

Parenting Campaign

in the

Nipissing and Parry Sound Districts

Evaluation Report



November 2024

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District of Parry Sound Social Services Administration Board, EarlyON Child and Family Centre
Almaguin Highlands Community Living
Métis Nation of Ontario
North Bay Military Family Resource Centre**

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Community Partners



Community Living North Bay, EarlyON Child and Family Centre



District of Parry Sound Social Services Administration Board, EarlyON Child and Family Centre



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Background

Use of the term Parent

Recognizing the diversity of families in the Nipissing and Parry Sound districts, the term “parent” in this report refers to all forms of caregivers, including mothers, fathers, foster parents, adoptive parents, kinship care, stepparents, grandparents, divorced parents, and extended family members within their networks and communities (Niagara Region Public Health, 2017). The Health Unit recognizes that parenting language is constantly evolving, and we strive to be inclusive and respectful of all caregiving relationships across different cultures and communities.

What is positive parenting?

The Ministry of Health and Long Term-Care (2018) has identified positive parenting as an important public health topic for consideration and describes positive parenting as follows:

“Positive parenting promotes healthy attachment with the parent and child, as well as child management strategies to promote positive behaviours in children. Positive and consistent parenting has been associated with successful child development and fewer behaviour problems. Positive parenting can improve a child’s development trajectory despite other risks, whereas inconsistent parenting and poor parenting have negative effects. Children subject to harsh, inconsistent discipline practices are more likely to develop behaviour problems. Interventions to promote positive parenting may not only improve child behaviour but general child health.”

Parenting has been proven to have a substantial impact on children’s growth and development and well-being (Public Health Ontario, 2016). Positive and consistent parenting has been shown to be “associated with many developmental and life advantages including secure attachment; improved physical health; reduced risk of antisocial behavior; and reduced risk of substance abuse problems” (Sanders M.R., 2012). Parents play an instrumental role in promoting positive outcomes for their children. Evidence suggests that “the quality of parenting a child receives is considered the strongest potentially modifiable risk factor that contributes to the development of behavioral and emotional problems in children” (Sanders M.R., Marawska A., 2014), (Encyclopedia on Early Childhood Development, 2015), (Sanders, M.R., Turner, K.M.T., 2018).

Importance of the Parent-Child Relationship

The quality and reliability of a child’s relationship with their parents has a direct impact on the child’s overall developmental outcomes. The parent-child relationship influences a child’s physical, emotional, social and attachment development, which will determine the child’s personality, behavior, relationships, and future life choices. Responsive and caring parent-child interactions forms the foundation for brain development and enables children to thrive, and feel safe, secure, and loved (Centre on the Developing Child Harvard University, 2009), (Kulkarni D., Khambati N., Sundar P., Kelly L., Summers N., Short K., 2019), (MD, R.C., & Canadian Paediatric Society, 2023), (MD,R.C., A.B., MD, J.C., &

Canadian Paediatric Society, 2019), (National Scientific Council on the Developing Child, 2004), (The Burke Foundation, 2023).

“Stated simply, relationships are the ‘active ingredients’ of the environment’s influence on healthy human development. They incorporate the qualities that best promote competence and well-being – individualized responsiveness, mutual action-and-interaction, and an emotional connection to another human being, be it a parent, peer, grandparent, aunt, uncle, neighbor, teacher, coach, or any other person who has an important impact on the child’s early development” (National Scientific Council on the Developing Child, 2004).

Public Health Unit Mandate

The North Bay Parry Sound District Health Unit (NBPSDHU) is mandated by the Ontario Public Health Standards (OPHS). Under the OPHS, public health units are responsible for providing public health programs and services that contribute to an individual’s physical, mental, and emotional well-being, as well as assessing, planning, delivery and evaluating these programs and services. One component of the OPHS is the Healthy Growth and Development Guideline. The goal of this standard is “to achieve optimal preconception, pregnancy, newborn, child, youth, parental, and family health” (The Ministry of Health and Long Term-Care, 2021).

Furthermore, the Ottawa Charter for Health Promotion core strategies for health promotion were the foundation of the Parenting Campaign framework, which includes the following:

- creating supportive environments for positive parenting,
- increasing public awareness on the topic of positive parenting,
- increase knowledge and skills regarding positive parenting,
- providing evidence-base positive parenting resources and information regarding positive parenting programs and community services (Government of Canada, 1986) (The Ministry of Health and Long Term-Care, 2018).

The NBPSDHU initiated a collaboration with key community partners to develop and implement a public health promotional campaign to support children’s healthy growth and development, with a focus on positive parenting. The planning framework of this initiative was based on Public Health Ontario’s 12 Steps to Developing a Health Communication Campaign. Health Unit staff completed an environmental scan of parenting campaigns, a literature review of effective parenting health promotion campaigns and consulted with a NBPSDHU Community Health Promoter regarding theories that should be utilized during the planning, implementing and evaluation phases (Public Health Ontario, 2012), (Public Health Ontario, 2012b).

Community Coming Together

Thriving Children- Empowered Families- Strong Communities
A shared vision to support every child to reach their full potential

The Comprehensive Approach to Positive Parenting (CAPP) Committee consists of community partners who are mandated to support parents and children in the Nipissing and Parry Sound districts. This community network meets regularly to discuss local issues/priorities impacting families, explore gaps in services related to parenting and identify opportunities to collaborate in the delivery of positive parenting activities. There is a shared vision to support every child to reach their full potential. The Health Unit collaborated with community partners to implement the Parenting Campaign based on key messages for parents of children 0-6 years old living in the Nipissing and Parry Sound districts. The parenting committee's vision that all families in the Nipissing and Parry Sound districts should have access to evidence-based information and consistent messaging related to positive parenting was the foundation for the collaboration on the Parenting Campaign.

The Ontario's Policy Framework for Child and Youth Mental Health also highlights a shared responsibility to ensure every "child and youth have the best opportunity to success and reach their full potential" (Ministry of Children, Community and Social Services, 2015). Accordingly, seven local agencies were actively involved in the planning and implementing of the Parenting Campaign.

Members of the Parenting Campaign planning committee consisted of the following local agencies:

- Hands TheFamilyHelpNetwork.ca,
- Community Living North Bay - EarlyON Child and Family Centre,
- District of Parry Sound Social Services Administration Board- EarlyON Child and Family Centre,
- Almaguin Highlands Community Living,
- Métis Nation of Ontario,
- North Bay Military Family Resource Centre, and
- North Bay Parry Sound District Health Unit.

In 2014, a local parenting situational assessment was completed by the NBPSDHU. This data collection report highlighted several recommendations to inform future planning related to the provision of effective and comprehensive parenting interventions delivered to families in the Nipissing and Parry Sound districts. The Parenting Campaign planning committee utilized the report's data in the planning and implementation process of the Parenting Campaign (e.g. social media component, collaboration of community partners, effective strategies) (North Bay Parry Sound District Health Unit, 2014).

Three parenting campaign goals were developed to guide the project:

1. Increase knowledge of positive parenting strategies among parents in the NBPSDHU district.
2. Create a webpage for parents living in the NBPSDHU district to provide trusted, relevant parenting information.
3. Increase parents' attitudes and intention to change regarding parenting practices.

Message Development for the Parenting Campaign

In 2018, and early 2019, local community partners held several brainstorming sessions addressing the recommendations highlighted in the 2014 local situational assessment (North Bay Parry Sound District Health Unit, 2014). Subsequently, the parenting committee developed a parent survey and focus group to collect parent feedback on key parenting messages/indicators. In 2019 and early 2020, the NBPSDHU collaborated with community partners to plan and deliver a health promotion campaign targeting parents of children 0-6 years old in the Nipissing and Parry Sound districts.

The Parenting Campaign was adapted with permission from a key messages campaign that was developed and implemented by Kingston, Frontenac and Lennox & Addington (KFL&A) Public Health and other community partners in 2017. Four campaign key messages were adapted in collaboration with the Parenting Campaign planning committee. In addition, the key messages were translated in French and bilingual information was shared in most of the modes of communications of the Parenting Campaign (posters, post cards, pull up banners, evaluation survey).

The KFL&A Public Health Parenting Model was instrumental in the development of the Parenting Campaign and the four key messages were adapted from this model (Kingston, Frontenac and Lennox & Addington Public Health, 2018). Figure (1) represents the Parenting Model that informed the planning and implementation of the Parenting Campaign for the Nipissing and Parry Sound districts.

Figure 1: KFL&A Public Health Parenting model.



The four parenting key messages are:

Listen, respond, and connect with your child.

Help your child recognize their emotions.

Let your child play. Help them grow. Keep them safe.

It's okay to take care of yourself. It's part of parenting.

Overview of the Parenting Campaign

The Parenting Campaign ran virtually from September 2020 until the beginning of December 2020. The official launch of the Parenting Campaign consisted of a news release and a media interview with a local newspaper *My Parry Sound Now* (Piper B, 2020). In addition, a pre-recorded YouTube video facilitated by a Health Unit staff to introduce the four key messages to the public was also shared on social media platforms (i.e. Facebook, Instagram, YouTube).

Each parenting message was promoted for a duration of three weeks. Also, each key message was introduced to the public by a release of a pre-recorded YouTube video highlighting three local community agencies and one local parent:

<i>Listen, respond, and connect with your child.</i>	North Bay Military Family Resource Centre
<i>Help your child recognize their emotions.</i>	HandsTheFamilyHelpNetwork.ca
<i>Let your child play. Help them grow. Keep them safe.</i>	Community Living North Bay, EarlyON Child and Family Centre
<i>It's okay to take care of yourself. It's part of parenting.</i>	Local parent

During each three-week period, the Parenting Campaign focused on one specific key message. For example, all social media videos used during this timeframe on the “Listen, respond, and connect with your child” key message, all materials shared to the public encouraged parents to go to the Parenting Campaign webpage, housed on the Health Unit website. The Parenting Campaign webpage provided in-depth information including tips, strategies and links to community supports to the specific key message.

A community mail out package was also developed and shared via courier to community partners and Health Care Providers across the Nipissing and Parry Sound districts. This package included campaign resources such as posters, postcards, magnets, and pens.

Resources were also shared with a local community initiative targeting families of young children called *Learning Together*: 400 magnets and 100 postcards were provided for parent resource packages.

Finally, a virtual toolkit was created and disseminated via e-mail to local community partners and internally with other Health Unit programs. This email included links and printable files of the resources and community partners were requested to share widely with their clients and other local agencies.

Communication Strategies

Several communication methods were used to deliver the key messages to parents across the Nipissing and Parry Sound districts. The Parenting Campaign materials included:

Pre-recorded YouTube videos created by NBPSDHU in collaboration with community partners

- Video 1- Launch of Parenting Campaign
- Video 2 - *Listen, respond and connect with your child*
- Video 3 - *Let your child play. Help them grow. Keep them safe*
- Video 4- *Help your child recognize their emotions*
- Video 5 - *It's okay to take care of yourself. It's part of parenting*

YouTube videos

Seven short videos were adapted from KFL&A Public Health for this Parenting Campaign. The videos featured Ontario parents sharing their own parenting tips and advice relating to the four Parenting Campaign key messages. These videos were available on the NBPSDHU YouTube channel, shared on social media (Facebook, X (Twitter), and Instagram) and distributed in the e-mail virtual toolkit. Furthermore, community partners were encouraged to share these videos on social media. It is also important to note that a French caption was added to the videos to reach Francophone families.

Posters

Four posters were developed, produced and translated in French— each sharing one of the four positive parenting key messages and a few parenting strategies. The posters were distributed through the community partners mail-out and put up in the NBPSDHU client areas in the North Bay and Parry Sound offices.

Post cards

3000 post cards were created and distributed in the Nipissing and Parry Sounds districts to community agencies and parents.

Magnets

2000 magnets were created and distributed in the Nipissing and Parry Sounds districts to community agencies and parents.

Pens

1200 promotional pens were distributed in the Nipissing and Parry Sounds districts to community agencies and parents.

Pull up banners

A total of 28 double sided bilingual (English and French) banners were developed and represented each key message. These were made available during the campaign period by several community agencies throughout the Nipissing and Parry Sound districts.

Highway billboard advertisement

Six highway billboards were displayed in the Nipissing area.

Nine highway billboards were displayed in the Parry Sound area.

The billboards were alternated with a different key message throughout the duration of the Parenting Campaign.

In order to expand reach to rural families living in the East and West Parry Sound area, more highway billboards were purchased for this district.

Contest

Parents were encouraged to submit a photo or a letter to share how their families related to each key message. There was one contest for each key message. The responses provided by parents were shared on Facebook and stimulated more conversations around the importance of positive parenting. In total, four contests were conducted with draws of \$50 gift cards.



Campaign Cost

Medium	Cost
Highway billboards Parry Sound districts	\$ 16,434.00
Highway billboards Nipissing districts	\$ 6,319.00
Pull up banners	\$ 8,920.00
Graphic designer	\$ 2,795.00
Magnets	\$ 2,235.00
Pens	\$ 1,800.00
Video design	\$ 401.00
Postcards	\$ 510.00
Facebook ads and boosted posts	\$ 340.00
Parenting webpage on Health Unit website	\$ 0
Parent contests	\$ 100.00
Parent evaluation incentive	\$ 200.00
Total	
Community agencies contribution	\$ 19,000.00
NBPSDHU contribution	\$ 21,054.00
Total cost	\$ 40,054.00

Figure 2: Campaign cost. Figure (2) below summarizes the total cost of the Parenting Campaign:

The highway billboards were the most expensive promotional strategy used, with the pull-up banners being the second. Not all strategies cover all areas of the NBPSDHU district. It is also important to note that a portion of the community agencies' contribution was utilized to purchase pull-up banners. These community partners were then able to keep the banners for future parenting activities throughout the Nipissing and Parry Sound districts.

Evaluation Methods

Two approaches were used to evaluate the Parenting Campaign: (1) a survey, and (2) online analytics. The first approach included a survey of parents in the community. The survey was conducted to assess what methods were most effective in reaching parents and how the messages resonated with local parents. The second approach included an analysis of the internet analytics associated with the campaign. This allowed for a greater understanding of how parents interacted with the online components of the campaign including social media posts and the Health Unit website. The procedures of each are described below.

The data collection period for the campaign evaluation was the month of December 2020. During a portion of this time, the Nipissing and Parry Sound districts, along with the rest of the province of Ontario, was under a stay-at-home order in relation to the COVID-19 pandemic.

This evaluation aimed to:

- Describe the level of reach and engagement with the target audience throughout the campaign
- Assess the level of awareness of the campaign's key messages among the target audience
- Assess the effectiveness of each campaign strategy at creating awareness of the campaign key messages among the target audience
- Describe target audience's attitudes toward each of the campaign's key messages
- Assess the level of intention to change parenting practices among those who saw the campaign
- Determine if webpage was viewed as a trusted and relevant source of information.
- Determine if webpage increased target audience's knowledge of positive parenting strategies
- Determine if viewing/browsing webpage content initiated any immediate actions
- Describe the actions of webpage users when directed to the campaign Parenting webpage
- Describe the overall value of each campaign strategy

Survey

The campaign evaluation survey was completed online using CheckMarket survey software. To be eligible to complete the survey, the participant had to live or access services in the Nipissing or Parry Sound districts and be a parent of a child between the ages of 0 and 18 years. The survey was available in French.

The online survey was promoted to parents through four paid, targeted ads on Facebook. One hundred dollars was spent on this promotion. Additionally, postcards and posters were distributed to partners to share with parents they were involved with. Community partners shared the online survey with families they were involved with. Finally, the survey was available through the Health Unit's Parenting webpage.

After completing the survey, participants were taken to a second survey where they had the option of providing their name, phone number and email address for a chance to win one of four \$50 gift cards. Personal information was not linked to the survey responses in any way.

This evaluation reported on descriptive statistics. A combination of survey questions was used, with multiple choices, Likert scales, and open-ended response options. CheckMarket survey software was used to conduct the survey, and Microsoft Excel was used to complete both quantitative and qualitative analysis. Themes from open-ended questions were analyzed using thematic analysis.

This evaluation has been reviewed by and received ethics approval through the NBPSDHU's Research Ethics Review Committee (RERC).

Online Analytics

Social media outputs (e.g., reach and engagement) were analyzed using Meta Business Suite and Sprout Social. Additionally, activity on the Parenting webpage on the Health Unit's website was tracked using Site Improve, the website analytics platform used by the Health Unit. The Health Unit has re-launched its website and switched data platforms since the campaign, and no longer has access to the Parenting webpage analytics for the campaign period. As a result, it is not feasible to make observations or recommendations regarding the webpage's efficacy in this campaign.

Results

Participant Summary

In total, 101 completed surveys were collected from parents. Nine people screened out of the survey due to ineligibility. A further 68 people started the survey and did not complete it. Most of the incomplete surveys were not completed further than the first page. This report includes the responses of the 101 participants who completed the survey. Participants were able to skip questions when they wished; therefore, the number of participants who answered each question (n) is indicated in brackets to display the response rate per question. Percentage values are calculated based on the question response rate (i.e., not the total sample size).

Sample Demographics

Ninety-one percent of respondents reported that they spoke English most often at home (n = 100). Ninety-seven percent of participants identified as female (n = 100). When asked about education level, 84.7% of participants reported having a university degree, college diploma, or non-university certificate (n = 98). Figure (3) below displays the spread of annual household income levels among participants. Every income level was represented; however, there were more participants in the higher income brackets compared to the lower income brackets.

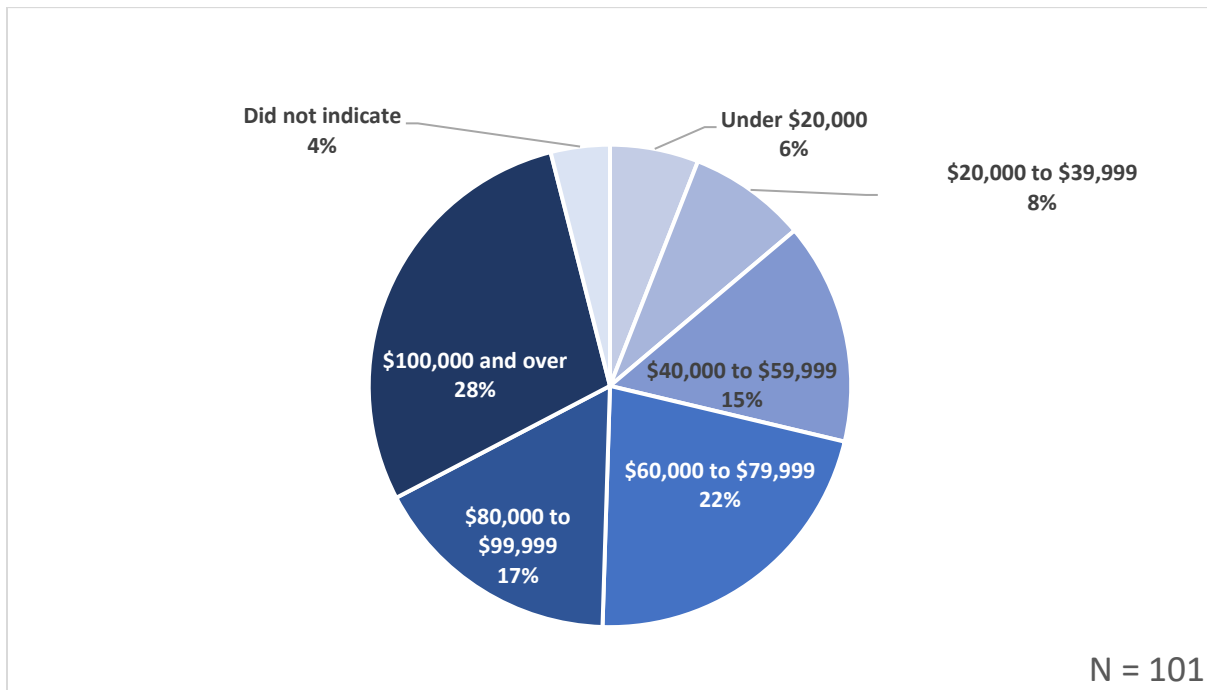


Figure 3: Participant's total annual income, before taxes and deductions.

Figure (4) displays the proportion of participants who have children in three different age ranges. Participants were more likely to report having a younger child than a teen.

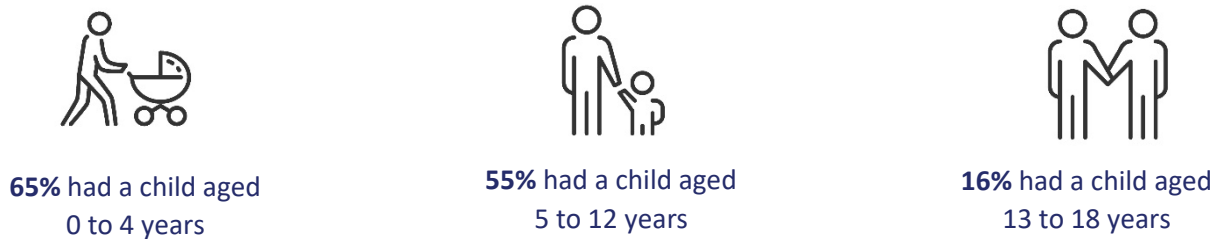


Figure 4: Ages of participant's children in years

Individual Message Feedback

All survey participants were shown the poster for each message, and then asked to choose their level of agreement for a series of statements about each message. Participants could write additional comments in a text box, if they wanted to.

1.1) Listen, respond and connect with your child

The first series of questions asked about the message “Listen, respond and connect with your child”. Figure (5) demonstrates a summary of the parent feedback related to this question.

Over 95% of participants agreed or strongly agreed they understood and liked the message, while 94% agreed or strongly agreed the message was relevant to their family. Eighty-nine percent of participants agreed or strongly agreed the message made them think about how they parent, and 80% agreed or strongly agreed the message made them feel reassured about how they parent. Forty-two percent of participants agreed or strongly agreed that the message made them think about changing how they parent.

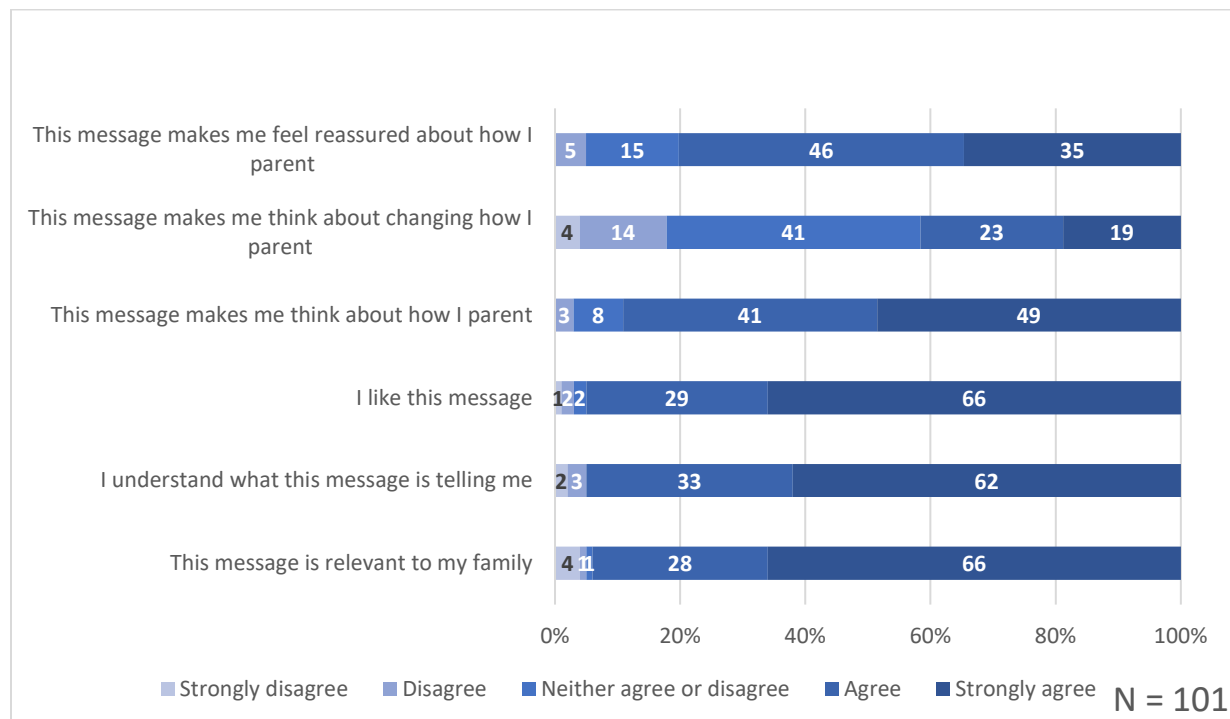


Figure 5: How much do you agree or disagree with the following statements about the message “Listen, respond and connect with your child”?

Participants’ comments:

Thirteen participants made a comment about the message. Most comments were positive and either highlighted the importance of the message, felt it was a good reminder, or gave an example of how they connect with their child. Several respondents felt the message was well done and used good visuals. Two respondents recommended the campaign include photos and tips relevant to older children. One respondent appreciated the timing of the message during the COVID-19 pandemic.

“The word connect is what resonated with me. With both parents working full time, it’s easy to get stuck in routine and go through the emotions. We’re always listening and responding, but are we always connecting? I realized I wasn’t connecting enough and every time I took a few minutes to actually connect, it was really heartwarming to see the difference that made for my children.”

“I like the photo chosen for the flyer. It made me smile and really backed up the message on it.”

“My child is older and feel that other parents of older children would pass by this message rather than taking the time to read it because of the image. Other campaigns could include images of children 10 to 18 years of age [...] include relevant activities to those age groups, [for example,] sledding, baseball, camping, hiking, teaching to drive, shopping etc.”

“It’s a good reminder especially during Covid to listen to our [kids] and be present with them.”

1.2) Help your child recognize their emotions

The first series of questions asked about the message “Help your child recognize their emotions.” Figure (6) displays a summary of the parent feedback related to this question. Ninety-eight percent of participants agreed or strongly agreed they understood the message and the message was relevant to their family. Ninety-seven percent of participants agreed or strongly agreed they liked the message. Eighty-eight percent of participants agreed or strongly agreed that the message made them think about how they parent, and 82.2% agreed or strongly agreed that the message made them feel reassured about how they parent. Forty-four percent of participants agreed or strongly agreed that the message made them think about changing how they parent.

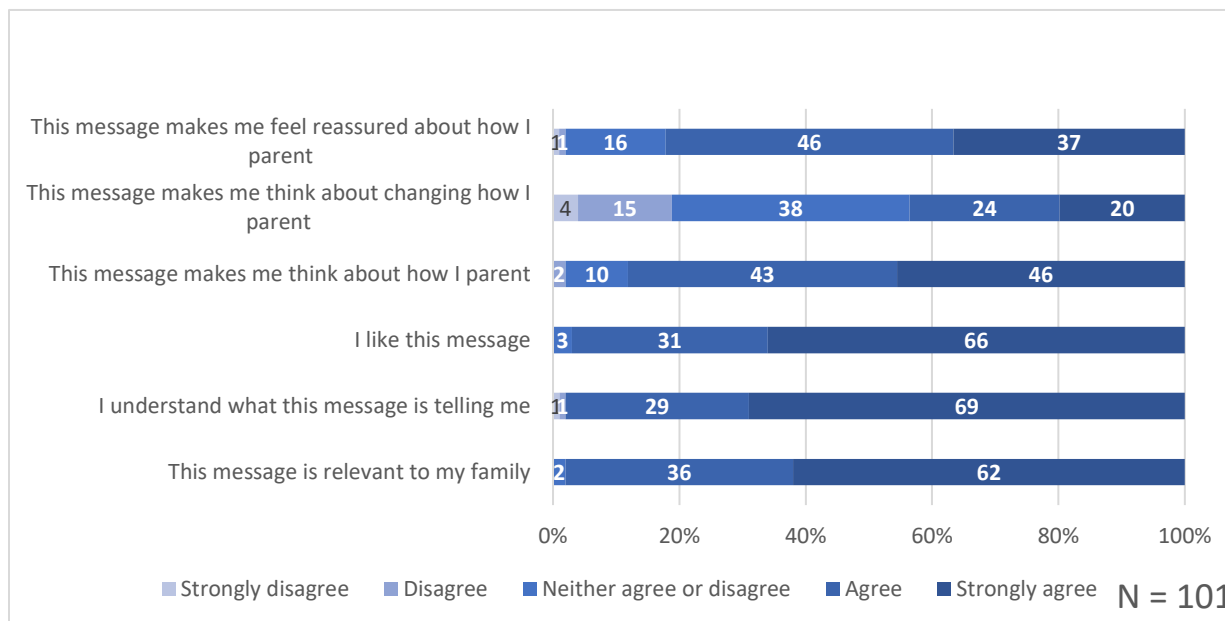


Figure 6: How much do you agree or disagree with the following statements about the message “Help your child recognize their emotions”?

Participants’ comments:

Eighteen participants provided a comment about the message. Most participants felt the message was important, timely and a good reminder, especially during the COVID-19 pandemic. Three comments noted that more information was needed, such as specific strategies parents could use. Two participants

indicated more diversity was required, such as materials that are relevant to parents of older children/teenagers and multi-child families.

“I think this can be the most important thing to learn for our children!!”

“This message grabs my heart [.] Powerful photo [.] Our kids need us [.] Especially during Covid.”

“Direction on how to show them their emotions would be helpful.”

“Show that older children need this too.”

1.3) Let your child play. Help them grow. Keep them safe.

The first series of questions asked about the message “Let your child play. Help them grow. Keep them safe.” Figure (7) displays that nearly all (99%) participants agreed or strongly agreed they understood the message, while 96% agreed or strongly agreed the message was relevant to their family. Ninety-five percent of participants agreed or strongly agreed they liked the message. Eighty-five percent agreed or strongly agreed the message made them feel reassured about how they parent, and 77% agreed or strongly agreed the message made them think about how they parent. Thirty-six percent of participants agreed or strongly agreed that the message made them think about changing how they parent.

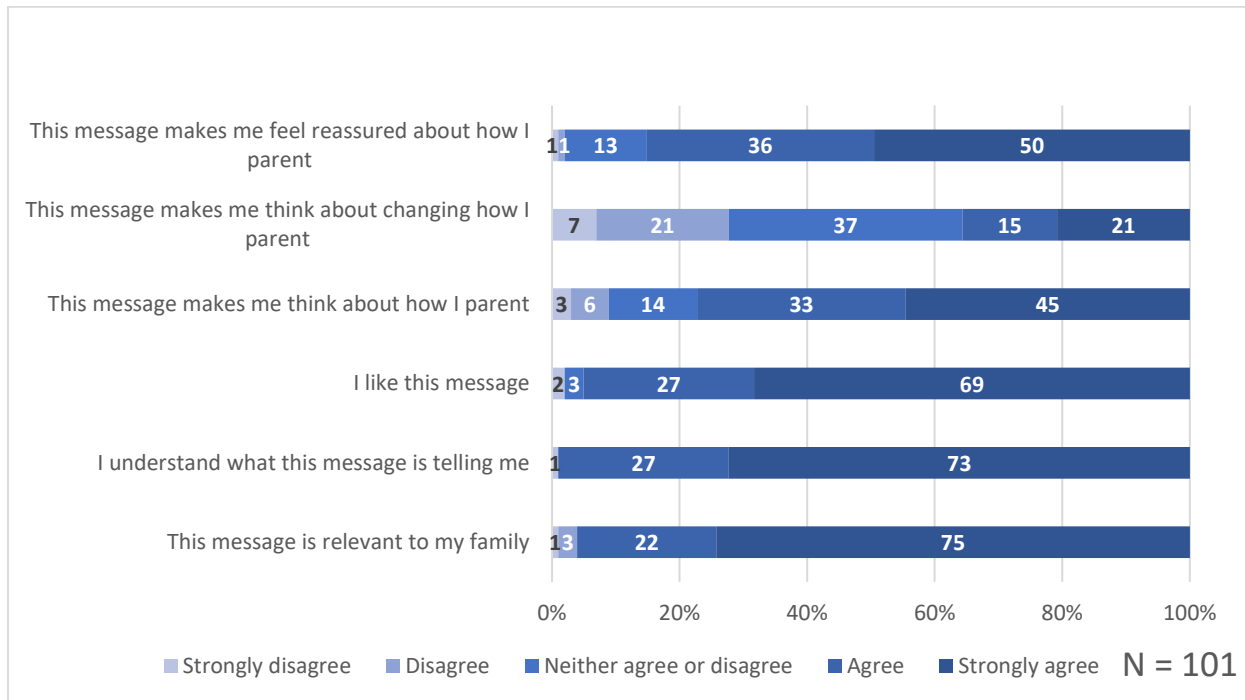


Figure 7: How much do you agree or disagree with the following statements about the message “Let your child play. Help them grow. Keep them safe”?

Participants' comments:

Ten participants provided a comment about the message. Half of the participants agreed with the message and felt it was a good reminder. Four participants noted that more diversity was needed, especially for parents of older children. One participant felt the message was unrealistic due to the COVID-19 pandemic.

"I like the idea of letting kids play and get messy."

"All the campaigns seem to be for babies and toddlers. If parenting is for children [aged] 0-18 [years,] you need more content for other parent groups. Also multi children homes. Diversity of families too. Grandparents raising children, ethnicity, etc."

"Safe how? I think these messages are great in non-pandemic times."

1.4) It's okay to take care of yourself. It's part of parenting.

The first series of questions asked about the message "It's okay to take care of yourself. It's part of parenting" and the responses can be found in figure 8. All participants agreed or strongly agreed they understood the message, while 99% agreed or strongly agreed the message was relevant to their family. Ninety-five percent of participants agreed or strongly agreed they liked the message. Eighty-eight percent of participants agreed or strongly agreed the message made them think about how they parent, and 66% agreed or strongly agreed the message made them feel reassured about how they parent. Fifty-nine percent of participants agreed or strongly agreed that the message made them think about changing how they parent.

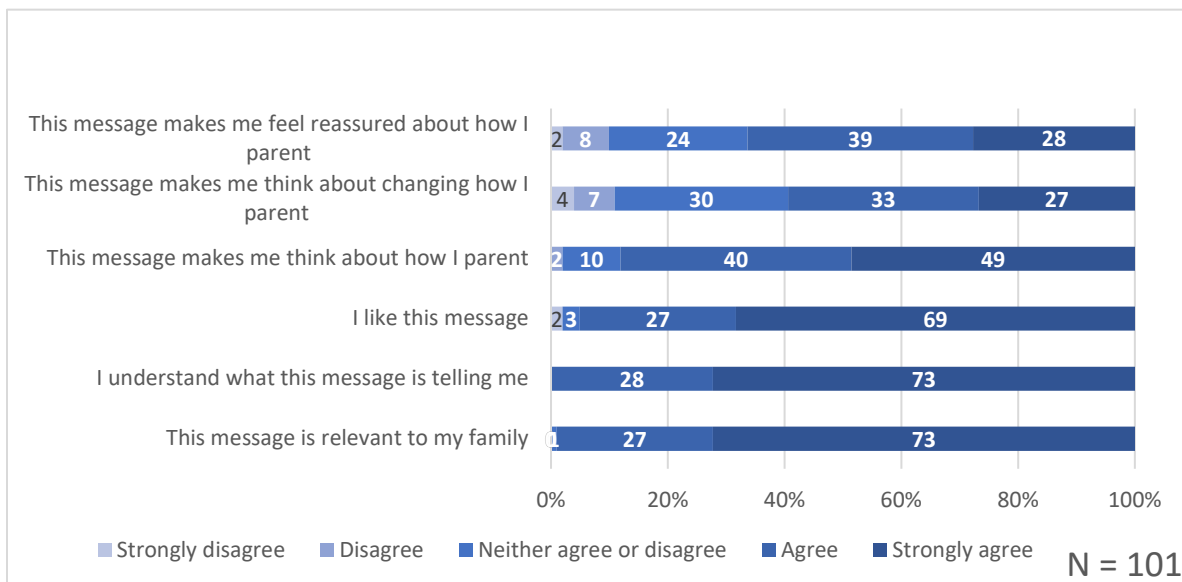


Figure 8: How much do you agree or disagree with the following statements about the message "It's okay to take care of yourself. It's part of parenting"?

Participants' comments:

Seventeen participants commented on the message. Nearly all (14) participants felt the message was important, and many recognized how difficult it is for parents to take care of themselves; however, over half (9) of participants stated that taking the time for self-care was either not feasible or exceptionally difficult due to the pressures caused by the COVID-19 pandemic. In addition, one participant indicated this message increased their feelings of guilt, as it acted as a reminder of what the pandemic has taken away. Two participants acknowledged the value of supporting one another, and the need for others (e.g., spouses, non-parents, grandparents) to be on board with parental self-care.

“We need to do more of this. With the pandemic, parents are stressed and need to do more self-care, I [know] I do. This is so important.”

“It’s hard to do [.] COVID really complicates this [.] less support [.] We can’t go out... I need self-care more than ever but struggling with this [.] I need help with this.”

“We were literally hanging on by a thread before school started. Working from home with children 100% of the time = no time. These messages increase the guilt and realization of what was taken away”.

“We are parenting in a very different time with a lot of pressure coming from a lot of different sources. And you wouldn’t think you need ‘permission’ to take time for yourself but having it out there for even non-parents or grandparents to see, is helpful. It lets you let go of some guilt when you take time for yourself...”

“Perhaps a message for couples, and the importance of parenting together [.] or taking time to reconnect [.] also, I feel like women are always being told to take care of themselves but I believe that there should be more messaging about supporting one another.”



Campaign Awareness

To measure campaign awareness, participants were asked if they saw or heard about the Parenting Campaign. Thirty-one percent (31 participants) reported that they saw or heard about the campaign. Figure (9) displays the percentage of participants that saw or heard about the Parenting Campaign.

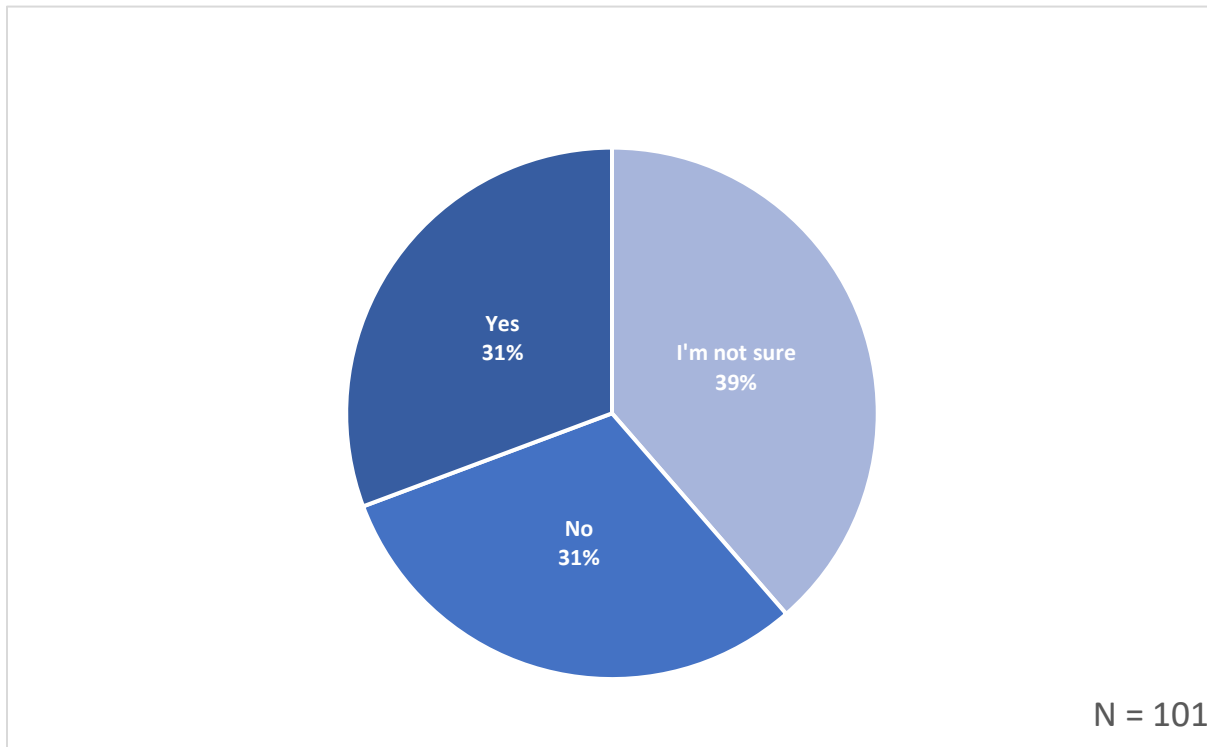


Figure 9: Percentage of respondents that saw or heard the campaign.

Communication Strategies

The 31 participants who reported that they saw or heard the campaign were asked a series of questions about their recall of the campaign.

Figure (10) displays participant responses for where they saw or heard about the campaign. They were asked to check all responses that applied. Most participants (94%) reported that they saw the campaign advertised on Facebook. The second most popular options were highway billboards (26%) and the Parenting webpage on the Health Unit website (26%).

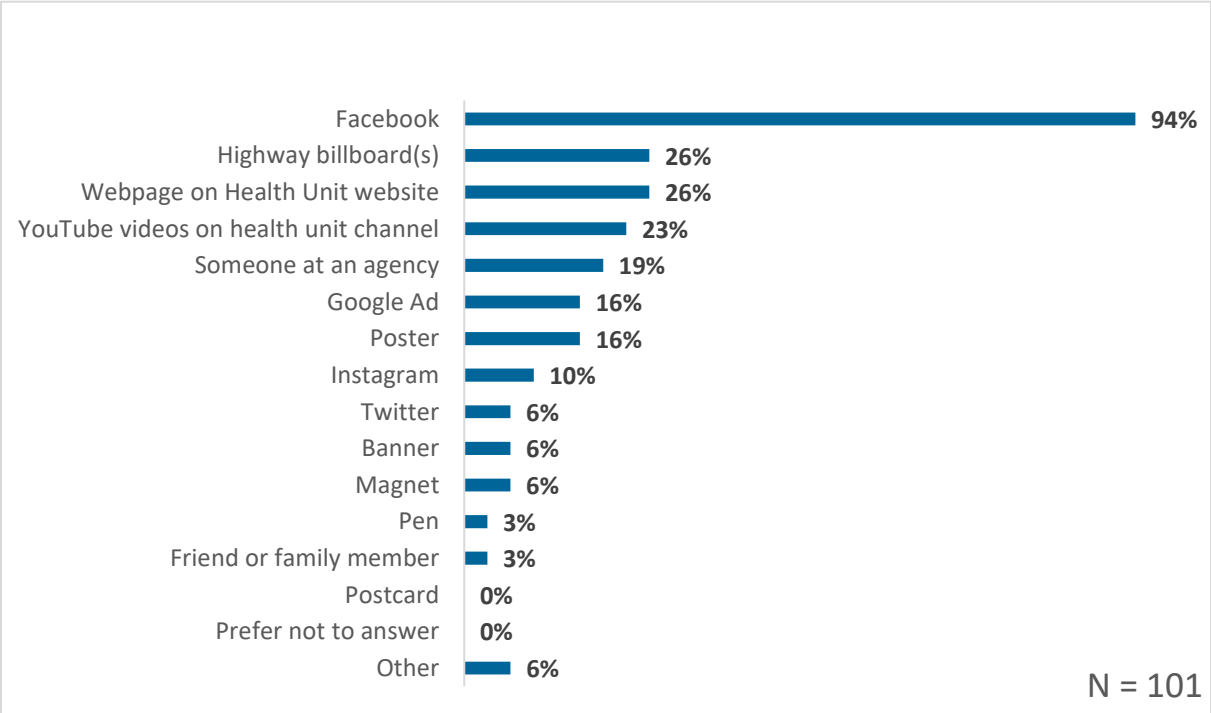


Figure 10: Where did you see or hear the Parenting Campaign?

Campaign Reach

All participants who completed the survey were asked to indicate the town or township they live in. Of the 101 total participants surveyed, 68 participants (69.4%) said they lived in the Nipissing district and 30 participants indicated they live in the Parry Sound district (30.6 %). Three participants did not live in the North Bay Parry Sound District Health Unit’s catchment area.

Campaign and Message Recall

Participants who saw or heard about the campaign were asked to explain what they remembered about the campaign. Twenty-seven participants completed this question. The most commonly mentioned theme was the style of the campaign (11 participants), which was frequently noted as easy to understand, visually appealing, and engaging. The second most commonly mentioned theme identified by participants was the availability of parenting resources, support, and information (7 participants). Six participants identified the time spent connecting between parent and child, and six participants noted the value of play.

Participants were asked to recall and report the campaign messages. Twenty-seven participants completed this question. Seventeen participants mentioned connecting with or giving attention to their child. Eleven participants mentioned the importance of play, having fun, or exploring. Nine participants mentioned taking time to care for themselves as parents. Five participants mentioned the feeling of support from the campaign, via parenting resources, tips, and strategies. Finally, four participants

mentioned supporting their child's emotions. Figure (11) shows the most common themes reported by parents. Four of the five common themes coincided with the four messages of the Parenting Campaign.



Figure 11: What message was the campaign sharing? (Text response - main themes)

Participants were asked in an open-ended format what they liked about the campaign. Twenty-eight respondents completed this question. Eleven participants noted that they liked the resources, tips, and strategies offered by the campaign. Five participants indicated that they liked the simplicity of the campaign, stating that it was short and sweet, easy to understand, and easy to remember. Five participants felt the campaign was enjoyable and liked the contests on Facebook. Other themes mentioned included: a good reminder of what really matters (n = 4), visually appealing campaign (n = 4), non-judgmental and inclusive (n = 4), good timing (n = 3), thought-provoking (n = 2), focusing on building relationships with your child (n = 2), reassuring messages (n = 1) and encouraging self-care (n = 1). Figure (12) displays three common themes expressed by parents.

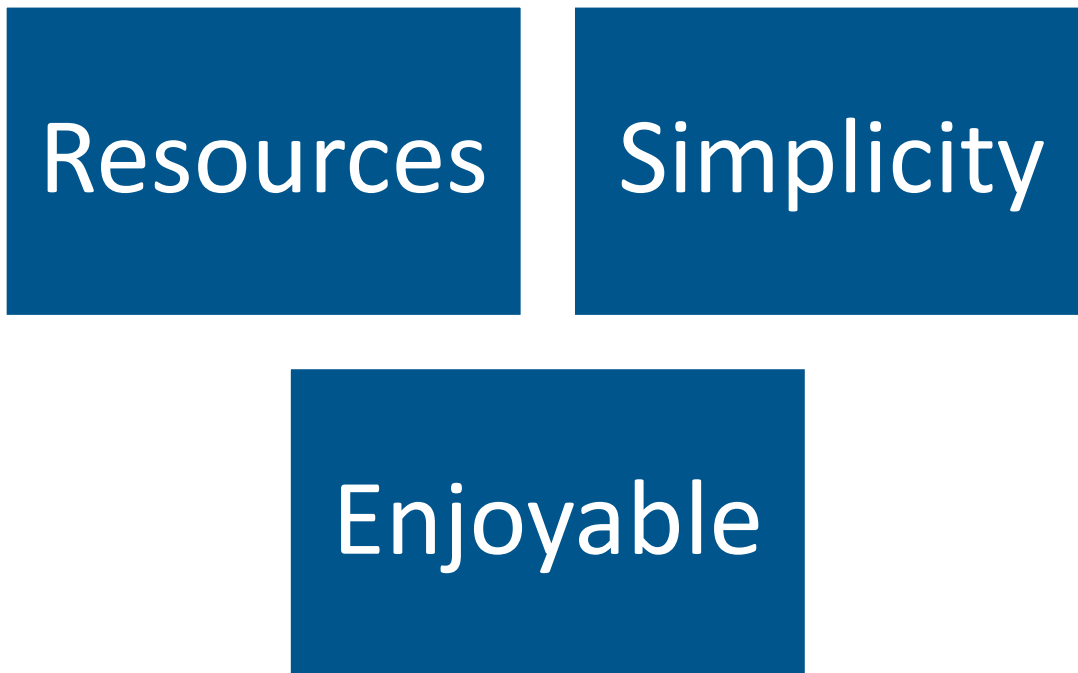


Figure 12: What did you like best about the campaign? (Text Response – main themes)

Some of the participants' comments about what they liked best about the campaign include:

“Simple easy messaging [with] tips.”

“Simple, non-judgmental messages/tips [...] Contests encouraged community participation [...] Timing of the campaign was great. Being at home with our children more and little to no face-to-face interaction with our support circle due to the pandemic has been hard. The messages were simple but a much-needed reminder to take a step back and take the time to connect. We could see and feel the difference every time we stopped and took the time.”

“Easy to use tips. Colorful images. I [liked] the contest and seeing the photos of families. There were some cute pictures. This was a fun thing to do during COVID.”

“The encouragement to take time to take care of yourself, especially with COVID limiting our options for getting a break.”

Participants were asked in an open-ended format what they disliked about the campaign. Twenty-three respondents completed this question. Most participants answered “nothing” or “it was all good”. Three participants addressed the timing of the campaign, with one stating it was short-sighted to have a parenting campaign during a pandemic. One participant indicated the public photo sharing on Facebook

contradicted their personal social media behaviors, making it difficult for them to participate. One participant felt there was a lot of information to go through all at once, and another would have liked to see more diversity in the campaign photos. Finally, one participant felt the ads were very similar, making them blend together rather than stand apart.

“There is nothing that I did not like!”

“It’s a pandemic – I know the campaign started before. But all bets and experiences are off the table parenting right now. Trying to get time for you when support networks/bubbles/etc. are actively discouraged and children bore the brunt of losing their activities was short sighted.”

“I remember a lot of sharing photos. I don’t tend to share photos of my family publicly.”

Effects of the Campaign

Participants were asked what level of behaviour change occurred after seeing or hearing the campaign. Participants were able to choose more than one response. Figure (13) provides a summary of the parent feedback related to this question. Thirty-one participants responded, with 81.6% of those who saw or heard about the campaign indicating they thought about their interactions with their children, and 54.8% tried a parenting strategy suggested by the campaign. Another 38.7% went to the Parenting webpage on the Health Unit website, while 35.5% reported sharing the campaign through social media. Twenty-six percent of participants told a friend of family member about the campaign. Ten percent of participants did not do anything differently as a result of seeing the Parenting Campaign.

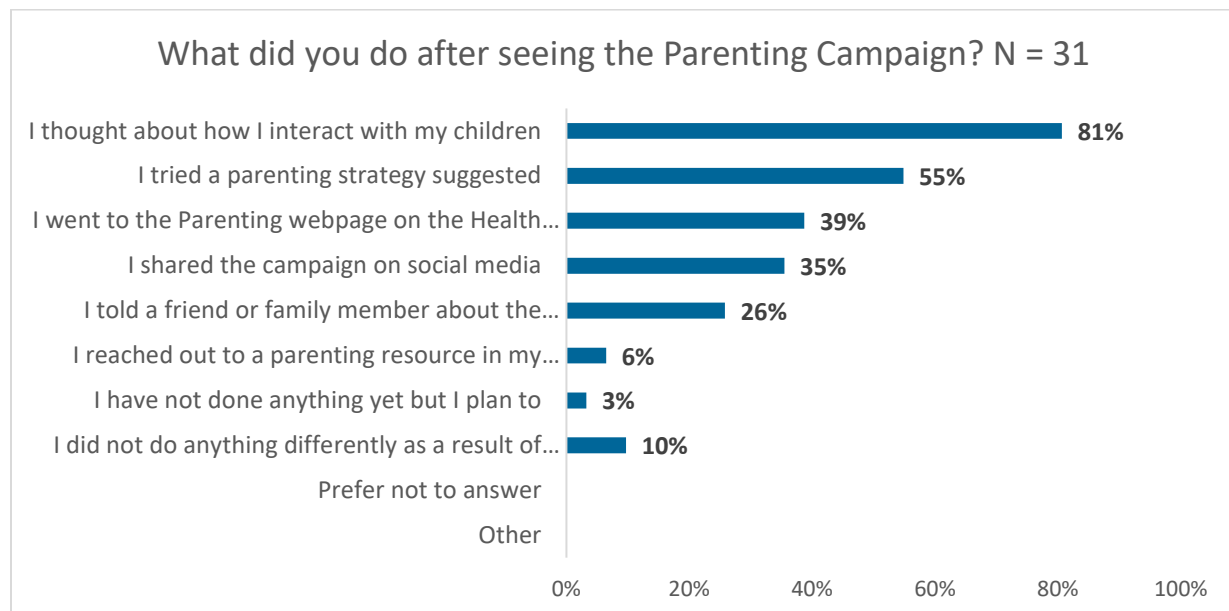


Figure 13: What did you do after seeing or hearing the Parenting Campaign?

Parenting Webpage Feedback

Eight participants reported they had seen the Parenting Campaign on the Parenting Webpage of the Health Unit website. These participants were asked an additional series of questions about the webpage. All participants agreed or strongly agreed that the webpage was relevant, trustworthy, and practical. Almost all participants (87%) agreed or strongly agreed that they would use the webpage if they needed information about parenting strategies in the future, that the webpage reassured them about how they parent, and that the webpage has increased their knowledge of parenting strategies they can try at home.

“I liked that so many agencies worked on this, makes me feel like the community really cared about me and my family.”

“Lots of great info. It’s nice to see so many agencies work together.”

“Great information. Easy to use tips.”

Figure (14) demonstrates that 75% of those who had seen the campaign on the Health Unit Parenting webpage reported that they tried a parenting strategy suggested on the webpage, and 75% visited the community partner websites via the links on the Health Unit’s Parenting webpage. Fifty percent told a friend or family member about the webpage, and 50% shared the webpage on social media. One of the eight participants indicated they did not do anything differently as a result of visiting the webpage. Participants were encouraged to check all the choices that applied.

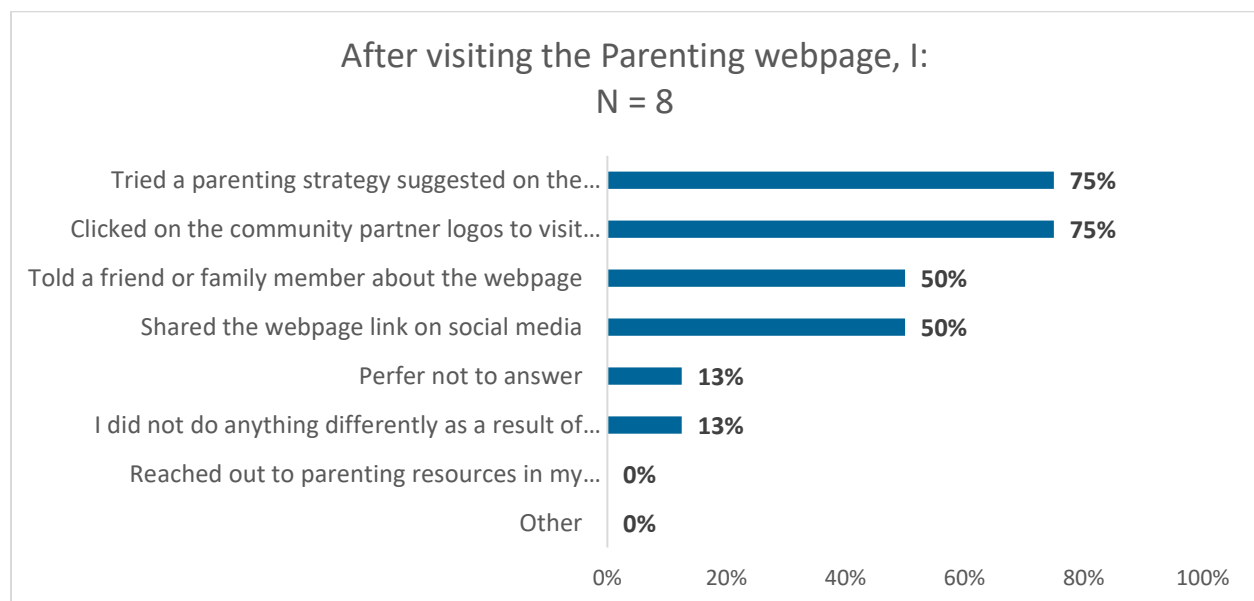


Figure 14: Respondent’s actions after visiting the Parenting webpage.

YouTube Videos Feedback

Seven participants reported they had seen the Parenting Campaign via Videos on the Health Unit’s YouTube channel. These participants were asked an additional series of questions about these videos. All respondents strongly agreed that the videos were relevant, trustworthy and practical. All respondents strongly agreed that the videos increased their knowledge of parenting strategies, and all participants strongly agreed that the videos made them feel reassured about the way that they parent.

“Cute short clips [.] They were relatable.”

“They were cute [.] short and sweet. I saw the video of the mom talking about self care – it was nice to see a ‘real parent’ from around here.”

“They were short but great – to the point real life people I could see myself in [...] and liked seeing someone I knew.”

Figure (15) displays that all of those who had seen the Parenting Campaign via Videos on the Health Unit’s YouTube channel reported that they shared the videos on social media and tried a parenting strategy suggested in the videos. Seventy-one percent of respondents told a friend or family member about the videos, and one of seven (14%) reached out to parenting resources in the community. Participants were encouraged to check all the choices that applied.

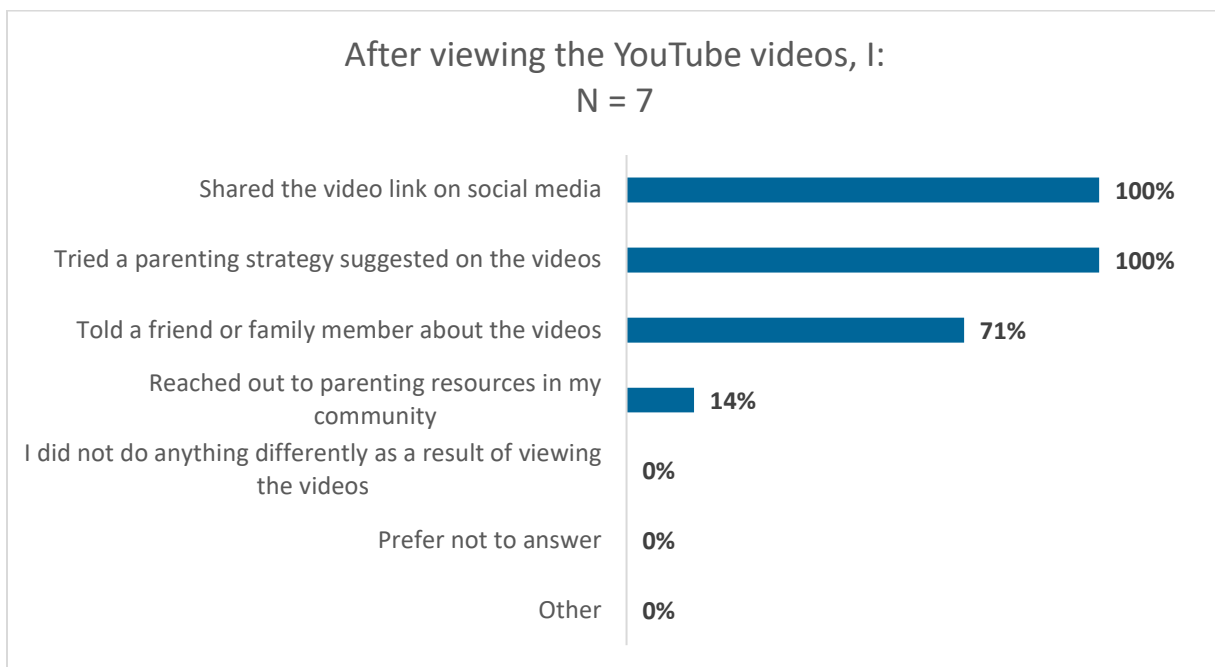


Figure 15: Respondent’s actions after watching the YouTube videos.

Results by Age Group

Participants were asked the ages of their children in years and were then categorized into the following groups: children aged 0-4 years, children aged 5-12 years, and children aged 13-18 years. If a participant had children in more than one age category, they would be counted in each category. For example, a parent of a 3-year-old and a 13-year-old would be counted in the 0-4 group and the 13-18 group, and

their answers would apply to both result categories. It is important to note that fewer parents of children aged 13-18 years were recruited to participate in this survey, which is possibly because parents of younger children utilize services offered by the partnering agencies more than those of older children.

Statistical analyses were not conducted to examine whether between-group differences were statistically significant. Instead, the results reported below are descriptive in nature. Firstly, parents of children aged 0 to 4, and 5 to 12 years were more likely than parents of children aged 13 to 18 years to report seeing the campaign materials. Figure (16) demonstrates the results of this survey question.

0 to 4 years (total n = 63)	5 to 12 years (total n = 53)	13 to 18 years (total n = 16)
38% yes	32% yes	6% yes

Figure 16: Have you seen or heard of the Parenting Campaign that was run by the North Bay Parry Sound District Health Unit? (Percent that answered yes)

There were minimal differences in where participants saw the campaign. Figure (17) shows a summary of the parent responses to the survey question. Facebook was the most popular place for all parents. The next most frequently selected options were similar for parents with children aged 0 to 4 years and those with children aged 5 to 12 years. Only one parent with a child aged 13 to 18 years recalled seeing the Parenting Campaign, and did not see the campaign anywhere other than Facebook.

0 to 4 years (total n = 14)	5 to 12 years (total n = 17)	13 to 18 years (total n = 1)
Facebook (100%)	Facebook (88%)	Facebook (100%)
Highway billboard(s) (29%)	Highway billboard(s) (35%)	-
Webpage on Health Unit website (29%)	Webpage on Health Unit website (35%)	-
Health Unit channel YouTube videos (29%)	Health Unit channel YouTube videos (29%)	-

Figure 17: Where did you see or hear about the Parenting Campaign? (Check all that apply)

(Top four shown)

All participants were most likely to think about their parenting after seeing the Parenting Campaign, which was followed by trying a parenting strategy suggested. Parents of babies and toddlers (0-4 years) and parents of school aged children (5-12 years) reacted similarly to seeing the campaign, with the third and fourth most frequently selected options for these age groups being the same, but in a different order. Figure (18) provides a summary of these findings.

0 to 4 years (total n = 24)	5 to 12 years (total n = 17)	13 to 18 years (total n = 1)
Thought about my parenting (88%)	Thought about my parenting (88%)	Thought about my parenting (100%)
Tried a parenting strategy (58%)	Tried a parenting strategy (65%)	Tried a parenting strategy (100%)
Visited Parenting webpage (46%)	Shared campaign on social media (47%)	
Shared campaign on social media (38%)	Visited Parenting webpage (41%)	

Figure 18: What did you do after seeing or hearing the Parenting Campaign? (Check all that apply)
(Top four shown)

Results by District

Participants were asked what district they lived in and were categorized into Nipissing or Parry Sound. It is important to note that fewer parents living in the Parry Sound district participated in this survey compared to the Nipissing district.

There were some potential differences in the campaign experience based on where participants lived. As mentioned previously, statistical analyses were not conducted to examine whether between-group differences were statistically significant. As such, the results reported below in figure (19) are descriptive in nature.

First, a higher proportion of parents living in the Parry Sound district reported seeing the campaign compared to those living in the Nipissing district.

Nipissing district (n = 68)	Parry Sound district (n = 30)
26% yes	40% yes

Figure 19: Have you seen or heard of the Parenting Campaign that was run by the North Bay Parry Sound District Health Unit? (Percent that answered yes)

Facebook was the most popular place for all parents, regardless of where they lived, to see the Parenting Campaign. The second most frequently selected option was different for parents living in the Nipissing district compared to the Parry Sound district. Figure (20) provides a summary of these findings.

Nipissing district (n = 18)	Parry Sound district (n = 12)
Facebook (94%)	Facebook (92%)
Health Unit website (28%)	Highway billboards (33%)
Highway billboard(s) (22%)	Health Unit website (25%)
Health Unit YouTube channel (22%)	Someone at an agency (25%)
Someone at an agency (17%)	Health Unit YouTube channel (25%)
	Poster (25%)
	Ad (25%)

Figure 20: Where did you see or hear about the Parenting campaign? (Check all that apply)

(Results selected by 3 or more participants shown)

All participants were most likely to think about how they interact with their children after seeing the Parenting Campaign, which was followed by trying a parenting strategy suggested. The third and fourth most frequently selected options were also the same for parents living in the Nipissing district compared to the Parry Sound district, these options were visiting the Parenting webpage on the Health Unit’s website and sharing the campaign on social media.

Social Media and Website Analytics

The social media Parenting Campaign ran from September 2020 until the beginning of December 2020. During this time, the NBPSDHU had both Facebook and X (Twitter) accounts that were used as platforms to disseminate the campaign messages. When this evaluation report was completed in 2024, the Health Unit no longer had an X (Twitter) account or access to its previously posted tweets. Facebook advertisement analytics prior to August 26, 2021, were also no longer available. The Health Unit has re-launched its website and switched website data platforms since the campaign. As such, it no longer has access to the Parenting webpage analytics for the campaign period.

Facebook Posts

From September 14 –December 7, 2020, the Health Unit posted 52 Facebook posts for the campaign, two of which were boosted. Five additional organic posts were from partner agencies. The median reach of the Health Unit’s campaign posts on Facebook was 1,245 people. This was slightly lower than the median reach for NBPSDHU posts in 2020, when posts pertaining to COVID-19 garnered higher-than-average attention. The Health Unit’s posts received 368 reactions (like love), 53 comments, and were shared 250 times. Together, they had a reach of 70,565.

Paid Facebook

In addition to two boosted posts, an advertisement ran on Facebook to promote one of the campaign contests. Four advertisements ran to promote the campaign evaluation survey, including one in French. Collectively, the boosted posts and advertisements from September to December resulted in 44,315 impressions. The boosted posts had a collective 35 comments, 112 reactions and 67 shares. Additional data was no longer available at the time of authoring this report to draw further conclusions about the paid Facebook content.

Other Findings

Parenting Campaign Awareness

Overall, nearly 1 in 3 parents who participated in the survey saw the Parenting Campaign, while just over 1 in 3 were unsure if they saw the Parenting Campaign. Parents of babies, toddlers, and young children were more likely to see the campaign than parents of teenagers. Of those that remembered seeing the campaign, message recall was good and connection between parent and child was the most recalled message. Nurturing relationships is the core concept of the Parenting Conceptual Model (see Figure 1), which suggests that the most recalled message reflected the core concept of the Parenting Campaign.

Communication Strategies

Facebook was an effective tool for sharing messages to parents. Parents saw the messages on Facebook much more frequently than any other method. The second most popular place for parents to see the messages was via highway billboards and the Parenting webpage on the Health Unit's website. This was followed by parenting videos on the Health Unit's YouTube channel. All of these methods of communication are virtual, and do not rely on in-person contact. This once again highlights the influence of COVID-19 on the campaign and underlines the importance of developing and evolving online resources for parents to use in changing contexts.

It was reported that all four parenting messages were understandable, relevant, and liked by parents. All four messages made most parents think about their parenting and feel reassured about their parenting. The messages also encouraged some parents to think about changing how they parent. Overall, the messages were effective at helping to achieve campaign goals. The campaign received generally positive feedback, with very few things that parents didn't like.

Community Partners

A 2014 parenting situational assessment conducted by the NBPSDHU identified key areas for improvements regarding reaching families and implementing parenting interventions. The assessment provided the following recommendations: increase in health promotion strategies, increase in self-help strategies, and the need for community collaboration to help streamline positive parenting messaging to families. These recommendations highlighted the importance of collaborating with community partners

to develop a Parenting Campaign that could be shared by local agencies who work with families (North Bay Parry Sound District Health Unit, 2014).

The Parenting Campaign was developed in partnership with seven community agencies (planning committee) and promoted by the Nipissing Parry Sound CAPP Committee.

It was reported that 19% of parents heard about the Parenting Campaign by ‘someone at an agency’. This means that community partners played an important role in getting the messages out to parents in the community, and that they were providing consistent parenting messages across the community. Several parents commented on the community involvement of this campaign, indicating that the community involvement made parents “feel like the community really cared about [me] and my family”. This underlines the importance of working with community partners to create materials that are useful to their work, and to ensure that they are aware of and support the parenting key messages.

In the future, more work should be focused on how the NBPSDHU can engage and collaborate with other agencies’ communications departments or social media teams. This may improve the amount of sharing.

Cost Effectiveness

Facebook:

Most of the participants (94%) heard about the campaign on Facebook, making this strategy the most effective strategy. Furthermore, this strategy was one of the less expensive modes of communication used to reach parents, making this strategy the most cost effective (see Figure 2).

Highway billboards:

Highway billboards were the most expensive campaign strategy used; however, it was the second most effective tool, showing 26% of participants were most likely to recall seeing the campaign on the highway billboards (see Figure 11).

Webpage on the Health Unit website:

The third most effective medium to reach families was the Parenting webpage on the Health Unit website, showing 26% of parents saw or heard the Parenting Campaign by this strategy. This communication tool is a cost-effective campaign strategy since it does not come with extra cost to the Health Unit.

Pull-up banners:

Pull-up banners were the second most expensive strategy; however, they performed poorly as very few participants recall seeing the campaign from this mode of communication. During the planning of the campaign, the intended use of the pull up banners was for the following community settings: campaign launches, playgroups and family events. Due to the COVID-19 pandemic, there was limited opportunity to utilize this strategy to promote the Parenting Campaign and therefore, few parents saw this strategy

(6%). Since community partners have access to these pull up banners on a long-term basis, more planning could be explored to continue using these tools to promote the parenting key messages in the future.

Other:

It should be noted that this evaluation was promoted through Facebook, Instagram, X (Twitter), and through partners at local agencies, so people who saw the messages through alternative formats such as YouTube Videos, magnets, posters and other means may have been underrepresented.

Future campaign planners should keep in mind that this evaluation was unable to assess cost effectiveness against which communication strategies were effective at targeting specific populations (i.e. using posters or newspapers to reach rural families). In addition, products that have a longer life should be considered for sustainability (i.e. pull-up banners). Planners of future campaigns will need to weigh the factors of cost effectiveness against the best method to reach their target audience.

Limitations

Due to the COVID-19 pandemic, not all campaign materials were able to be used as planned (e.g., pens were only shared in mail-out packages), which may have impacted the reach of the campaign. In addition, parenting concerns, responsibilities, and priorities were likely impacted by the pandemic, which may have altered the way in which parents responded to the campaign messages, in turn influencing the findings of this evaluation compared to typical parenting conditions.

The Parenting Campaign was originally launched in February 2020, with two separate launches (Nipissing and Parry Sound) occurring at this time with media coverage. Due to the COVID-19 pandemic, the Parenting Campaign was put on hold and was re-launched in September 2020 with adaptations to align with public health guidelines in place during that time. As two of the four key messages were originally shared in February 2020, as well as a second time when the campaign was re-launched in September 2020, some participants may have had greater exposure to two of the four messages, thus influencing message recall.

Due to the sample size of this evaluation (N = 101), findings cannot be considered representative of all parents in the Nipissing and Parry Sound districts. In addition, due to the sampling design, the sample of participants was not representative of the entire population of parents in the Nipissing and Parry Sound districts as participants were more likely to be women with children below the age of 13 years. As such, the results and implications of this evaluation may not be as easily applicable to the entire parent population of Nipissing and Parry Sound districts, parents who are men, or parents of teenagers.

The parent survey was promoted to parents through Facebook. This could lead to an overrepresentation of participants who had also seen the campaign on social media, and an underrepresentation of those who may have seen the campaign through other methods.

Social desirability bias could have occurred, which may have led more parents to say that they changed their behavior as a result of the campaign, even if they did not.

Finally, the social media ad and posters used to recruit participants included pictures of the Parenting Campaign videos, so parents who recognized the campaign may have been more likely to click on the link than parents who did not.

Discussion

Parenting Campaign Goals

Three Parenting Campaign goals were created to guide the campaign development.

- 1. To increase knowledge of positive parenting strategies among parents in the NBPSDHU district.** According to the evaluation survey, over half of parents who saw the campaign tried a suggested parenting strategy. Six of the eight parents who visited the Parenting webpage on the Health Unit’s website reported that they tried a parenting strategy suggested. Knowledge was not directly measured; however, if a parent is trying a strategy, it could be argued that they must have knowledge of it.
- 2. To create a website page for parents in the NBPSDHU district to get trusted, relevant parenting information.** Through consultations with community partners, a Parenting webpage was developed on the NBPSDHU website. All survey participants who reviewed the Parenting webpage agreed or strongly agreed that the website was trustworthy, relevant, and practical, and almost all participants indicated they would use this website for information about parenting in the future. While at this point, the webpage is not yet a “one stop resource for parents”, future endeavors could include expanding the content on this website to address more topics across childhood and adolescence.
- 3. To increase parents’ attitudes and intention to change regarding parenting practices.** The Parenting Campaign was effective in encouraging parents to reflect on their interactions with their child. Eighty-one percent of parents who completed the survey reported that they thought about how they interact with their child. The Parenting Campaign was also effective at starting conversations – with 1 in 4 parents telling a friend or family member about the Parenting Campaign, and nearly 2 in 5 parents sharing the campaign on social media. Finally, over half of parents who saw the Parenting Campaign tried a parenting strategy suggested. This implies that the campaign influenced parents’ actions and behaviors, which is not a typically expected result of mass media campaigns (Kingston, Frontenac and Lennox & Addington Public Health, 2016).



Recommendations for Future Parenting Campaigns

The following recommendations are being made based on the results of the evaluation:

Include more practical information.

Some parents noted that they wanted more details – such as strategies of how to apply the parenting messages. This information exists on the campaign Parenting webpage, but perhaps could be highlighted in other ways for future campaigns.

Continue using virtual modes of communication.

The most popular places for parents to see parenting key messages were via virtual communication methods (e.g., Facebook, highway billboards, and YouTube videos). This not only highlights the influence of COVID-19 on the campaign but may also forecast the necessary methods of communication for the present and near future.

Continue using the same parenting messages.

The messages were liked, understood, and relevant, and they were effective at achieving the goals of the campaign.

Continue working with partners and find new ways to collaborate on messaging.

Community partners were key in sharing the messages with more parents across the NBPSDHU district. Collaboration with partners is important for this reason. Investigating how the NBPSDHU

can best support partners to share these messages could improve this further, especially as more community agencies rely on social media to engage their clients.

Continue using the Parenting webpage to share parenting strategies.

Parent feedback was positive, indicating that parents found the information relevant, trustworthy, and practical. It is essential for parents to have access to evidence-based positive parenting information. The campaign webpage was an effective tool to achieve this goal and should be utilized in future campaigns.

Continue to promote the importance of parental self-care.

The importance of parental self-care was a priority topic for many parents. Moving forward it is recommended to continue to promote the importance of parental well-being and self-care. There is also value in considering pandemic-specific resources for parents, especially regarding parental self-care. Even though several participants felt the campaign was timely and a good reminder, especially during COVID-19, many parents highlighted the difficulties associated with parenting during a pandemic.

Focus on parents of teenagers.

Parents of teenagers were less likely to have seen the campaign or tried a parenting strategy as a result of the campaign. Further work to see how the campaign can be tailored to meet their needs should be considered.

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Appendix 1: Parenting Campaign Key Messages Postcards



Help your child
recognize their emotions

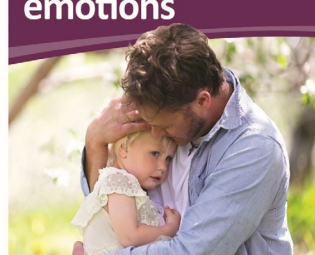


Be calm.
Listen to your child.
Help them find the words
for how they are feeling.

myhealthunit.ca/parenting

Health Unit
Bureau de santé

Aidez votre enfant à
reconnaître et maîtriser ses émotions



Encouragez votre enfant à se servir de ses mots pour vous dire comment il se sent.

myhealthunit.ca/parenting

Health Unit
Bureau de santé

It's okay to
take care of yourself
It's part of parenting



Take a walk. Connect with a friend.
You matter too.

myhealthunit.ca/parenting

Health Unit
Bureau de santé

Prenez soin de vous
Ça fait partie d'être parent



Allez marcher. Appelez un ami.
Vous comptez aussi.

myhealthunit.ca/parenting

Health Unit
Bureau de santé

Appendix 2: Parenting Campaign Evaluation - Survey for Parents

Parenting Campaign Survey

1. Thank you for your interest in participating! Please select your preferred language before proceeding:

- English
- French

The North Bay Parry Sound District Health Unit (Health Unit) and community partners recently ran a Parenting Campaign. The campaign was made up of four different key messages promoted through banners, billboards, posters, and social media. Now that the campaign is over, we would like to survey parents and caregivers of children 0-18 years of age who live in the Nipissing and Parry Sound districts. We would like to know if you saw the campaign ads, and if you did, what you thought about them and if they changed your parenting practices. This information will help the Health Unit plan future parenting campaigns. The risks to participating in the survey are low. Some of the questions might make you think about your own parenting practices and/or how you were parented as a child. Should you need to talk to someone about your own experience or need parenting support, please call the Family Health Information Line at 1-800-563-2808 ext. 5351. Your decision to take part or not take part will not affect any services you receive at the Health Unit or other organizations in the community. Your answers will be confidential and anonymous, meaning you will not be identified by your answers. Because of this, the answers you provide cannot be removed after you have started the survey. The survey should take about 10-15 minutes to complete. You will have the option at the end of the survey to enter a draw to win 1 of 4 \$50 grocery store gift cards. To protect your privacy, your name and contact information will not be linked to your survey responses. Draw winners will be contacted by February 1, 2021. Please contact project lead, Doris Chartrand, if you have any questions about this survey at: healthy.families@healthunit.ca or 1-800-563-2808 ext. 5351. This project was approved by the Research Ethics Review Committee at the Health Unit. If you have any ethics related questions or concerns, please contact the Committee Chair at: research.ethics@healthunit.ca or 1-800-563-2808 ext. 5368. By reviewing the above information and clicking Next to proceed to the survey questions, you have agreed to participate. Thank you in advance!

2. Do you currently live or access services in the Nipissing or Parry Sound districts?

- Yes
- No

3. Are you a parent or caregiver of a child between 0 and 18 years old?

- Yes
- No

4. In the last few months, have you seen the Parenting Campaign that was run by the Health Unit?

- Yes
- No
- I'm not sure

5. Where did you see the Parenting Campaign? Please check all that apply.

- Facebook
- Twitter
- Instagram
- Google Ad
- Poster
- Banner
- Magnet
- Pen
- Postcard
- Parenting Web Page on Health Unit website
- YouTube videos on Health Unit Channel
- Highway billboard(s)
- From a friend or family member
- Prefer not to answer
- Someone at an agency told me about the campaign (e.g. at a playgroup, a health care provider's office).
- Other. Please specify:.....

6. Someone at an agency told me about the campaign (e.g. at a playgroup, a health care provider's office). Please tell us where:

7. What do you remember about the Parenting Campaign?

8. What message(s) was the Parenting Campaign sharing?

9. Please tell us what you liked about the Parenting Campaign.

10. Please tell us what you did not like about the Parenting Campaign.

11. What did you do after seeing the Parenting Campaign? (Please check all that apply)

- I thought about how I interact with my children.
- I tried a parenting strategy suggested.
- I reached out to a parenting resource in my community.
- I told a friend or family member about the campaign.
- I shared the campaign on social media.
- I went to the Parenting webpage on the Health Unit website.
- I have not done anything yet but I plan to.
- I did not do anything differently as a result of seeing the Parenting Campaign.
- Prefer not to answer.
- Other, please specify:.....

Key Messages We are now going to ask you a few questions about each message in the Parenting Campaign.

The first message in the Parenting Campaign was 'Listen, respond and connect with your child.'

12. How much do you agree or disagree with the following statements about this message?

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
This message is relevant to my family.					
I understand what this message is telling me.					
I like this message.					
This message makes me think about how I parent.					
This message makes me think about changing how I parent.					
This message makes me feel reassured about how I parent.					

13. If you have any comments about the message 'Listen, respond, and connect with your child.', please tell us here:

The second message in the Parenting Campaign was 'Help your child recognize their emotions.'

14. How much do you agree or disagree with the following statements about this message?

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
This message is relevant to my family.					
I understand what this message is telling me.					
I like this message.					
This message makes me think about how I parent.					
This message makes me think about changing how I parent.					
This message makes me feel reassured about how I parent.					

15. If you have comments about the message 'Help your child recognize their emotions', please tell us here:

The third message in the Parenting Campaign was 'Let your child play. Help them grow. Keep them safe.'

16. How much do you agree or disagree with the following statements about this message?

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
This message is relevant to my family.					
I understand what this message is telling me.					
I like this message.					
This message makes me think about how I parent.					
This message makes me think about changing how I parent.					
This message makes me feel reassured about how I parent.					

17. If you have comments about the message 'Let your child play. Help them grow. Keep them safe.' please tell us here:

The fourth message in the Parenting Campaign was 'It's okay to take care of yourself. It's part of parenting.'

18. How much do you agree or disagree with the following statements about this message?

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
This message is relevant to my family.					
I understand what this message is telling me.					
I like this message.					
This message makes me think about how I parent.					
This message makes me think about changing how I parent.					
This message makes me feel reassured about how I parent.					

19. If you have comments about the message 'It's okay to take care of yourself. It's part of parenting.' please tell us here:

We would like to ask you additional questions about these campaign materials specifically, to get some feedback on how we can improve.

20. How much do you agree or disagree with the following statements about the Parenting webpage?

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
This webpage provides relevant information.					
I trust the information provided on this webpage.					
The Information on this webpage has increased my knowledge of parenting strategies that I can try at home.					
The webpage provides practical information.					
Information on this webpage has reassured me about the way I parent.					
In the future, if I have to seek information about parenting strategies, I would choose this webpage.					

21. After visiting the Parenting webpage, I: (Select all that apply)

- Tried a parenting strategy suggested on the webpage.
- Told a friend or family member about the webpage.
- Shared the webpage link on social media.
- Reached out to parenting resources in my community.
- I did not do anything differently as a result of visiting the webpage.
- Clicked on the community partner logos to visit their websites.
- Prefer not to answer.
- Other, please specify.....

22. Please provide any suggestions or comments about the webpage to help improve it in the future.

We would like to ask you additional questions about these campaign materials specifically, to get some feedback on how we can improve.

23. How much do you agree or disagree with the following statements about the YouTube videos?

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
The videos provide relevant information.					
I trust the information provided in the videos.					
The information in the videos has increased my knowledge of parenting strategies that I can try at home.					
The videos provide practical information.					
Information in the videos has reassured me about the way I parent.					

24. After viewing the YouTube videos, I: (Select all that apply)

- Tried a parenting strategy suggested on the videos.
- Told a friend or family member about the videos.
- Shared the video link on social media.
- Reached out to parenting resources in my community.
- I did not do anything differently as a result of viewing the videos.
- Prefer not to answer.
- Other, please specify.....

25. Please provide any suggestions or comments about the YouTube videos to help improve it in the future.

We would like to ask you additional questions about these campaign materials specifically, to get some feedback on how we can improve.

26. How much do you agree or disagree with the following statements about the highway billboard(s) you saw?

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
This billboard(s) provides relevant information.					
I trust the information provided on the billboard(s).					
The Information on the billboard(s) has increased my knowledge of parenting strategies that I can try at home.					
The billboard(s) provides practical information.					
Information on the billboard(s) has reassured me about the way I parent.					

27. After viewing the highway billboard(s), I: (Select all that apply)

- Tried a parenting strategy suggested on the billboard(s)
- Told a friend or family member about the billboard(s).
- Shared the billboard(s) on social media.
- Reached out to parenting resources in my community.
- I did not do anything differently as a result of viewing the billboard(s).
- Prefer not to answer.
- Other, please specify.....

28. Please provide any suggestions or comments about the highway billboard(s) to help improve it in the future.

Please tell us a bit about yourself. The following questions will help us to describe the group of people completing this survey. Your answers will remain anonymous, and you will not be identified by your answers.

29. What is your age?

30. What language do you speak most often at home?

- English
- French
- Other, please specify.....

31. How do you describe yourself?

- Female
- Male
- I identify as:.....

32. Which district do you live in?

- Nipissing district
- Parry Sound district
- I don't live in either district, please specify:.....

33. Which town, township or First Nation do you live in? (Nipissing district)

- Bonfield
- Calvin
- Chisholm
- East Ferris
- Mattawa
- Mattawan
- Nipissing First Nation
- Nipissing Unorganized North Part
- Nipissing Unorganized South Part
- North Bay
- Papineau-Cameron
- West Nipissing
- Other, please specify.....

34. Which town, township or First Nation do you live in? (Parry Sound district)

- Armour
- Burk's Falls
- Callander
- Carling
- Dokis First Nation
- Henvey Inlet First Nation
- Joly
- Kearney
- Machar
- Magnetawan (Municipality)
- Magnetawan First Nation
- McDougall
- McKellar
- McMurrich/Monteith
- Nipissing Township
- Parry Sound Unorganized Centre Part
- Parry Sound Unorganized East Part
- Perry
- Powassan
- Ryerson
- Seguin
- Shawanaga First Nation
- South River
- Strong
- Sundridge
- The Archipelago
- Town of Parry Sound
- Wasauksing First Nation
- Whitestone
- Other, please specify.....

35. How do you identify? (Select all that apply)

- Arab
- Black
- Chinese
- Filipino
- First Nations
- Inuk (Inuit)
- Japanese
- Korean
- Latin American
- Métis
- South Asian ((e.g., East Indian, Pakistani, Sri Lankan, etc.)
- Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai, etc.)
- West Asia (e.g., Iranian, Afghan, etc.)
- West Asia (e.g., Iranian, Afghan, etc.)
- White
- Other, please specify.....

36. What is the highest level of education you have completed?

- Did not complete Elementary School
- Elementary School
- Secondary (high) school diploma or equivalency certificate
- Registered Apprenticeship or other trades certificate or diploma
- College, CEGEP, or other non-university certificate or diploma
- University degree, certificate or diploma

37. In 2019, what was your total after-tax household income? This amount should include all money earned from employment, child/spousal support, pension, and social assistance (EI and CPP) for all people in your household.

- No one in my household earned income last year
- Under \$20,000
- \$20,000 to \$39,999
- \$40,000 to \$59,999
- \$60,000 to \$79,999
- \$80,000 to \$99,999
- \$100,000 to \$119,999
- \$120,000 to \$139,999
- \$140,000 and over

38. How many people did this income support?

39. What is the age of the child or children you care for?

- Child 1:
- Child 2:
- Child 3:
- Child 4:
- Child 5:

40. How did you hear about this survey? Please check all that apply.

- Facebook
- Twitter
- Instagram
- Poster or postcard
- Health Unit website
- From a friend or family member
- Someone at an agency told me about the survey (e.g. at a playgroup, a health care provider's office).
- Other, please specify.....

41. Someone at an agency told me about the survey (e.g. at a playgroup, a health care provider's office). Please tell us where:

Thank you for participating and taking the time to complete the survey, your input is valuable to us! If you wish to enter a draw to win 1 of 4 \$50 Gift Cards, please click on this link to take you to a separate ballot entry. Your name and contact information will not be linked to your survey responses. If you do not wish to enter the draw, click 'Finish' below. Thank you!

Your responses have been registered! Thank you!