

HOPE[®]

for Communities

Toolkit

Created by the HOPE National Resource Center at Tufts Medical Center

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Acknowledgements

This toolkit was developed in an effort to create a comprehensive resource for those interested in implementing HOPE in their community. It is our hope that you find the guidance here adaptable to your community's demonstrated goals. We encourage you to take what is useful, and leave the rest!

A very special thank you goes out to HOPE Champion, Jessica Herzog-Hall, for all of her work in dreaming up and co-creating this resource with us. Together, we identified key steps in creating the bedrock of motivation that can then be mobilized into action for implementation of the HOPE framework. We compiled resources available from the HOPE National Resource Center, as well as tools that other community-based projects have used to structure change.

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Introduction to the HOPEful Communities Toolkit

Building a HOPEful Community requires care, intention, and a deep commitment to strengthening the community. No two communities are the same; each brings its own strengths, challenges, histories, and available resources. As a result, there is no single roadmap, intervention, or checklist that will work universally. When we talk about community in this resource, we mean a group composed of multiple child and family-serving entities and people with lived experiences. Some communities may be place-based (a neighborhood, city, or county), others may be identity-based (LGBTQ+ communities, immigrant/refugee communities) or sector-based (early childhood, child abuse prevention). In each instance, there is a group of individuals that would like to bring the HOPE framework to their work utilizing shared goals.



What To Expect In This Toolkit

The HOPE National Resource Center (HOPE NRC) has developed a flexible, strengths-based approach to help guide community-level efforts to improve access to PCEs while honoring local context and lived experience. This toolkit offers practical examples, reflective prompts, and everyday practices that can be adapted to the unique strengths of each community. We invite communities to engage with these ideas, reflect together, and begin the steps to a more HOPEful Community.

Growing HOPE in your community generally involves a multi-step process:

1. Spread awareness about HOPE
2. Identify or create a coalition
3. Build capacity
4. Collect and examine data
5. Develop a strategic plan
6. Sustain the work

We have organized this toolkit into sections that delve into each step of the process. In those sections, you will find guidance on how to implement at that stage, recommendations for what to keep in mind, and supportive resources. We encourage you to consider what you accomplished after each section before beginning a new step. Each section has reflection prompts to facilitate that. Take what is useful and feel free to adapt what's shared here!

Looking for More?

While this toolkit is home to many great resources, there are more available on our website www.positiveexperiences.org.

For questions or concerns, please email: hope@tuftsmedicalcenter.org

Step 1: Spread Awareness about HOPE

Community change begins with shared learning and understanding. As you embark on growing a HOPEful Community, intentionally creating opportunities to learn about PCEs and the HOPE Framework can engage and inspire community members.

Prepare Yourself

- Review free online modules from the HOPE National Resource Center.
- Prepare to speak about HOPE to a wide range of partners. A formal presentation may work for some; a more relaxed and interactive discussion may be better with others.

Familiarize Your Community

- Connect with local Facilitators to train potential partners on HOPE ([find a local facilitator here](#)).
- If your community doesn't have any local Facilitators, reach out to the HOPE NRC (hope@tuftsmedicalcenter.org) to train up local Facilitators.
- Host Introduction to HOPE sessions for the Community.
- Host sector-specific HOPE sessions (i.e. HOPE for educators, HOPE for healthcare, HOPE for juvenile justice).
- Integrate HOPE language into existing meetings (school board meetings, staff huddles, coalition meetings).
- Share local stories of HOPE and PCEs (youth voice, parent testimonials, provider reflections).

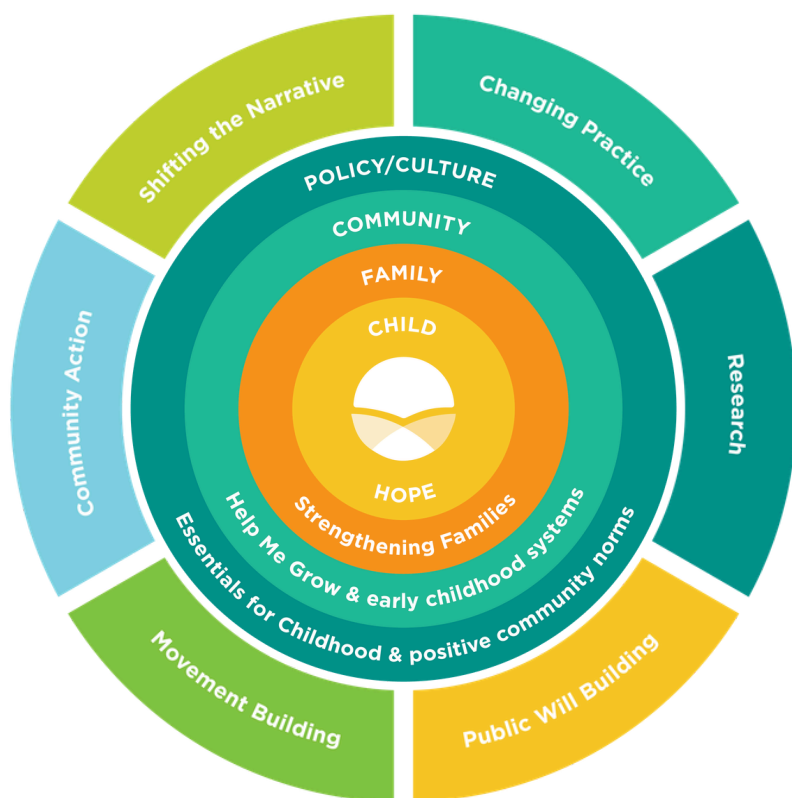
Reflection Point –

Who in your community already champions strengths-based work, and how can they help spread HOPE?

Step 2: Identify or Create a Coalition

There will be work to do to bring HOPE to your community. You're going to want a coalition who can support HOPE implementation! There are often existing coalitions that may be a natural fit for this work (such as Child Abuse Prevention Coalitions, Early Childhood Coalitions, etc.). Explore your community: what's already established, where does HOPE fit in, and how can you support that? Build out the support structure around your community, rather than starting completely from scratch.

→ **Building HOPE-centered partnerships creates opportunities for cross-sector collaboration**



Consider how to engage community members across the different tiers that the HOPE Framework works at: child, family, community, and policy/culture. Building HOPE-centered partnerships across these tiers creates opportunities for cross-sector collaboration. These partnerships strengthen communities by improving services, sparking creativity, and generating new approaches to persistent challenges. Using HOPE as a common framework breaks down silos, invites diverse perspectives, and elevates community voices—all leading to more HOPEful solutions!

Facilitating Connection

- Gather community members to be in dialogue! Possible partners to engage: Child Welfare, Family Resource Centers, Early Childhood, K-12 educators, Child Advocacy Centers, Juvenile Justice, Healthcare, Public Health, Government, Community Foundations, Local Universities, Prevention Groups, Recovery Organizations, and Community Members (both youth and adults!).
- Be open to bringing the table to the people! This might look like a neighborhood park clean up or school bake sale where you support a resident-led activity to strengthen relationships (while adding in information about HOPE).
- Offer stipends for people with lived experiences who are not otherwise paid to be there.
- Gather information about where HOPE can be integrated into existing structures to avoid duplicating efforts.
- Ensure these conversations are happening through a strengths-based approach instead of a deficit-based approach.



Reflection Point –

Who is already working to promote PCEs (even if they don't call it that)?
What different communities do you want to make sure have a seat at the table?

Step 3: Build Capacity

This work will be more sustainable and successful if you can **secure funding and political support**. Seek out local funding opportunities that may be able to provide stipends to coalition members and resources for data collection, strategic planning, and implementation. If you have local active political advocacy groups, encourage them to advocate for PCEs and HOPE to be incorporated into local policies. Think about partnering with agencies whose missions align with HOPE and that may have capacity to sponsor some of the work.

→ **Growing HOPE in your community will take time, resources, and people-power!**

Securing Funding

- Consider using [Ten Key Takeaways from Recent PCE Research](#) and/or the [Guide for Incorporating HOPE into your Grant Proposals](#) to expand capacity by securing funding and obtaining buy-in from political leaders.
- If possible, secure grant funding that can cover participation in sub-committees so those who are doing the work are reimbursed.

Building Political Support

- Identify key players who have capacity to join a sub-committee.
- Determine the assets that committee members bring! Define who has time, connections, political power, and specific skills.
- Clarify goals for how to incorporate PCEs and HOPE into local policies.
- Develop sub-committees to divide up the work so it doesn't all fall on one or two people.

Reflection Point –

What data already exists about ACEs and PCEs in your community?

Which communities reported the most barriers to access to the Building Blocks?

How can you center the needs of those who have high ACEs and low PCEs?

Step 4: Collect and Examine Data

Collecting and analyzing data empowers communities to develop effective, data-driven initiatives grounded in the voices of the community. By leveraging research and evidence, communities can better identify barriers to the Four Building Blocks of HOPE and understand the challenges most important to members. These insights help inform a strategic plan, co-designed by community members, that addresses real needs and priorities.

The Benefits of Data

- Invites community members to share
- Identifies your community's priorities
- Pinpoints barriers to access
- Empowers community members with evidence
- Grounds your action in impact

REMEMBER: the data belongs to the community! Any documents that summarize the findings of this data collection process should be written in easy-to-understand language and shared back with the community.

With your partners, make a plan to review local data around ACEs and PCEs in your community. The data you review could come from existing sources, processes you develop, or even from less formal ways of collecting feedback. Let's go over some options!

Review Existing Data

- Look at local YRBS, BRFSS, or other relevant data that speaks to ACEs and PCEs in the community. Where is the need?
 - From this data, what programs and interventions seem to be working? What areas will improve by integrating the 4 Building Blocks of HOPE?
- Rally people around the idea that action is possible even after trauma has occurred. Let HOPE be the "now what."



Collect New Data

- If ACEs/PCEs data is not collected through existing surveys and processes, who can be contacted to begin that process?
- To begin your own data collection, think about what questions you need to answer. What method can you use to ask them?
- Check out our [Evaluation Toolkit for more guidance on data collection](#).

Gathering Voices

- Consider some participatory approaches:
 - [Community circles in schools](#)
 - [Community cafes](#)
 - [Participatory action research](#)
- Consider organizing a town hall:
 - [A Planning Guide](#) from GUIDE Inc
 - [How to Organize a Town Hall Meeting](#) from the Upper Hudson Peace Action
- Consider partnering with a local health department, hospital system, or academic institution to conduct a Community Strengths and Needs Assessment. Note that non-profit healthcare organizations are required to produce community needs assessments:
 - [Community Themes and Strengths Assessment At-a-Glance](#) from the National Association of County and City Health Officials
 - [Community Needs Assessment: How to Better Understand Your Community](#) from Colorado State University and Colorado's Department of Public Health and Environment

REMEMBER:

Value the richness of qualitative data! The responses to questions about access and barriers to the Building Blocks that you receive through town halls, focus groups, and listening sessions will provide valuable insight into community strengths and needs.

Reflection Point –

Does your strategic plan fully address the community needs that you identified? How have you built in steps to address the barriers that prevent community members with high ACEs and low PCEs from accessing PCEs?

Step 5: Develop a Strategic Plan

Once you've looked at the data and/or conducted your community assessment, it's time to develop and implement a strategic plan to remove barriers to the Building Blocks and promote equitable access to PCEs in your community.

Where to Begin:

1. Review the data with an eye towards equity
2. Specifically seek to understand the barriers to the Building Blocks that the community faces and which communities might need more support accessing PCEs
3. Engage those with lived experiences in this process to ensure that strategies are culturally-relevant and practical for the community

Building Political Support

- After reviewing the data, determine what formal and informal resources already exist in the community that might help fill identified gaps.
- Organize both the resources and the gaps by Building Block when possible.
- Determine which organization or group is willing to drive this work.
- When there aren't existing resources available to fill gaps, consider co-designing projects rooted in the Four Building Blocks.

Want a starting point? Check out the [National Resource's template](#) and compiled tips below!

[Strategic Plan Examples](#)
(Prosper Strategies)

[Developing Strategic & Action Plans](#) (Community Toolbox)

Reflection Point –

What are your next steps, and who is involved along the way?

Does this plan embed HOPE into ongoing programs, partnerships, and functionality?

Step 6: Sustain HOPE

Once you have created a community-wide strategic plan, the goal is to help your community embed HOPE over the long-term. You have helped create sustainability by building structure with your Strategic Plan—now comes the ongoing maintenance!

Treat your data collection process and resulting Strategic Plan as evolving documents. You'll want to:

- Create a plan to continue collecting data on a regular basis (annually, biannually, etc.)
- Check and update your Strategic Plan as community needs shift
- Continue to meet with your coalition to track progress and keep the conversation moving forward

To truly sustain HOPE, you'll want to consider:

- Integrating HOPE into Operations
 - Embedding HOPE into organizational and community strategic plans, policies, MOUs, and funding priorities
 - Aligning HOPE with local, state, and federal policy advocacy (education, housing, healthcare)
 - Planning for leadership transitions so HOPE continues
- Tracking and Reporting
 - Establishing shared metrics to track PCEs and community resilience
 - Reporting on challenges and successes when applying HOPE in real cases
- Outreach
 - Developing local HOPE Facilitators and Champions who can continue training and providing support around HOPE implementation
 - Hosting peer learning sessions or case consultations

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Additional Resources

Ten Takeaways from Recent PCE Research

Positive Childhood Experiences (PCEs) associated with lower rates of chronic physical and mental health conditions, better life opportunity outcomes, and savings on medical spending.

The HOPE National Resource Center led a collaboration that analyzed survey data to study the lifelong health effects of positive childhood experiences (PCEs). Looking at survey data from four states (Kansas, Montana, South Carolina, and Wisconsin), the research team found further evidence that Positive Childhood Experiences (PCEs) are associated with long-term health and wellbeing. These results complement prior studies, conducted using similar methods, that showed the long-term harmful effects of adverse childhood experiences.

1. PCEs help everyone!

The analysis used an advanced statistical technique called propensity matching that compared outcomes of demographically similar respondents who differed only in their PCE scores. In this way, the paper showed that PCEs improved health outcomes across age, race and ethnicity, sex, and geographic location. Any difference in outcomes among groups with different reported PCEs was associated with their childhood experiences—PCEs are protective across demographic groups.



Who might care? Funders who want to fund projects that promote health equity; community partners who work with communities of color.

2. Higher PCEs reduced the risk of adult diabetes

The more PCEs someone reported, the lower the rate of adult diabetes. Diabetes rates fell by 20% for adults who reported 3-5 PCEs and by 27% for adults who reported 6-7 PCEs, compared to those with no PCEs.



Who might care? Funders with a specific focus on diabetes; healthcare providers and community partners supporting reducing chronic conditions.

3. One in five cases of COPD avoided by any PCEs

Experiencing 1 or more PCEs lowered the chance of developing COPD, with any amount of PCEs avoiding up to one in five cases of COPD.



Who might care? Funders with a specific focus on improving respiratory health; public health agencies that work to reduce chronic lung disease.

4. PCEs lower the risk of cancer

Compared to those reporting no PCEs, those who reported having 3-5 PCEs were 29% less likely to have any form of cancer. Those who reported 6-7 PCEs were 34% less likely to report any form of cancer compared to those reporting no PCEs.



Who might care? Funders with a specific focus on cancer prevention; public health agencies, healthcare providers and community partners who focus on cancer prevention.

5. Higher PCEs reduced the risk of heart disease

Heart disease rates fell by 35% for adults who reported 3-5 PCEs and by 47% for adults who reported 6-7 PCEs. The more PCEs someone reported, the lower the odds they had heart disease. There was a direct relationship with more PCEs meaning less chance of heart disease.



Who might care? Funders with a specific focus on preventing heart disease; healthcare providers and community partners working on efforts to reduce chronic conditions.

6. Higher PCEs are associated with higher adult incomes

The likelihood of earning an income over \$50,000 for those who reported no PCEs was 28%, which rose to 46% for those reporting 3-5 PCEs and rose to 59% for those reporting 6-7 PCEs. The methods used in this paper helped isolate the contribution of PCEs to adult income from the effects of racial and gender bias.



Who might care? Funders with a focus on economic outcomes and measures of success; community partners who work on promoting positive outcomes, like education and social services; even families and guardians who find this motivational.

7. Higher PCEs associated with college education

The likelihood of receiving a college education for those who reported no PCEs was 40%, which rose to 58% for those reporting 3-5 PCEs and rose to 67% for those reporting 6-7 PCEs. The methods used in this paper helped isolate the contribution of PCEs to college education from the effects of racial and gender bias.



Who might care? Funders with a focus on educational outcomes; community partners working in education, social services, and youth engagement; even families and guardians who find this motivational.

8. Higher PCEs associated with better adult mental health

Depression is the most common mental illness in the US. Compared to respondents with no PCEs, Those who reported 3-5 PCEs were 40% less likely to report depression, and those reporting 6-7 PCEs were 68% less likely to report depression.



Who might care? Funders with a focus on promoting mental and behavioral health; community partners and healthcare providers involved with mental and behavioral health services or initiatives; those working directly with children and family in response to mental and behavioral health needs.

9. PCEs reduce smoking later in life

Adults who reported having 3-5 PCEs were 21% less likely to smoke 100 cigarettes over their lifetime, and those with 6-7 PCEs reduced their chance of smoking 100 cigarettes by over a third (36%).



Who might care? Funders with a focus on substance use prevention and public health, particularly smoking; community partners that work directly on substance use prevention initiatives.

10. PCEs save money!

This study found that people with 3 or more PCEs averted nearly \$ 216 billion in economic losses in these four states. Each year, the averted medical spending and more years of healthy life amounted to \$215,900,000,000 for the total population of Kansas, Montana, South Carolina, and Wisconsin combined! This breaks down to \$28,132 saved per person each year, and over $\frac{3}{4}$ of a million dollars for that person's entire lifetime (\$782,00).



Who might care? Statewide departments and initiatives that work on economic planning and on population health.

Sege RD, Aslam MV, Peterson C, et al. Positive Childhood Experiences and Adult Health and Opportunity Outcomes in 4 US States. JAMA Netw Open. 2025;8(7):e2524435.



HEALTHY OUTCOMES
FROM POSITIVE EXPERIENCES

TuftsMedicine

Guide for incorporating HOPE into your grant proposals

HOPE implementation can transform care for children and youth in a wide variety of settings. Recent experience and research have established the key role of positive childhood experiences. However, this approach may seem novel to funders. This document will help



provide the background information needed for successful funding requests. Incorporating the HOPE (Healthy Outcomes from Positive Experiences) framework into your grant application can strengthen your proposal by

emphasizing the importance of positive childhood experiences (PCEs) in developing resilience and optimal health and socioeconomic outcomes. This document is meant to provide sample language and key references that can support your proposal.

General Grant Writing Tips

When preparing your proposal, make sure your aim statement is clear and feasible, you have clearly defined outcomes of interest and measures, and that your objectives align with the funder's priorities.

- Read the grant opportunity announcement carefully to be sure your proposal is responsive to the request.
- Clearly define the problem you plan to address – have data and references!
- Define your outcome measures and measurement tools.
- Lay out the approach you plan to take to successfully carry out the project – sometimes a visual like a timeline chart is helpful. The funder has to be convinced that your project is feasible and impactful!

Positive Childhood Experiences (PCEs)

PCEs play a critical role in shaping long-term health and socioeconomic success. Research has demonstrated that supportive relationships, safe, stable and equitable environments, and opportunities for engagement and emotional growth contribute to the development of resilience and improved adolescent and adult outcomes.¹⁻⁴

Exposure to PCEs has also been associated with increased educational attainment and income.⁵ PCEs are associated with a lower risk of chronic physical and mental health conditions, as well as health risk behaviors, including substance use, in adulthood.

An analysis of Behavioral Risk Factor Surveillance Survey data from four states found that PCEs were associated with a lower risk of some of the leading causes of morbidity and mortality in the US, such as heart disease, cancer, COPD, and diabetes, as well as other chronic conditions. Based on the reductions in these chronic conditions, the annual economic value of PCEs was estimated at \$215.9 billion in these four states.⁶ There is also evidence that PCEs may mitigate some of the negative impacts of adverse childhood experiences.^{3,8,9}

Using the HOPE framework to Support Children and Families



The HOPE (Healthy Outcomes from Positive Experiences) framework is a strengths-based, research-informed approach that focuses on how PCEs contribute to healthy development and long-term well-being.^{10,11} Central to the framework are the four Building Blocks of HOPE, which represent key areas of a child's life that, when supported, foster resilience and thriving.

These Building Blocks include relationships with adults and peers that are safe, stable, and nurturing; environments to live, learn, and play that are physically and emotionally safe; opportunities for social and civic engagement that give children a sense of belonging and purpose; and opportunities for social and emotional growth. By intentionally promoting these key foundational experiences, the HOPE framework shifts the focus from preventing harm to actively building health, helping children and families flourish even in the face of adversity.



Project Description

- State the problem you are trying to address and outcomes you hope to achieve by incorporating HOPE and PCEs. (background/significance)
 - Some common problems that HOPE might be used to address include:
 - Reduce substance use
 - Promote equitable access to the HOPE Building Blocks
 - Improve family retention and engagement in care
 - Increase referral follow-through
 - Improve staff retention/job satisfaction
- In one sentence, state goal(s)/objective(s) of the project – here are a few examples:
 - To promote equitable, strengths-based services by embedding the HOPE framework into all aspects of program design and delivery.
 - To enhance child and family well-being by centering PCEs in our work.
 - To build community resilience and improve outcomes by intentionally integrating the four Building Blocks of HOPE into service delivery and organizational practices.
 - To shift organizational culture toward one that recognizes the importance of and fosters positive experiences.
 - To support systems-level change by embedding HOPE-informed practices into organizational procedures and policies

- Give a detailed description of the project plan and how you will achieve your goals/objectives (Approach). Be sure to touch on all the elements listed below:
 - Overall strategy – what you will do and why. Describe how this aligns with the funder’s objectives.
 - Methods - Step by step breakdown of project activities. Describe data collection and analysis plans.
 - Project timeline
 - Describe any relevant preliminary activity or data
 - Describe any potential pitfalls and how you will address them.
- Possible HOPE activities to include in your proposal*
 - Train the Facilitator: This three-part virtual program certifies participants to provide the Introduction to HOPE workshop tailored specifically to their community and sector.
 - HOPE Champion: This three-month, virtual, project-based learning program certifies participants to deliver technical assistance around implementation of the HOPE framework.
 - Organizational Certification: This program transitions organizations from talking about broad concepts of health equity and trauma-informed care to implementing specific actions to achieve goals of adopting the HOPE framework and publicly declaring their intentions and accomplishments

*Please visit [our website](#) for the most up-to-date offerings and pricing information)

- Online Learning Modules: The HOPE National Resource Center would love to work with your organization to create customized online learning modules that introduce the basics of the HOPE framework, relate it back to models and frameworks your team is already using, and review what implementation looks like specifically for your staff. This fully personalized option makes training staff on the HOPE framework more sustainable over time and can integrate with existing onboarding processes.
- Community of Practice: Staff from the HOPE National Resource Center will facilitate monthly 90-minute calls with a cohort of individuals who want to dive deep on HOPE implementation. The group will come together each month to talk through a component of the implementation, share lessons learned and barriers faced, and plan tangible steps for the next month.

Incorporating the HOPE framework into your proposal can help strengthen your application by demonstrating your commitment to fostering resilience and promoting equitable access to PCEs. Be sure that your narrative is clear and focused, evidence-based, and aligned with the funders' priorities.

Need help? Additional assistance from the HOPE team is available. Please reach out to us at tufts.mc.hope@tuftsmedicine.org.



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Glossary: HOPE Key Terms and Phrases

HOPE

HOPE stands for Healthy Outcomes from Positive Experiences. We believe that all experiences, positive and negative, impact the brain and the body. We are dedicated to helping individuals and communities expand access to the key types of positive experiences for children, families, and communities that promote health and well-being.

ACEs

ACEs are shorthand for Adverse Childhood Experiences. The original study on ACEs published in 1998 helped launch the field of trauma-informed care. The study, paired with later research, showed that trauma and adversity in childhood can have lasting impacts on the brain and body.

PCEs

PCEs are key positive childhood experiences that children need to thrive and that lead to lifelong health and wellbeing. PCEs can positively influence child development even in the presence of adversity (ACEs).

Four Building Blocks of HOPE

The Four Building Blocks of HOPE provides structure for talking about the key types of positive childhood experiences that promote health and well-being. The Building Blocks include: Safe and supportive relationships; safe, stable, equitable environments to live, learn, and play; opportunities for engagement and mattering; and opportunities for emotional growth.

HOPE Framework

The HOPE framework is a strengths-based flexible approach to supporting children and families by prioritizing the promotion of equitable access to PCEs.

Glossary: HOPE Key Terms and Phrases

BRFSS

Behavioral Risk Factor Surveillance Survey Studies (BRFSS) are surveys conducted by each U.S. state with support of the CDC. Researchers call homes and ask adults questions about their demography, their current health and well-being, and their childhood. States, such as Wisconsin, Tennessee, Kansas, and Montana, have begun asking questions about positive childhood experiences during their BRFSS studies and correlating those questions with adult health. From these BRFSS studies, the HOPE National Resource Center obtained crucial data on the impact of PCEs on adult health.

YRBS

The Youth Risk Behavior Survey (YRBS) is a CDC program that monitors six categories of health-related behaviors contributing to the leading causes of death, disability, and social problems among U.S. high school students. Conducted every two years, it tracks risks including violence, substance use, sexual behavior, and diet.

Community Needs Assessment

This describes a systematic process used to identify a community's strengths, needs, challenges, and resources, using data and community input to find gaps in services and guide planning for programs, policies, and resource allocation.

People with Lived Experience

This umbrella term describes those who have been directly impacted by a system in their personal life. Those who have been most impacted hold deep wisdom on how to improve the systems in question. Their voices are not just valuable—they are essential to our understanding of complex social issues.

Stay Grounded in Impact

The steps described in this toolkit were developed to strengthen HOPE in your community. This process can be a powerful way to create meaningful, culturally relevant, and impactful access to the Four Building Blocks. Cross-sector collaboration ensures that whichever system children, youth, and families interact with, they are greeted with similar messaging and a shared understanding of thriving. While it takes intentional work to understand and respond to the strengths and challenges the community faces in accessing the Four Building Blocks, the impact can be profound. Not only will your community experience short-term outcomes like higher rates of retention in the workforce and kids and families who are more engaged in care, you will also see the long-term effects of thriving, like lower rates of substance use and mental health challenges, which are profoundly correlated with more access to PCEs.

**Remember to celebrate the wins,
no matter how small!**

We are always eager to support your efforts! If you want support growing HOPE in your community, please reach out to us. We'd be happy to work with you directly or connect you with a local HOPE Champion to support your community.

Still wanting more guidance?

Reach out to the HOPE National Resource Center:



[Send us an email](mailto:hope@tuftsmedicalcenter.org)



[Visit our website](https://www.hope.org)



[Connect with us on LinkedIn](https://www.linkedin.com/company/hope)