

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*

Author Statement: This topic summary was created by members of the Public Health Ontario ACEs and Resilience Community of Practice to support implementation of the Ontario Early Adversity and Resilience (OEAR) Framework. Contributors: Laura Abbasi, Sharmini Balakrishnan, Laura Goyette, Kim Leadbeater, Mary Ellen Prange, and Paula Ross.



	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)	

Legend:
Each colour corresponds to a focus area

SOCIALLY CONNECTED, EQUITABLE, AND INCLUSIVE COMMUNITIES

SOCIAL AND EMOTIONAL DEVELOPMENT AND RESILIENCE

REPRODUCTIVE HEALTH AND PARENTING/CAREGIVING READINESS

RESPONSIVE AND CULTURALLY SAFE PARENTING/CAREGIVING

*Interventions not included in the OEAR framework

REFERENCES

1. Chu J, Raney JH, Ganson KT, Wu K, Rupanagunta A, Testa A, Jackson DB, Murray SB, Nagata JM. Adverse childhood experiences and binge-eating disorder in early adolescents. *J Eat Disord.* 2022;10:168. Available from: <https://doi.org/10.1186/s40337-022-00682-y>
2. Warren A, Frame LA. Restoring a healthy relationship with food by decoupling stress and eating: a translational review of nutrition and mental health. *Nutrients.* 2025;17(15):2466. Available from: <https://doi.org/10.3390/nu17152466>
3. Royer MF, Ojinnaka CO, Zhang X, Thornton AG, Blackhorse K, Bruening M. Food insecurity and adverse childhood experiences: a systematic review. *Nutr Rev.* 2022;80(10):2089-2099. Available from: <https://doi.org/10.1093/nutrit/nuac029>
4. Larson N, Mason SM, Bruening M, Laska MN, Hazzard VM, Neumark-Sztainer D. Adverse childhood experiences and food insecurity in emerging adulthood: findings from the EAT 2010-2018 study. *Public Health Nutr.* 2023;26(11):2343-2354. Available from: <https://doi.org/10.1017/S1368980023001349>
5. Ruiz JD, Quackenboss JJ, Tulve NS. Contributions of a child's built, natural, and social environments to their general cognitive ability: a systematic scoping review. *PLoS One.* 2016;11(2):e0147741.
6. Li J, Ramirez T. Early relational health: a review of research, principles, and perspectives [Internet]. Princeton (NJ): The Burke Foundation; 2023 [cited 2025 Feb 25]. Available from: <https://burkefoundation.org/burke-portfolio/reports/early-relational-health-a-review-of-research-principles-and-perspectives/>
7. Bethell CD, Gombojav N, Whitaker RC. Family resilience and connection promote flourishing among US children, even amid adversity. *Health Aff.* 2019;38(5):729-737.
8. National Scientific Council on the Developing Child. Place matters: the environment we create shapes the foundations of healthy development. Working Paper No. 16 [Internet]. Cambridge (MA): Center on the Developing Child, Harvard University; 2023 [cited 2024 Sep 9]. Available from: <https://developingchild.harvard.edu/place-matters-the-environment-we-create-shapes-the-foundations-of-healthy-development/>
9. Healthy Food Policy Project. Policy database [Internet]. South Royalton (VT): Center for Agriculture and Food Systems, Vermont Law and Graduate School; 2022 [cited 2025 Oct 8]. Available from: <https://healthyfoodpolicyproject.org/policy-database>
10. BC Centre for Disease Control. Fact sheet: supporting equity through the built environment [Internet]. Vancouver (BC): BC Centre for Disease Control; 2017 [cited 2025 Oct 8]. Available from: https://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/EH/BCCDC_equity-fact-sheet_web.pdf
11. United Nations Children's Fund, World Health Organization. Nurturing young children through responsive feeding: thematic brief [Internet]. Geneva: World Health Organization; 2023 [cited 2025 Oct 8]. Available from: <https://nurturing-care.org/nurturing-responsive-feeding/>
12. PROOF (Identifying Policy Options to Reduce Household Food Insecurity in Canada). Who are most at risk of household food insecurity? [Internet]. Toronto (ON): University of Toronto; [cited 2025 Oct 20]. Available from: <https://proof.utoronto.ca/food-insecurity/who-are-most-at-risk-of-household-food-insecurity/>
13. National Collaborating Centre for Determinants of Health. Determining health: Food justice practice brief. Antigonish (NS): NCCDH, St. Francis Xavier University; 2025.
14. Dietitians of Canada. Position statement on household food insecurity in Canada [Internet]. Toronto (ON): Dietitians of Canada; 2024 Mar [cited 2025 Oct 8]. Available from: https://www.dietitians.ca/DietitiansOfCanada/media/Images/DC-Household-Food-Insecurity-Position-Statement_2024_ENG_1.pdf?ext=.pdf
15. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Food insecurity & food affordability in Ontario [Internet]. Toronto (ON): King's Printer for Ontario; 2025 [cited 2025 Oct 8]. Available from: <https://www.publichealthontario.ca/-/media/Documents/F/25/food-insecurity-food-affordability.pdf>

16. PROOF (Research to identify policy options to reduce food insecurity). What can be done to reduce food insecurity in Canada? [Internet]. Toronto (ON): PROOF; 2024 Nov 22 [cited 2025 Oct 8]. Available from: <https://proof.utoronto.ca/food-insecurity/what-can-be-done-to-reduce-food-insecurity-in-canada/>
17. Vanderlee L, Goorang S, Karbasy K, Vandevijvere S, L'Abbé MR. Policies to create healthier food environments in Canada: experts' evaluation and prioritized actions using the Healthy Food Environment Policy Index (Food-EPI). *Int J Environ Res Public Health*. 2019;16(22):4473. Available from: <https://doi.org/10.3390/ijerph16224473>
18. Girard AW, Olude O. Nutrition education and counselling provided during pregnancy: effects on maternal, neonatal and child health outcomes. *Paediatr Perinat Epidemiol*. 2012 Jul;26 Suppl 1:191-204. doi: 10.1111/j.1365-3016.2012.01278.x. PMID: 22742611.
19. Lowan-Trudeau M, Keough N, Ayers M. Towards an integrated, critical approach to municipal food systems planning in Calgary, Alberta. *Can J Urban Res*. 2021;30(2):29-41.
20. Ontario Chapter of the Coalition for Healthy School Food. Submission to the Ontario Government: Student Nutrition Program funding recommendations. Toronto (ON): Ontario Chapter of the Coalition for Healthy School Food; 2025 Oct.
21. Burgan M, Bassarab K, Palmer A, Santo R, Winne M. From partnerships to policy: promising practices for new food policy councils [Internet]. 2022 [cited 2025 Oct 20]. Available from: <https://doi.org/10.13140/RG.2.2.16575.18085>
22. Carducci B, Dominguez G, Kidd E, Oh C, Jain R, Khan A, Bhutta ZA. Promoting healthy school food environments and nutrition in Canada: a systematic review of interventions, policies, and programs. *Nutr Rev*. 2025;83(2):e356-e391. Available from: <https://doi.org/10.1093/nutrit/nuae030>
23. California Department of Public Health. Trauma-informed nutrition: recognizing the relationship between adversity, chronic disease, and nutritional health [Internet]. Sacramento (CA): California Department of Public Health; 2020 Jun [cited 2025 Oct 15]. Available from: <https://www.pacesconnection.com/g/california-essentials-for-childhood-initiative/fileSendAction/fcType/0/fcOid/502067760406224968/filePointer/502067760424951401/fodoid/502067760424951397/Trauma-Informed%20Nutrition-%20Recognizing%20the%20Relationship%20b...>
24. Braddock A, Browne NT, Houser M, Blair G, Williams DR. Weight stigma and bias: a guide for pediatric clinicians. *Obes Pillars*. 2023;6:100058.
25. Quon S, Thompson S, Carter E, Lee M. Trauma-informed system-level policies in healthcare settings: a scoping review. *Curr Med Res Pract*. 2025 Sep–Oct;15(5):206–12. doi: 10.4103/cmnp.cmnp_90_25.
26. Ciao AC, Loth K, Neumark-Sztainer D. Preventing eating disorder pathology: common and unique features of successful eating disorders prevention programs. *Curr Psychiatry Rep*. 2014;16:453. doi:10.1007/s11920-014-0453-0.
27. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Household food insecurity snapshot [Internet]. Toronto (ON): Ontario Agency for Health Protection and Promotion; 2025 Aug 14 [cited 2025 Oct 23]. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Equity/Household-Food-Insecurity>

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.