2024 CFDR Research Priorities

Priority research directions for the 2024 CFDR grants are outlined in the five category descriptions below. CFDR is seeking a diversity of skills, knowledge, background, and viewpoints. We strongly encourage applications from underrepresented groups, such as First Nations, Métis and Inuit peoples, racialized persons, and those who identify as 2SLGBTQ+. Preferences will be given to project submissions that reflect a collaborative approach to research.

1. **Critically (Re)Thinking Dietetic Practice**

This focuses on creating new methods and/or advancing existing ones within dietetics. Social, economic, and technological changes offer new opportunities to meet health needs. New roles emerge with novel services, in new environments, in new management structures, with non-traditional partners and with new resource development. Evaluation of new models and approaches may lead to improved access, security, cost-effectiveness, and satisfaction of nutrition services. This could also include how dietitians work together with other health care professionals (and clients), how new interventions are designed, and how effectiveness of dietetic practice is assessed.

There is also a need to understand existing and emerging professional practice issues through examining current education theory (teaching and learning) and practices (screening, assessment, planning interventions, implementation, evaluation, monitoring) and to create new knowledge. Focus areas relevant to practice include practicum training, integration of technology and systems, health human resources, social justice, diversity, and outcomes measures and evaluation.

2. **Identify Determinants of Food Choice**

Choices regarding food are complex and are influenced by many factors including culture, geography, age, gender, lifestyle, income, education, belief, practice, and availability. Research provides further understanding of these factors and benefits the design and delivery of a wide range of nutrition services and products for specific consumer groups.

3. **Accelerate Cultural Safety, Diversity, and Health Equity in Practice**

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving healthcare.

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Diversity refers to the variety of unique dimensions, qualities, and characteristics that an individual possesses, such as race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. Research on new roles for dietitians may also include diversity in the profession and working with diverse clients.

Nutritional vulnerability may arise for social, economic, cultural, or biological reasons that impair utilization of nutrients or limit access to nutritionally adequate food and nutrition services. An improved understanding of individuals at risk of nutritional vulnerability, their nutritional needs and identifying and adopting best practices are needed to address these issues in an equitable manner.

Research focusing on underrepresented groups, such as Indigenous populations and racialized communities, are strongly encouraged.

Community research may include the evaluation of policies, programs, practices, and tools to improve knowledge, attitudes, access, equity and/or behaviour as well as the development of indicators of community health status and health promotion indicators of change.

4. Transform Food Environments

Food environments refer to the aspects of the social and physical environment that affect the types of food available, the accessibility of food (food security, food sustainability, food sovereignty, food literacy), and the nutrition information that people are exposed to, including agriculture and food marketing. This includes contexts such as: institutional (healthcare, educational, carceral, daycare, long term care); community-based (food distribution, gardens, kitchens); recreational (sports activities, entertainment sites, camps); business and commercial (hospitality, restaurants, catering, food and beverage industry including therapeutic products). Food service systems and health services research may look at the evaluation of services delivered.

5. Evaluate Effectiveness of Clinical Interventions

Clinical research may include evaluation of feeding methods, special diets, or education/counseling approaches on such outcomes as nutrient intake, biochemical, anthropometric or functional measures of health. There is also a need to develop and validate outcome measures/indicators for future intervention studies.