Office of the California Surgeon General

ACEs and Toxic Stress Campaign Preliminary Research Report

OCTOBER 2023

CYBHI
Children and Youth Behavioral Health Initiative

OFFICE OF THE CALIFORNIA SURGEON GENERAL

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I. Executive Summary

This preliminary research report brings together the results of several reviews conducted to inform the development of the Adverse Childhood Experiences (ACEs) and Toxic Stress campaign for the California Office of the Surgeon General. These processes included:

1. A secondary research review to identify the latest **research and best practices** related to messaging and approaches to ACEs, toxic stress, and other relevant topics.
2. A social listening analysis of **media, social, and audience data** on topics related to the campaign.
3. An **analysis of previous campaigns** that have been done on the issues of ACEs and toxic stress.

Messaging Research Review

The project's campaign partner, the FrameWorks Institute, has conducted extensive research to develop communication guidelines to reframe discussions about Adverse Childhood Experiences (ACEs) and toxic stress. They advise coupling toxic stress with the concept of resilience, avoiding deterministic language, and emphasizing community-based solutions. Childhood adversity should be framed as a preventable, solvable public issue involving everyone. Avoid focusing solely on families and promote hopeful messages. In child mental health, steer clear of crisis framing and leading with economic arguments. Explain concepts clearly and use systems-level stories. Lastly, reframe terms like "vulnerable" and "resilient" to emphasize community support.

The review of the communications and interventions research provides a wealth of recommendations relevant to campaign development. Topics include public perceptions of ACEs, the most effective evidence to use for advocacy on the issue, the messaging needs of young adults with ACEs, using social media for ACEs support, and using data for messaging about childhood trauma. The report also includes potential intervention models that could inform development of campaign content and approaches.

Media, Social, and Audience Analysis

Using a proprietary database, the project analyzed media, social, and audience intelligence data for a view of the landscape of conversations and reporting related to ACEs and other relevant concepts in California. An analysis of 305 mentions or conversations with the relevant keywords identified the types of articles that caused spikes in awareness, the locations that they occurred in, the overall sentiment of the mentions, and associated keywords.

Analysis of Previous Campaigns

The project identified seven of the most relevant public communication campaigns on the topic of ACEs to analyze and draw insights for the development of the new campaign. Insights relate to the focus of each campaign, the audience(s), how they use storytelling and design, and the language used. The analysis provides recommendations based on the strengths of each campaign to be applied as the OSG campaign is developed.

II. Research and Best Practices on Effective Messaging and Approaches

This report starts with a research review of the most recent evidence-based guidance regarding communications and messaging related to ACEs and toxic stress. First, a synthesis of key recommendations from the FrameWorks Institute provides guidelines related to developing framing and messaging for communications on ACEs, toxic stress, early childhood, and children's mental health. Next, a broader review of the literature offers insights on additional messaging and communication recommendations based on academic research studies.

A. Key Messaging Recommendations from FrameWorks Institute

The FrameWorks Institute has developed communication guidelines on how to reframe the negative narrative about ACEs and toxic stress to a more productive way of communicating about these issues that will resonate with the public. These guidelines come from research briefs that include more detail and examples, and are condensed here.

Framing Toxic Stress (Busso et al., 2020):

- Always couple the **toxic stress metaphor with discussions of resilience.**
  - Many people believe damage done is damage done and can't be repaired.
  - Start with an aspirational appeal to the power of resilience, not with all the problems caused by toxic stress.
  - People can thrive with the right supports in place — it's not about individual grit or willpower.
  - Avoid deterministic language (rather than negative outcomes will happen, say they can occur or are more likely to occur).
  - Use a hopeful, efficacious tone. Focus on solutions.

- Place **parenting in context** to reduce stigma and guilt.
  - Deepen explanation of parenting under conditions of chronic stress — overloaded parents.
  - Focus on the external pressures that hamper parents' ability to care for their children — things that are outside their control.
  - Frame discussions about how community-based and societal-level solutions can address this problem and can help take the load off or help them manage the load.

- Emphasize **agency and self-efficacy** rather than individualism.
  - Emphasize our shared connectedness/interdependence.
  - Tell stories that place individual self-efficacy in context — one's actions can make a positive difference.

- Build understanding that toxic stress is a **public concern in need of community-based solutions.**
  - Emphasize the value of community strength and resilience.
  - Emphasize shared fates — story is about us, not them.

- Consequences of childhood adversity are shared, but so too are the benefits of addressing it.

- Explain the relationship between **racism and toxic stress.**
  - While ACEs can affect anyone, many communities are overloaded and overburdened by serious stressors that are caused or exacerbated by racial discrimination and systemic racism.
  - Always couple prevalent data with an explanation of the drivers of disparities (connect process to cause).
  - Avoid claims of universality.
  - Connect economic and racial injustice to childhood adversity.
  - Take a drumbeat approach, hitting on different ideas over time.

- **Focus on the gains** — rather than the losses — when ACEs are recognized and addressed.
  - Emphasize positive outcomes and potential savings from screening and intervention rather than costs to California if ACEs are left unaddressed.

- Don't rely on the **value of science** alone.
  - Avoid non-specific language — be as specific and concrete as possible.
  - Collectivize the process of knowledge production — our shared knowledge, not elite scientists.
  - Emphasize the problem-solving function of science.

Framing Childhood Adversity (Sweetland, 2021):

- At a high level, child adversity must be framed as a public issue, a preventable problem, and a solvable problem.

- To position child adversity as a **public issue**:
  - Make the story one where we all have a stake and a role in outcomes that matter.
  - Show how external conditions get under the skin to shape health, development, and outcomes.

- To help people see where **prevention efforts** would make a difference:
  - Emphasize the dynamism of development.
  - Talk about preventing an overload of stress on families.

- To make it clear that **solutions exist** and are worth pursuing:
  - Don't talk about the impact of adversity without also explaining people's capacity for resilience.
  - Always include a proven or promising policy-level solution.

- Avoid focus on the **family bubble**, which implies parents are entirely responsible for children's outcomes.
  - Instead, focus on larger social contexts, talk about children and the adults in their lives — parents, family members, caregivers and educators.
  - We all have a stake and a role in child and family well-being.

- Avoid **"bad apples" thinking** — that problems are caused by the actions of a few outlier individuals.
    - Instead, think in terms of systems and society.
- Avoid triggering **determinism** — the idea that the future is set and can't be changed.
    - Instead, get a more hopeful message across — it's not too late.
- Avoid triggering **fatalism** — the idea that it's impossible to do anything that improves the situation.
    - Instead, this is a difficult issue, but the solutions are within our reach.
- Avoid **"threat of modernity" thinking** — the idea that today's society is dangerous and broken.
    - Instead, advance the idea that we must make vibrant, healthy communities a priority.

Child Mental Health (Sweetland, 2019):

- Avoid **common framings:**
    - Don't frame the issue as a crisis. It is more likely to bring on apathy or fatalism and should be avoided.
    - Don't lead with an economic argument. (It can be a supporting point.) Treat economic impacts like a bonus feature or desirable byproduct of your issue, not the main reason for doing it.
- Explain key concepts clearly, without **jargon**.

Potential Childhood Development Communications Traps (O'Neil & Haydon, 2015):

- Avoid discussions that invoke **models of childhood development** that imply absorption or imitation. Communicators should avoid language that represents development as a passive process, and instead use metaphors like Brain Architecture and Resilience Scale to describe the dynamic processes by which development happens.
- Avoid using **stories about individual children or families** as illustrations of the need for intervention. Individual stories reinforce notions of individual responsibility, willpower, and family autonomy, thereby dampening people's understanding of the collective nature of these issues and their support for public policies and programs. Instead, communicators should tell systems-level stories — stories that position systems and social structures as the protagonists and antagonists — rather than episodic stories that use isolated examples of the trials and tribulations of individual children and families.
- Avoid phrases like **"vulnerable families" or "at-risk children."** These terms cue the idea that each family and each child is responsible for exercising the self-discipline and hard work necessary to pull themselves into more advantageous circumstances. Instead, talk about children and families who live in communities that lack resources.
- Avoid phrases like **"resilient children,"** or phrases that suggest resilience as an inherent personality trait. Instead, talk about resilience as a quality that can be promoted with quality programs and strong social supports.

B. Communications and Interventions Research Summary

Public Perceptions

- Public Opinion About ACEs (Purtle et al., 2022)
  - Nationally representative survey of sample of US adults found **stigmatizing attitudes** toward people with multiple ACEs:
    - 25% were unwilling to work closely with them on a job
    - 14.4% were unwilling to have them marry into their family
    - Stigma stronger among Black than White respondents
  - Found **blaming attitudes:**
    - 65% believed that the parents of people who experienced ACEs were to blame for their problems
    - 10.3% believed the individual who experienced ACEs was to blame for their problems
  - Substantial **support for governmental intervention** to prevent ACEs (49.7%).
    - Black respondents express higher support than White respondents
  - Conservatives have stronger beliefs about individual blame for the consequences of ACEs than liberals.
- Perceived Persuasiveness of ACEs Evidence (Purtle et al., 2021)
  - Many of the **ACE evidence statements** most commonly used in policy advocacy and public communication about ACEs **differ from those perceived as most persuasive** in a nationally representative survey of US adults.
    - For example, evidence about **ACEs as risk factors for physical health** conditions and processes through which ACEs may have impacts via toxic stress and epigenetic mechanisms are commonly used — such as by the American Academy of Pediatrics and Centers for Disease Control of Prevention. However, survey results indicate that these might be among the **least persuasive messages**.
    - In contrast, evidence about the **financial costs of ACEs for society and ACEs as risk factors for mental health and substance use conditions and suicide were perceived to be among the most effective** messages. It is possible that the economic cost to society message was perceived as persuasive because it implies that ACEs have consequences for everyone, not just the individuals who experience ACEs. This is consistent with the finding that the message about ACEs resulting in excessive out of pocket health care spending for individuals was perceived as the least effective message.
  - The **high perceived persuasiveness of messages about ACEs as risk factors for mental health and substance use conditions** could reflect broader public concern related to increasing rates of these issues.
  - Compared to conservatives, liberals generally perceived ACE evidence statements as stronger reasons for ACE prevention policies.

- Selecting Evidence to Frame Consequences of ACEs for Policy Action (Gollust et al., 2022)
  - The objective of this study was to examine the effects of messages describing evidence about ACE consequences on policy perceptions and likelihood of policy engagement, attribution of responsibility across sectors, and blame and stigma.
  - There were no differences in public perceptions in response to a message describing the scope of the problem of child adversity and emphasizing children's resilience, compared to a message that mentioned neither resilience nor prevention.
  - The **economic message consistently led to increased public support for policy action and of multi-sectoral responsibility** to address ACEs, compared to the control condition. However, it also increased respondents' perceptions that **parents should be blamed.**
  - Despite the common use of **evidence about biological consequences when describing the effects of ACEs, this study found no impact.** Similarly, the message describing the **consequences of ACEs on mental health and substance use outcomes among adults produced limited to no effects.**
  - A message emphasizing racism as a cause of ACEs and the consequences of **ACEs on perpetuating racial inequity slightly reduced some policy perceptions and attribution of health care system responsibility.** This raises concern that explicit descriptions of structural racism could reduce support for action among the public.
- Unintended Consequences of Disseminating Behavioral Health Evidence to Policymakers (Purtle, Nelson, et al., 2023)
  - **State-tailored policy briefs** significantly increased legislators'/staffers' perceptions of **parental blame** for the behavioral health consequences of ACEs, relative to an untailored policy brief with national data.
    - Among Democratic legislators/staffers, the state-tailored policy brief more than quadrupled the odds of a respondent perceiving parents as very much to blame for these consequences of ACEs.
  - These results signal cause for **caution when disseminating evidence about ACEs** to help ensure that this evidence does not produce or perpetuate parental blame. In dissemination practice, such caution could be expressed by emphasizing that many ACEs occur outside of the home, that structural inequities contribute to ACEs, and the intergenerational nature of ACEs and historical trauma.
- Newspaper Coverage of ACEs and Toxic Stress (Purtle, Bowler, et al., 2023)
  - Reviewed 746 articles that mentioned ACEs and/or toxic stress in US newspapers between 2014 and 2020.
  - **Although ACEs and toxic stress are complementary, they are often written about separately.** For example, among the 1,979 articles indexed in PubMed in 2015–2020 that mentioned ACEs or toxic stress in the title, abstract, or key words, **only 47 (2.4%) included mention of both terms.**
  - Two local newspapers accounted for 30.6% of the sample: *Houston Chronicle* and the ***LA Times.*** The national newspapers that published the most were the *Washington Post* and *New York Times*.
  - The volume of coverage increased dramatically between 2014 and 2018.

- **Proximal causes and individually focused consequences of ACEs and toxic stress were among the most common concepts** appearing in the articles. However, although few articles framed ACEs and toxic stress as having consequences for society, a relatively large proportion of articles framed the causes of ACEs and toxic stress and solutions to address them within a broader societal context.
- Implications of findings:
  - When communicating with newspaper reporters, researchers and advocates should consider **emphasizing how adverse childhood experiences (ACEs) and toxic stress are related** and complementary concepts.
  - Researchers and advocates should consider writing newspaper op-eds and engaging with reporters to **increase newspaper coverage about ACEs and toxic stress within the context of the COVID-19 pandemic policy.**
  - Newspaper portrayals of **ACEs and toxic stress being caused by structural factors** could potentially help cultivate public support for policies that address ACEs and toxic stress.

Messaging Needs of College Students with ACEs

- Help Seeking by Young Adults with ACEs (Karatekin, 2019)
  - Various studies have found that **35–60% of college students** have had two or more ACEs.
  - This study found that, compared to students with fewer ACEs, **students with more ACEs sought more types of help,** including psychological/psychiatric, formal, and informal types of help. They were **more likely to seek help for** depression, as well as anxiety and stress, but also **more likely to still have unmet needs** in terms of depression, anxiety, stress, lifestyle, and family interactions. They were also more likely to find the interventions unhelpful and to **quit prematurely**. Finally, they were more likely to obtain their health-related information from university sources, other professionals, or the media.
- Preferences for Help Coping with Stress by Young Adults with ACEs (Karatekin & Ahluwalia, 2021)
  - The **high-ACE group had used more health-related interventions** in the past two years than students with fewer ACEs, including more individual, peer, professional, face-to-face, online, and self-help interventions. Compared to the low-ACEs group, the high-ACEs group **was more likely to want in-person help** focused on mental health.
  - About one in four (25.2%) of the students in the high-ACEs group specifically expressed a **desire for more individual psychotherapy**, compared to about one in eight in the low ACEs group (12.9%). And 90% of all students expressed a desire for more help to cope with stress.
  - Given the wide variety and high rates of health-related interventions utilized by high-ACE students, mental health interventions need not be limited to professional mental health providers alone.

- Tailoring Health-Related Messages for Young Adults with ACEs (Karatekin et al., 2018)
  - A relationship was found between Adverse Childhood Experiences (ACEs) and two key factors: **regulatory focus and patient activation**. Regulatory focus refers to the type of health goals individuals pursue — promotion focus (eager pursuit of gains) and prevention focus (vigilant avoidance of losses). **ACEs were linked to a prevention-focused mindset, potentially driven by the need for security.** Patient activation involves beliefs, knowledge, confidence, and skills required to manage one's health effectively. ACEs were associated with lower patient activation, indicating **individuals with ACEs might be less proactive in managing their health.**
  - The study found that individuals with more ACEs were more focused on preventing negative outcomes, while having weaker associations with promoting positive outcomes. This suggests that **health messages framed with a prevention focus could better resonate** with those with high ACEs. Lower mental health scores were related to less patient activation and a greater prevention focus, highlighting the potential impact of mental health on health management.
  - The research suggests that individuals with high ACEs might initially be less inclined to initiate health-related behaviors and seek help actively. However, once engaged, they may exhibit strong persistence. **Tailoring health messages to their regulatory focus** could motivate them. Similarly, interventions aimed at increasing **patient activation could improve self-management and preventive care**, particularly by enhancing self-efficacy and communication skills with caregivers.
- Building Resilience via a Smartphone App (MacIsaac et al., 2021)
  - The transition to university offers a chance to foster resilience, as it combines heightened stress with challenges that can promote resilience if support is provided. This period aligns with the shift from adolescence to young adulthood, facilitating positive transformations for those who faced difficulties earlier. Additionally, brain regions related to self-regulation are still developing at this stage. Equipping students with **emotion management strategies** can enhance their self-regulatory skills, aiding resilience as they navigate the stress of this transition.
  - The JoyPop app, which was designed to **assist with building resilience and emotional regulation**, helped those with higher ACE scores improve at a higher rate of change than those with lower scores.
  - App features were developed to **target daily self-regulation** via evidence-based techniques. For example, the Rate My Mood feature was designed to encourage attention towards positive mood states and help users understand and manage their emotions. The Breathing Exercises feature supports self-regulation and decreased physiological arousal. The Journal feature was included in light of the long-term positive benefits evidenced by expressive writing, especially when writing is positively focused to foster self-regulation. SquareMoves (a Tetris-like game) was included as activities of this nature can induce a "flow" state, a form of self-regulation that relinquishes negative self-focus. The Art feature provides an opportunity for unrestricted creativity and is supported by positive benefits

in memory and emotional expression through doodling. The JoyPop app also includes connections with one's support network (e.g., the Circle of Trust feature) or established helplines (e.g., through the telephone icon on the launch screen).

Social Media and ACEs

- Online Social Networks of People with ACEs (Cao et al., 2023)
  - This study used Reddit and Twitter data to compare social networks among people with and without ACEs exposure.
  - Individuals with **ACEs tend to have less interpersonal social support** than those without ACEs when they become adults. Studies suggest that connectedness through social networks can support individuals who have experienced ACEs or various mental health challenges and confer a protective effect by disrupting the toxic stress pathways that connect adversity and trauma in childhood to poor health outcomes across the lifespan.
  - Individuals reporting ACEs tend to make reciprocal follows and that they do so more frequently with other ACE individuals. This result may indicate that **ACE individuals are actively seeking social support by connecting to other ACE individuals** to share their ACEs and current lives.
  - When conducting online searches, Twitter users who **mention their parents using the word "my" (e.g., "my mother," "my dad" plus "ACEs") tend to be associated with ACEs** more likely than those who do not do so. Without "my", the sample contained a large fraction of institutional and individual accounts that tweeted about ACEs but they themselves did not have ACEs.
- Who Is Talking About ACEs on Twitter (Srivastav et al., 2021)
  - Analyzed **Twitter in 2018–2019** using search keywords: ACEs OR adverse childhood experiences OR A.C.E.s. OR ace OR ace's OR toxic stress OR toxicstress OR adversechildhoodexperiences OR #healing OR childhoodtrauma AND NOT itsjefftiedrich AND NOT KidsRpeople2
  - A total of 195,816 relevant posts in the two-year period from January 1, 2018, to December 31, 2019, were obtained for the study. The average weekly volume was 1,864 posts a week.
  - Tweet authors were more slightly **more likely to be female (57%) and largely under the age of 35 years (86%)**. Fourteen percent of the tweets originated from **California**. Additionally, the sentiment within the tweets were **negative (47%) or neutral (45%)**. Most of the tweets focused on the emotion of **fear** (40%), although almost a quarter focused on the emotion of joy (24%).
  - The main categories of **topics** within the identified tweets included general use of ACEs (23%) childhood trauma and ACEs (19%), long-term impact of ACEs (12%), preventing ACEs (11%), short-term effects of ACEs (8%), ACE study (5%), and students with ACEs (5%).
  - The top **influencers** included pediatricians, educational advocacy organizations, activists, public health campaigns, and child health advocacy

organizations. The CDC was the sole government agency that was identified as a key influencer and National Public Radio (NPR) was the only news source.

- Based on this study, it appears that **the conversation around ACEs in social media is still among individuals who work within the field, not necessarily the lay public.**

- Trauma-Informed Social Media (Scott et al., 2023)
  - Some **social media-based traumas** can be isolated and acute (e.g., sexual harassment via direct messaging between two people) while others can be large-scale, massive, and/or collective experiences (e.g., hateful subreddits or traumatic live and unfiltered images or videos shared globally).
    - In the U.S., 41% of adults say they have personally experienced some form of online harm, and 28% report experiencing multiple and severe forms, including stalking, sexual harassment, and physical threats.
  - One way to address social media-based trauma is by employing a **trauma-informed approach**. A trauma-informed approach is a relatively novel methodology that involves applying trauma theory and principles to the design and evaluation of interactive systems — the design and moderation of social media as well as to the social media companies themselves (i.e., their mission, policies, values, hiring practices, leadership styles, etc.).
  - Trauma-informed social media design attempts to create products, services, and systems that meet the needs of all users, not just the majority, as it assumes, more likely than not, all have a history of trauma. Even users who do not have trauma histories can benefit from this type of harm reduction or prevention.
  - All trauma-informed approaches are enacted through **six guiding principles — safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues** — which attempt to reduce the likelihood of re-traumatization.
  - Trauma-informed social media design involves consideration of:
    - Content warnings: helpful or harmful?
    - Tracking and responding to harmful experiences.
    - Providing just-in-time nudges and text-based reinforcement learning.
    - Trauma-informed filtering tools.
    - Support for accountability and repair.
    - Commitment to long-term support of well-being.
    - Trauma-informed content moderation.
    - Increased transparency around content moderation.
    - Providing context moderation.
    - Supporting and protecting moderators.

Communication Recommendations

- Creating Compelling Messages About Childhood Trauma with Data (Gehlert & Cuestas, 2021)
  - **Identify the goal** you want your data to support.
  - Place data regarding childhood trauma disparities within a **larger context**.
  - Use data **selectively**.
  - Make **values** part of the conversation.
  - Use **creative comparisons** and social math to make PACEs data easy to understand.
- Children Can Thrive Recommendations (Center for Youth Wellness, 2015)
  - Raising **public awareness is key to prevention** of ACEs, and to building broader support to advance policies aimed at systematizing responses.
  - Ideas included a **"What Happened to You?" campaign** to generate awareness and recognition of the impact of ACEs, and integrating **pop culture**, such as celebrity champions, as part of ongoing public education efforts.
  - Systems and communities must be more **trauma-informed**.
  - Families should be at the heart of efforts, with a **two-generation approach** supporting the health and well-being of both children and their parents or caregivers.

Intervention Models

- Review of Systematic Reviews to Support People with ACEs (Lorenc et al., 2020)
  - The findings of this **review of reviews** indicate that there is **limited evidence for the effectiveness of most interventions** for children and young people who have experienced ACEs. The strongest evidence is for the effectiveness of CBT for mental health outcomes in children who have been sexually abused.
  - There is very **limited evidence regarding any social or community-level interventions**, with psychoeducation, parent/foster carer training, educational interventions, and housing and life skill interventions having mixed outcomes.
- Empower Action Model (Kaar et al., 2023, Srivastav et al., 2020)
  - The EAM extends the Socio-Ecological Model by targeting protective factors for youth in a culturally tailored delivery to reduce inequities among key program outcomes, including depression and anxiety. An existing curriculum was modified to make it more equitable and to target improvements in all six: **Empower Action Model protective factor constructs: (1) build resilience, (2) create positive self-views, (3) grow through individual development, (4) share resources to meet basic needs, (5) support the formation of positive relationships, and, in doing such, (6) honor all cultural identities.**

- The intervention offered students opportunities to feel connected in their community by **improving individual-level protective factors** (e.g., resilience, self-efficacy). The youth documented supportive adult-child relationships, gained their own sense of perceived control within their lives, strengthened coping skills, and mobilized resources in their communities that were most personally meaningful to them (i.e., faith, gender, culture).

- Strengths-Based Interventions to Address Intergenerational Trauma (Howell et al., 2021)
  - Factors like flexibility in regulation, problem-solving skills, and self-esteem promote resilience at the individual level. For instance, children exposed to early childhood maltreatment showed more resilience in adolescence if they had strong problem-solving and daily living skills. Positive outcomes are also influenced by factors like effective parenting, supportive peer relationships, and caring adults. This intergenerational perspective suggests that strengths and adaptive functioning can be passed down as well.
  - Therefore, intervention approaches should shift from focusing solely on individuals to broader considerations of family, community, and cultural processes that contribute to ACEs and their effects. Effective programs should not only address ACEs directly but also target biological, psychological, and social factors within parent-child relationships to mitigate risk.

- Preventing Intergenerational Transmission of ACEs (Narayan et al., 2021)
  - **Parental PTSD must be an intervention priority** to prevent ACEs in children.
  - Parental PTSD poses unique and additive risks for child ACEs over and above other parental mental health problems such as depression and anxiety, and may uniquely contribute to biological and epigenetic changes in utero that alter infants' stress reactivity and regulation, independently increase risk for children's trauma exposure in the postnatal environment, and interfere with parents' engagement in preventive efforts to protect children against ACEs.

- Mitigating Toxic Stress in At-Risk Youth Through an Agriculture-Based After-School Program (Holcomb et al., 2022)
  - The findings of this study show the importance of **nurturing mentor relationships**, a conducive environment to build **relationships with peers**, an **emotionally comforting environment,** interactions with animals, doing enjoyable tasks, and gaining transferable skills.
  - A mentor/mentee relationship with adults the youth could trust and talk to was critical.

- Resilience Intervention for Young Adults With Adverse Childhood Experiences (Chandler et al., 2015)
  - In between their original nuclear family and prior to becoming parents, **young adults are for the first time likely to be in a position to affect their own health and potentially that of the next generation.** The purpose of this pilot study was to examine the feasibility and potential efficacy of implementing a 4-week empower resilience intervention (ERI) to **build resilience capacity using a psychoeducational approach** with young adults who have experienced ACEs.

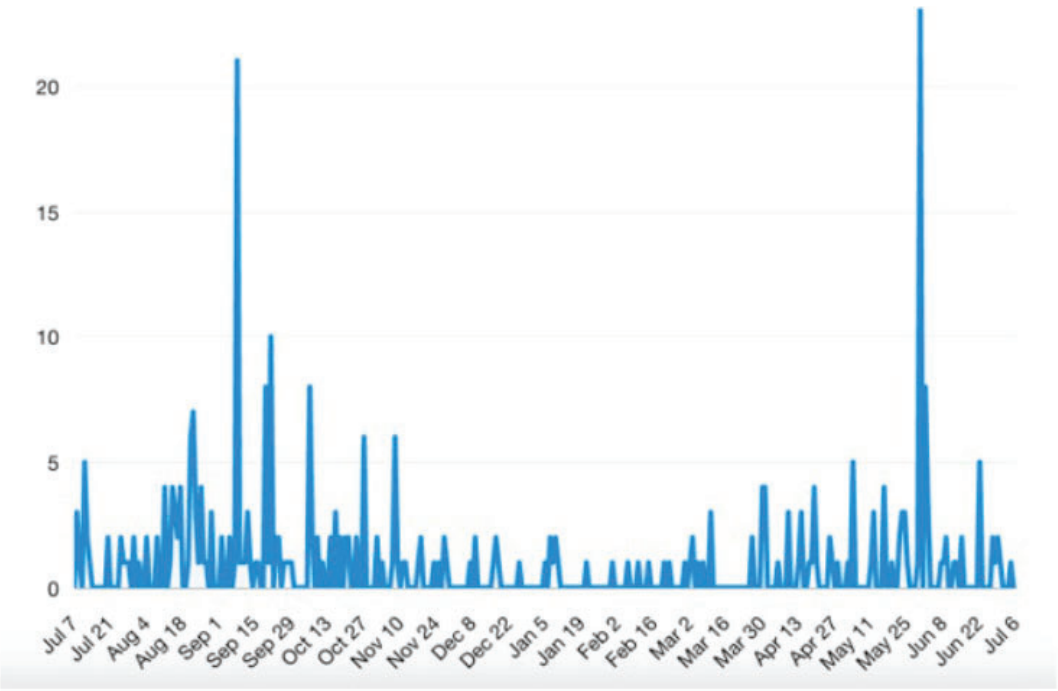
- Resilience begins with having an **internal locus of control** that can lead to a sense of agency that increases the likelihood of successful stress management.
- ERI is a trauma-informed, ACEs-aware intervention that combines two approaches to adolescent development: **resilience training and positive youth development.**
- This strengths-based perspective suggests that a **resilience intervention should include** the following five components: (a) **emotional regulation training** to recognize and manage reactivity and impulsivity; (b) **cognitive behavioral approaches** to reframe thought processes and increase positive emotion; (c) **physical health** information on exercise, nutrition, sleep, and relaxation to increase protective behavior; (d) **social support** to build connections to family, peers, and mentors to increase protective factors; and (e) a neurobiological component, such as **mindfulness-based stress reduction** (MBSR), to increase the ability to manage stress.
- When participants reframed past behaviors as attempts to bounce back from stress, they were able to locate strength within what had been termed risky behavior. As a result, the deficit paradigm of **"what's wrong with me?" shifts to an empowered paradigm of "how have I been so strong?"**

III. Media, Social, and Audience Analysis on Campaign Topics

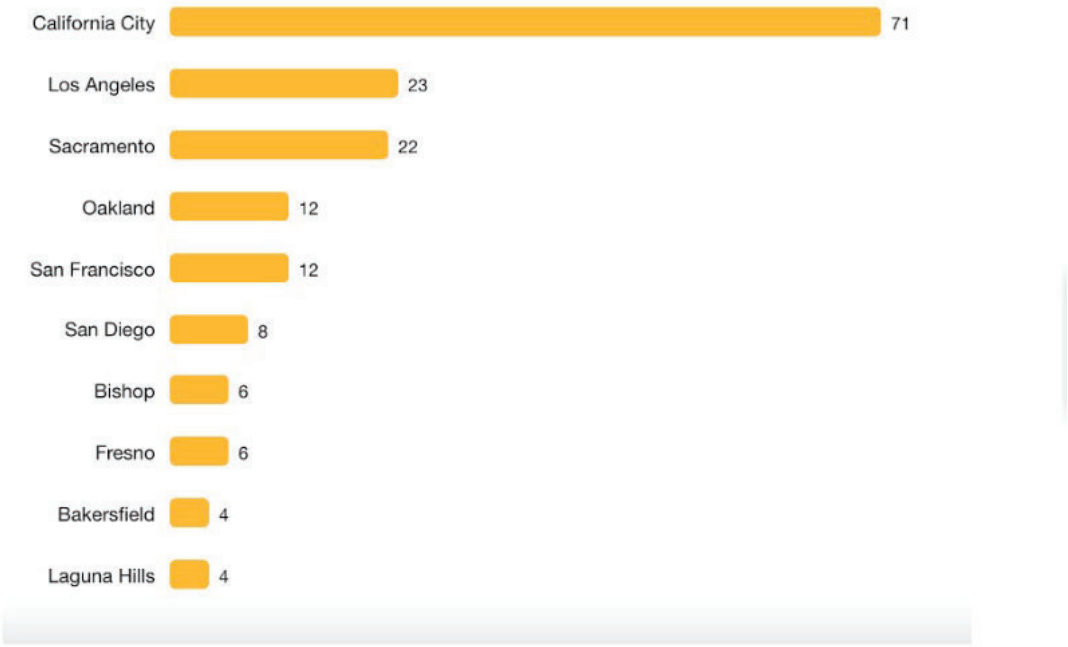
Civilian optimizes on our proprietary database, Meltwater Explore, to harness media, social, and audience intelligence data in real time from social listening across 15 mediums, including social media channels, TV and radio, 270k global news sources, print media, and 20k podcasts hosted by publications, organizations, influencers, SMEs, and the general public. The media and social intelligence data provides a holistic view of the landscape, which helps us understand current trends and insights so we can be strategic and creative with our marketing communications strategy to break through the noise and raise awareness. The audience intelligence data provides insights into how target audiences discuss and engage with topics along with an analysis around if the source was perceived as positive, negative, or neutral—derived from Meltwater's natural language processing algorithm.

For the purpose of this campaign, we established a baseline with media, social, and audience intelligence data pulled from the last year to understand our target audiences' awareness and perception of our predetermined campaign topics. We conducted this research using a boolean search, with the terms "adverse childhood experiences" and "ACEs" plus both of the terms "toxic stress" and "trauma." We excluded the terms "ACE" and "asexual."

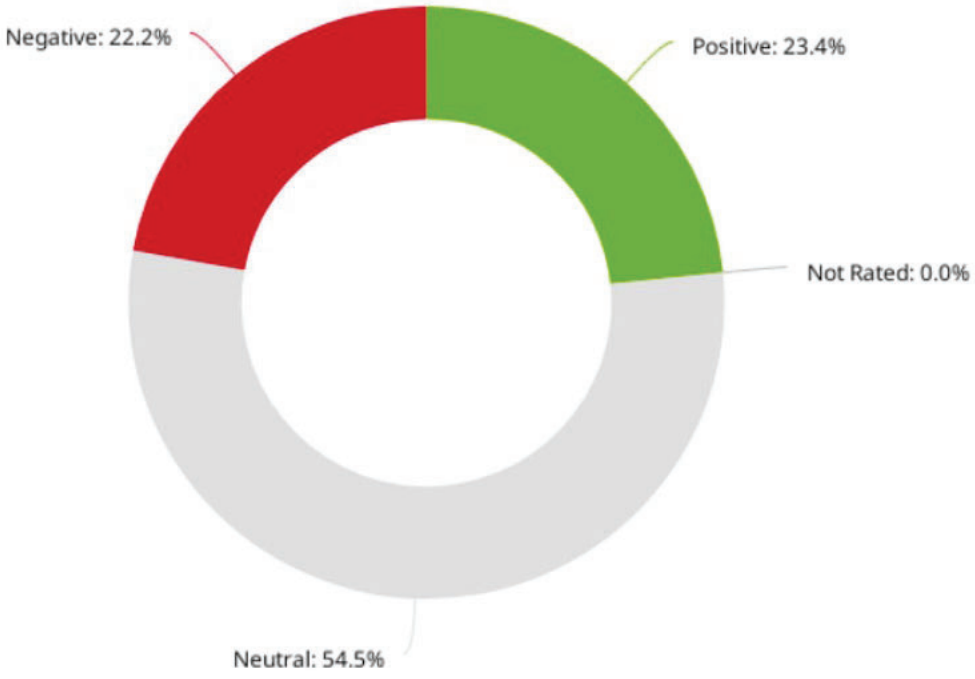
The results informed us that there were 305 mentions/conversations with these campaign topics across mediums, with a spike in awareness on September 8, 2022, stemming from an article entitled "How California Kids Learn to Cope With Wildfire Trauma" being duplicated 20x as well as a spike in awareness on May 30, 2023, stemming from an article entitled "Leading child mental health organizations call for global action against infant, child and adolescent trauma" being duplicated 11 times.



These mentions/conversations predominantly transpired in California City followed by Los Angeles, Sacramento, Oakland, San Francisco, San Diego, and throughout California.



The overall tone/sentiment of these mentions/conversations were neutral, meaning there was neither a positive or negative reaction, which presents a unique opportunity to shift public perception to positive.



Using the aforementioned campaign topics, we discovered associated keywords that most frequently appeared in the mentions/conversations, including physical health, doctors and health officials, families, and community among others depicted in the word cloud below, which provide additional audience insights that could help inform messaging.

Moving forward, to track our campaign's progress, we will generate this report throughout the duration of the campaign to monitor media and social awareness and sentiment shifts among our target audiences.

IV. Comparative Research on Campaigns

A. Overall Summary

Across the seven campaigns we're about to examine, ACEs are clearly defined: what exactly are adverse childhood experiences; how they affect children and the adults they become; and how ACEs impact communities and society. These campaigns also teach their audiences — including parents/caretakers, health care professionals, community/non-profit leaders, and the general public — how ACEs can be prevented and their effects mitigated. Across campaigns, this awareness is created through storytelling, scientific data, and easy, approachable tips.

In "Number Story" and "Stronger Starts" in particular, we see how good design can drive compelling storytelling. As they scroll the website, audiences learn about ACEs, prevention, and coping in a way that has momentum and comprehensiveness. There's a diversity of media for different learning styles. Copy-wise, the content is easy to absorb, and the empathetic, optimistic language creates a non-judgmental, motivating environment.

Our campaign would benefit from a similar combination of dynamism, focused design, and empathetic language. Meanwhile, our campaign could differentiate itself by centering PCEs alongside ACEs when speaking to caregivers; in the two aforementioned campaigns, PCE content takes several clicks to reach.

While the "History & Hope" and "HOPE" campaigns do have PCEs on similar footing as ACEs, the content seems limited to one page of copy plus training resources, and is aimed at organization leaders. By contrast, our campaign can apply captivating, robust, multimedia storytelling to PCEs, laying out a vision for the kind of California youth and young adults could grow up in, with ACEs awareness, prevention, and mitigation being keys to that vision.

B. "Number Story" Campaign, National

https://numberstory.org/

Campaign and Intervention

In May 2021, "Number Story" was launched by the ACE Resource Network to raise awareness in the public about ACEs and share resources for families and adults who have been impacted by ACEs, with concrete actions for healing. The website connects the "number" in the campaign name with personal ACE history, with the reassurance that a person's number doesn't determine their future.

Starting with the "Discover Your Story" homepage, the website provides a deep understanding of what ACEs are through multimedia modules — illustrations, videos, diagrams, and a Q&A. Next, we learn why we should care. And then, empowered by that context, we're invited to explore our ACEs number by taking the questionnaire. Other forms of adversity including racism, poverty, and community violence are acknowledged, with a note that they aren't represented in the original ACEs questionnaire.

Navigating horizontally through the website beyond "Discover Your Story," audiences will find resources for healing themselves, healing their kids, supporting families and community, and getting immediate help. For those who want a deeper dive, there are more detailed scientific explanations. There are also resources for health care providers and educators. In the "Spotlight" section are people's personal stories and tips, plus blog posts for coping with hard times like the holidays.

Campaign Audience

The general public.

Key Insights

"Number Story" is a deeply empathetic campaign. This empathy is evident in the dynamic, rich, beautifully designed website. This includes the homepage's exploration of what ACEs are — there's something for auditory and visual learners, for people who want to read paragraphs to get context, and for people who prefer diagrams and cards. Metaphors (like the stress response to a bear in the woods vs. the "bear" who comes through the front door every night) really illustrate how toxic stress is embodied. The captivating animated video reassures you about your uniqueness and self-determination.

"Number Story" creates a feeling of momentum as you learn more, and seems very intentional in its flow: first you learn what ACEs are, then at the bottom of the page you're invited to take the next step to learn why you should care. "Explore your number" is placed at the end of this flow, so the reader already has plenty of context before taking the questionnaire. In addition to the note about other systemic forms of toxic stress, there is a trigger warning before the questionnaire, with resources to feel grounded again — important and thoughtful inclusions.

In the next phase: "Healing & Prevention," the language is straightforward but empathetic: "Heal myself." "You can have hope. You can feel better," for example.

Nonetheless, the campaign does require more clicks to reach content related to PCEs, which are addressed in the "Why should I care" section. It would be interesting to instead see PCEs more front and center. Also, it's unclear if the campaign is named "Your Number Story" (which is the title of the browser tab), "My Number Story" (the handles on social), "Number Story" (how it's referred to in blog posts) or NumberStory.org (how it's referenced in the original press release).

Outcomes

Within about two months, the headline video of "Number Story" — created for its launch — reached 1 million views. Today, it has reached 5.9 million views. The campaign has also partnered with celebrities like Camila Cabello, John Legend, and Oprah to deepen understanding of ACEs and to normalize dialogues about mental health.

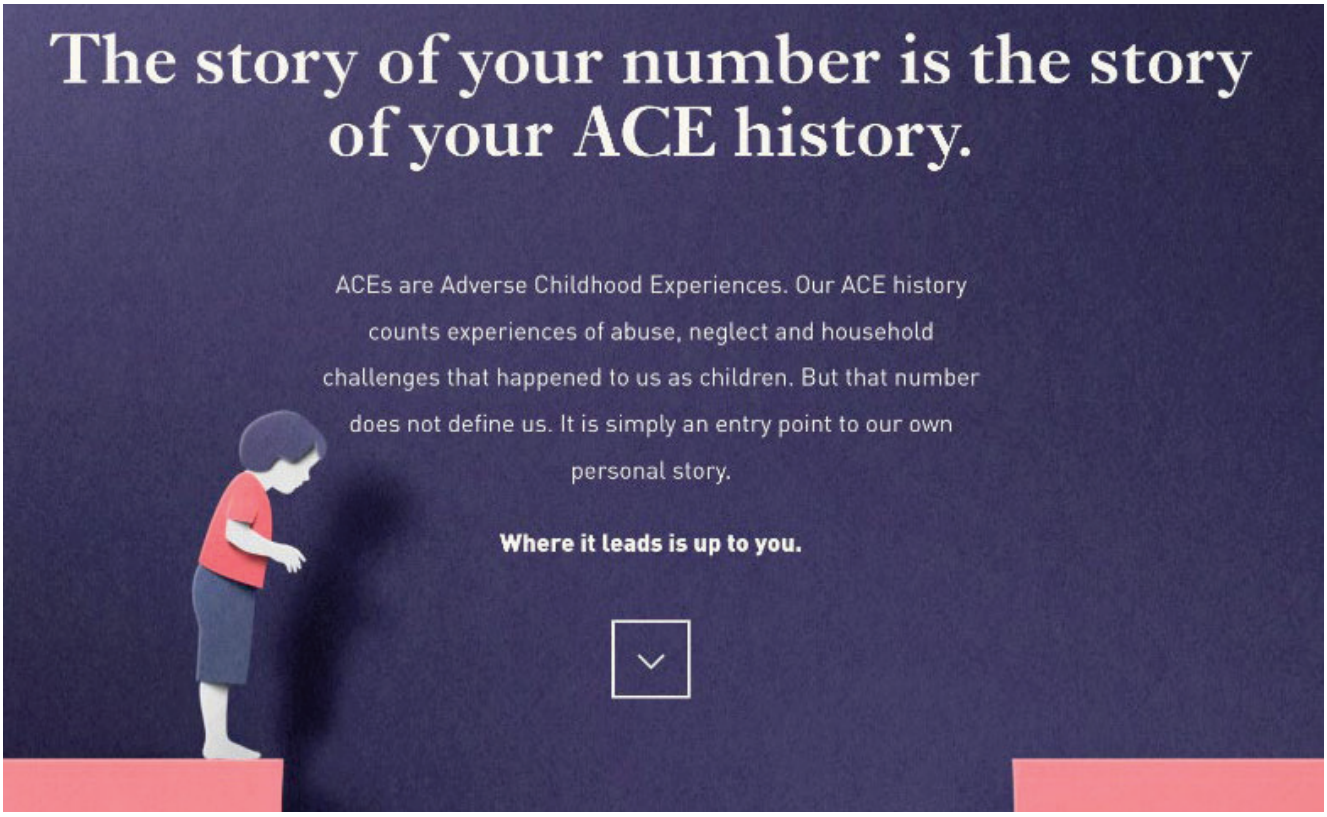
In 2023, a Reddit AMA (Ask Me Anything) featured "Number Story" partner Karestan Koenen, a clinical psychologist and Harvard professor. There were 1,900+ upvotes and 270 comments/questions.

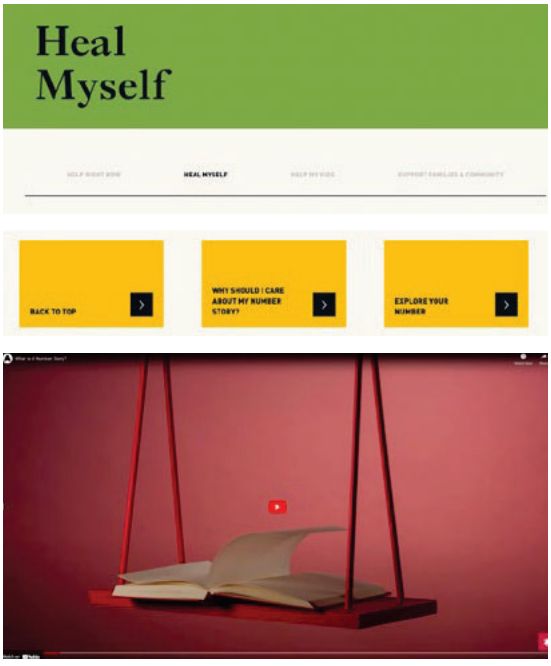
Sources

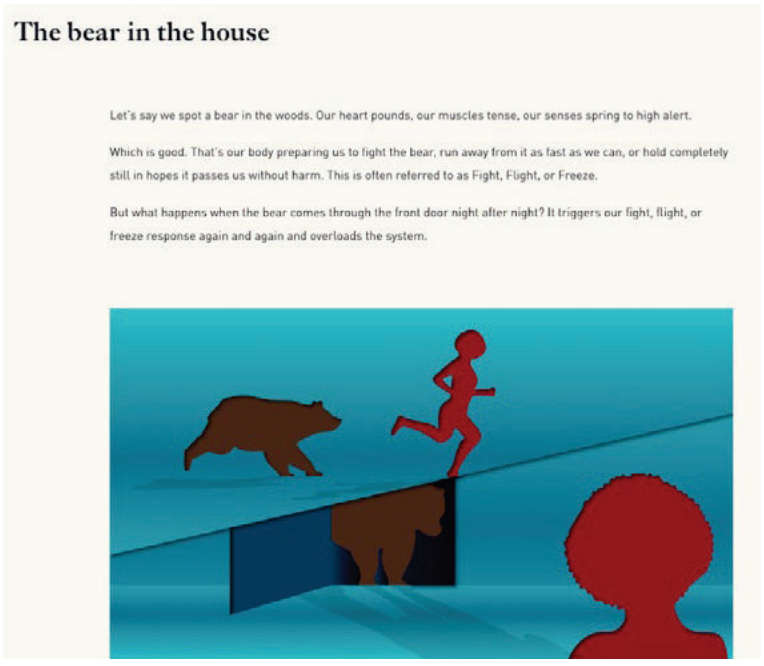
https://numberstory.org/blog/number-story-video-hits-1-million-views/

https://www.acesaware.org/blog/aces-aware-2021-the-year-in-review/

https://www.reddit.com/r/askscience/comments/13kvmr0/askscience_ama_series_im_karestan_koenen_a/







C. "Stronger Starts" Campaign, California

https://first5california.strongerstarts.com/

Campaign and Intervention

In June 1, 2023, the "Stronger Starts" campaign was launched by First 5 California. First Partner of California Jennifer Siebel Newsom joined Sacramento Kings All-Star center Domantas Sabonis to kick off and celebrate the new campaign at the Sacramento Zoo.

The goal of the initiative is to help parents and caregivers learn what toxic stress is and how it can be caused by ACEs — specifically in children 0–5 years old, which is First 5 California's focus. Special emphasis is placed on the physiological, psychological, and socio-emotional effects that toxic stress can have on children.

Visually, classic markers of early childhood are used to illustrate how toxic stress holds kids back. Scrolling down the website animates a toddler crawling, walking, and falling down as the copy explains how toxic stress builds up in the body, how causes range from harsh language to violence, and how the parent and caretaker can help their child through those hard times. Colorful blocks falling over show the effects of ACEs/toxic stress that extend into adulthood. On social media, what appears to be a height marker is actually showing toxic stress levels.

Concrete ways to stop toxic stress are also abundantly offered by the "Stronger Starts" initiative. For example, "be calm" through "dragon breathing" and "be there" through a post-bath baby massage.

Campaign Audience

California parents and caregivers of children aged 5 and under.

Key Insights

The campaign is a lively mix of helpful, serious, and playful. Its use of the term "toxic stress" is effective, because it's clear, evocative, and urgent. So this campaign immediately has the attention of its audience — which it also empowers. That's because it makes clear that parents and caregivers can stop toxic stress before it starts or address it after an ACE has occurred.

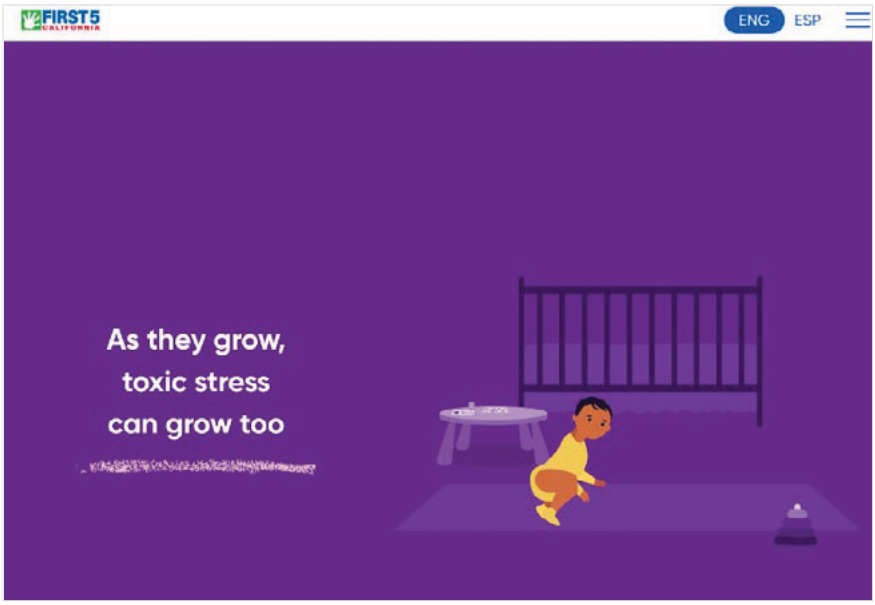
Parents and caregivers are amply supported by this campaign, with a "Parent Tip Finder" tailored to the age of parents' kids and the amount of time they have available. The tip headings like "Be steady" and "Be nurturing" put these tips in context. Words and phrases like "try doing," "fun," "a great way," "simple," and "treat them to" are low-pressure and motivating. Exercises like "dragon breathing" aren't your run-of-the-mill calming exercises — they're whimsical, cathartic, and are about emotion management instead of emotion squashing. Also, they're short. This all helps to show the audience that the campaign understands where they're coming from.

Outcomes

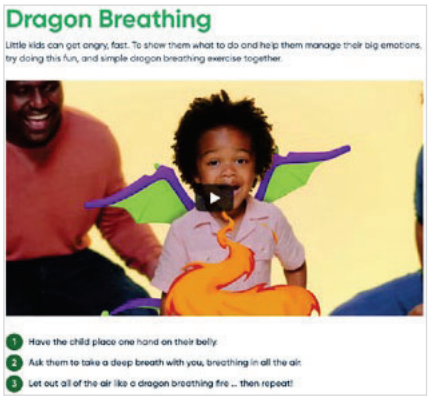
This campaign launched in early 2023, outcomes not yet available.

Sources

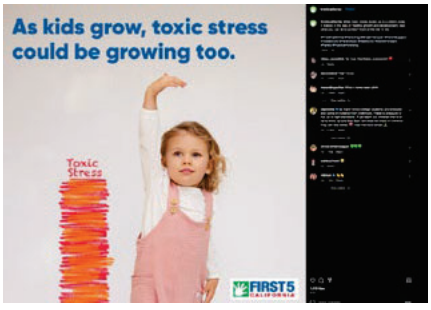
See note in previous section.

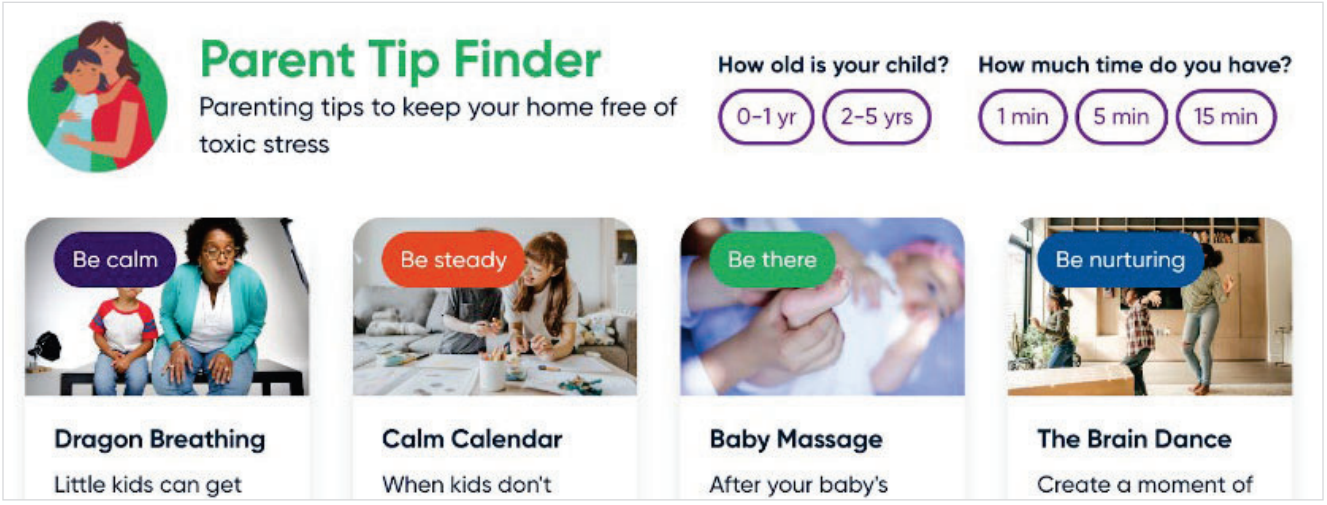

FIRST5 CALIFORNIA
ENG ESP
As they grow, toxic stress can grow too

Toxic stress impacts kids in many ways
PHYSICAL WELL-BEING
CAREER SUCCESS
ABILITY TO LEARN
LIFESPAN
HAPPINESS
FUTURE HEALTH


Dragon Breathing
Little kids can get angry, fast. To show them what to do and help them manage their big emotions, try doing this fun, and simple dragon breathing exercise together.
1 Have the child place one hand on their belly.
2 Ask them to take a deep breath with you, breathing in all the air.
3 Let out all of the air like a dragon breathing fire ... then repeat!

Some of the causes
By knowing what can cause toxic stress, you can help your child through hard times when they need you the most. Some causes include hearing harsh language or experiencing natural disaster, abuse, unfair treatment, violence, or painful loss.
See more causes


As kids grow, toxic stress could be growing too.
Toxic Stress
FIRST5 CALIFORNIA


Parent Tip Finder
Parenting tips to keep your home free of toxic stress
How old is your child?
0-1 yr
2-5 yrs
How much time do you have?
1 min
5 min
15 min
Be calm
Be steady
Be there
Be nurturing
Dragon Breathing
Little kids can get
Calm Calendar
When kids don't
Baby Massage
After your baby's
The Brain Dance
Create a moment of

D. "Actions 4 ACEs" Campaign, New Jersey

https://actions4aces.com/

Campaign and Intervention

Launched in June 2021, "Actions 4 ACEs" was developed by the New Jersey ACEs Collaborative, a public-private partnership consisting of the Burke Foundation, the Nicholson Foundation, the Turrell Fund, the New Jersey Department of Children and Families, and the New Jersey Office of Resilience.

This statewide campaign was created to inform educators and law enforcement officers about what ACEs are, the impact of ACEs, and how adults can reduce the effects of trauma in the children they interact with. An evolution of ongoing initiatives by New Jersey ACEs Collaborative, the campaign strives to make New Jersey a trauma-informed, healing-centered place for children and families — regardless of their zip code or background.

("Actions 4 ACEs" also supports Handle With Care (HWC), which directs law enforcement to alert the school when a student has experienced or witnessed a potentially traumatic event — so the school knows the child will need extra sensitivity, understanding, and support.)

On posters, flyers, and fact sheets for the "Actions 4 ACEs" campaign, lines include: "Share a conversation," "Share a game," "Handle with care," and "Connections with caring and competent adults can make a difference."

Meanwhile, "2 out of 3 children have experienced trauma. 3 out of 3 adults can help." is the key line on posts for Facebook, Instagram, Twitter, and LinkedIn. Visuals show students (from elementary through high school age) interacting with educators in school settings.

Campaign Audience

Educators, law enforcement, and school staff.

Key Insights

"Actions 4 Aces" takes a very systematic approach in helping its audience understand what ACEs are, how common they are, and what they cost individually and societally, with facts in concise blocks. You can quickly see who the campaign is speaking to with its "educator resources," "law enforcement resources," and general "campaign resources" buttons. Clicking these buttons allows stakeholders to download partner toolkits.

A checkerboard of additional resources with short intros is also compelling — including *Sesame Street* activities to help children work through trauma, training opportunities, and professional development for educators. The latter really shows an interest in the stakeholder's life and career, which of course has a ripple effect for students.

Meanwhile, the ready-made posters and social media posts make it easy for busy educators and school staff to share a powerful and vetted message.

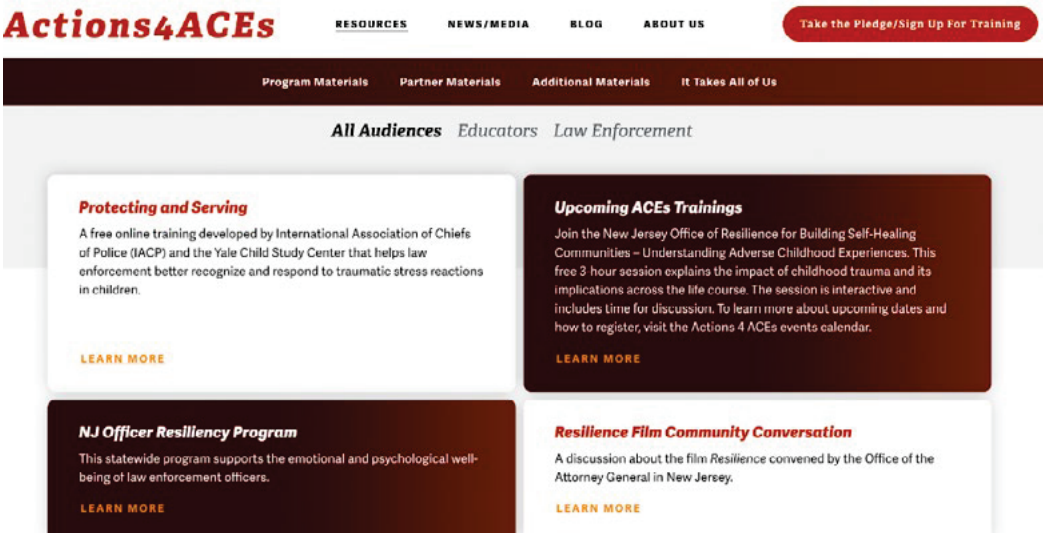
Outcomes

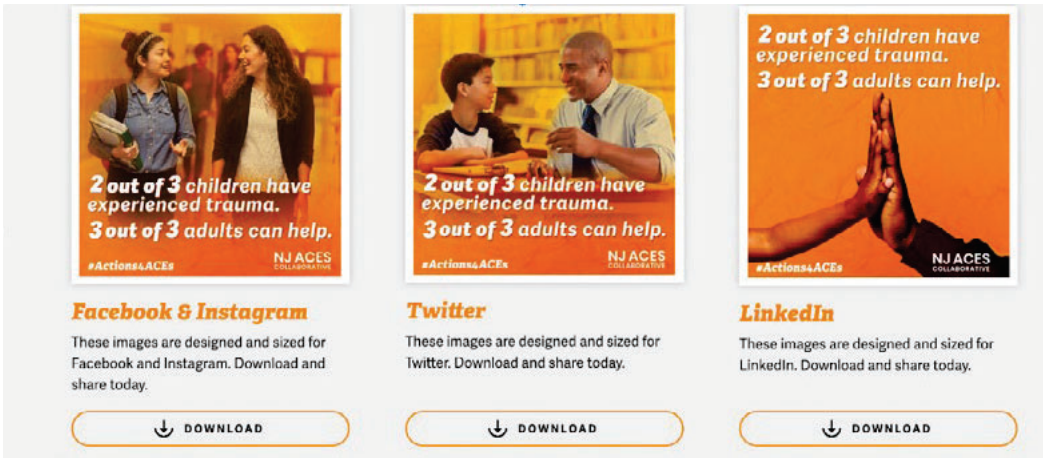
By September 2021, more than 2,000 New Jersey educators and school staff, including custodians, cafeteria workers, and school nurses, had been trained on ACEs.

Sources

https://www.thenicholsonfoundation.org/news-and-resources/new-jersey-launches-actions-4-aces-campaign-bolster-efforts-address-childhood-trauma

https://www.prnewswire.com/news-releases/actions-4-aces-announces-back-to-school-campaign-to-build-educator-and-school-faculty-awareness-for-adverse-childhood-experiences-301367348.html





E. "Iowa ACEs 360" Campaign, Iowa

https://www.iowaaces360.org/
and the related https://www.iowaallianceforhealthykids.org/

Campaign and Intervention

"Iowa ACEs 360" was born out of a state conference presentation given by Dr. Robert Anda in 2011 about his findings from the original ACE Study. His talk sparked conversations that continued at the Mid-Iowa Health Foundation, with the participation of organizations like Prevent Child Abuse Iowa and the United Way of Central Iowa.

Today the Iowa ACEs Coalition advocates for systems change, increasing awareness, and promoting innovative practices for prevention and healing.

Under the "Iowa ACEs 360" umbrella, the "Iowans' Experiences" section features Iowans talking about the trauma they experienced in childhood, and how they've grown — and come to help others — in the aftermath. The stories are both in written and video form, including an unforgettable documentary about one Iowa man's life. These stories are also featured on the campaign's "Iowans Thrive" blog, alongside research and news on Iowa's movement to respond to ACEs.

"Iowa Alliance for Healthy Kids" includes resources and training for supporting the social-emotional development of young kids, particularly through a *Sesame Street* partnership. There are also links out to supplemental resources, like "Lemonade for Life," which provides training experience for those who want to help families affected by ACEs, with an emphasis on moving forward and changing the trajectory of their lives.

Key Insights

This campaign could benefit from more cohesion — the sub-campaigns aren't prominently featured and often seem disconnected from the main coalition and sister campaigns. The menu is vague and crowded, making the website difficult to navigate.

All that said, the overall effect of the campaigns is hopeful. The message is, "You can be part of the solution, and help heal and prevent ACEs."

"Iowa Alliance for Healthy Kids" promises: "A bright future starts now." Its goal of setting kids up for success early in life is clear. That said, it's light on resources, simply linking out to a one-page PDF with tips on childhood mental health, a training signup page, and a *Sesame Street* site.

The supplemental "Lemonade for Life" combines an optimistic web design with science-backed strategies. Language is both straightforward and optimistic, with phrases like "move forward" and "bounce back."

Despite its somewhat jumbled aesthetic, "Iowa ACEs 360" includes a welcoming, encouraging opportunity for anyone to join the coalition. This along with the prominent "How to Respond" resource supports the larger message that we all can address and prevent ACEs. It's a robust site for statewide ACE work, including ACE Action groups, Community Learning Circles, and broader efforts.

The campaign's "Iowans' Experiences" page (in the menu as "Lived Experiences") lets people tell their powerful stories first-hand.

Campaign Audience

Anyone who wants to learn about ACEs and use trauma-informed strategies to improve the lives of others or themselves. More specifically, that includes parents and "partners in government, nonprofit, philanthropy, education, health care, faith, business, community, and more."

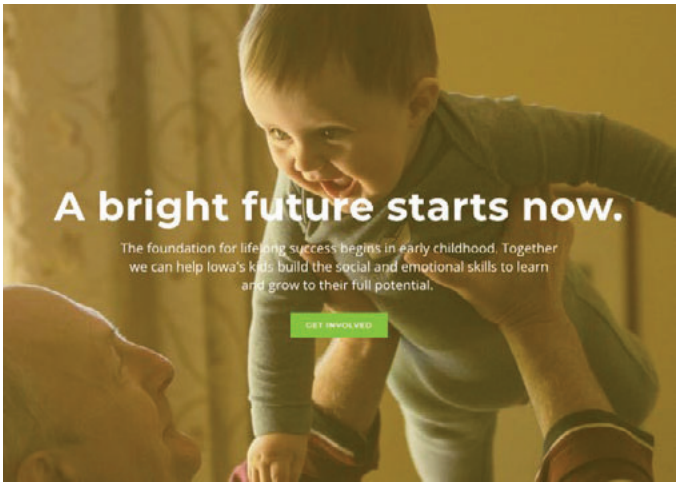
Outcomes

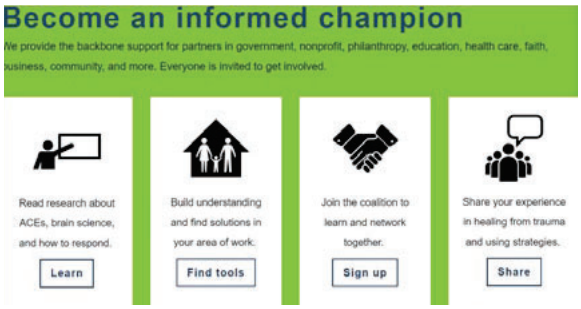
As of 2020, 30,000+ Iowans were trained on ACEs and trauma-informed responses each year. In 2018, a law was passed requiring educators to receive annual training in ACEs and toxic stress. Statewide, 11 sectors are weaving together research, strategies, and advocacy to respond to trauma, and the ACEs Coalition had over 800 members.

In Spring of 2023, "Iowa ACEs 360" was part of a coalition urging Gov. Kim Reynolds to veto a bill that would make it more difficult for Iowans to receive food assistance.

Sources

https://www.desmoinesregister.com/story/news/politics/2023/04/18/anti-hunger-groups-plead-with-kim-reynolds-to-veto-public-assistance-restrictions-snap-asset-test/70124681007/





F. "Practice the Pause" Campaign, Washington State

https://greaterhealthnow.org/practice-the-pause/

Campaign and Intervention

Built on an earlier regional ACEs awareness campaign ("Build Community Resilience"), "Practice the Pause" was launched in 2020 by Greater Health Now of Washington State in response to the COVID-19 pandemic, offering trainings and models for parents and professionals caring for youth ages 5-12, teens ages 13-17, and adults 18+. It was launched in both English and Spanish on television, radio, print, billboards, digital platforms, and social media.

Using the slogan "Practice the Pause," the media campaign introduced the concept of the COPE, CALM, and CARE skills models:

- The COPE model focuses on thoughts, particularly changing unhealthy thoughts and reactions, to develop positive feelings and healthy behaviors.
- The CALM model focuses on actions and remembering one's own control over reactions to stress, panic, and anxiety. For example, breathing and heart rate.
- The CARE model focuses on being. Connecting with others, accepting change and growth, and being mindful.

As for the titular "pause," the campaign encourages parents and caretakers to take a moment between a feeling and a reaction to think about what they're feeling and why — with the goal of promoting more thoughtful responses to stress.

Campaign Audience

Parents and caretakers; youth ages 5–12; teens ages 13–17; and adults 18+.

Key Insights

Its use of the vague term "resilience" aside, this campaign offers concrete reasons and strategies for changing one's reactions to stressful situations. Inclusive and non-judgmental are the first impressions. Comparing pausing a hectic moment to pausing a song or a game — and how nice it would be if we could fill that pause with a deep breath — is refreshing and relatable.

"Practice the Pause" also connects the need for coping to the pandemic, which it thoughtfully points out is a natural disaster akin to a hurricane. And its COPE, CALM, and CARE skills models are easy to remember, understand, and put into action. Photos and bullet points strike a smart balance between being comprehensive and actionable. The campaign also makes it a snap to request a training, with an organizer's email address featured prominently.

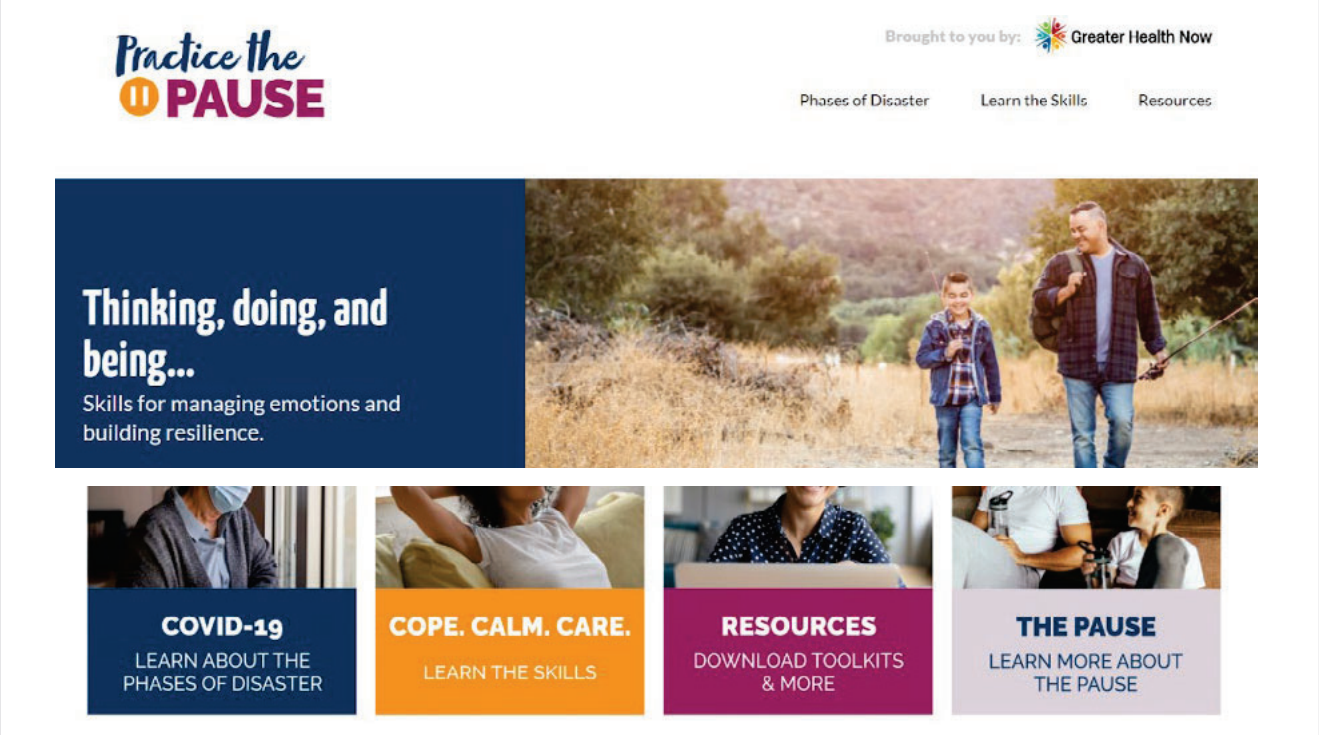
The audience might also feel inclined to take the survey (about what resilience means to them) thanks to its short six-question format.

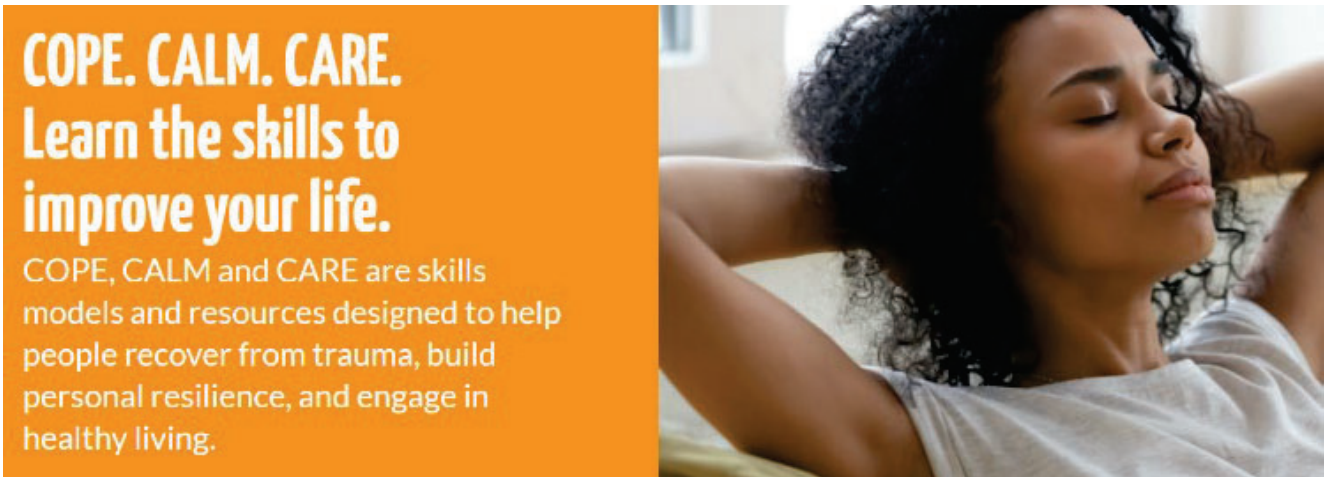
Outcomes

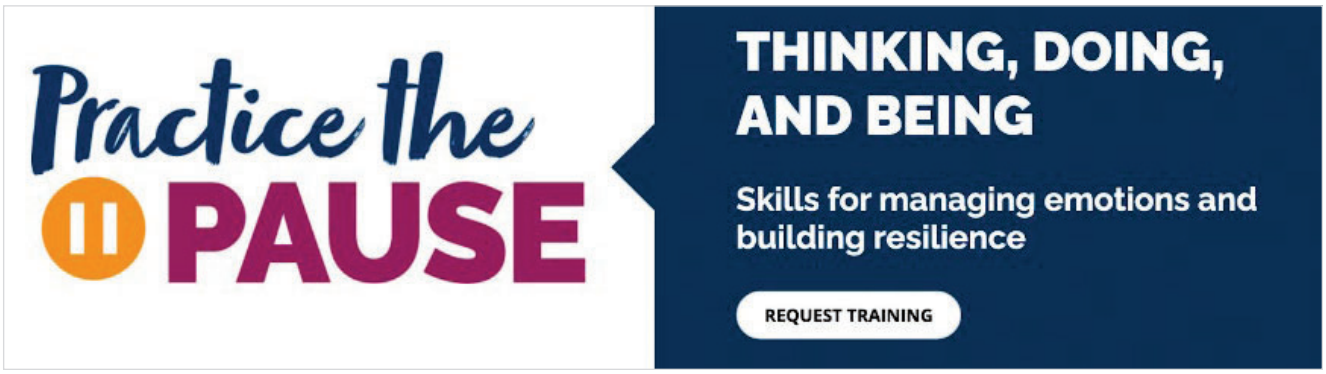
More than 200 trainings have been provided to adult professionals. The campaign owner, Greater Health Now, printed and distributed 136,000 dual language workbooks and over 70,000 parent handbooks to families throughout nine counties in Washington State.

Sources

https://greaterhealthnow.org/impact/practice-the-pause







G. "History & Hope" and "HOPE" Campaigns, Alaska

https://alaskachildrenstrust.squarespace.com/aces-initiative

Campaign and Intervention

"History & Hope" and "HOPE," launched by Alaska Children's Trust, put ACEs and PCEs on equal footing. The campaigns focus on primary, upstream prevention with the goal of ensuring children, youth, families, and communities have knowledge, skills, supports, and resources to prevent child abuse and neglect.

Trainings offered by the "History & Hope" campaign incorporate the science of trauma and coping, Alaska Native ancestral knowledge, and healing exercises. They focus on both adverse and positive childhood experiences with the goal of promoting trauma-informed approaches to healing and prevention. A "training the trainer" philosophy encourages learnings to ripple out into the community, while a training portal on the website supports attendees even after training is done.

"HOPE" (Healthy Outcomes from Positive Experiences) leans even more into PCEs. Originally developed by Tufts Medical Center, HOPE training presents the benefits of PCEs and launches dialogues about how communities can cultivate PCEs while supporting families.

Both campaigns make the case for PCEs by presenting stats showing how PCEs can significantly reduce depression and poor mental health rates among people with ACEs.

Campaign Audience

Organization leaders, community leaders, and caretakers.

Key Insights

True to their names, these campaigns inspire hope. PCEs appear on the same lines and in the same sentences as ACEs. Columns about each are juxtaposed side by side. This balance — and persuasive statistics — show how PCEs can reverse the effects of ACEs. Toxic stress isn't destiny. Website visitors could easily feel inspired to click the button to learn more about PCEs, which links to a PDF with questions that help paint the picture of PCEs, like having a sense of belonging in school and having at least two non-parent adults who took genuine interest.

As a result, the trainings offered by the campaigns are compelling because they effectively show how powerful PCEs can be in the community, and how trainees can be agents of positive change.

Meanwhile, the blog posts and social media of Alaska Children's Trust are updated often, with questions to the community (e.g. about family leave) and printable, interactive materials for kids, like a heartwarming PCE gameboard featuring Alaska wildlife.

Outcomes

In follow-up surveys, participants in "History & Hope" training showed a 27% increase in their knowledge of the impact of toxic stress in children, a 28% percent increase in professional confidence around addressing ACEs, and a 29% increase in their perceived ability to have a positive impact on their community. In addition, 52% have used resources that they received in training and 84% have used techniques (e.g. breathing exercises and finger holds) they learned in trainings.

Sources

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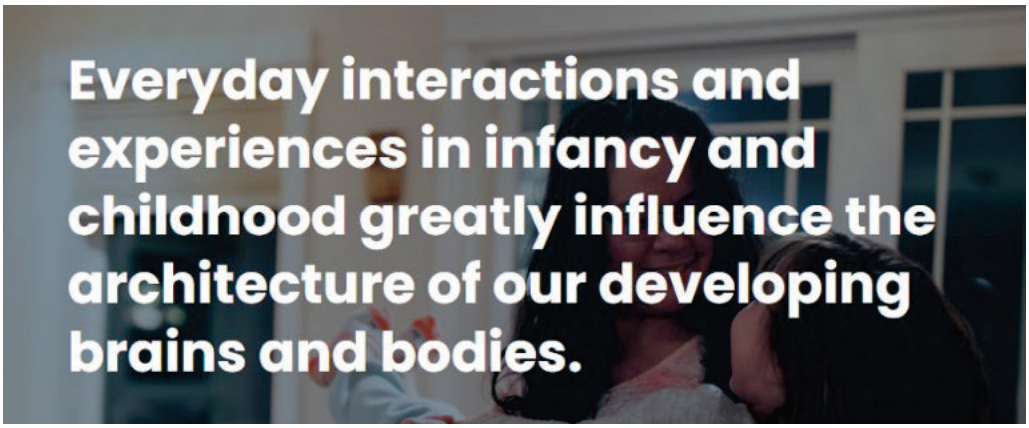
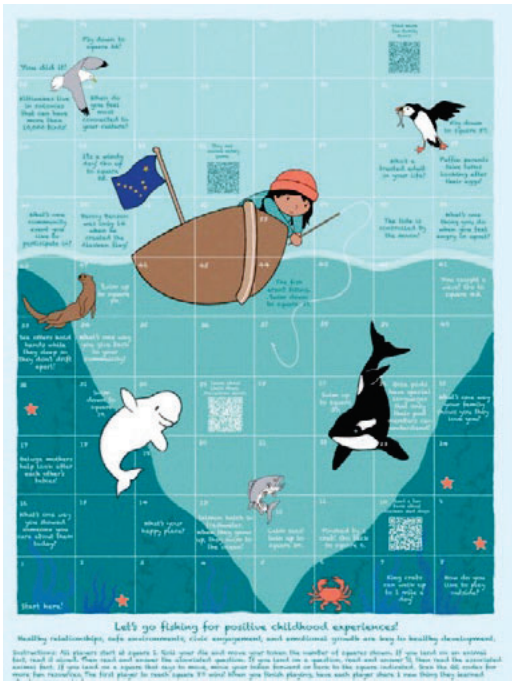




What are ACEs?

Adverse childhood experiences are the negative things that happen to you or around you growing up. While some exposure to adversity is necessary for healthy development, sustained adversity without supportive

What are PCEs?

Positive childhood experiences are the positive things that happen to you or around you growing up. These experiences help children feel belonging and security and encourage healthy social and emotional development.

May 24, 2023

Exploring Innovative Approaches: Lessons from a Fellowship with Alaska

May 13, 2023

Mistakes Will Be Made: Choosing Gentle Love in a Tough World

May 9, 2023

Celebrating the Expansion of Medicaid Eligibility for Postpartum Mothers!

H. "ACEs Aware" Initiative, California

https://www.acesaware.org/

Campaign and Intervention

Led by the Office of the California Surgeon General and the Department of Health Care Services, the "ACEs Aware" initiative moved to a new home within the University of California in 2021. The initiative's purpose is to provide Medi-Cal providers with the training, clinical protocols, and reimbursement guidance needed for screening children and adults for ACEs.

The initiative's public-facing campaign includes a video storytelling series featuring people from diverse backgrounds: doctors, a parent, and an educator. Alongside mission statements (improving and saving lives and creating a better world, for example) there are also modules to get more facts. For example, dives into the science of ACEs and toxic stress, training offered by the initiative, grant opportunities, how to provide healing, and how to screen for ACEs.

While the initiative is primarily targeted to Medi-Cal providers, there's a "For communities" section that provides a roadmap for community-based organizations and social service agencies (in partnership with health care providers) to create trauma-informed networks of care.

Campaign Audience

Primary: Medi-Cal providers (primary care, pediatricians, more).

Secondary: Community organizations, social service agencies, and nonprofits.

Key Insights

The "ACEs Aware" initiative speaks clearly and informatively to its audience of Medi-Cal health care providers — from the "Screen. Treat. Heal." line in the logo to the science- and data-driven content. On the website, the no-frills menu delivers the essentials: about screening, training, billing, a clinician directory, and more, all easy to access for busy professionals.

However, it's balanced with humanizing elements too. The storytelling video series features extremely powerful personal stories that put faces to a health crisis. The "Benefits of Screening for ACEs" content reminds the audience of the potential to improve health outcomes. Altogether, these make a persuasive case for a clinician to sign up for training.

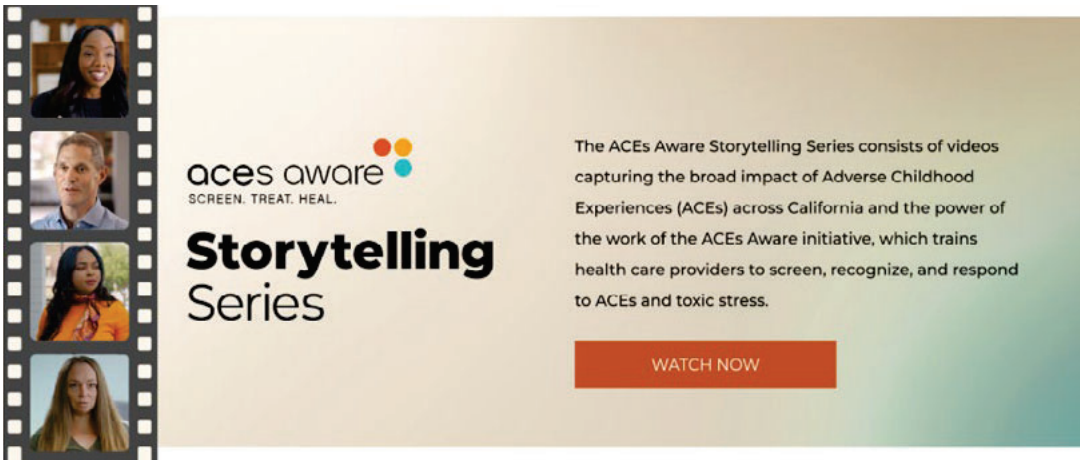
Outcomes

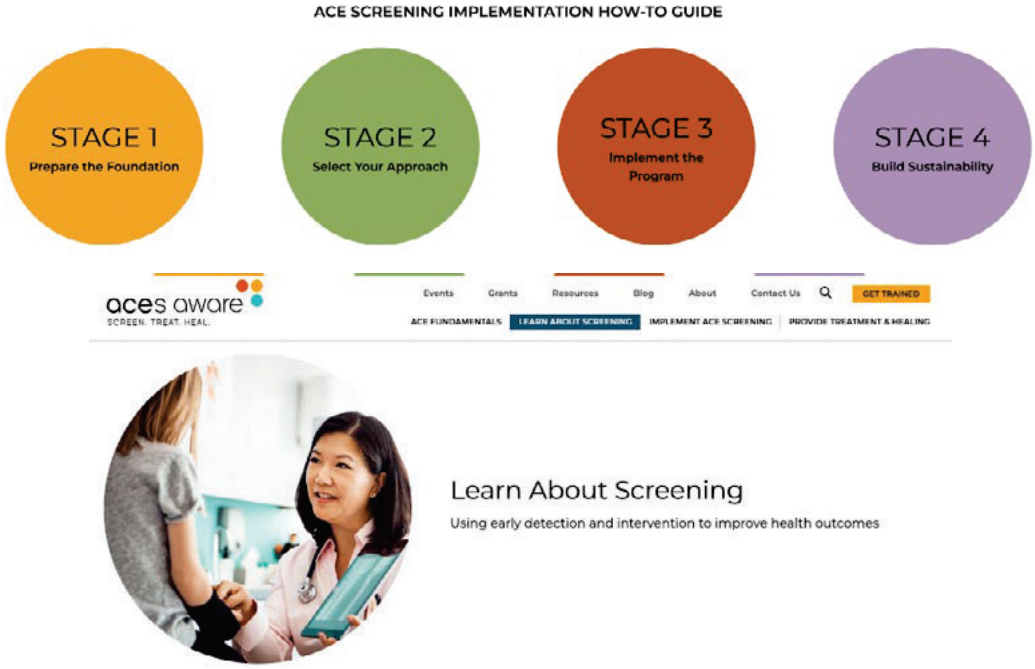
Between January 1, 2020, and June 30, 2022, more than 1,544,250 ACE screenings of 1,113,590 unique Medi-Cal members were conducted by health care professionals.

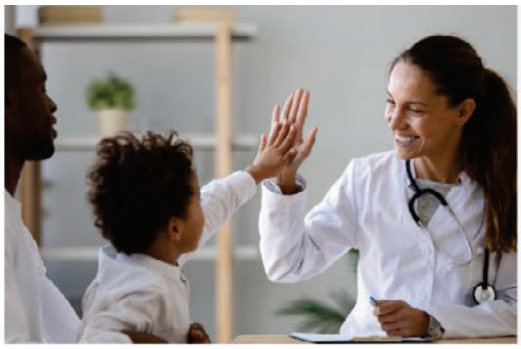
Between December 4, 2019, and March 31, 2023, more than 29,160 people completed the training ("Becoming ACEs Aware in California"). That includes approximately 13,150 Medi-Cal clinicians who became ACEs Aware-certified, with eligibility to receive payment for their screenings.

Sources

https://www.acesaware.org/blog/may-2023-data-report-1113590-medi-cal-members-screened-for-adverse-childhood-experiences-aces/







It is important to note that exposure to ACEs does not determine or foretell an individual's future health or life outcomes. Fortunately, exposure to ACEs does not always lead to toxic stress. The presence of protective factors – like supportive relationships – can alter the risk of toxic stress and related health and social outcomes.

The health care setting offers a unique opportunity to help patients and families understand the impact of ACEs on health and to prevent and treat toxic stress. Effective January 1, 2020, California began providing a $29 Medi-Cal

I. "Creating Positive Childhood Experiences" Campaign, National

https://www.cdc.gov/injury/features/prevent-child-abuse/index.html

Campaign and Intervention

Launched by the Centers for Disease Control and Prevention (CDC) in March 2022, "Creating Positive Childhood Experiences" lives in the "Injury Prevention & Control" section of the CDC's website. The intro makes the connection between safe, stable environments and happy, healthy kids and families. The next section of the campaign explains what ACEs and toxic stress are.

The most robust part of the page is "Everyone has a role to play," addressing the separate audiences of: (1) parents and caregivers, (2) friends, family, and neighbors, (3) coworkers, and (4) everyone. For each audience there are tips on creating safe, nurturing environments for children, preventing ACEs, promoting positive childhood experiences (PCEs), and supporting parents and families. For example, "Praise your child when she does something right." and "Offer to babysit, make a meal, or drive a parent or child where they need to go."

An embedded video supports these tips, showing "how to make a better future for children possible" — whether you're a parent, or there are parents in your workplace, family, friend group, or community. Additional resources offer ACEs awareness and prevention training, violence/neglect prevention tools, childhood development info, and a parenting portal covering the gamut from food assistance to immunizations.

Campaign Audience

Primary: Parents and caregivers.

Secondary: Friends, family, neighbors, coworkers, and everyone else.

Key Insights

As mentioned earlier, "Creating Positive Childhood Experiences" lives in the "Injury Prevention & Control" section of the CDC's website; specifically, it's under the "Violence" section. It may be disconcerting to the reader/viewer to see "Creating Positive Childhood Experiences" within the very general "Injury" section of the CDC — mixed in with pages about marijuana use and teen driving. It would be more impactful if there were a larger stand-alone campaign to promote a positive vision for the future, with "Creating Positive Childhood Experiences" being part of it.

"Creating Positive Childhood Experiences" itself is optimistic and useful. It draws a clear line between nurturing environments and thriving kids/families. The ACEs section provides valuable context. Meanwhile, the "Everyone has a role to play" section is immediately motivating; the tips are concrete and simple, and the different audiences mentioned make the mission of creating PCEs an inclusive one.

Outcomes

No data available on viewership/impact of this content.

Sources

See note in previous section.

CDC > Injury Center > Violence Prevention > Featured Topics

Violence Prevention

- About Us +
- Funding Hub +
- Adverse Childhood Experiences +
- Child Abuse & Neglect +
- Child Sexual Abuse +
- Community Violence Prevention +
- Elder Abuse +
- Firearm Violence +

Creating Positive Childhood Experiences

Print

Healthy and happy childhoods start now. Learn how you can help!

Children and families thrive when they have access to safe, stable, nurturing relationships and environments. These relationships and environments are

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This report was commissioned by the California Health & Human Services Agency's Office of the California Surgeon General (OSG) and prepared by Civilian Agency, in partnership with Weinrich Communications, Your Social Marketer ™, and the Frameworks Institute.