

Responding to ACEs With HOPE: Health Outcomes From Positive Experiences



Robert D. Sege, MD, PhD; Charlyn Harper Browne, PhD

From the Center for the Study of Social Policy, Washington, DC

Conflict of Interest: The authors declare that they have no conflict of interest.

Address correspondence to Robert D. Sege, MD, PhD, Center for the Study of Social Policy, 1575 Eye St NW, Suite 500 Washington, DC 20005 (e-mail: rsege@hria.org).

ABSTRACT

This article introduces a framework called “HOPE: Health Outcomes From Positive Experiences.” The HOPE framework focuses on the need to actively promote positive childhood experiences that contribute to healthy development and well-being, as well as prevent or mitigate the effect of adverse childhood experiences and other negative environmental influences. Key positive childhood experiences fall within 4 broad categories: being in nurturing, supportive relationships; living, developing, playing, and learning in safe, stable, protective,

and equitable environments; having opportunities for constructive social engagement and connectedness; and learning social and emotional competencies. The HOPE framework grows out of and complements prior holistic approaches to child health care.

KEYWORDS: adverse childhood experiences; child development; resilience; toxic stress

ACADEMIC PEDIATRICS 2017;17:S79–S85

CHILDREN’S HEALTH AND development are a function of the complex interaction of biological and environmental influences. The environments and experiences—both positive and negative—that children are exposed to clearly influence developmental and health outcomes across the life span.¹ The lifelong damage to health resulting from childhood adversity has been well established; however, there are supportive experiences that can buffer children from the effects of adversity and promote healthy development. Thus, while young children are at the greatest risk of immediate and enduring harm from adverse experiences, early childhood is also a period that offers the greatest opportunity for preventing or mitigating harm and setting the course for healthy development.² An examination of the impact of childhood adversity and a framework for promoting healthy outcomes from positive experiences follow.

CHILDHOOD ADVERSITY

The relationship between childhood adversity and later adult health and behavior was conclusively demonstrated with the 1998 publication of results from the Adverse Childhood Experiences Study (ACES). ACES established the connection between the experiences of abuse, neglect, and household dysfunction during childhood and the subsequent occurrence of chronic illnesses, mental health problems, and health-risk behaviors in adulthood.^{3–6} This relationship appears to be mediated by changes in brain structure and function. The Center on the Developing Child at Harvard University has assembled current research on the biology of human neurodevelopment, and

described a potential mechanism for the ACES results. Researchers there coined the terms “positive, tolerable, and toxic stress” to classify, concretize, and more effectively communicate scientific findings about the effect of differential stress responses to mild, moderate, and traumatic events on the anatomy and physiology of the young developing brain.⁷

In this taxonomy, positive, tolerable, and toxic stress responses are differentiated by the frequency, intensity, and duration of the stressful event, as well as the availability of a caring, supportive adult.⁵ Toxic stress may be precipitated by adverse childhood experiences (ACEs) and exposure to other intensely negative events and conditions—without sufficiently supportive relationships and environments—which in turn cause frequent, intense, and sustained activation of the body’s stress response system. In this report, we focus on those experiences that may protect the child from or mitigate the impact of adverse experiences.

The extensive research on the biology of stress indicates that excessive or prolonged release of stress hormones can disrupt early brain development, as well as the functioning of other organ systems, and cause damaging effects on learning, behavior, and health throughout the life course.^{2,5,7–9} The developing brain is particularly sensitive to toxic stress during periods of rapid brain growth in infancy, early childhood, and adolescence^{5,9}; babies are affected by stress even in utero.¹⁰ When pregnant women are depressed, they produce higher levels of stress hormones which can negatively affect the developing fetus, increase the risk for preterm delivery and low birth-weight, as well as impaired cognitive, behavioral, and

motor development in infancy.¹⁰ Together, the epidemiology of the study of ACEs and the neuroscience and behavioral research about the biology of stress, have contributed to a policy environment that has put a new lens on the importance of investing in early childhood for both long-term health^{4–6} and economic reasons.^{11–13}

These studies have increased our appreciation of the overwhelming importance of childhood experiences on brain growth and lifelong health. ACEs and toxic stress, however, represent only one end of the continuum of childhood experiences that influence the trajectory of early brain development and subsequent learning, behavior, and health.

HEALTH OUTCOMES FROM POSITIVE EXPERIENCES (HOPE)

The HOPE framework grows out of and complements prior holistic approaches to child health care. These approaches conceive the complex interplay between biological, genetic, social, and environmental conditions as determinants of child development, health trajectories, and health vulnerabilities.^{1,14} Holistic approaches include the effects of each child's living conditions, interpersonal relationships, and learning environments, sometimes referred to collectively as the social determinants of health.¹

Following this holistic approach, the HOPE framework focusses on the need to actively promote positive childhood experiences that contribute to healthy development and well-being, as well as preventing or mitigating the effect of ACEs and other negative social determinants. A sole focus on either adverse or positive childhood experiences is not sufficient to achieve improved learning, behavior, and physical and mental health outcomes.

The research-informed ideas that are the foundation of the theoretical articulation of the HOPE framework are described in the next section of this article, including the definition of child health used in the HOPE framework, the child health outcomes of focus, an overview of the positive childhood experiences, and how the HOPE framework supports current public health efforts.

DEFINING CHILD HEALTH IN THE HOPE FRAMEWORK

The HOPE framework adheres to the broad definition of children's health first proposed by the National Research Council and Institute of Medicine, and subsequently widely adopted:

Children's health is the extent to which individual children or groups of children are able or enabled to (a) develop and realize their potential, (b) satisfy their needs, and (c) develop the capacities that allow them to interact successfully with their biological, physical, and social environments.⁹

This definition describes child health as not simply an end unto itself but as a pathway to overall well-being that

can positively influence the course of a child's life. In addition, this definition acknowledges the influence of biological, behavioral, social, and physical environments on health, functioning, and quality-of-life outcomes; many factors within these environments are inextricably tied to issues of health equity.⁹ For example, factors in the physical environment that inhibit child health, include: food insecurity¹⁵; substandard housing conditions^{16–19}; injuries caused by consumer products²⁰; environmental toxins such as air pollution, water pollution, tobacco smoke, lead, and pesticides^{21,22}; and lack of access to medical and dental health care.²³

THE HOPE FRAMEWORK

The HOPE framework asserts that improving the lives of all children, particularly those exposed to experiences or conditions that create toxic stress, requires intentional, informed efforts that reduce adversity and promote positive experiences. The focus of HOPE is on the promotion of positive childhood experiences that create a strong foundation for learning, productive behavior, and physical and mental health. Implicitly, this suggests that there also must be a focus on strengthening the capabilities and resources of parents and other significant adults in children's lives in order to promote young children's healthy development. In this discussion of the HOPE framework, "parent" refers to an adult or adolescent who has responsibility for rearing a child, including biological parents, grandparents, other relatives, or nonbiological caregivers.

GUIDING PRINCIPLES

Three guiding principles are the foundation for understanding and implementing the HOPE framework:

1. Positive and negative factors that impact child health exist in all domains of the social ecology. Thus, the interplay among individual, relational, community, and societal factors must be addressed in order to achieve optimal child health outcomes.
2. Child and parent health and well-being are inextricably linked. Thus, positive experiences must promote child health, parent health, and a healthy parent–child relationship.
3. Child health incorporates physical, cognitive, social, and emotional outcomes.

CHILD HEALTH OUTCOMES

The HOPE framework includes a set of measurable outcomes that reflect optimal child health. These child health outcomes were identified from an examination of several evidence-based programs and promising initiatives designed to improve the lives of children and their families. Although the child health outcomes are linked to a specific developmental domain—physical, cognitive, social, or emotional—they are interrelated across domains.

For example, character traits such as empathy and honesty (emotional domain) influence one's ability to successfully interact with others (social domain), and both contribute to a strong foundation for a child's emerging

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