alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa's members are the public health units in Ontario.

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

Ontario Dietitians in Public Health

PO Box 73510, RPO Wychwood
Toronto, Ontario M6C 4A7
E-mail: info@alphaweb.org

August 6, 2025

Hon. Sylvia Jones,
Minister of Health &
Deputy Premier
College Park, 5th Flr, 777
Bay St
Toronto, Ontario M7A 2J3

Hon. Michael Parsa,
Minister, Children,
Community and Social
Services
438 University Ave, 7th flr
Toronto, Ontario M5G 2K8

Hon. Vijay Thanigasalam
Associate Minister, Mental
Health and Addictions
College Park, 5th Flr, 777
Bay St
Toronto, Ontario M7A 2J3

Dear Ministers Jones, Parsa, and Thanigasalam,

Re: alPHa Resolution A25-01 - Integrating the Ontario Early Adversity and Resilience Framework into Public Health Practice to Improve Population Health Outcomes

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to inform you of the attached Resolution, which was passed by our membership at its recent Annual General Meeting.

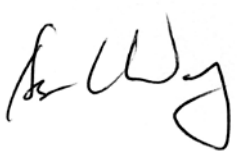
Early childhood development is among the most critical determinants of health, with ample evidence having demonstrated that experiences, both positive and negative, have the greatest impact between birth through to the age of 6. Experiences during these years will have measurable effects on the social, economic and health outcomes throughout a person's life, which in turn contribute to positive social, economic and health outcomes. Recognizing this, alPHa has endorsed the Ontario Early Adversity and Resilience (OEAR) Framework and is asking that it be incorporated into provincial public health policy.

We have written separately to the Ontario Chief Medical Officer of Health, calling on his office to make specific reference to the Framework within the upcoming version of the Ontario Public Health Standards, and identify it as a key resource for programs and services under related standards, including health equity, comprehensive health promotion, and substance use prevention.

Because these aspects of public health are strongly influenced by policies that fall under your ministries' portfolios, we are also sharing this with each of you, to encourage its use as a potential foundational document across all sectors that are working to prevent early adversity and promote resilience, and to recognize the role of local public health in this work. The Resolution and a detailed backgrounder are attached, and these build upon several alPHa Resolutions related to this topic, which can be reviewed online here.

We hope that you will take this into careful consideration, and we look forward to discussing it with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Chief Executive Officer, alPHa, at loretta@alphaweb.org or 647-325-9594.

Yours sincerely,



Dr. Hsiu-Li Wang
alPHa Chair

COPY: Dr. Kieran Moore, Chief Medical Officer of Health
Eilzabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to Ontario's boards of health. alPHa represents all of Ontario's boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHa advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

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Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A25-01

TITLE: **Integrating the Ontario Early Adversity and Resilience Framework into Public Health Practice to Improve Population Health Outcomes**

SPONSOR: **Boards of Health for the Simcoe Muskoka District Health Unit, Durham Region Health Department, and Haliburton Kawartha Northumberland Peterborough Health Unit**

WHEREAS Early life adversity is common; approximately 60% of the population has experienced at least one adverse childhood event, and 12–16% have experienced four or more. (Madigan et al., 2023; Joshi, 2021).

WHEREAS Not all children have an equal opportunity to thrive, and some can face increased adversity due to systemic inequities, like poverty.

WHEREAS Exposure to early life adversity, without the benefit of safe, stable, nurturing relationships and environments, can result in prolonged toxic stress, disrupting normal growth and development and leading to long-term impacts on physical and mental health. (Center on the Developing Child, Harvard University, 2021).

WHEREAS Early life adversity is preventable, and resilience can be fostered through investments in protective factors at the individual, family, and community levels.

WHEREAS Preventing adverse childhood experiences has been shown to significantly reduce chronic health conditions and risk factors.

WHEREAS Public Health, in collaboration with community partners, plays a vital role in leading and fostering efforts to address early life adversity and promote resilience.

WHEREAS The Public Health Ontario Adverse Childhood Experiences & Resilience Community of Practice has adapted a framework from Fraser Health Population and Public Health (2022) to develop the Ontario Early Adversity and Resilience Framework, to provide Public Health Units, municipal and provincial governments, and community partners in Ontario with tools to collaboratively prevent and address early adverse childhood events and increase resiliency within their communities.

WHEREAS Past alPHa resolutions have supported the development of early childhood resilience by promoting positive environments for children, such as A19-8, Promoting Resilience through Early Childhood Development Programming, A11-8, Public Health Supporting Early Learning and Care, A19-9, Public Health Support for Accessible, Affordable, Quality Licensed Child Care, and A24-05, Early Childhood Food Insecurity: An Emerging Public Health Problem Requiring Urgent Action.

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies endorses the Ontario Early Adversity and Resilience Framework as a comprehensive resource for public health practice in Ontario.

AND FURTHER that alPHa write a letter to the Chief Medical Officer of Health (CMOH) recommending that the Ontario Early Adversity and Resilience Framework be referenced within the upcoming version of the Ontario Public Health Standards as a key resource for implementing the related standards, including health equity, comprehensive health promotion, and substance use prevention.

AND FURTHER that alPHa write a letter to the Minister of Health, the Minister of Children, Community and Social services, and the Associate Minister of Mental Health and Addictions, with a copy to the CMOH, sharing this Framework as a potential foundational document across sectors that are working to prevent early adversity and promote resilience, and to help illustrate the role of local public health in this work.

Backgrounder

The Ontario Early Adversity and Resilience (OEAR) Framework was developed through collaboration within the Public Health Ontario Adverse Childhood Experiences and Resilience Community of Practice (ACER CoP). This group brings together public health practitioners from various program areas, including Healthy Growth and Development, Child and Family Health, Healthy Babies Healthy Children, Chronic Disease and Injury Prevention, and other program areas involved in work related to ACEs or resilience, along with community partners involved in regional ACEs and resilience coalitions. By facilitating knowledge exchange, supporting the development of best practices, and coordinating research and interventions, the ACER CoP works to strengthen public health capacity, advocate for evidence-based policies, and advance a standardized provincial strategy to address ACEs and resilience in Ontario.

Adapted from *Fraser Health's Population and Public Health: A Health Promotion Strategy to Prevent Adverse Childhood Experiences and Foster Resilient Children, Families, and Communities (2022-2027)*, the Ontario Early Adversity and Resilience framework provides a structured approach to addressing early life adversity. It serves as a resource for communities and decision-makers by promoting evidence-based strategies at all socio-ecological levels, simplifying complex concepts to enhance understanding, and fostering a shared language around adversity and resilience. Additionally, it encourages collective responsibility through cross-sector collaboration and strengthens the impact of initiatives aimed at reducing adversity and building community resilience (Dawdy et al., 2025).

The OEAR framework is built on four focus areas, five pathways to change, and ten guiding principles that work together to address ACEs and foster resilience in a comprehensive and integrated manner. The four focus areas—socially connected, equitable, and inclusive communities; social-emotional development and resilience; reproductive health and rights; and responsive and culturally safe parenting/caregiving—target essential aspects of children's development and well-being. The five pathways to change—shifting social norms, integrating upstream strategies, influencing public policy, lessening harm, and utilizing data—provide a strategic approach to implementing effective interventions within these focus areas. Underpinning this framework, the ten guiding principles ensure that all interventions are grounded in core values such as equity, cultural safety, collaboration, and evidence-based practices. This alignment creates a cohesive and impactful approach to enhancing child health outcomes and building resilient communities (Dawdy et al., 2025).

Adverse Childhood Experiences represent a significant Public Health threat and should be considered an important primordial cause of chronic disease. In 1998, a groundbreaking study by Felitti et al., was published exploring the relationship between childhood experience of traumatic events to adult health risk behaviour and chronic disease. Findings demonstrated that a single adverse childhood event raises the odds of poor adult health outcomes by a marginal amount, with each additional ACE experienced representing a proportionate increase. Study after study completed since, has shown a consistent, graded or dose-response relationship between the number of ACEs experienced in childhood and the increased likelihood of poor adult health outcomes. ACEs are widespread and their cost to individuals, families, communities, and society is substantial. Calls for action to address ACEs have been growing around the world. Frameworks, such as the Fraser Health and Ontario Early Adversity and Resilience framework, have been developed to mitigate and potentially eliminate the impact of toxic stress from early life adversity. Efforts to address chronic diseases are incomplete if the impact ACEs have on later adult health outcomes is not taken into consideration.

Felitti and colleagues, 1998, defined ACEs as exposure to one or more categories of childhood maltreatment (physical, emotional, or sexual abuse, and neglect) or family challenges such as separation or divorce, incarceration, caregiver mental illness, substance abuse, or domestic violence occurring within the first 18 years of life. They are now well established and can be divided into two main categories:

- Harms that affect children directly (physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect)
- Household challenges that increase children's exposure to trauma in their living environment (intimate partner violence, substance abuse, mental illness, incarceration of a family member and parental separation/divorce). (Hughes et al., 2017)

It is now recognized that many other negative experiences in childhood have the potential to contribute to poor health outcomes. Accordingly, ACEs research has expanded to explore the impact of structural violence, historical/intergenerational trauma (i.e., disconnecting certain cultures from their families, relationships, and cultural practices) and adversities external to the family environment such as war, climate events, being a victim of crime, economic disadvantage, homelessness, discrimination, peer victimization, low birth weight, and child disability. Research indicates that all sources of early adversity have similar impacts on later health outcomes. In fact, "the predictive value of ACE models improves when other adversities such as peer victimization and low family income are included in ACE questionnaires" (Asmussen et al., 2020; Carsley & Oei, 2020; Asmussen et al., 2020).

The number of ACEs experienced by an individual represents their score. Higher ACE scores are associated with increased risk of chronic illness and a shortened life span. Cubbin, Kim & Panisch (2019) found the likelihood for development of one or more chronic diseases increased by ten percent with every additional ACE reported by the individual. Research shows that individuals with at least four ACEs have an increased risk of all negative health outcomes (Neves et al., 2021). ACEs are strongly associated with such health endangering behaviours as sexual risk-taking, smoking, inactivity, alcohol abuse, problematic drug use and violence (both interpersonal and self-directed, including suicide) (Neves et al., 2021 & Novais et al., 2021). They have also been linked to many persistent chronic health conditions including poor mental health, heart disease, chronic lower respiratory disease, obesity, cancer, and diabetes, as well as premature mortality (Grummit et al., 2021 & Novais et al., 2021)). Additionally, ACE factors have been linked to specific "pathologies, namely, hypercholesterolemia, stroke, high blood pressure, diabetes, rheumatoid arthritis, neoplasia, depression, and anxiety disorder" (Novais et al., 2021, p. 9).

Approximately half to two-thirds of participants in population-based studies report having experienced at least one ACE (Carsley & Oei, 2020). A cross-sectional analysis of the Canadian Longitudinal Study on Aging among individuals 45 to 85 years found that ACEs are highly prevalent across all demographic groups (Joshi et al., 2021). Although ACEs are experienced universally, it is important to understand that their long-term impact may be different depending on the influence social determinants of health play on the child and family. Indeed, research has shown that childhood maltreatment and family dysfunction rarely happen in the absence of other adversities. Multiple circumstances involving the child, family, community, and society work together to increase or decrease the risk of poor adult outcomes for children who have experienced ACEs (Asmussen et al., 2020).

ACEs can lead to toxic stress, which has a profound impact on development. Some forms of stress are considered a normal and essential part of healthy development such as positive stress (e.g., the first day of school). More intense stress responses can be characterized as tolerable stress (e.g., loss of a loved one) when it is time-limited and buffered by supportive relationships with adults who help the child

adapt. However, severe or prolonged stress without adequate support can lead to chronic activation of the stress response system, leading to elevated levels of stress hormones (toxic stress) and disruption of healthy brain development, causing wear and tear on vital systems like the cardiovascular and immune responses (Center on the Developing Child, Harvard University, 2021). Persistent exposure to toxic stress, whether from ongoing occurrences or various triggers, can severely impact an individual's physical and mental well-being over the long term. Sensitive and responsive caregiving is crucial in regulating stress hormones and building resilience into adulthood.

Exposure to toxic stress from early life adversity incurs significant costs for individuals, communities, and society. If unaddressed, it can impair academic performance, hinder work productivity, damage relationships, increase the risk of suicide and violence, and reduce life expectancy (Prevention Institute, 2017). At the community level, this stress erodes cohesion, promotes harmful norms, and amplifies individual trauma, leading to lower academic achievement, reduced economic productivity, and poorer health outcomes (Prevention Institute, 2017). The financial burden on society is also immense. In Europe and North America, the annual costs of ACEs are estimated at $581 billion (US) and $748 billion (US), respectively, with over 75% of these costs attributed to individuals with two or more ACEs (Bellis et al., 2019). According to Hughes et al. (2021), these costs account for between 1.1% and 6.0% of European countries' GDPs. A 10% reduction in ACE prevalence could result in annual savings of $105 billion and 3 million Disability-adjusted Life Years (DALYs), underscoring the economic benefits of investing in safe, nurturing childhoods to alleviate pressures on healthcare systems (Bellis et al., 2019).

While some individuals exposed to childhood adversity may develop chronic health issues or engage in health-endangering behaviors, others demonstrate greater resilience, maintaining positive mental health despite experiencing toxic stress. Resilience is the ability to adapt, recover, and thrive in the face of adversity. It is not a fixed trait, but a dynamic process influenced by both genetic factors and environmental conditions. This variation highlights the complex interplay between biology and environment in shaping responses to adversity. Resilience can be developed and strengthened over time through safe, stable, and nurturing relationships, social support, and access to resources. Evidence-based approaches exist to enhance resilience at both individual and community levels, helping to prevent and mitigate the effects of early life adversity while promoting long-term well-being. (Alberta Family Wellness, 2015)

At the individual level, resilience is strengthened when protective factors—such as biological, emotional, cognitive, and social supports—are reinforced through daily interactions and targeted interventions. Examples of these strategies include strengthening economic supports for families, promoting social norms that protect against violence and adversity, ensuring children have a strong start in life, teaching stress management and problem-solving skills, connecting youth with caring adults and structured activities, and providing timely interventions to reduce both immediate and long-term harm. These approaches aim to shift norms, environments, and behaviours in ways that not only mitigate the impact of toxic stress but also prevent it from being experienced in the first place. (Shern et al., 2014; Centers for Disease Control and Prevention, 2019)

At the community level, collective resilience is fostered through opportunities for stable, trusting relationships; participation in group activities such as sports or clubs; and accessible, supportive public services. However, some communities have fewer resources—whether in economic opportunities, access to green spaces that support mental well-being, or the presence of positive role models within social networks. These areas are often characterized by neglect, substandard housing, and high levels of individual, family, and community violence. Addressing trauma at a community level requires coordinated efforts across policy, programs, and legal frameworks. Healing through culturally relevant

practices and the development of trusting relationships is essential. Participatory frameworks, which empower communities to advocate for their needs, are most effective when supported by a multisectoral collective of agencies working together to determine how best to provide necessary supports (Ellis & Dietz, 2017; Pinderhughes, Davis & Williams, 2015).

ACEs are increasingly recognized as a significant determinant of public health, emphasizing the vital role public health units can play in prevention. Addressing early life adversity through primordial prevention—an upstream approach that reduces risk factors before they lead to poor health outcomes—can help lower substance use, reduce chronic disease, and improve overall population health. With their focus on prevention and broad population-level impact, public health units are well-positioned to lead these efforts. They can convene partners to plan, prioritize, and implement strategies that prevent and mitigate early adversity, ultimately strengthening community well-being (Carsley et al., 2022; Centers for Disease Control and Prevention, 2019).

Addressing adverse childhood experiences is not just a public health priority—it is an essential strategy for building healthier, more resilient communities. Investing in early prevention and mitigation strategies will not only improve individual health outcomes but also reduce societal costs and strengthen population health for future generations.

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