

**Transforming Nutrition Security: Embracing Trauma-Informed Approaches for  
Community Resilience**

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In 2013, I joined Leah's Pantry as a program manager after departing a rewarding position conducting garden-based food and nutrition after-school programming in a San Francisco public housing community. The after-school program aimed to help children eat more healthfully through cooking and gardening activities. While there were dietary improvements from their near-daily exposure to this programming, I wondered why the children who lived in this community seemed to struggle more with mood, self-regulation, and behavior. I observed these children experiencing a great deal of anxiety and tension around food, even healthy food, whenever it was served or was part of an activity. Many exhibited delayed socio-emotional development, and I often couldn't get through age-appropriate activities without significant challenges, undermining the effectiveness of my programming.

Having studied child development, I began to dive deeper into understanding the work of Dr. Bruce Perry, noted researcher on child trauma, and Dr. Bessel Van der Kolk, now almost a household name but unknown back in the early 2010s (Van der Kolk, 2025; Perry & Winfrey, 2021). I also became aware of Dr. Nadine Burke's clinic in the community I worked in. Dr. Burke eventually became California's surgeon general and is well-known for bringing the linkages between childhood adversity and poor health outcomes for children to the national stage (Burke Harris, 2015). An understanding of what happens to the mind and body from chronic exposure to toxic stress is the basis for Dr. Burke's treatment model.

The children I worked with often faced daily violence, poverty, neglect, frequent loss, and epigenetic trauma. Many of their developmental needs were being disrupted, and this profoundly affected them in physical and emotional ways. I concluded that the organization, and

my specific program, need to adjust expectations, approaches, and goals. I believed this was the best way to improve the health and well-being of the children we served and reach successful outcomes. Unfortunately, taking a trauma-informed perspective was not something my organization was ready to do.

I was pleasantly surprised when I joined Leah's Pantry and we were invited to conduct a trauma-informed community-food initiative with residents in a public housing community. This deep work, which took place over seven years, catalyzed our development of trauma-informed approach to nutrition security that drives our work today. At that time, the term trauma-informed was barely recognized outside of the psychotherapeutic world. I never imagined that trauma-informed approaches and trauma-informed nutrition security would be so widely incorporated into publicly-funded nutrition and community food security programs and that Leah's Pantry would spearhead that initiative. The adoption of a trauma-informed lens by so many health promotion agencies and entities has yielded many powerful insights and innovative interventions over the past 10 years.

Despite the adversarial times in community health promotion, or because of them, I believe we are primed to continue moving forward to create a more robust evidence base for the continued application of trauma-informed thinking to nutrition and physical activity interventions. The expertise and research I consulted when I began my inquiry about 15 years ago had already been well-established and has since been further validated and expanded. There are now scholars applying this lens directly to population-based behavior change interventions (Marks, et al. 2022). Even more promising, we are now using the term "trauma-informed" to not just refer to an understanding of "*what happened to you?*" as a result of trauma and adversity, but "*what happened to you so you were resilient?*" or "*what happened to set you on the path of*

*recovery?*” By applying the growing research on coping and flourishing in the face of distress and adversity to program design and implementation and studying the impact, we can keep advancing the development of impactful programs and initiatives for our communities. Our efforts should continue to increase access to services, drive collective engagement, foster a sense of aliveness, promote self-determination, and inspire self-mastery. Learning how to best achieve this through research and investigation can also transform our work and give us the tools to thrive in the current moment.

### References

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