

Marketing Campaign Update



Presented by Rescue Agency

PEO Meeting

November 14, 2022



What We'll Cover Today

- Opening
- Review of ACEs
- Research findings
- Discussion
- Results of creative concept testing
- Discussion & Questions

Where We Left Off

Campaign Focus

We will provide messages that support parents and caregivers in developing SSNREs to buffer against toxic stress response, so children can thrive.

Bridge Campaign

Including learning from foundational research that informed the path to promote calmness and emotional regulation in children. Reviewed the strategy, creative and media plan behind the campaign.

Toxic Stress Campaign

Coming Spring 2023



Marketing Campaign

Adverse Childhood Experiences

Toxic Stress Response

Negative Health Outcomes

Defining ACEs

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

Bullying

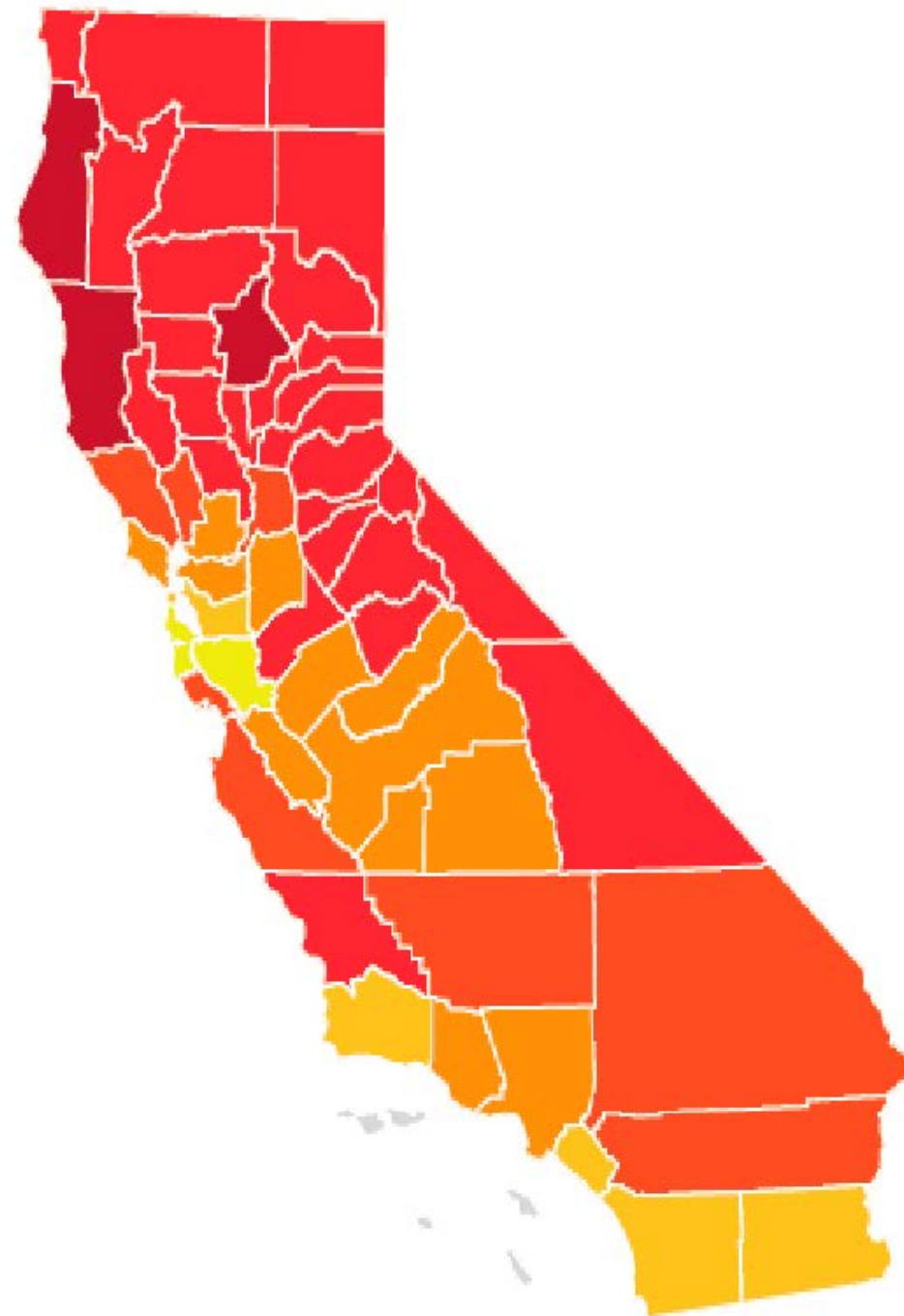
Parental Death

Neighborhood Violence

Discrimination

ACEs Impacts All Communities

Proportion of people with ACEs by County



Inequities Exist In Relation To Prevalence Of ACEs

Though ACEs are common across all communities, inequities exist based on race, ethnicity, class, gender, sexuality, and educational attainment (Baglivio et al., 2014; Center for Youth Wellness, 2014; Liu et al., 2018; Liu et al., 2020; Maguire-Jack, et al., 2020; Merrick et al., 2018; Merrick et al., 2019; Mersky, 2017; Miller et al., 2011; Morris et al., 2019; Waehrer et al., 2020)

Children At Elevated Risk

Historical and ongoing traumas due to **systemic racism** and **multigenerational poverty** intersect and exacerbate the experience of other ACEs (Nurious, Logan-Greene, and Green, 2012)

Black and Hispanic children are exposed to more adversities compared to white children (Slopen et al., 2016)

Children of color in **low-income neighborhoods** are especially vulnerable to the impact of ACEs (Goldstein et al., 2020)

Children with **special healthcare needs** are more likely to be exposed to 4 or more ACEs (Crouch et al., 2019)

Adults At Elevated Risk

Single parenting is associated with increased number of ACEs (Crouch et al., 2019)

Both high ACE scores and indicators of **low socioeconomic status** were associated with reduced overall levels of protective factors among parents (Panisch, 2020)

Children of caretakers with **substance use or mental health conditions** are more likely to experience toxic stress (Franke, 2014)

Lower parental educational attainment increases the likelihood the child is exposed to ACEs (Crouch et al., 2019)

Negative Health Associations With ACEs / Pediatric



ACE-Associated Health Conditions: Pediatrics

Symptom or Health Condition	For $\geq X$ ACEs (compared to 0)	Odds Ratio
Asthma ^{26, 33}	4	1.7 - 2.8
Allergies ³³	4	2.5
Dermatitis and eczema ³⁹	3*	2.0
Urticaria ³⁹	3*	2.2
Increased incidence of chronic disease, impaired management ²⁵	3	2.3
Any unexplained somatic symptoms ²⁵ (eg, nausea/vomiting, dizziness, constipation, headaches)	3	9.3
Headaches ³³	4	3.0
Enuresis; encopresis ⁵	–	–
Overweight and obesity ³	4	2.0
Failure to thrive; poor growth; psychosocial dwarfism ^{5, 2, 41}	–	–
Poor dental health ^{16, 22}	4	2.8
Increased infections ³⁹ (viral, URIs, LRTIs and pneumonia, AOM, UTIs, conjunctivitis, intestinal)	3*	1.4 - 2.4
Later menarche ⁴⁰ (≥ 14 years)	2*	2.3
Sleep disturbances ^{5, 31}	5**	PR 3.1
Developmental delay ³⁰	3	1.9
Learning and/or behavior problems ³	4	32.6
Repeating a grade ¹⁵	4	2.8
Not completing homework ¹⁵	4	4.0
High school absenteeism ³³	4	7.2
Graduating from high school ²⁹	4	0.4
Aggression; physical fighting ²⁸	For each additional ACE	1.9
Depression ²⁹	4	3.9
ADHD ⁴²	4	5.0
Any of: ADHD, depression, anxiety, conduct/behavior disorder ³⁰	3	4.5
Suicidal ideation ²⁸	For each additional ACE	1.9
Suicide attempts ²⁸	For each additional ACE	1.9 - 2.1
Self-harm ²⁸	For each additional ACE	1.8
First use of alcohol at < 14 years ⁷	4	6.2
First use of illicit drugs at < 14 years ¹⁰	5	9.1
Early sexual debut ²¹ (<15-17 y)	4	3.7
Teenage pregnancy ²¹	4	4.2

*Odds ratio represents at least one ACE, but also includes other adversities

**Prevalence ratio represents at least one ACE, but also includes other adversities

Intergenerational ACEs

Parental ACEs and toxic stress can also lead to parental outcomes such as reduced resilience, decreased social support, and increased parenting stress. These increase the risk for child maltreatment, neglect, and exposure to traumatic events, sometimes resulting in intergenerational transmission of ACEs (Crouch, 2019; Murphy et al., 2014; Gonzalez and MacMillan, 2008).

	Parental Outcome	Child Outcomes
↑Parental ACEs/ Toxic Stress	↓Parental Resilience	High ACE scores in parents are related to less resiliency, increasing risk for child maltreatment (Crouch, 2019)
	↓Social Support	High ACE scores in parents are related to fewer social connections and reduced social support, increasing risk for child maltreatment (Crouch, 2019)
	↑Experiences of Parenting Stress	Exposure to ACEs is associated with parenting stress (Ammerman et al, 2013; Steele et al., 2016) and can lead to child maltreatment, neglect, and exposure to traumatic events (Gonzalez and MacMillan, 2008)

The Good News:

ACEs do not have to
lead to negative health outcomes

SSNREs Can Disrupt Negative Health Outcomes

Negative health outcomes can be effectively disrupted through providing Safe, Stable, Nurturing Relationships and Environments (SSNREs). SSNREs provide protection from toxic stress while also promoting resilience (Bhushan et al., 2020). SSNREs include parent-child behaviors, support networks, safe neighborhoods, freedom from discrimination, and access to community resources including, high-quality healthcare, food, and childcare (Bellis et al., 2018; Longhi et al., 2019).

Description

- **SSNREs** during childhood can help break the cycle of intergenerational ACEs (Lieberman et al., 2011; Narayan et al., 2018; Sege & Harper Browne, 2017)
- **Protective factors** (e.g., access to an adult who made you feel safe and protected) reduce negative effects of ACEs in the short term, and potentially over generations (Narayan, 2021)
- **Promotive factors** (e.g., learning mind-body skills for self-care, practicing healthy separations and reunions with children, self-efficacy) are associated with better adaptive responses (Masten et al., 2015; Narayan, 2015)
- **Resilience** plays a large role in buffering toxic stress (Franke, 2014) / Factors that promote resilience in children: high quality relationships between adult and child, social support, physical/mental health of parent, parent's sense of efficacy (Johnstone et al., 2013; Cowen et al., 1996; Miller-Lewis, 2013; Cowen et al., 1995; Rutter et al., 2013)
- These relationships, environments and other factors can turn **potentially toxic stress into tolerable stress** (Bellis et al., 2017; Bethell et al., 2014; Bethell et al., 2019; Crandall et al., 2019; Schofield et al., 2013)

We are developing a marketing campaign to interrupt the transfer of childhood adversity to toxic stress response, with a goal of preventing negative health ramifications in this and future generations of children.



Research Phases

Formative Research

February - March 2022

N=49

9 Focus Groups
(2 in Spanish, 7 in English
1 FG of Control participants)

12 In-Depth Interviews (IDI) -
1 on 1

Brand & CC Testing

July 2022

N=42

9 Focus Groups
(4 in Spanish, 5 in English)

Online Survey

September 2022

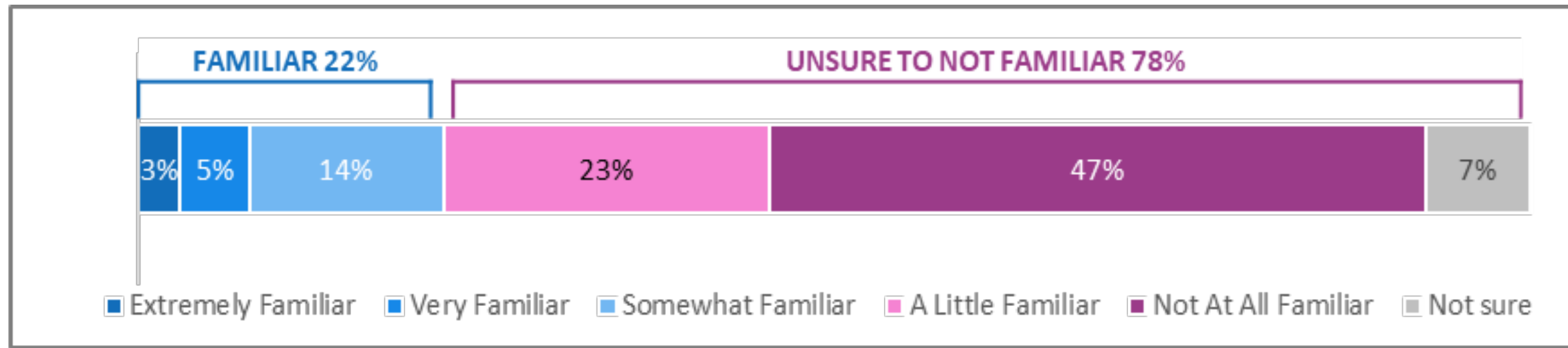
N=656

527 English, 118 Spanish*

*7 Identified as primarily speaking another language, but completed the survey in English

Parents/Caregivers Are Unfamiliar With Toxic Stress Response

How familiar, if at all, are you with the term “Toxic Stress Response”?



Base: Total. n=656

14%

Reported **ever having looked for information about toxic stress** (on a website, online, or by asking a pediatrician)

Less Familiar:

- Households making **\$35K or less**
- **Women**

Education About Toxic Stress Was Powerful

- Parents/caregivers were **largely unaware of the terms** “Adverse Childhood Experiences”, “ACEs” or “toxic stress”, but many stated that it **reflected their own lived experiences**.
- Before learning about toxic stress, parents/caregivers mostly focused parenting concerns on developmental issues, but after learning about toxic stress, they were motivated to engage in **SSNRE behaviors**.
- Parents/caregivers were further **motivated to address toxic stress when they understood that there were potential future consequences for their child**. Specifically, thinking about milestones enhanced their motivation further.
- Participants reported that learning about toxic stress:



Was a Reality Check



Felt Validating



Made them Hopeful

*“It kind of **inspires me with my son** because if I think about my childhood– I definitely exhibit some of this, and I don't plan on doing that as a parent. **I'm not going to give him that upbringing that created this toxic stress in me.**” - Male*

“Seeing how [toxic stress] will affect my son in the future helps me come to the conclusion quicker [that] what I was doing was wrong. Because at the end of the day I care. They are my children.”

- Male, High ACEs, Spanish Focus Group

In Their Own Words...

*“The part I like about this is the last part: **‘toxic stress can be stopped.’** You got more information. And **with information, there comes a powerful ability to change.** Not a tiny one, but a powerful one.” - Female*

*“**It's eye-opening and it's frustrating...** it's like, oh my God, the odds are just stacked against you. But it's also **reassuring**, like the part where it says **you can stop it and this is how...** This campaign is really, **really speaking to me.**” - Female*

*“**I just thought that this was life,** that this happens and it's normal... Even though I never would have known these terms, I do talk about this with my sister often, how it's our responsibility not to perpetuate the negative things that our parents did to us onto our children. So **this makes me feel good that I was on the right path on my own, because acknowledging things helps you move past things.** And it also makes me feel good **knowing it can be stopped,** that maybe someone did the research out there and that **the love and support that I give my daughter will mean that she'll not have to feel the pain that I felt.**” - Female*

Parents/Caregivers are largely unaware of Toxic Stress Response.



Parents *Want* To Provide A Different Upbringing

Many parents/caregivers were driven to “be the Mom/Dad I never had”. Some acknowledge that they were exposed to ACEs and are actively trying to do things differently for their own children. Parents wanted to provide a different, and to them, better environment than they had growing up. This came up most often when talking about showing physical affection and apologizing (e.g. connectedness).

In some cases, participants mentioned that they have gotten better at being a parent over the course of time. Several older parents and grandparents expressed a belief that they were better parents to their younger children because of what they learned through the course of raising their older children.

*“**When I was a little younger, I wasn't the best dad,** kind of crappy, dumb. Now that I think about it, ugh. It was terrible... **I want to be a better dad, be there for him...** just in general, to be a better dad, be a better parent, be a better person is all.” - Male*

*“I... when I had my 14-year-old, I was working, going to school. I was trying to get my stuff done, not really concentrating on moments with him. **So when I had my 3-year-old, that's when I knew I needed to spend every second because it flies.**” - Female*

*“I just want my daughters to have **self-worth** and to have them **be independent.** And I think **all parents say, ‘I want them to have a different childhood than myself** - that's even better than what I experienced.” - Female*

Education About Toxic Stress Response Motivates Parents To Reflect More Broadly

During Formative Research, we found that parents/caregivers had a hard time connecting their own actions to potential causes of toxic stress in their children. During BCC testing, **after watching educational ads about Toxic Stress Response, many parents/caregivers became self-reflective** on how they might be contributing to toxic stress in their own homes.

"A lot of times we prioritize our tasks or our things and **we say I don't have time right now** or we go later and nothing is more important than five minutes or 10 minutes with our children. They're not going to remember the shiny floor, they're not going to remember the well-ironed clothes. **They're going to remember the 15 minutes we watched a movie with them, the 10 minutes we played ball, they're going to remember that and that's going to help them feel safe.**"

- Female, Grandparent/Non-Parent, Spanish Focus Group

"It **made me look a little further under the surface** if my child is not feeling really good and they can't really explain why or certain behaviors to look out for... It's good to be educated on all of the options, what could be disturbing your child."

- Male, High ACEs, English Focus Group

"It made me think, "What am I doing that might be doing that to them?" - Male, High ACEs, English Focus Group

"It **makes me think, again, am I doing it right?** Or something I need to work on to make sure—okay, as parents we do deal with stress every day. So just want to make sure that negative toxic stress does not affect [my child's] ability to grow."

- Female, AAPI Focus Group

"What I also liked is that it mentions that **if it's not treated, they can take it into their adult lives.** And that's what we we're talking about... And that can make us think that we don't want children to grow up with those traumas or with... **that stress of everything that they lived through as children.**"

- Female, Grandparent/Non-parent, Spanish Focus Group

Parents are self-reflective after learning about Toxic Stress Response.



Parents Already Engage In Some SSNREs

Most parents/caregivers reported being **currently engaged in at least some behaviors that are known to foster SSNREs. Connectedness SSNREs were most common; calmness SSNREs were less common.**

Connectedness

- Parents reported frequently showing physical affection (e.g. hugs, cuddling) and apologizing to their children. Many said these actions came easily to them, despite not being raised that way.
- Parents also mentioned they prioritized focused interaction time with their children, such as going to the park, going on walks.

“It takes no time at all to hug them and love them. So many of these topics I’m like, oh yeah, I messed up here or this is a struggle for me. But this... this is common sense.” - Female

Consistency

- Routines varied across parents. When routines were in place they included things like getting ready in the morning, singing/reading at bedtime, and going to the park at specific times.
- Some parents said they prepared children for the day by talking them through the plan and letting them know of changes.

“I feel like a **routine is** more so convenient for the parents than it is to kids because, yes, kids need discipline and they need structure, but there’s a point where you just have to let them be... But in my case, this is sort of a hit and miss.” - Female

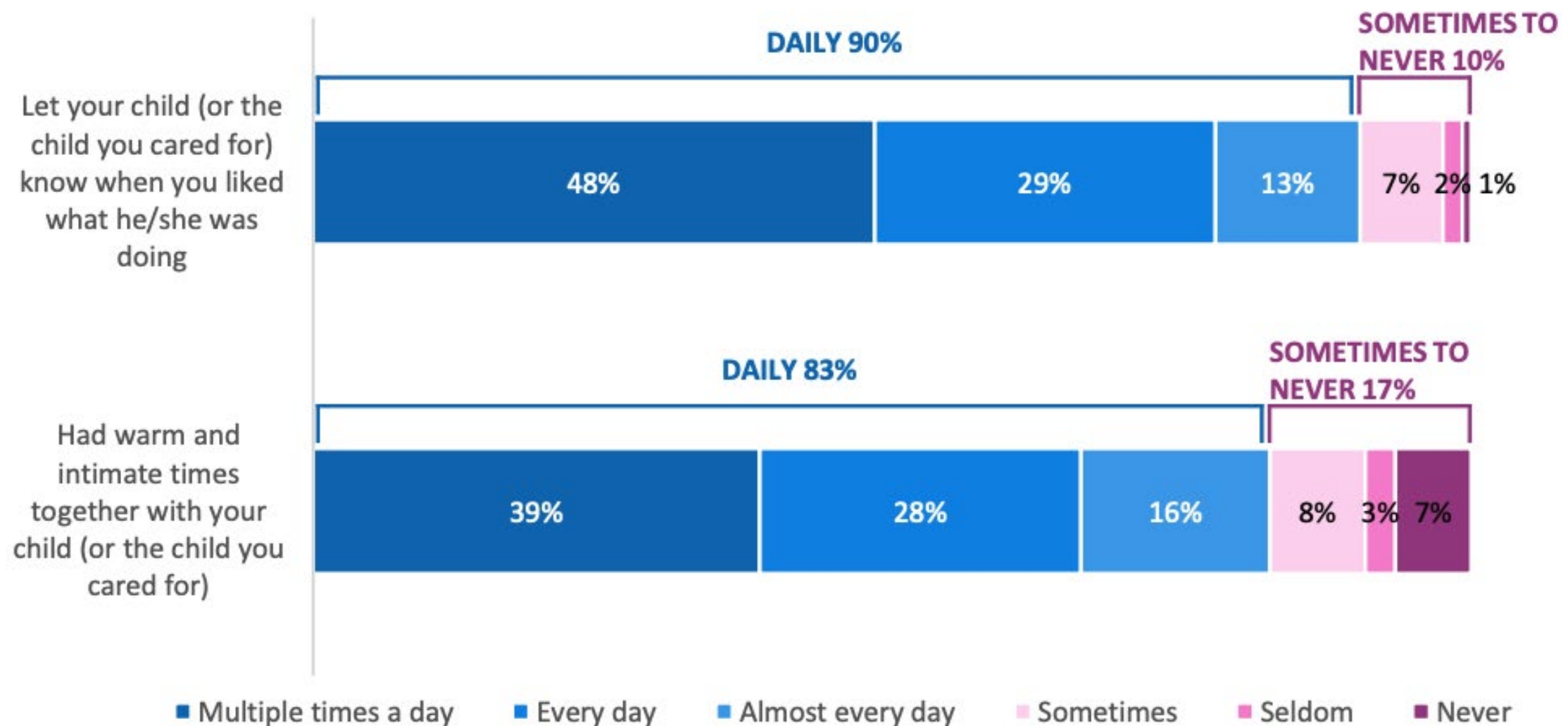
Calmness

- Managing strong emotions was a struggle. Current techniques included redirecting, distracting, and ignoring.
- Parents found it easier to talk about their children’s emotions than their own emotional regulation.

“When I first started rearing him, I did it with a lot of anger because I was frustrated. And I did that probably his first two years, just **yelling... I realized, eventually, that this was not the way with him.**” - Female

Many Parents Report Nurturing Behaviors

Many parents and caregivers exposed to ACEs reported that they **let their child know they liked what the child was doing (90%)** and **had warm and intimate times with their child (83%) every day.**



But Some Report Barriers To Nurturing Behaviors

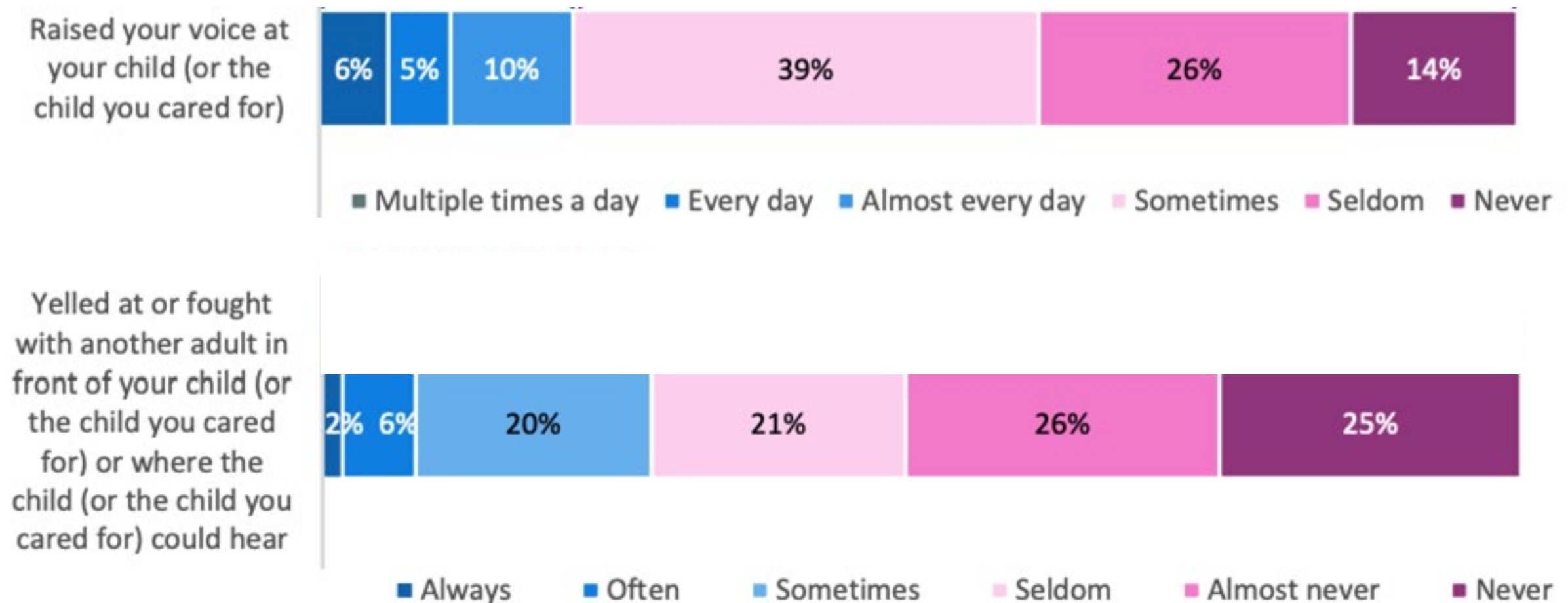
While many parents reported that it was easy to implement physical affection and nurturing behaviors, others **reported barriers** and reported wanting support.

Barriers	Quote
<i>It May Not Come Naturally</i>	<p>“My parents didn’t show me love. Since my parents didn’t show me love, I didn’t know how to show my kids love. Now I thank God that with my grandchildren I can do this.”</p> <p>“I’m affectionate, but I didn’t grow up in an affectionate household..”</p> <p>“Some people don’t know how to express physical affection as well when they become adults.”</p>
<i>Concern That Older Children May Not Want Physical Affection</i>	<p>“I even kiss my older kids all the time. And they’re like “Mom, mom!” But I feel like sometimes, I heard my daughter say, “Oh, mom, you didn’t give me a hug today,” like “What’s your problem?” I’m like “Oh, she do love me. She do want a hug.”</p>

Some SSNREs Are More Challenging To Implement

21% of survey respondents reported raising their voice at their child almost every day or more frequently.

28% reported always or often fighting with another adult in front of their child or where the child could hear.



Parents Want Support & Want To Take Action

After learning about Toxic Stress Response, parents were receptive to receiving support that may help them increase SSNREs in their home and want to take action. After reflecting on their broader behaviors, parents/caregivers realized the challenges that they might experience and were eager for support.

*“**There is help out there** if you need it. It wasn't telling you you're a bad parent, that your child deserves more than you. It was just saying don't give up.”*

*“**We have to look for the right support**, not people who criticize us and say: oh, it's your fault or your fault. No, but someone who knows, who can teach us.”*

*“There are many ways to overcome it, to **look for help**, to know that if you go through that situation you can't stay stuck, but **you have to look for ways to look for support** and look for more information on how to move forward.”*

Information about
Toxic Stress Response motivates parents
to take action.



Discussion



Marketing Challenge

Toxic Stress / SSNREs Are Motivating, But Many Unknowns

Foundational education

Toxic Stress Response's impact on children

Buffering tactics for children

Resources for children

Resources for parents & caregivers

Parenting tactics for parents & caregivers

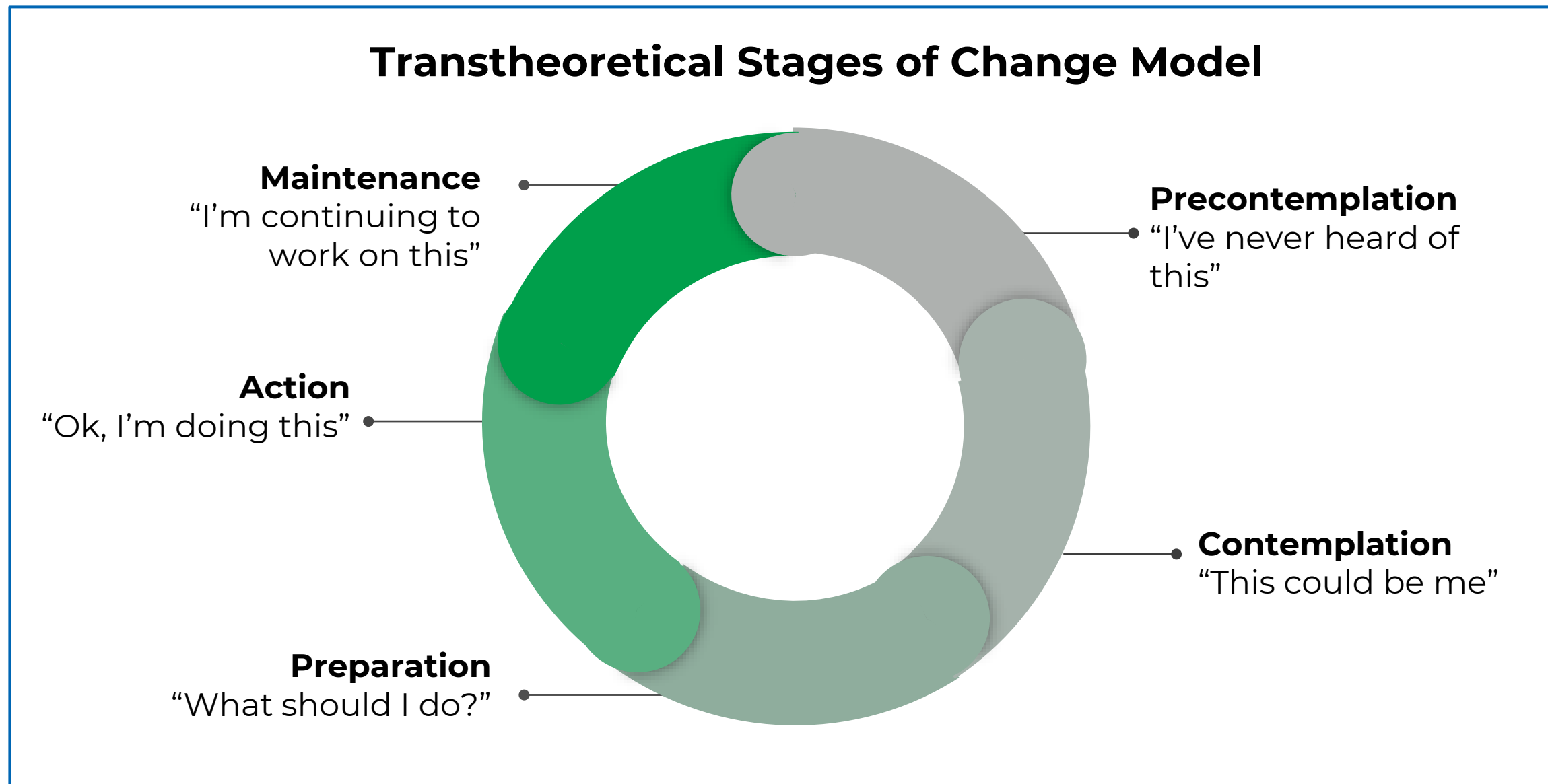
Skills development to enable SSNRE behaviors

Calmness tactics



Marketing Campaign Builds Over Time

Model of Change



Marketing Plan

Audience

Parents & caregivers of 0-5 who have personally experienced ACEs

Influences

Parental ACEs can be passed down due to unbuffered toxic stress response

Problem

Our audience does not yet know about the toxicity of stress from ACEs, or how SSNREs can help buffer toxic stress response

Campaign Plan

Help parents & caregivers understand TSR and buffer against TSR in their children, by:

Introduce TSR

(e.g. foundational education)

Develop Skills to Buffer

(e.g. parent's emotional regulation skills)

Provide Resources to Support Buffering Actions

(e.g. make resource feel attainable)

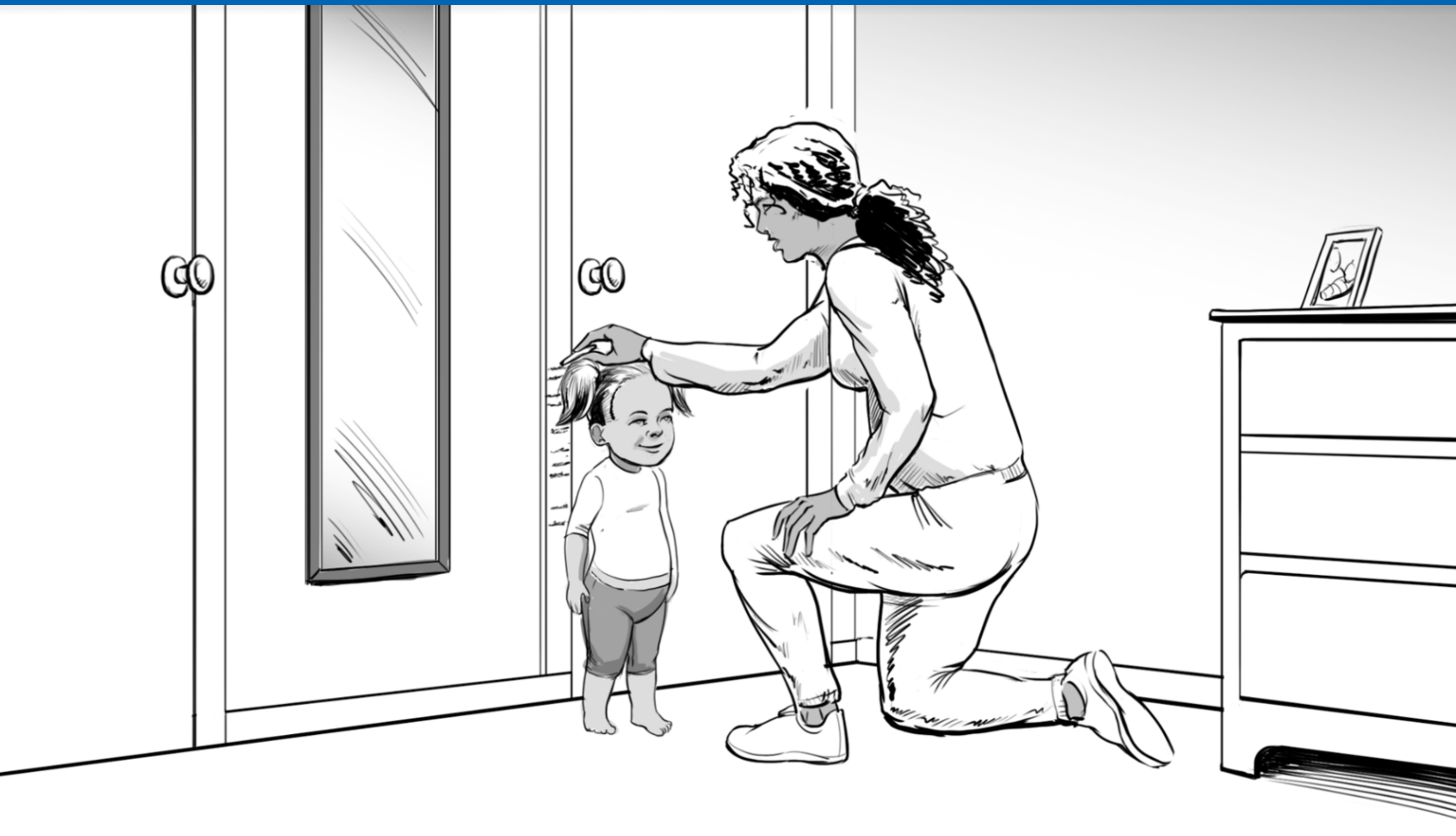
Outcomes

Increased knowledge

Increased SSNREs

Fewer negative health outcomes in this generation of children, now through adulthood

Creative Concepts



Audience Reactions - 4.08 PE Score

Theme	Quote
Motivating	“[This video] would motivate me more to—I wanted to record it and just send it to my family member. Like ‘Hey, this is what it's doing to the baby. Pay attention.’ It kind of grabbed my attention. ”
Hopeful Messages	"I'm very interested in what this does to kids and how do you reverse it. What can you do? Because you can't always change that fact that the parents, they cannot live together. So, what can you do so the kids still thrive? So, I really liked that they made a video about toxic stress for kids and it's reminding everyone. And the fact that it says we have a solution , there's something we can do about it. So I really liked that.”
Relatable Characters	“I really like it. Just growing up in the Bay Area, being a minority and everything, it's a lot of things we go through... I feel like it is directed to people like me who grow up in rough parts of the neighborhood, and our parents had been through a lot... so yeah, it's to parents and maybe minorities and everyone, I guess.”
Appreciate Father Figures	“Showing the same thing they showed with the child, but also with the father, because... children also need the father's support. So, to make it better, to make it stronger, I would put the same thing that shows scenes of the mother... but show that the father is also involved.”

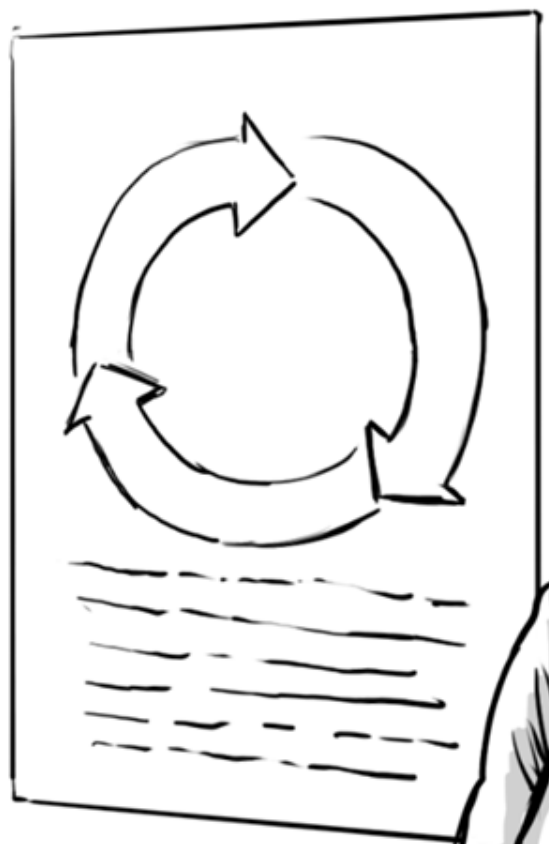


Audience Reactions - 3.9 PE Score

Theme	Quote
Milestones	“[This video] really got me because the first photos, with the memories of the family , that really takes me back. It is my reality . At home, I have a picture of my family, of my son's trophies or things like that on the fridge. That did capture my attention.”
Positive Tone	“What I liked about this ad was that it [was] positive ... Because then there was the image of the girl overcoming and graduating. I liked that because it was... because you don't always have to think about the negative... you have to see the future thinking that it's going to be better. ”
Parent-Child Emotional Connection	“I liked the parent-child aspect as well. I like the fact that it was more about what you can do to help your child and that it was geared more towards the parents and their relationship with the child. I think it sends a very positive message.”



UNIVERSITY
of South Carolina



Audience Reactions - 4.07 PE Score

Theme	Quote
<i>Doctor Increased Relevance For Some</i>	“I just like that it came from a medical person . It just seemed more relevant to me, more believable.”
<i>Visual Depictions</i>	“I think it's the combination of the doctor and that she applies it and you can see the silhouette of the child and how it affects him. It's a graphic with a more practical aspect. [Toxic stress] is no longer just an idea, it makes me want to look for a solution.”
<i>Normalized Help-Seeking</i>	“I appreciate that now we're at the doctor's office... because maybe we need an outside source to help out , to figure things out, and that's okay. It's better for you to say, ‘I need help. I don't know what's wrong. Let me get information.’”

Discussion & Questions



Thank you!

