

Ontario Early Adversity and Resilience Framework Topic Summaries

Connections Between Early Adversity, Resilience and

FOOD, FEEDING AND NUTRITION

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. This document will provide a summary of how early adversity and resilience connects to food, feeding and nutrition.

Reducing early adversity and increasing resilience is a powerful **prevention strategy**. It allows us to take action **before adversity occurs**, by identifying evidence-based interventions that **enhance protective factors and reduce risk factors** rooted in the **social determinants of health and inequity**. Food, feeding, and nutrition extend far beyond individual choices. They are deeply shaped by early experiences, caregiver relationships, and broader social conditions. Early adversity can profoundly influence how children develop their relationship with food, with lasting implications for health and well-being throughout the life course.

What is the connection between early adversity and food, feeding and nutrition?

1. **Responsive Feeding practices protect against the effects of early adversity:** Responsive feeding* supports secure attachment, trust, and healthy relationships between caregivers and children. These positive interactions not only improve eating behaviours and nutrition but also help protect against the long-term effects of adverse childhood experiences (ACEs), including disordered eating and stress-related food preoccupations.^{1,2}
2. **Household food insecurity and early adversity are interrelated:** Household food insecurity** is both an ACE and a consequence of other ACEs. Research shows a significant and consistent link between the two, with the risk and severity of household food insecurity increasing with the number of ACEs a child experiences.^{3,4} This relationship is attributable to shared risk factors, such as poverty, parental mental health concerns, and substance use disorders, which can be both consequences of ACEs and causes of household food insecurity.^{3,4}
3. **An equitable and just food system*** may be protective against early adversity:** The built and natural environments where children live, grow, and play influence their cognitive, physical, emotional, and behavioural development.⁵⁻⁷ Access to safe, adequate, culturally appropriate and nutritious food is one aspect of the environment that can be a protective factor in a child's development.⁸ Threats to equitable and just food systems, such as climate change, can limit access to food and are often further intensified for equity-denied groups.^{9,10}

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

Food, feeding and nutrition are intricately tied to the social determinants of health, particularly income, and household food insecurity. Feeding practices, environments, and exposure to adversity are also associated with mental health concerns, including disordered eating and eating disorders.² Protective factors such as an equitable and just food system, supportive food environments for children, adequate incomes, support for infant and child feeding concerns, and strategies focusing on positive feeding relationships can enhance family resilience related to food, feeding and nutrition.

Although all of the activities in the framework contribute to an environment that will mitigate adversity and increase resilience, [the actions identified on the next page](#) are those with strong alignment to food, feeding and nutrition.

**Responsive feeding: feeding practices that encourage a child to eat autonomously and in response to physiological (following hunger and satiety cues) and developmental needs, which may encourage self-regulation in eating and support cognitive, emotional and social development.*¹¹

***Household food insecurity: inadequate or insecure access to food due to household financial constraints, disproportionately affecting households with children under 18, and Indigenous and racialized households (due to colonialism and systemic racism).*¹²

****Equitable and just food systems ensure everyone has dignified access to safe, nutritious, and culturally appropriate food. They promote fair wages and labour practices, sustainability, respect traditional foodways through meaningful community participation, and address intersecting issues like racial and climate justice.*¹³

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	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Shift social norms	Encourage children/youth and families to learn and celebrate their cultural identity and values through school curriculum, cultural education programs and community events	*Share consistent messaging on responsive feeding practices across all relevant settings including home visits, clinical appointments, and community-based programming ¹¹ to help prevent the development of harmful preoccupations with food and weight ^{1,2}		*Build awareness that food insecurity is a systemic issue requiring income-focused economic policies not food charity or community programs for lasting solutions ¹⁴⁻¹⁶
Integrate upstream strategies	*Advocate, promote and support food literacy programming in child care and schools that reflect diverse cultures and foster positive food environments ¹⁷	*Provide nutrition education before and during pregnancy that builds practical knowledge and skills, and ensures people have the social support they need to make healthy choices ¹⁸	*Collaborate with municipal departments (e.g. planning, parks, recreation) to design communities that provide access to safe, culturally appropriate, affordable and nutritious food, prioritizing equity-denied communities ¹⁹	*Advocate for sustained public investment in Student Nutrition Programs to promote equitable access to nutritious food for all children ²⁰
Influence healthy public policy	*Implement policies that promote responsive feeding and the provision of nutritious foods and beverages across all settings where children learn and play ¹¹	*Promote supportive home nutrition environments that use responsive feeding practices like role modeling and shared feeding responsibilities ¹¹	Design and implement policies to improve local food systems (e.g. establish a local food policy council) ²¹	Advocate for increases to the Canada Child Benefit (CCB) to provide more money to low-income families to reduce poverty and food insecurity rates, and reduce stress for parents/caregivers
Intervene to lessen harm	*Ensure school food programs are universal and offer culturally appropriate foods to promote inclusion and reduce stigma ²²	Integrate social prescribing into practice based on client needs, goals, and interests	*Create and enforce trauma-informed care standards across healthcare, education, and social services that address eating-disorder risk and explicitly work to reduce weight stigma ²³⁻²⁶	
Collect and use data	*Conduct and support studies on the relationship between student nutrition programs and student attendance and performance, as well as prevention of ACEs ²⁰	*Public health units should continue to monitor local prevalence of food insecurity annually using data from the PHO Snapshot ²⁷ and evidence from Food Insecurity & Food Affordability in Ontario ¹⁵	Support the collection and sharing of local and provincial data to monitor indicators of interest (e.g. child poverty rates stratified by race and other sociodemographic characteristics)	
<p>Legend: Each colour corresponds to a focus area</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> SOCIALLY CONNECTED, EQUITABLE, AND INCLUSIVE COMMUNITIES </div> <div style="text-align: center;"> SOCIAL AND EMOTIONAL DEVELOPMENT AND RESILIENCE </div> <div style="text-align: center;"> REPRODUCTIVE HEALTH AND PARENTING/CAREGIVING READINESS </div> <div style="text-align: center;"> RESPONSIVE AND CULTURALLY SAFE PARENTING/CAREGIVING </div> </div>				
<p>*Interventions not included in the OEAR framework</p>				

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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.