Positive Childhood Experiences in Medical Specialty Camps – A Pilot Study

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Abstract

Background: SeriousFun Children's Network medical specialty camps (MSCs) aim to foster character development in children and youth with special healthcare needs (CYSHCN). This pilot study examined whether MSCs afford CYSHCN access to the four HOPE (Healthy Outcomes from Positive Experiences) building blocks: nurturing relationships, safe and equitable environments, engagement, and social-emotional growth.

Methods: A mixed-methods design combined a 22-item retrospective survey with semi-structured interviews. Survey items were scored on a 5-point Likert scale and organized into four domains, the HOPE building blocks. Open-ended survey responses were analyzed using inductive and deductive thematic approaches, while interviews were analyzed deductively using the HOPE framework.

Results: A total of 58 alumni completed the survey and 13 completed interviews. Composite scores were high across all four HOPE domains (M = 4.37–4.77 of 5), with Environment and Engagement rated most positively and Emotional Growth showing relatively more variability. Interview and open-ended data corroborated these patterns, with alumni describing strong relationships with peers and staff, an accessible and emotionally safe environment, broad participation in activities, and durable gains in confidence, independence, and social skills.

Conclusions: MSCs appear to provide CYSHCN meaningful access to all four HOPE building blocks, with alumni linking these experiences to lasting character outcomes. Findings support MSCs as a promising setting for delivering positive childhood experiences to a population at risk for disrupted developmental opportunities.

Introduction

SeriousFun Children's Network medical specialty camps (MSCs) provide free, accessible camp experiences for children and youth with serious medical illnesses, with character development, including self-confidence, perseverance, empathy, and friendship skills, long central to the camp model.[1] This character-building potential

aligns closely with the HOPE (Healthy Outcomes from Positive Experiences) framework, which organizes positive childhood experiences (PCEs) into four building blocks: nurturing relationships, safe and equitable environments, opportunities for social and civic engagement, and social-emotional growth.[2,3] A growing body of research suggests MSCs may be a natural setting for delivering these PCEs to children and youth with special healthcare needs (CYSHCN), who often face disruptions to typical sources of positive experiences due to their illness.[4]

The HOPE framework emerged in part as a counterpoint to decades of research on adverse childhood experiences (ACEs), which established strong links between early adversity and poor adult health outcomes, including increased risk of chronic disease, mental illness, and substance use.[5,6] More recent population-level studies indicate that PCEs are not simply the absence of adversity, but function as independent, measurable predictors of adult wellbeing. Adults who report higher levels of PCEs in childhood show significantly better mental health, greater social and emotional support, and lower rates of depression and anxiety in adulthood, even after accounting for concurrent ACEs.[7,8,9,10] This dose-response relationship holds across sociodemographic groups and appears to buffer, rather than simply offset, the effects of early adversity, suggesting that intentionally cultivating PCEs may be a viable public health strategy in its own right rather than only a response to adversity.[9,10] These findings have driven growing interest in identifying and strengthening real-world settings, such as schools, community programs, and camps, where the four HOPE building blocks can be reliably delivered to children who might not otherwise encounter them.

A 2025 rapid review found no existing studies explicitly situating MSCs as a PCE intervention, though it identified camp studies reflecting all four HOPE building blocks and the qualities of effective PCE interventions commonly found in camp settings.[4] Complementary research has shown that SeriousFun programming centers on changing the illness experience through psychological wellbeing, hope, belonging, and accessible environments, rather than the illness itself,[11] and that camp alumni across diverse backgrounds consistently attribute gains in self-confidence, empathy, perseverance, and friendship skills to their camp experience.[12] Despite this evidence, the connections between MSC experiences, PCEs, and CYSHCN have not yet been made explicit. Additionally, the extent to which camp participation yields longer-term gains in character traits such as resilience, independence, and social intelligence remains unclear. This pilot study begins to address that gap by combining quantitative and qualitative data to examine whether and how MSCs afford access to the four key PCEs outlined in the HOPE framework, and to identify the specific camp features and program elements most responsible for these outcomes.

Methods

This pilot study used a mixed-methods design combining a quantitative survey and a qualitative interview to examine how MSCs afford access to PCEs for CYSHCN. The study was guided by the HOPE framework, which organizes PCEs into four building blocks: nurturing relationships, safe and equitable environments, opportunities for social and civic engagement, and social-emotional growth.[2] The study was determined to be exempt from full IRB review by the Tufts Medical Center Institutional Review Board.

Participants and Eligibility

Eligible participants were alumni of SeriousFun Children's Network MSCs who met the following criteria:

- Ages 18-25 years at the time of study enrollment;
- Had received a diagnosis of a serious illness (required for camp participation; not independently assessed or recorded by the research team);
- Had attended at least one camper-only overnight session of three or more consecutive nights at an eligible SeriousFun MSC.

Individuals younger than 18 or older than 25 were excluded. Three SeriousFun member camps participated in recruitment: The Hole in the Wall Gang Camp, The Painted Turtle, and Camp Boggy Creek.

Recruitment

A recruitment email containing a link to the study survey hosted on REDCap along with a consent information sheet was sent to each participating camp, which then forwarded it to eligible alumni on the study team's behalf. Eligible alumni who received the forwarded email were able to review the consent information sheet and, if interested, follow the embedded REDCap link to access the survey. Consent information was briefly reiterated at the beginning of the survey, and participants were informed that by continuing to the survey they were providing their consent to participate. Participation was entirely voluntary; participants were able to skip individual questions or discontinue at any time without penalty.

Alumni who were interested in also participating in an interview indicated their interest through a brief interest form embedded within the REDCap survey, which asked only for their camp affiliation and a contact email address. This interest form was not linked to participants' survey responses. The research team contacted the first ten

respondents from each camp (up to 30 total across all three camps) via email to schedule an interview.

Quantitative Component: Survey

The survey consisted of 22 closed-ended items using a five-point Likert-type response scale (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree), with a 'prefer not to answer' option for each item. Items were organized to correspond with each of the four HOPE building blocks and assessed participants' retrospective perceptions of their camp experience across domains including peer relationships, relationships with staff, physical and emotional safety, accessibility and inclusion, opportunities for engagement and leadership, and social-emotional growth. The survey also included three open-ended questions asking participants about their favorite thing about camp, what would have made camp better, and what they learned at camp that was useful at home or in school. Demographic items collected camp affiliation, number of summers attended, age, and whether the participant completed the survey independently or with assistance. Any participant-provided information that could serve as an identifier in open-ended responses was redacted by the study team and not used in analysis.

Upon completing the survey, participants had the option to provide their email address through a separate, unlinked REDCap form in order to receive a $5 Amazon gift card. Compensation was offered to the first 30 participants (up to 10 per camp) who completed the survey and opted to receive payment. Email addresses collected for payment were stored separately from survey data and were not retained following payment processing.

Qualitative Component: Interviews

Interviews were conducted by a member of the research team via the HIPAA-compliant Zoom videoconference platform. Interviews lasted approximately 30 minutes. The semi-structured interview guide was organized around the four HOPE building blocks, with sections addressing: (1) overall camp experiences and memorable staff; (2) relationships with peers and adults at camp; (3) the physical and emotional safety of the camp environment; (4) opportunities for activity participation and leadership roles; and (5) emotional growth, including coping and self-regulation. Each section began with a brief framing statement read aloud by the interviewer, followed by open-ended probes. At the start of each interview, the interviewer verbally reiterated the study's consent information, gave participants the opportunity to ask questions, and confirmed participants' verbal consent to participate and to be audio-recorded. Interviews were

audio-recorded and subsequently transcribed. All potentially identifying information was removed from transcripts during the transcription process. Audio recordings were deleted as soon as transcription was complete. All interview participants received a $10 Amazon gift card.

Data Analysis – Quantitative

Survey data were exported from REDCap to Microsoft Excel for data cleaning and analysis. Data cleaning included review of responses for completeness, identification and exclusion of ineligible respondents (e.g., those outside the age range), and handling of missing and prefer-not-to-answer responses. Responses coded as "prefer not to answer" (coded as 99 in the dataset) were treated as missing and excluded from item-level calculations.

Descriptive statistics were calculated for all 22 Likert-type items, which were scored on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree). Mean scores and standard deviations were calculated for each item overall and were organized by the four HOPE building blocks: relationships, environment, engagement, and emotional growth.

Demographic characteristics were summarized for the full sample, including mean age, mean number of summers attended camp, and the distribution of who completed the survey (self vs. with parental or guardian assistance). Response rates were calculated for each camp based on the number of alumni in each camp's contact list who received the recruitment email.

For each of the four HOPE building blocks, a domain-level composite score was calculated for each respondent by averaging their valid item responses within that domain: Relationships (6 items), Environment (4 items), Engagement (5 items), and Emotional Growth (7 items). Composites were calculated using available data, allowing respondents with one or more missing items within a domain to be included as long as at least one valid item response was present. Internal consistency of the items comprising each HOPE domain was assessed using Cronbach’s alpha using complete cases within each domain. All data analysis was done in Excel.

Data Analysis – Qualitative

Open-ended survey questions

The survey included three open-ended questions: What was your favorite thing about camp?, What would have made camp better for you? and What did you learn at camp that helped you at home or in school? Responses to the first two questions were analyzed using an inductive approach, without predefined domains; domains and themes were instead discussed and agreed upon by the team based on the content of the responses. Responses to the open-ended question "What did you learn at camp that helped you at home or in school?" were analyzed using a deductive coding approach, with responses grouped into three a priori domains: independence, resilience, and social intelligence. Within each domain, themes were extracted from participant responses to capture the specific ways camp experiences translated into skills used at home or school.

Each response was independently coded by three coders, after which codes were compared and discussed to reach consensus. The principal investigator participated in the consensus meeting and had final decision-making authority over domain and theme assignments in cases of disagreement.

Interviews

Following completion of the 13 interviews with former campers, a qualitative thematic analysis was conducted. All sessions were audio-recorded and transcribed verbatim to ensure accuracy and facilitate analysis.

The research team used a deductive thematic analysis approach that began with predefined domains that guided the coding process.[13] These domains were informed by the HOPE framework, using the Four Building Blocks of HOPE (relationships, environment, engagement, and emotional growth) to provide a structured lens for identifying and organizing key themes across the 13 interviews. Data were organized using the domains as parent codes. This approach allowed for a structured analysis using the pre-defined domain while allowing flexibility for subthemes to emerge from participant responses.

Each interview was individually coded by two members of the research team. These two members of the research team and the principal investigator met to compare interpretations, resolve discrepancies, and update the codebook. For any discrepancies

that could not be resolved between the two research staff who coded the interview, the principal investigator made the final decision.

Results

Quantitative

A total of 60 alumni from the three participating camps completed the survey, yielding an overall response rate of 4.6% (60/1,299 alumni who received the recruitment email). Response rates varied by camp: The Painted Turtle, 36 of 850 (4.2%); The Hole in the Wall Gang Camp, 12 of 341 (3.5%); and Camp Boggy Creek, 12 of 108 (11.1%). Two respondents were subsequently excluded from analysis for not meeting study eligibility criteria (self-reported ages of 16 and 27, outside the 18–25 eligibility range), resulting in a final analytic sample of 58 participants.

Demographic Characteristics

Respondents were drawn from three SeriousFun camps: The Painted Turtle (n = 35, 60.3%), Camp Boggy Creek (n = 12, 20.7%), and The Hole in the Wall Gang Camp (n = 11, 19.0%). Participants ranged in age from 18 to 25 years (M = 21.28, SD = 2.55). Most participants completed the survey independently (n = 51, 87.9%), while a smaller number completed it with the assistance of a parent or guardian (n = 6, 10.3%; missing for n = 1, 1.7%). On average, participants had attended camp for five summers (SD = 2.97, range = 1–13), with number of summers attended missing for two respondents (3.4%). Demographic characteristics of the final sample (N = 58) are presented in Table 1.

Survey Item Means

Table 2 presents the mean scores and standard deviations for all 22 survey items, organized according to the four HOPE domains. Overall, ratings were quite high across nearly all items, with the large majority of respondents indicating that they agreed or strongly agreed with each statement. Within the Relationships domain, participants rated camp staff treating them with kindness and respect as the most positive item, with a mean of 4.90 and a standard deviation of 0.31, and with 100.0% of respondents selecting agree or strongly agree. By comparison, staying in contact with camp friends after leaving camp received a somewhat lower rating, with a mean of 3.74, a standard deviation of 1.18, and 67.2% of respondents in agreement, suggesting that while friendships were readily formed at camp, maintaining those connections afterward was more variable among participants. In the Environment domain, feeling safe at camp

was the most highly rated item, with a mean of 4.90, a standard deviation of 0.31, and complete agreement among respondents at 100.0%. Ease of getting around camp was rated somewhat lower, though still generally positive, with a mean of 4.66, a standard deviation of 0.58, and 94.8% agreement.

Within the Engagement domain, feeling that one mattered at camp received the highest rating, with a mean of 4.88, a standard deviation of 0.33, and full agreement at 100.0%, while having opportunities to serve in a leadership role was rated somewhat lower, with a mean of 4.52, a standard deviation of 0.68, and 89.7% agreement. Finally, within the Emotional Growth domain, feeling stronger and more hopeful after attending camp was the most highly rated item, with a mean of 4.79, a standard deviation of 0.45, and 98.3% agreement. Learning how to work out disagreements with others received the lowest rating among all 22 survey items, with a mean of 3.91, a standard deviation of 0.98, and only 65.5% of respondents indicating agreement, suggesting that conflict resolution may represent an area with somewhat more room for growth relative to the other skills and experiences assessed.

Domain-Level Composite Scores

Table 3 presents the domain-level composite scores, which were calculated by averaging each respondent's item responses within a given domain. Composite scores were high across all four HOPE domains, with means ranging from 4.37 to 4.77 on the five-point scale. The Environment domain received the highest composite score, with a mean of 4.77 and a standard deviation of 0.36, followed closely by the Engagement domain, with a mean of 4.76 and a standard deviation of 0.32. At the item level, 97.8% of responses within the Environment domain and 96.9% of responses within the Engagement domain fell in the agree or strongly agree range, suggesting that participants consistently felt safe, included, and able to participate fully in camp activities. The Relationships domain also scored highly, with a mean of 4.61, a standard deviation of 0.39, and 93.4% of item level responses falling in the agree or strongly agree range. The Emotional Growth domain received the lowest composite score among the four domains, with a mean of 4.37, a standard deviation of 0.52, and 84.4% of item level responses in the agree or strongly agree range. This somewhat lower score appears to be driven largely by comparatively lower ratings on individual items such as working out disagreements with others and coping with difficult situations, both of which may reflect more complex or gradually developed emotional and social skills. Internal consistency varied across the four HOPE domains, with Cronbach’s alpha ranging from 0.60 to 0.81 (Relationships, $\alpha = 0.68$; Environment, $\alpha = 0.60$; Engagement, $\alpha = 0.68$; Emotional Growth, $\alpha = 0.81$).

Qualitative Results

Open-Ended Survey Questions

Open-ended responses provided additional insight into participants' experiences at camp and their impact on their lives. Findings highlighted what participants valued most about camp, opportunities for improving the camp experience, and the ways skills and experiences gained at camp carried over into their lives at home and school.

What was your favorite thing about camp?

When asked what was your favorite thing about camp, participants' responses fell under four domains that aligned with the four building blocks of HOPE; Relationships, Environment, Engagement, and Emotional Growth. Many valued connecting with peers who shared similar diagnoses, which helped them feel less alone, as well as building relationships with counselors and staff. Participants described camp as a safe place where they could be themselves and feel like a "normal kid." They also valued the range and accessibility of camp activities and the opportunities camp provided to build confidence and independence.

Relationships. Themes within the Relationships domain included connections with peers, counselors, families, and staff, meeting campers with shared experiences, and forming new friendships. Participants described how these connections helped them feel less alone and how easy it was to form meaningful, lasting friendships at camp. Many especially valued meeting other children with similar medical experiences and being able to talk openly about those experiences without feeling different or "weird." As one participant shared, "On a social level, I really liked how camp provided the opportunity to talk with other kids who 'get it' but didn't force those conversations to happen. They just fostered the environment that made it comfortable to share if we wanted to."

Environment. Themes within the Environment domain included cabins, the dining hall, community and group settings, accessibility, silliness and creativity, and a comfortable, inclusive, and stable environment. Some participants identified specific places, such as their cabin or the dining hall, as favorite parts of camp. Others valued the overall environment, describing camp as a place where they could be themselves, feel included, and feel like a "regular kid." Participants also appreciated the familiarity and stability camp provided. As one participant shared, "My favorite thing about camp was just the overall environment. It was always a familiar environment to come back to where things felt the same, which was great for someone like me who was always in

and out of hospitals and had divorced parents. So it was great to be somewhere where things felt the same and like they weren't changing."

Engagement. Themes within the Engagement domain included accessible activities, favorite activities, and opportunities to try new things. Participants highlighted activities such as archery, swimming, singing and dancing after meals, and the Silly Olympics. Many especially valued that activities could be adapted to their needs, allowing them to participate without worrying that their medical condition would hold them back. As one participant reflected on what they learned at camp, "Everything can be modified in some way to meet my needs. I erased 'I can't' from my vocabulary."

Emotional Growth. Themes within the Emotional Growth domain included confidence, independence, personal growth, being able to be themselves, positive feelings about camp, and unstructured time. Participants described how camp helped shape who they are today and increased their confidence, including confidence related to their medical conditions. Some valued the unstructured moments spent playing and connecting with others on the green or in their cabins. Others emphasized how camp made them feel happy, loved, and accepted. As one participant shared, "I could be myself at camp with no judgement and was celebrated for who I was."

What would have made camp better for you?

When asked what could have made their camp experience better, participants' responses reflected five broad domains: emotional growth, more opportunities to attend camp, relationships, miscellaneous suggestions, and nothing they would change. Many participants described camp as an overwhelmingly positive experience and could not identify anything they would have changed. Among those who did offer suggestions, the most common ideas centered on greater independence and support for older campers, opportunities to attend camp more often or for longer periods, and ways to maintain relationships with camp and other campers after leaving. Participants also identified opportunities for life skills, leadership, social support, and guidance transitioning back to everyday life.

Emotional Growth. Themes that fell under the emotional growth domain were guidance for conflict resolution, including life skills workshops, leadership opportunities, more guidance socially, more independence, and transition guidance. Suggestions within the emotional growth domain focused on opportunities to build skills and independence, particularly for older campers. Participants described wanting more guidance with conflict resolution and social situations, life skills workshops focused on areas such as self-advocacy, and additional leadership opportunities. Several also

wanted greater independence, including more free time, fewer scheduled activities, and more autonomy from staff. Others suggested support for the transition from camp back to everyday life. As one participant explained, “I loved camp the way it was, but I think some sort of life skills workshops for older campers would be really helpful! Something that teaches self advocacy for campers about to enter the adult world would have been really helpful, and I think camp would be a good opportunity for that.”

More Opportunities to Attend Camp. The themes that fell under this domain included wanting the camp location to be closer, longer sessions, more sessions, sessions for aged-out campers, and more transportation options to get to camp. One respondent shared that they wished it were a shorter drive for them to get to the camp. Participants who suggested longer sessions expressed a desire for more time at camp, ranging from an additional day or two to a full week, and several respondents stated that they would have liked to have more chances throughout the year to attend camp. Participants also expressed interest in opportunities to continue attending camp after aging out, with one noting they would still attend if eligible. Transportation was another consideration, with a shuttle suggested as a way to make camp more accessible.

Nothing. Many respondents could not identify anything that would have made their camp experience better, describing camp as an overwhelmingly positive or even “perfect” experience. Some simply responded “nothing,” while others emphasized the lasting impact camp had on their lives. As one participant shared, “I cannot think of anything. Attending camp as a kid was one of my happiest, greatest achievements and personal growth. I put it on the same level as attending college and getting my first job. I learned lessons and skills that I still use to this day.”

Relationships. Three themes fell under the relationship domain including having a continued relationship with camp, relationships after camp, and relationships during camp. The response for the continued relationship with camp theme shared they wished to learn more about giving back to camp after they aged out, specifically pathways for volunteering. Responses for the relationships after camp theme shared wanting more touch points throughout the year after camp, and more ways of connecting with camp friends and maintaining connections over time. And the response for relationships during camp shared that they wish to have met more kids with their specific diagnosis, as they only met one. “More ways to connect with camp friends after camp and maintaining those connections over time.”

Miscellaneous. Other suggestions included more activities during quiet time and activities that felt more age-appropriate for older campers. Individual participants also mentioned challenges related to extreme heat and missing their final year of camp

because of the COVID-19 pandemic. As one participant shared, “I think what would've made camp better for me is having my last year, since that was taken away from Covid.”

What did you learn at camp that helped you at home or in school?

In response to the question "What did you learn at camp that helped you at home or in school?", participant responses were grouped into three a priori domains: resilience, independence, and social intelligence. Across these domains, participants consistently described camp as a setting that fostered personal growth extending well beyond the camp experience itself, helping them build confidence, manage their medical conditions more independently, and strengthen their relationships with peers. The themes and representative quotes within each domain are described below.

Resilience. Themes that fell under the domain of resilience included confidence, identity, and perseverance. Responses related to confidence described being more outgoing, less timid, and having assurance in who they are. Responses related to identity emphasized not being ashamed of their medical condition, acceptance and pride in who they are, and learning that they are not alone. Responses related to perseverance emphasized letting little things go, trying new things, and how to adapt. One participant stated, “I gained confidence at camp, and I also think that camp changed my thinking from "can I do this" to "how can I do this?" It taught me how to adapt and that I can do things others can do even if I have to do it differently.”

Independence. Only one theme, agency, fell under the domain of independence. Responses in this theme related to managing medical conditions and routines, becoming independent, and learning to advocate for themselves. For example one participant wrote, “I learned how to do my daily medical care on my own.”

Social Intelligence. Two themes fell under the social intelligence domain; improved social skills and belonging. Responses related to improved social skills emphasized developing stronger interpersonal abilities, including making friends, becoming more outgoing, showing empathy and feeling more comfortable interacting with peers. Responses related to belonging reflected feeling less alone, experiencing more connection with others, and identifying with positive role models who share similar life experiences. One survey participant stated, “Camp really improved my social skills and encouraged me to go out of my way to talk to people and try to make friends back home.” Additional key quotes from all questions can be seen in Table 4.

Interviews

Thirty-eight survey respondents expressed interest in participating in an interview. Eighteen were successfully contacted and scheduled. Five participants either canceled or did not show for the interview. Ultimately, a total of 13 interviews were conducted with SeriousFun camp alumni: Nine from The Painted Turtle, two from The Hole in the Wall Gang Camp, and two from Camp Boggy Creek.

Participants overwhelmingly described their experiences at camp in positive terms, characterizing camp as “amazing,” “10 out of 10,” and “nothing but positive,” and expressing appreciation for the experiences and opportunities camp provided. Participants frequently recalled having fun, trying new activities, building meaningful relationships, and creating lasting memories. Many also expressed gratitude for having a place where they could participate in traditional childhood camp experiences while being surrounded by people who understood and supported their medical needs. For some, camp provided opportunities to experience activities or moments of childhood that their chronic illness had otherwise limited or interrupted.

Participants’ descriptions of why camp was so positive reflected experiences across the HOPE building blocks. Participants emphasized relationships with peers and trusted adults, particularly the sense of belonging that came from being around others with similar medical experiences. They described an accepting, accessible, and supportive environment where they felt safe being themselves and could focus on being a camper rather than on their medical condition. Participants also valued being included in a wide range of activities, trying new experiences, and having opportunities for choice and leadership. Finally, participants described experiences related to emotional growth, including developing confidence and independence, becoming more comfortable with themselves, and learning ways to navigate difficult emotions and seek support from others.

Relationships

Relationships with other campers. Participants consistently described forming positive friendships and connections with other campers. Many reported having good or close friends at camp, with cabins serving as one of the primary places where these relationships developed. Participants also met and interacted with peers through group activities, games, free time and other camp events. Despite camp sessions sometimes lasting only a few days, participants expressed becoming close with other campers in their cabins and age groups. One participant explicitly stated "... it was still really awesome to talk to another kid my age that knew, you know, all these things about

being in the hospital, about having to drive sometimes for hours in the car to go to doctor's appointments and specialists...". Friendships also developed through group activities, games, free time, and camp-wide events, which provided opportunities to meet campers outside of their assigned cabins. Some participants described finding one or two particularly close friendships, while others developed larger groups of friends across camp.

Additionally, campers often expressed that having shared medical experiences was an important part of some peer relationships. Participants stated that they often valued having friends who understood experiences such as hospitalizations, doctors' appointments, seeing specialists and other experiences related to living with serious medical conditions. Most described camp peer relationships as different from those outside of camp because they could talk with peers who understood what they were going through. One participant described these connections as "...there's a sense of like bonding and inclusion. That's really neat. I remember one time specifically, I thought it was so cool that I got to, I took like the same medications as another girl...".

Experiences maintaining friendships varied after leaving camp. Several participants remained connected with one or more camp friends through social media, phone contact, other organizations, or spending time together outside of camp, with some relationships continuing into adulthood. Others did not maintain contact but continued to describe the friendships they formed at camp as positive and meaningful. Individual participants also described relationships that extended beyond same-age friendships, including older campers serving as sources of support or informal mentors, older campers taking on "big sister" roles with younger campers, and parents forming connections with the parents of their children's camp friends. One participant also noted that connections formed through camp extended to their family, with their parents developing relationships with the parents of other campers, particularly around their shared experiences of having children with medical conditions.

Relationships with Counselors. Participants consistently described positive and close relationships with counselors. Participants described counselors as helpful, kind, funny, welcoming, and easy to talk to, and several recalled particular counselors who stood out to them or whom they looked forward to seeing each summer. Relationships were built through everyday interactions, including counselors playing games, participating in activities, spending time in cabins, counselors teaching campers new things, and engaging with them during downtime. For some participants, familiarity developed across multiple summers as campers and counselors came to know one another over time.

Counselors were frequently described as trusted sources of support during difficult moments. Participants commonly reported going to counselors when they were upset, experiencing medical difficulties, having problems at home, struggling with another camper, or otherwise having a hard time. Counselors listened, talked through concerns, helped campers calm down or find solutions, and made participants feel that they were heard and taken seriously. Several participants described having a particular counselor they knew they could approach, while others felt comfortable seeking support from multiple counselors. Participants also described counselors noticing when something was wrong and checking in, including one participant who recalled counselors recognizing when they were sitting by themselves and making an effort to engage them.

Some participants connected with counselors through shared identities, personalities, or lived experiences. Several described counselors who had their own medical conditions and valued being able to relate to an adult with similar experiences. One participant recalled the impact of seeing adults with similar medical conditions who were happy and successful, while another sought out quieter or more introverted counselors who they felt were similar to them. Another participant specifically remembered connecting with a queer counselor and valued seeing that representation among camp staff. One participant described a particularly close counselor relationship as feeling similar to having an older sibling.

Participants also described counselors as sources of encouragement, mentorship, and role modeling. Counselors encouraged campers to participate in activities, celebrated their accomplishments, helped them feel included, and supported their individual interests and goals. Participants described learning new skills and behaviors from counselors and looking up to them as positive adult role models. This support sometimes extended beyond typical camp activities, such as a counselor waking up early to run with a camper who was training for track. Across these experiences, participants described counselors as adults who were invested in spending time with them, supporting them, and helping make their camp experiences enjoyable.

Other meaningful relationships. Participants also described meaningful relationships with camp staff beyond counselors, including nurses, volunteers, administrative staff, directors, and food service staff. These adults were described as attentive, supportive, and invested in campers' experiences, including nurses who provided medical care while they remained involved in camp activities and staff who made participants feel recognized and included. Some participants developed

connections with particular staff members across multiple summers, including a head nurse and co-director.

Some of these relationships extended beyond day-to-day support and influenced participants personally. Participants recalled staff encouraging their interests, sharing their own experiences, and serving as sources of inspiration. For example, one participant remembered a staff member encouraging their writing, while others described adults at camp influencing their later involvement in a college sorority.

Environment

Emotional Safety. Participants consistently described camp as a place where they felt safe to be themselves without fear of judgment. They described feeling accepted and included, being comfortable acting silly, sharing their interests and talents, trying new things, and talking openly about their medical conditions. Some contrasted this with experiences outside of camp, particularly at school, where they had felt different, misunderstood, or were made fun of.

Shared medical experiences contributed to feeling understood and accepted. Participants valued being around campers who could relate to their experiences with illness and treatment without requiring them to repeatedly explain themselves. Some described feeling comfortable discussing their diagnoses, treatments, fears, or scars because these experiences and differences were normalized at camp. Participants described feeling seen as children rather than primarily through their medical conditions. Clear expectations and boundaries helped maintain a safe and supportive environment. Participants recalled camp rules and expectations around kindness, inclusion, and not making fun of others, as well as staff consistently reinforcing these expectations. Participants also identified spaces such as the dining hall and cabins as places where they felt particularly comfortable connecting with others, having fun, and expressing themselves.

Physical Safety. Participants generally described feeling physically safe at camp, with clear rules and safety procedures contributing to this sense of safety. Participants recalled staff consistently enforcing safety expectations, including during higher-risk activities, as well as procedures such as fire drills, supervision requirements, and protocols for responding when problems arose. One participant described a counselor intervening when another camper became confrontational while others emphasized knowing that trained adults were available if a situation escalated.

Medical preparedness and access to medical staff were also important aspects of physical safety. Participants described doctors and nurses as knowledgeable, accessible, and familiar with their individual medical needs. They highlighted preparations completed before campers arrived, including collecting information about medications, doctors, and specialists, as well as having medical staff readily available throughout camp. One participant described "...there were specific people who you could go to if you needed extra help who were there, you know, for exactly the campers, or only for the volunteers, and it just made it… everything kind of work a lot better, because we had those specific people to go to who weren't just… There for the week, who really had trained and knew exactly what to do for any situation that came up". Participants also identified staff supervision and features of the camp environment that helped them feel physically safe. Counselors and staff provided guidance, remained available in cabins and activities, and attended to everyday needs through reminders about hydration, sunscreen, and other precautions. Participants mentioned safety equipment, cabin door alarms, bathroom nightlights, security staff, check-in procedures, and the camp's manageable size and secluded location. Accessibility features, including accessible facilities, pools, and transportation around camp, were also described as helping campers safely navigate and participate in the camp environment.

Engagement

Camp Participation. Interviewees described actively participating in camp activities and experiences. Many reported taking part in most or all of the activities available to them, with some describing doing "anything and everything" or wanting to try every activity. Participants also valued opportunities to try activities they had not experienced before, including horseback riding, archery, rock climbing, and other outdoor or physical activities.

Engagement occurred through a wide range of activities, camp-wide events, and traditions. Participants described horseback riding, archery, swimming, fishing, boating, ropes courses, ziplining, sports, woodshop, arts and crafts, theater, dance, and team-building activities. Favorite activities varied, with woodshop and creative arts, ropes and ziplining, horseback riding, boating, swimming, archery, and Stage Night among those highlighted. Participants also engaged in opening campfires, Unity Day, Silly Olympics, block parties, welcome carnivals, cabin activities, and dancing after meals. Recurring songs, rituals, and traditions were described as memorable parts of the camp experience that participants looked forward to across summers.

Notably, campers emphasized being included in camp activities regardless of their medical or physical needs. Several described activities as accessible and reported

being able to participate without feeling left out or limited by their disability or medical condition. One participant described “Like, I didn't have to worry if something was inaccessible because nothing was inaccessible”. Counselors also supported participation by encouraging campers to try activities, organizing groups, adapting opportunities for participation, and making efforts to ensure campers were included.

Leadership & Opportunities for Autonomy. Participants described having opportunities to make choices about their camp experiences. Free choice periods allowed campers to select activities based on their interests, and participants described having opportunities to choose how they spent less structured portions of the camp day. Creative activities also provided flexibility, with participants describing freedom to decide what they wanted to make or create.

Participants also had opportunities to take on leadership roles, particularly as they got older. Older campers described leading songs, dances, talent shows, and other activities; helping or being paired with younger campers; and encouraging other campers to participate. Some described serving as role models or having opportunities to teach and support younger campers, while others participated in more formal leadership opportunities such as the Leader in Training program. Counselors were described as encouraging when they took on these roles.

Experiences with leadership varied across participants. Some described helping or leading others as fulfilling and rewarding and appreciated opportunities to take on greater responsibility as they got older. Others did not have these opportunities because of their age or age-group placement. One participant specifically did not want to take on leadership responsibilities, describing camp as an opportunity to step away from responsibilities they already carried outside of camp and simply be a child.

Emotional Growth

Coping with Difficult Emotions. Participants described using a range of strategies when they experienced sadness, frustration, homesickness, or other difficult emotions at camp. Seeking support from others was common, with participants describing talking to counselors, staff, friends, or siblings when they were upset. Counselors often noticed when campers were struggling and checked in with them, listened to what was bothering them, talked through the source of their feelings, and helped them identify possible solutions. Participants also described taking space or quiet time when needed, including walking away from a group, going for a walk, taking a breather, or spending time somewhere quiet. Other strategies included writing, coloring, breathing, physical activity, and using enjoyable camp activities as a distraction. For

example, one participant used woodshop to work through homesickness by making something for their family, while another described doing push-ups with a counselor when frustrated. Participants also described problem-solving by asking for help, trying again, or finding an alternative activity when something was not going as planned. Some noted that sadness or frustration occurred relatively infrequently at camp and that they felt comfortable experiencing and expressing emotions without being judged.

Opportunities for Emotional Growth. Interviewees described camp as providing opportunities to learn how to navigate their emotions, communicate their needs, and work through challenges with support from others. Participants discussed learning to talk about what was bothering them, ask counselors or staff for help, take time away from a frustrating situation, think through their feelings, and return to problems after calming down. Counselors reportedly supported these experiences by helping campers identify what they were feeling, problem-solve, consider alternatives, and communicate when they needed support. Participants also described opportunities to navigate interpersonal challenges, including using unstructured time to resolve disagreements and reconnect with friends or providing comfort to other campers who were experiencing conflict. Some participants described becoming more comfortable trusting others and speaking up when they needed help, while one described becoming more independent after recognizing that counselors needed to divide their attention among multiple campers. Participants also had opportunities to manage experiences such as homesickness, frustration with activity limitations, and being away from family while having trusted peers and adults available for support. Additional key quotes from all domains can be found in Table 5.

Discussion

This pilot study found preliminary evidence that SeriousFun MSCs afford CYSHCN access to all four HOPE building blocks, with quantitative composite scores consistently high across relationships, environment, engagement, and emotional growth domains (means ranging from 4.37–4.77 out of 5). Environment and engagement were rated most positively, while emotional growth, though still high overall, showed comparatively more variability, particularly around conflict resolution and coping with difficult situations.

The open-ended survey findings provided additional context for these quantitative patterns. When describing what they valued most about camp, participants emphasized relationships with peers and staff, an inclusive and accessible environment, opportunities to participate in activities and try new things, and experiences that fostered confidence and independence. When asked what could have made camp

better, many participants reported that they would change nothing, while others identified opportunities for longer or more frequent camp experiences, greater independence and leadership opportunities for older campers, continued connection after camp, and additional support with life skills and the transition back to everyday life. Participants' open-ended reflections on what they carried home from camp reflected three character domains: resilience, independence, and social intelligence. Their responses described greater confidence and perseverance, a stronger sense of identity and agency, and improved social skills and belonging.

Interview findings reinforced the results found in the survey analyses, illustrating how campers experience the HOPE building blocks. Participants consistently described safe and supportive relationships with peers, counselors and other staff characterized by warmth, consistency and a shared understanding of the challenges of living with a serious medical condition. Interviewees described an environment where clear expectations, attentive supervision, and accessible medical care allowed them to be physically and emotionally at ease, often for the first time able to speak openly about their diagnoses without fear of judgment. Former campers described ample opportunities for engagement and the ability to actively take part in a wide range of activities. Camp also provided opportunities to take on leadership roles that fostered a sense of responsibility and mattering. Finally, participants described opportunities for emotional growth including learning strategies for managing difficult emotions and conflicts. Together, these complementary data sources suggest that camp experiences are not only perceived positively in the moment but are also retrospectively linked by alumni to durable, transferable skills used at home and school.

These findings extend a growing literature connecting PCEs to long-term wellbeing. Prior work has shown that adults reporting more PCEs in childhood demonstrate better mental and relational health in adulthood, even among those with significant ACEs exposure, suggesting that PCEs may buffer against the lifelong effects of childhood adversity.[9,10] For CYSHCN specifically, whose illness experiences often disrupt typical developmental opportunities, camp may represent a particularly meaningful and accessible source of PCEs.[4] The present study's qualitative findings, in which participants described gains in confidence, identity, agency, and social connection that they carried into adulthood, align with this framework and suggest that camp-based PCEs may translate into durable character outcomes rather than benefits confined to the camp experience itself. This is consistent with prior camp alumni research showing that self-confidence, perseverance, empathy, and friendship skills attributed to camp persisted across diverse demographic groups and were recalled well into adulthood.[12]

The character domains from the open-ended question coding map onto specific HOPE building blocks. Resilience (confidence, identity, perseverance) aligns with social-emotional growth, as well as the safe and equitable environments block, since participants felt comfortable enough to accept and speak openly about their medical conditions. Independence (agency) connects to opportunities for engagement, echoing the survey's leadership and "mattering" items. Social intelligence (social skills and belonging) reflects nurturing relationships, consistent with participants' high ratings of staff warmth and peer connection. This suggests that exposure to the HOPE building blocks may support long-term character growth.

Beyond the domain-level patterns, participants' reflections point to specific camp features responsible for providing access to the HOPE building blocks. Nurturing relationships are fostered through camp structure and routines including shared cabins, mealtimes and unstructured free time. Additionally, the opportunity to return to camp over multiple summers allowed both peer and camper-staff relationships to grow and develop. Safe and equitable environments were most strongly tied to accessibility to activities, normalization of serious medical illnesses, onsite medical expertise, and highly knowledgeable staff. Opportunities for engagement were afforded by structured programs that gave participants increased levels of responsibility such as the Leader in Training program. A broad array of accessible activities including ropes courses, horseback riding and woodshop, also provided engagement opportunities. Counselor emotional check-ins were a consistent source of access to the emotional growth building block. These findings suggest that access to PCEs is largely derived through relational and environmental factors embedded in the camps' structure as a whole, as opposed to specific camp programming.

Implications for Practice

These findings suggest several ways for MSCs to build on the experiences that participants already value while addressing areas where additional support may be beneficial. Camps can continue to prioritize inclusive and accessible environments, strong relationships with peers and staff, and opportunities for meaningful participation, while considering additional opportunities for older campers to develop independence and take on leadership roles. Participants also identified potential value in life-skills programming, guidance around social relationships and conflict resolution, and support for the transition from camp back to home and school. Finally, interest in longer or additional camp sessions, continued connection with camp and peers throughout the year, and pathways for involvement after aging out suggests that extending opportunities for connection beyond the traditional camp session may help sustain the relationships and developmental experiences fostered at camp.

Limitations

This study has several limitations. The sample was small and drawn from only three SeriousFun camps, limiting generalizability. The low survey response rate (4.6%) raises the possibility of non-response bias, as participants who opted in, especially for interviews, may have had more positive camp experiences than non-respondents. Both data sources relied on retrospective self-report collected years after camp attendance, introducing potential recall and social desirability bias. Internal consistency varied across the four HOPE domains (Cronbach's $\alpha = 0.60–0.81$), highlighting the need for further evaluation and potential refinement of the survey items in future studies. The study also lacked a non-camper comparison group, making it impossible to determine whether the character gains participants described reflect a true camp effect. Finally, the survey instrument was not independently validated. The qualitative analyses used both inductive and deductive approaches. Although the first two open-ended survey questions were analyzed inductively, the third open-ended question used a priori character domains and the interview analysis was structured around the HOPE building blocks; these deductive approaches may have limited identification of relevant themes outside the predefined domains.

Conclusions

This pilot study provides preliminary evidence that MSCs afford CYSHCN meaningful access to all four HOPE building blocks, and that these experiences are linked to character gains in resilience, independence, and social intelligence. Quantitative survey ratings were consistently high across relationships, environment, engagement, and emotional growth, and these patterns were corroborated and enriched by both the open-ended survey responses and the interview findings, which together painted a coherent picture of camp as a setting where CYSHCN feel safe, supported, and able to be themselves. Taken together, these findings suggest that MSCs may function as an important source of PCEs for children and youth whose illness experiences often limit their access to other typical developmental opportunities.

Next Steps

Building on these pilot findings, the next phase of this research will involve a larger-scale study examining character traits, resilience, social intelligence, and independence, among young adults who had a serious childhood illness, comparing those who attended a MSC with those who did not. This comparative design will allow for a more rigorous test of whether MSC attendance is associated with stronger long-term character outcomes.

Table 1: Demographic Characteristics of Adult Camper Survey Respondents (N = 58)

Characteristic	n	%
Camp		
The Painted Turtle	35	60.3
The Hole in the Wall Gang Camp	11	19.0
Camp Boggy Creek	12	20.7
Respondent		
Self	51	87.9
Parent or guardian	6	10.3
Missing	1	1.7
Age, years	Mean (SD) = 21.28 (2.55)	
Range	18–25	
Number of Summers Attended	Mean (SD) = 5.00 (2.97)	
Range	1–13	
Missing	2	3.4

Note. SD = standard deviation. Percentages are calculated out of the total sample (N = 58) and may not sum to 100% due to missing data or rounding. Two respondents (ages 16 and 27) were excluded from all analyses for not meeting the study's 18–25 age eligibility criterion.

Table 2: Survey Item Means by HOPE* Domain (N = 58)

	Survey Item	N	Mean	SD	% Agree or Strongly Agree
Relationships (Q1–6)					
Q1	I made friends at camp	58	4.66	0.58	94.8%
Q2	Campers cared about each other	58	4.76	0.43	100.0%
Q3	I stayed in contact with my camp friends after I left camp	58	3.74	1.18	67.2%
Q4	Camp staff cared about me	58	4.84	0.37	100.0%
Q5	There was at least 1 adult I could go to at camp if I needed help	57	4.77	0.46	98.2%
Q6	Camp staff treated me with kindness and respect	58	4.90	0.31	100.0%
Environment (Q7–10)					
Q7	I felt safe at camp	58	4.90	0.31	100.0%
Q8	It was easy for me to get around at camp	58	4.66	0.58	94.8%
Q9	I could fully participate in the activities at camp	58	4.76	0.63	98.3%
Q10	Camp helped me meet my medical needs	56	4.79	0.46	98.2%
Engagement (Q11–15)					
Q11	I felt included at camp	58	4.83	0.38	100.0%
Q12	I was encouraged to try new things at camp	58	4.88	0.33	100.0%
Q13	My ideas were valued at camp	58	4.69	0.57	94.8%
Q14	I felt like I mattered at camp	58	4.88	0.33	100.0%
Q15	I had opportunities to be a leader at camp	58	4.52	0.68	89.7%
Emotional Growth (Q16–22)					
Q16	Camp helped me feel more confident in myself	58	4.72	0.52	96.6%
Q17	I felt stronger and more hopeful after being at camp	58	4.79	0.45	98.3%
Q18	Camp helped me learn how to work out disagreements with others	58	3.91	0.98	65.5%
Q19	Camp helped me learn to cope with difficult situations	58	4.16	0.83	79.3%

Q20	Camp helped me feel proud of who I am	58	4.60	0.65	94.8%
Q21	Camp helped me feel less anxious	58	4.34	0.81	82.8%
Q22	I got better at daily routines because of what I learned at camp	57	4.04	0.89	73.7%

*HOPE=Healthy Outcomes from Positive Experiences
Items scored on a 5-point scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neither Agree nor Disagree, 4 = Agree, 5 = Strongly Agree. "Prefer not to answer" responses treated as missing.

Table 3: Domain-Level Composite Scores for Positive Childhood Experiences at SeriousFun Camps (N = 58)

Domain	N	Mean	SD	% Agree or Strongly Agree	Cronbach's α
Relationships (Q1–6)	58	4.61	0.39	93.4%	0.68
Environment (Q7–10)	58	4.77	0.36	97.8%	0.60
Engagement (Q11–15)	58	4.76	0.32	96.9%	0.68
Emotional Growth (Q16–22)	58	4.37	0.52	84.4%	0.81

Items scored on a 5-point scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neither Agree nor Disagree, 4 = Agree, 5 = Strongly Agree. "Prefer not to answer" responses treated as missing.
Cronbach's alpha (α) was calculated for each HOPE domain using complete cases within the domain to assess internal consistency among the items comprising each composite score.

Table 4. Open Response Questions Key Quotes

Domain	Theme	Quote
What was your favorite thing about camp?		
Relationships		
	Connecting with peers	"My favorite thing was how easy it was to made new friends and now each day there was something to look forward to."
		"being able to make connections so I didn't feel alone."
		"Making lifelong friendships"
	Meeting campers with same experiences	"It was nice to be in an environment where other kids had similar challenges and it helped me learn that others have similar experiences."
		"My favorite thing about camp was having the opportunity to make friends that were dealing with similar situations as me."
		"My favorite part about camp was meeting other girls like me and being able to have conversations about our lives with epilepsy without it being 'weird'"
	Staff	"having a network of adults that cared for me and served as role models :)"
		"I loved that the staff made me feel so supported."
		"the staff stayed the same."
Environment		
	Efforts to foster a comfortable and inclusive environment	"They just fostered the environment that made it comfortable to share if we wanted to."
		"As a kid, i liked that the healthcare environment was friendly and inviting."
		"Not having to stress about being perceived differently because of how I looked, just being able to relax and feel 'normal' for once in my life."

		“I could have fun without thinking about my seizures.”
		“For a week. I could just be really silly and fun”
	Environment	“My favorite thing about camp, was just the overall environment. It was always a familiar environment to come back to where things felt the same, which was great for someone like me who was always in and out of hospitals and had divorced parents. So it was great to be somewhere where things felt the same and like they weren’t changing.”
Engagement		
		“I really liked the program areas and opportunities to do activities that aren’t usually available outside of camp e.g. horse riding, fishing, archery.”
		“trying things I never could at regular camp.”
	Accessible activities	“As a child, the opportunity to be included in diverse activities (archery, arts, ropes course etc.) was meaningful to me.”
		“Having a place to experience activities with my medical needs accounted for.”
		“My favorite thing about camp was that i felt included no matter the activity”
	Trying new things	“trying new things.”
Emotional Growth		
	Confidence	“The confidence I gained from trying new things and the motivation given by my fellow campers and counselors. I could be myself at camp with no judgement and was celebrated for who I was.”
		“I love that I felt confident in being a little person.”
	Could be themselves	“I could be myself at camp with no judgement and was celebrated for who I was.”
	Growth	“Camp helped me become the person I am today.”
	Independence	“It made me feel independent.”

What would have made camp better for you?		
Emotional Growth		
	Include life skills workshops	“I loved camp the way it was, but I think some sort of life skills workshops for older campers would be really helpful! Something that teaches self advocacy for campers about to enter the adult world would have been really helpful, and I think camp would be a good opportunity for that.”
	Leadership opportunities	“Slightly more leadership opportunities when i was younger to help build the confidence as i got older.”
	More guidance socially	“Socially I was not always fully comfortable, due to my quiet nature, so more help with that may have aided me”
	More Independence	“Less scheduled activities and a few more choices” “The last year I went to camp I was almost 17, so more independence for older campers would be nice.” “... I appreciate how much more freedom we had in the beginning versus when I got older in terms of decisions and things, but I also know that camp was under a different director”
	Transition guidance	“Going back to regular life was the hardest part for me, so maybe some kind of transition? I honestly really loved all of camp.”
More Opportunities to Attend Camp		
	Longer sessions	“I know it’s not really possible, but I would have loved if it was a full week instead of just 5 days!” “maybe a day or two longer” “I wish it was longer!!”
	More sessions	“more chances for camp” “Having more time at camp or more opportunities to go throughout the year.”
	Sessions for aged out campers	“If I didn’t age out and could still go.”
	transportation to camp	“shuttle from Orange County/San Diego”

Nothing		
	overall positive experience	"I have only had positive experiences and nothing that really could've made it any better."
		"Nothing that I can think of! I had an amazing experience at camp and have memories that will last my lifetime."
Relationships		
	Continued relationship with camp	"I wish I knew when I was an older camper how I could give back. What pathways exist for me to volunteer?"
	relationships after camp	"Maybe more touch points with camp throughout the year, but I know they have increased their offerings in that regard since the time that I was a camper."
		"More ways to connect with camp friends after camp and maintaining those connections over time"
	relationships during camp	"I wish i met more kids with my specific diagnosis (I only ever met one)"
Miscellaneous		
	Weather conditions	"Besides the 120 degree heat, the pool was great! Temp kept us from zip lining..."
	Make up for Covid year	"I think what would've made camp better for me is having my last year, since that was taken away from Covid."
	more activities during quiet time	"The only thing that would have made it better is that they had some activities during quiet time. I definitely had to like bring my own stuff especially when I was older"
	More activities for older campers	"More activities as I gotten older that felt more mature"
What did you learn at camp that helped you at home or in school?		
Social Intelligence		
	Improved Social Skills	"Camp really improved my social skills and encouraged me to go out of my way to talk to people and try to make friends back home."
		"Not being afraid of new people..."

		“What I learned at camp is, it's easy to be kind and understanding of people if you choose.”
		“I was able to meet and learn about the experiences of a variety of other kids”
		“That everyone can join in the fun”
		“I learned that despite the appearance of happiness and seeming untroubled, a person can be going through incredibly difficult things.”
		“To be aware of myself and others around me.”
	Belonging	“The adult camp counselors who also had illnesses like me were successful and happy. They showed me that I could also be successful and happy when I grew up despite having unique health challenges.”
		“... that sense of belonging at camp boosted my confidence and that stayed with me throughout the rest of the year.”
Resilience		
	Perseverance	“I also learned to take more breaks during the day instead of try to keep up with my normal peers at school.”
		“I learned the importance of trying new things and not allowing my health condition to be whole my identity.”
		“...camp changed my thinking from "can I do this" to "how can I do this?" It taught me how to adapt and that I can do things others can do even if I have to do it differently.”
	Confidence	“I learned I really can do more than I think and I just need to have a little more grit to figure things out.”
		“It helped me not have so much social anxiety with my peers”
		“I learned that it doesn't matter what others think of you, just as long as you're happy is what matters the most”

		“In general, it made me much more outgoing and less nervous about new situations! As I said before, the adults (especially the sorority volunteers) were huge role models to me.”
	Positive Identity	“I learned the importance of trying new things and not allowing my health condition to be whole my identity.”
		“I learned that my illness didn't limit me nearly as much as I previously believed”
		“What I learned at camp that helped me outside the gates of camp was to be myself and to not be ashamed of my medical condition”
Independence		
	Agency	“I learned that asking for help is important to go forward in a day or a life.”
		“I learned how to do my daily medical care on my own.”
		“I would say to advocate for myself. ... Today I feel like I advocate for myself at college or at my job.”
		“Camp helped me understand my limits physically and emotionally which i brought into my life outside of camp”
		“It also helped me learn how to be more independent along with being OK to try new things.”

Table 5. Interview Key Quotes

HOPE Building Block	Themes	Quotes
Relationships		
	Relationships with other campers	"...there's a sense of like bonding and inclusion. That's really neat. I remember one time specifically, I thought it was so cool that I got to, I took like the same medications as another girl. And I thought that was like, I was like young at the time, but I thought that was like the coolest thing ever. Like, oh, wow, someone else takes the same pills that I

		do. And it made me feel like less alone in having like a transplant."
	Relationships with counselors	"... I felt like those [counselor] adult relationships really helped me, kind of like, be a better person, basically, because I was kind of a bad kid growing up, and so I kind of needed someone to tell me, like, no, that's not the right way to do it..."
	Other relationships	"...some were just volunteers, but there were so many people that left such lasting impressions on me that made me want to return back and made me want to continue to go to camp because of the experience I had with them."
Environment		
	Emotional Safety	"And I think they went like they did so much and like the way that they talked to us in the way that like we were like valued individually in the way that they like saw us not us and our medical conditions, but just us as kids."
	Physical Safety	"Definitely having the medical team there, because I was always scared because there were… it's hot, we're outside in the [State Name] sun, we're walking far sometimes. And I was so used to being told, no, it's not safe, like, we don't know what's gonna happen, versus, well, we can try, and if you don't feel good, we can always go to the patch, which is what they called the medical center. So just having that kind of safety net was always really reassuring."
Engagement		
	Camp Participation	"Like, I didn't have to worry if something was inaccessible because nothing was inaccessible."
	Leadership & Opportunities for Autonomy	"If you're paired with a smaller camper, making sure like the other smaller campers or younger campers had a chance to participate in the activity or if we needed to show an example or help support them, that was always a fun place to sort of lead or take an additional role on."
Emotional Growth		
	Coping with Difficult Emotions	"In the rare times I was ever feeling sad or upset I felt like I had my go-to friend."

	Opportunities for Emotional Growth	"So yeah, just having the connection with the counselor who made me feel comfortable that like, oh, I can speak up and talk to them and then helping me problem solve. So it'd be more the counselors because they were there with you in the day-to-day compared to like other specific staff members."

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