	9.2%	9.1	medium metro

*Data regarding the number of households with children were downloaded from the American Community Survey. County poverty rate and child maltreatment rate per 1,000 children were downloaded from KidsCount.*