Advan
ting the Language of HOPE (Healthy Outcomes from Positive Experiences)

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**Background:** Adverse Childhood Experiences (ACES) cause toxic stress and are linked to poor adult mental and physical health outcomes. In the same manner, Positive Childhood Experiences (PCES) prevent and mitigate the effects of ACES and toxic stress via biologic and physiologic changes in the brain. The Language of HOPE (Healthy Outcomes from Positive Experiences) is based on this research, offers a novel approach to trauma-informed care (TIC) and has the potential to reduce the incidence of child maltreatment. The language of HOPE is centered on 4 building blocks: relationships with adults and other children, safe, stable and equitable environments to live, learn and play, social/civic *engagement* and opportunities for *social/emotional development*. The language is intended to augment and modify approaches to TIC by a wide variety of practitioners.

**Methods:** Throughout the project development year, the HOPE team travelled nationwide presenting to a variety of groups, from frontline providers to local and state level policy makers. The sessions introduced HOPE and gathered input on how to best integrate the HOPE principles into practice. Lessons learned will be incorporated into a strategic plan for full, nationwide program implementation.

**Results:** During the project planning year, the HOPE team conducted 15 presentations and workshops. Audiences included the Division of Violence Prevention in the National Center for Injury Prevention and Control (NCIPC) at the Centers for Disease Control and Prevention (CDC), ACES Connection members and affiliates in northern and southern California, Prevent Child Abuse America, Healthy Families America, numerous state Children’s Trust organizations and others. Participants saw value in incorporating the language of HOPE into their work and expressed a desire for accessible training as well as practitioner and client focused materials. Additionally, a 12 member National Advisory Board consisting of leaders in the fields of child abuse prevention and health equity was convened. This board provided guidance on planning year activities and strategic plan development and will continue to steer the HOPE team throughout the project. Lessons learned led to the following strategic plan goals, all of which are considered through a health equity lens: become the hub for content related to the implementing the Science and the Language of HOPE (website, social media, blogs), workforce development (online learning, presentations, workshops), organizational change (policy development and adoption), and data/evaluation (national survey, case studies, independent evaluator).

**Conclusions:** The goal of HOPE is to translate current science about the development of resilience into a common language that promotes positive experiences. This represents a paradigm shift in how practitioners interact with families. HOPE has the potential to reduce ACES and toxic stress, mitigate their effects, reduce child maltreatment and improve adult mental and physical health outcomes.

**Objectives:**

1. Learn about the connection between ACES, toxic stress, PCES and physical and mental health outcomes.
2. Learn about the Language and Building Blocks of HOPE.
3. Discover a new approach to TIC.