

Ontario Early Adversity and Resilience Framework Topic Summaries

Connections Between Early Adversity, Resilience and EQUITY, INCLUSION & RECONCILIATION

The [Ontario Early Adversity and Resilience Framework](#) is a call for collective action across sectors. It aims to inspire and mobilize communities to work together to develop innovative and meaningful solutions that prevent adversity, strengthen protective factors, build resilience, and support healing in families and communities.

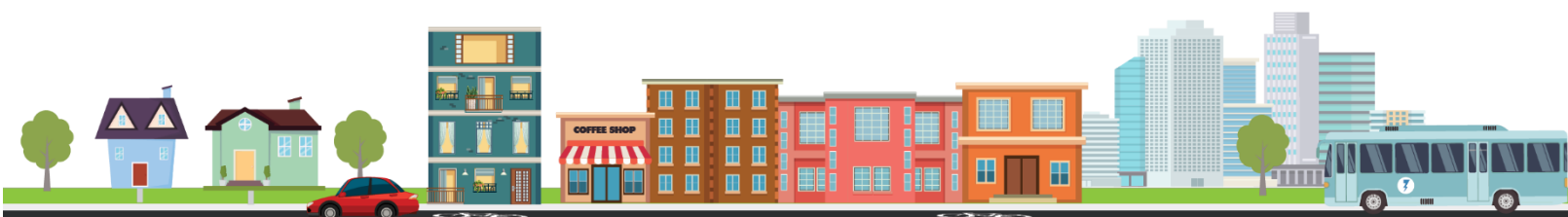
Early adversity affects people across all communities, but research indicates that systemic factors, such as colonialism, racism and other forms of oppression, increase the risk for certain groups. Without adequate supports, greater exposure to Adverse Childhood Experiences (ACEs) is associated with a higher likelihood of negative health and well-being outcomes. By addressing the social and structural determinants of health, we can reduce early adversity and, in turn, enhance the health, equity, and resilience of our communities.

The concepts of cultural safety, equity, Reconciliation, diversity and inclusion are embedded throughout the framework as foundational guiding principles for planning and implementing strategies related to early adversity. This document will provide a summary of how early adversity and resilience connect to health equity, and how addressing early adversity can help to advance commitments to [Truth and Reconciliation](#), [Confronting Anti-Black Racism, and other inclusion initiatives](#).^{1,2}

Reducing early adversity and strengthening resilience is a powerful **prevention strategy**. By implementing evidence-informed interventions that build protective factors and address risk factors linked to the social determinants of health and inequity, we can act upstream to lessen both the likelihood and impact of harm and improve health and well-being.

What is the connection between early adversity and equity, inclusion and Reconciliation?

- 1. Early adversity is more common in populations experiencing structural and social inequities.** A meta-analysis of more than half a million adults across 206 studies documented higher prevalence of four or more adverse childhood experiences among Black, Indigenous, and other racially minoritized groups.³ These disparities are understood to be perpetuated by the persistent impact of structural and systemic inequities, including racism, which shape differential exposure to adversity and influence health and well-being outcomes.^{4,5,6} High rates of ACEs are also common in other populations that face structural discrimination, including those with a history of mental health issues, substance use or addiction, unhoused individuals, individuals from low-income households,⁷ children with specialized care needs⁷, individuals that are a part of the 2SLGBTQ+ community⁸, neurodivergent people⁹, and people with disabilities¹⁰. *Poverty and Gender Based Violence, which also increase with structural inequities, are discussed in separate [topic summaries](#).*
- 2. Trauma can be passed down intergenerationally.** The physiological impacts of trauma can cause epigenetic changes that impact how genes are expressed without changing the DNA itself.¹¹ These changes can impact the stress, immune, and other body systems in people who experience trauma, and emerging research suggests some of these biological effects may also extend to future generations.¹² This means that historical or collective trauma (e.g., residential schools, war, enslavement) experienced by one generation may impact the well-being of the next through biological, relational, social and structural mechanisms.^{13,14} Because many sources of historical trauma like racism and colonialism are still present today, these changes can compound, or be buffered by, the ACEs or protective factors in a child's life.^{13,14}
- 3. Though anti-Black and anti-Indigenous racism have historical roots in colonialism and enslavement, structural discrimination continues today and impacts how Black and Indigenous clients are treated when they access care. Implicit biases and structural racism within organizations lead to “race” being perceived as a risk factor for health issues across the life course (e.g. pre-term birth), when it is in fact the **persistent experiences of racism that can lead to or contribute to toxic stress and negatively impact care and treatment**.**¹⁵



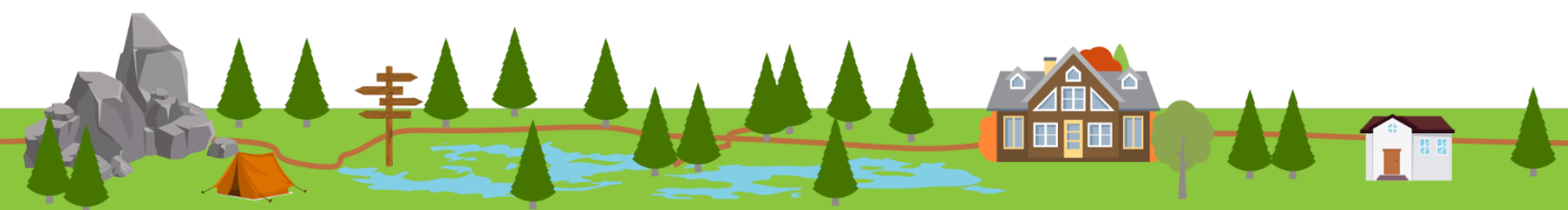
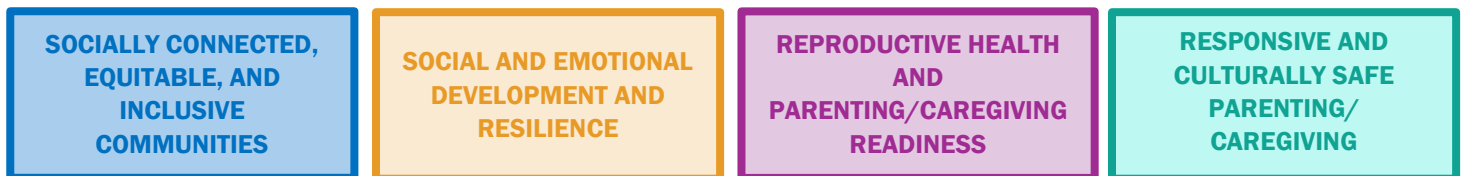
4. Many communities draw strength from **strong ties to language, land, social bonds and cultural traditions that foster a deep sense of belonging which can strengthen resilience and guide inclusive, culturally relevant approaches to well-being**. Recognizing and building upon these assets and acknowledging the protective benefits of cultural identity and pride can inform more inclusive, culturally relevant approaches to fostering well-being and resilience.¹⁶⁻¹⁸
5. Achieving **health equity and advancing reconciliation requires systemic change that removes service barriers, applies targeted universalism, engages lived expertise, and ensures culturally safe care. These strategies** foster healing, resilience and community well-being through inclusive, trauma-informed engagement.¹⁹⁻²¹

What actions does the Ontario Early Adversity and Resilience Framework recommend?

To achieve health equity, coordinated alignment and activities across all levels - individual, family, community, and society - are essential. This means implementation of bottom-up approaches, as well as top-down strategies that consider how all new policies reduce social-and health-related harms.²² The Ontario Early Adversity and Resilience Framework provides a roadmap for this alignment by identifying actions that address adversity and build resilience in ways that are deeply connected to equity and aligned with provincial [Health Equity Frameworks](#).^{2,23}

Although all of the activities in the framework contribute to an environment that will address adversity and increase resilience, **the actions highlighted on the next page** are some examples of those with strong alignment to health equity, inclusion and Reconciliation.

Legend: Each colour corresponds to a focus area



	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Shift social norms	Promote an environment of equitable Social Emotional Development (SED) with an applied racial equity lens that acknowledges the needs for unique services tailored to students	Shift programming culture to a multi-generational approach that is strength and resilience-based and family-centred, acknowledging the importance of extended family structures	*Adopt identity-affirming practices that decenter whiteness in Ontario schools, including anti-racism training, updating curriculum and suspension policies, guided by resources that incorporate lived expertise ^{24,25}	*Adopt culturally affirming and inclusive health care practices such as Afrocentric care ^{26,27} or two-eyed seeing approaches, that affirm the importance of “culture as treatment” ²⁸ and that specifically address racism in care ^{29,30}
Integrate upstream strategies	Collaborate with community partners across various sectors to identify and tackle the barriers to healthy living for children and youth. This includes focusing on physical, spiritual, mental, and social well-being	*Collaborate to increase client access to primary healthcare providers from their same race, culture, or ethnic group ³¹ , and to design and promote equitable, inclusive, and accessible prenatal education programs, to increase utilization of services	*Promote and increase access to programs that foster cultural identity, and connections to family, community, culture, language and land as a means of resilience, exploring how technology can mitigate barriers to access ³²	Utilize tools such as the Provincial Council for Maternal and Child Health’s tips sheet Providing Inclusive, Affirming and Safer Perinatal Care to 2SLGBTQIA+ Individuals to improve knowledge and understanding regarding perinatal care
Influence healthy public policy	Advocate for sustainable, culturally relevant, student nutrition programs and support implementation as needed to foster cognitive function, emotional well-being and social connection	Advocate for and support municipal and community efforts to expand high-quality, affordable child care spaces and programs, ensuring all families, including those with financial or specialized care needs, have equitable access	Work alongside racialized, Black and Indigenous communities to co-develop policies and practices that prioritize a child- and family-centered approach to service delivery, addressing the unique needs and circumstances of these populations	Advocate for policy changes that shift child welfare agencies toward a more supportive, community-based, and prevention-focused model, emphasizing early intervention, family preservation, and collaboration with community organizations
Intervene to lessen harm	Advocate for supportive programming for incarcerated parents and their children	Support adults to access healing practices and mental health services to support their roles as parents/caregivers and themselves. Ensure programs are culturally specific, culturally accessible, and trauma- and violence-informed	Employ trauma- and violence-informed care (TVIC) training and organizational change across human service, health, perinatal educational, early childhood, and other sectors, including training leaders to address the impact of trauma on employees' well-being	Within schools, implement evidence-based, trauma-informed programs that integrate individual, classroom, and school-wide interventions to support children and youth who have experienced adversity and may have difficulty with adjustment
Collect and use data	Facilitate the measuring and monitoring of SED and resilience of children and youth across the province (e.g., EDI, ASQ-SE, School Climate Surveys)	*Collect sociodemographic data with a focus on reducing inequities, in alignment with principles that protect community rights to data such as OCAP ³³ and EGAP ³⁴ and the Pan-Canadian Gender, Sex and Sexual Orientation Data Standard ³⁵	Utilize geographic data to determine which neighbourhoods could benefit from additional resources, programs and services to ensure equitable access	Support data collection and sharing to monitor child poverty, including developing a Market Basket Measure for children (MBM-C) that reflects their needs, development, and perspectives.

*Interventions not included in the OEAR framework

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The strategic actions in this document are drawn from the *Ontario Early Adversity and Resilience Framework*, which includes actions originally adapted from *A Health Promotion Strategy to Prevent Adverse Childhood Experiences (ACEs) and Foster Resilient Children, Families and Communities* published by Fraser Health Authority, as well as additional actions included specifically for the OEAR framework and referenced therein.

CONTRIBUTORS

This topic summary was produced by members of the Public Health Ontario ACEs and Resilience Community of Practice, with contributions from collaborators and subject matter experts, to support implementation of the Ontario Early Adversity and Resilience (OEAR) Framework.

Contributors: Emily Martyn (Toronto Public Health), Erin Tardiff Heldmann, MSW (Region of Waterloo Public Health and Paramedic Services), Kate Dunford (Lakelands Public Health); Tina Leung, April Redor, Alexandria Kochhar (Public Health Nurses, York Region); Nikolai Whyte (Black Healthcare Professionals Network); Alison Gerlach (Associate Professor, School of Child & Youth Care, University of Victoria); Samiya Abdi, Nicole Visschedyk (Public Health Ontario).