







REPORT OF THE CHAIR



JUDY SHEESHKA

Following last year's rebranding initiative, CFDR began this year with a fresh new look and feel. The Board was excited to be present at the in-person DC Conference, held in Montreal, where we could engage dietitians in conversations about their research interests and needs. We heard that CFDR is valued by the profession as a means of supporting practicebased dietetic research that might otherwise go unfunded in Canada.

On the heels of the 30th anniversary of CFDR, the Board's focus this year became the financial health of our charitable organization. Specifically:

How can we ensure that CFDR can continue to fund important and timely research? This requires an endowment fund that is growing and operating costs that are minimal and sustainable.

The Board needs to find ways to lower operating costs and we looked at our working relationship with Dietitians of Canada (DC). By sharing DC's technology and communication systems, fundraising and other resources, CFDR will be able to substantially reduce operating expenses. As well, the Board hopes to recruit Directors with specific skills, such as accounting, finance, and legal backgrounds so that this expertise is available 'in-house'. There is more planning to be done, and the goal is to have a new Memorandum of Understanding between CFDR and DC by early 2024.

I am indebted to the Board for their commitment and patience throughout this challenging year. We are all especially grateful to two external volunteers, Dr. Alison Duncan and Dr. Christina Lengyel, who chaired the Scientific Review Committee and Abstracts Review Committee, respectively. We equally thank all the dedicated reviewers on their Committees, and those people who helped with the Research Showcase and DC conference presentations.

As we move forward, we will continue to build capacity and ensure the sustainability of our organization. We thank our new and existing partners and sponsors and hope to engage new ones in the future.

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JUDY SHEESHKA CFDR BOARD CHAIR







RAVI SIDHU

Over the past year CFDR has continued to battle the increasing challenges facing the non-profit sector in an environment of inflating costs of nutrition and food insecurity. Despite cuts in sponsorship dollars and individual wallets we are always committed to our mission to fund and disseminate practical, sciencebased dietetic research. More than ever before the dietetic profession must engage with researchers and consumers alike to support overall community wellbeing and health.

In 2023, our research priorities have remained the same to include diversity, mental health, clinical and academic support to further enhance our understanding of food choices. The 2023 grant competition witnessed over thirty letters of intent, of which, the Scientific Review Committee invited nine researchers to submit full proposals. In the end, three research projects were the recipients of CFDR support.

As CFDR emerged from the pandemic this past year we were able to return to our live Research Showcase at the Dietitians of Canada (DC) Conference held in Montreal, Quebec. This hybrid model allowed us to present 33 virtual and in-poster research projects in progress or completed, primarily by students, as they continue down their career paths. At the DC Conference, CFDR also held a stand-alone session with three specific projects that focused on the history of the dietetic profession in Canada. I am thrilled to share that this session was at maximum capacity and allowed CFDR to network with dietitians, regardless of whether they are at the beginning or late stages of their careers through facilitating knowledge transfer, and networking within the community by taking a look back on the progress made over the last 30 years.

After 30 years of continuing our mandate, we need more sponsorship support and philanthropic funds to sustain our important work for years to come. CFDR is continually improving how we position ourselves to advance research that supports equitable and sharable knowledge transfer.

RavíSSíðhu

RAVI SIDHU MANAGING DIRECTOR, DEVELOPMENT & OPERATIONS





CFDR funds research projects in Nutrition and Dietetics to contribute to the existing knowledge base to enhance dietetic practice, and ultimately, to build a healthier Canada.

CFDR has been awarding grants to support practice-based research since 1993. To date, we have awarded more than \$3 million in grants to over 160 research teams across the country.

The following three research projects were approved for funding in 2023:



Perceptions and Experiences of Racism among Dietetic Educators and Regulators in Canada

Jennifer Brady, PhD, RD & team Acadia University

Dietetics educators and members of the provincial regulatory bodies hold influential leadership and decisionmaking roles that shape all aspects of dietetics education and practice, including the norms, values, and culture of the profession. Hence, dietetics educators and regulators are particularly important to redressing racism and enhancing equity, diversity, and inclusion (EDI) in dietetics. Yet, little is known about their perspectives on these matters. This study asks: What are dietetics educators' and regulators' perceptions of, attitudes towards, and experiences regarding racism and diversity? Findings may inform recruitment and retention of BIPOC dietetic students and practitioners and anti-racist approaches to teaching, practice and professional regulation.



CFDR 2023 RESEARCH AWARDS



The Impact of a Basic Income on Diet Quality and Dietary Inequities in Canada: An agent-based Complex Systems Simulation Model

Dana Olstad, PhD, RD University of Calgary

The inadequacies of current social protection policies in improving diet quality and reducing dietary inequities have renewed interest in a Basic Income (BI) as a means to ensure all Canadians can afford a healthful diet. However, due to the challenges of conducting large, long-term, population-based randomized controlled trials, there are no data pertaining to the impact of different forms of a BI on diet quality and dietary inequities. We will develop the first agent-based complex systems simulation model to investigate the effectiveness of 17 different forms of a BI on diet quality and dietary inequities among adults in Canada. This research will provide a vital decision support tool for dietitians and policymakers pertaining to how a BI could be optimally designed to improve diet quality and reduce dietary inequities.



The Cognitive Kitchen: A Culinary Nutrition Intervention to Support Community-Dwelling Caregivers of Persons with Dementia

Allison Cammer, PhD, RD University of Saskatchewan

While much is known about dietary patterns that promote overall health and also prevent or delay cognitive decline, little is known in terms of how to increase the uptake of these dietary practices among caregivers of persons with dementia. With the projected increase in prevalence of dementia, supporting community-dwelling caregivers of persons with dementia in nutritional health is critical and applied interventions are needed. Translation of evidence-based dietary patterns into practical and feasible strategies to assist caregivers in supporting their own overall health and reducing risk of cognitive decline while attending to the nutritional care needs of their loved one with dementia is crucial. As well, little research exists that focuses on culinary nutrition interventions with older adults. A culinary nutrition intervention, The Cognitive Kitchen, has been co-designed by a team of researchers, dietitians, and older adult caregivers of persons with dementia and will be delivered to groups of older adult caregivers either virtually or in-person. Feasibility and acceptability of the program will be evaluated and impact on participant food agency will be assessed. Data collected in this research will help to inform dietetic practice in the field of dementia care in the community, particularly in rural communities.



DIETITIANS OF CANADA CONFERENCE IN MONTREAL, QC RESEARCH SHOWCASE

A total of 33 research abstracts were presented at the Dietitians of Canada Conference, as part of the 2023 CFDR Research Showcase. A special CFDR session featured three research teams presenting the History of Dietetics throughout the years in Canada.

All Early Bird abstracts have been published in the fall issue of the Canadian Journal of Dietetic Practice and Research and on the CFDR website. Selected Late Breaking Abstracts are posted on the CFDR website.

Factors Associated with Comfort/Confidence when having End-of-Life Conversations with Substitute Decision Makers in Long-Term Care

University Manitoba Lisa Back, BSc. (HNS), RD, Christina Lengyel, PhD, RD Department of Food and Human Nutritional Sciences, University of Manitoba, Winnipeg, Manitoba, Canada

Many health care providers (HCP) find

 wany near care providers (FCF) and opportunities for end-of-life (EOL) discussions with substitute decision makers (SDMs) challenging.¹

Introduction

- EOL is defined as a person with a terminal illness or condition that has become advanced, progressive and incurable.²
- Poor communication around anticipated decline may result in unwanted or untimely treatments for residents³ and leave SDMs feeling unsupported during the dying process.

Objective

 Examine factors associated with a high level of HCP comfort/confidence when discussing nutrition issues at EOL with SDMs.

Methods

- Survey Development: An online survey (43 questions) was developed by researchers and pilot-tested by a small group of interdisciplinary HCP working within the LTC setting.
- Participant Recruitment: A survey link was sent to LTC HCP across Canada through Dietitians of Canada Gerontology network, BC Listserv, Winnipeg Regional Health Authority LTC Practice Council as well as personal contacts using purposive and snowball sampling.
- Inclusion Criteria: Reading/writing the English language, Canadian LTC homes, LTC homes greater than 15 beds. LTC beds that exist outside of a hospital setting, and LTC homes that have been established greater than six months.
 Ethics: Approval for this study was received from
- Ethics: Approval for this study was received from the University of Manitoba Ethics Board. Informed consent was obtained online from all respondents.
- Data Collection: The online survey using Qualtrics software was sent to LTC HCPs across Canada from April 21-September 16, 2021.
 Participant demographics, facility characteristics, and information on current EOL policy and practice was collected.
- Data Analysts: Seventy completed surveys were analyzed using descriptive statistics, binomial linear regression, Chi-Square, and Fisher's Exact Test.

Characteristics	% (n)
Age (years) Mean ±SD	40.8±11.5
Sex	
Female	100.0 (70)
Occupation	(n=69)
Registered Dietitian	82.6 (57)
Nursing	10.1 (7)
Speech-Language Pathology	1.4 (1)
Social Worker	1.4 (1)
Occupational Therapy	1.4 (1)
Administrative (Managers, Directors)	2.9 (2)

Results

Table 2: Chi-Square Test: HCP Comfort/Confidence v. How Conversations Typically Occur

Variable	(n)	df	X2	p- value
How EOL conversations typically occur ^b	58	2	4.884*	.620

* 2 cells have expected count less than 5

^b Survey options included HCP: SDM, Team of HCP: SDM, and Other (please specify).

Table 3: Fisher's Exact Test: HCP Comfort/Confidence v. Province and Presence of formal policy

Variable	(n)	p-value
Province (Western v. Eastern Canada) ^a	62	710
Has a formal policy outlining when EOL	62	.182

^a Respondent provinces were coded as either Western Canada (BC, AB, SK, MB) or Eastern Canada (ON, QC, NB, NS) to increase size of each category



Acknowledgements

Thank you to Riverview Health Centre, the Canadian Foundation for Dietetic Research for project funding, and Canadian LTC health care providers for their participation.

Conclusion

- Due to a small sample size it is not possible to conclusively determine all factors associated with comfort/confidence of HCP
- using Binomial Linear Regression. • The Omnibus Test of Model Coefficients was used to help narrow factors for further testing using Chi-Square for Independence and Fisher's Exact Test.
- Based on the results of Chi-Square Test, how conversation typically occur does not play a role in HCP comfort/confidence with EOL conversations. However, this must be interpreted with caution as some options had less than 5 observations.
- Province and presence of EOL policy were also not statistically significant. However, due to the small study population, re-examining presence of a formal policy outlining when EOL should occur and its impact on HCP comfort/confidence may yield a different outcome with a larger study population.

Significance

- Information can be used to support the development of EOL care policies and
- guidelines for use by HCP in LTC settings. This study contributes to the overall literature on EOL within the Canadian LTC home context

References

¹ Strang P, Bergstrom J, Martinsson L, Lundstr S. (2020). Dying From COVID-19: Loneliness, Endof-Life Discussions, and Support for Patients and Their Families in Nursing Homes and Hospitals. A National Register Study. *Journal of Pain and Symptom Management*, 60(4), e2-e12. ² Winnipeg Regional Health Authonty, "Final Days of Care Long-Term Care Resource Guide" (Winnipeg, Manitoba, 2017). ³ Andrews S, McInerney F, Toye C, Parkinson CA, Robinson A. (2017). Knowledge of Dementia: Do family members understand dementua as a terminal condition? *Int J Palliative Nursing*, 12(5): 234-240.



CFDR RESEARCH RESULTS

CFDR congratulates investigators for the completion of the several projects in the 2023 fiscal year. Highlights of two of these projects are presented. Full abstracts for all completed CFDR-funded projects can be found on CFDR's website.



Examining Longitudinal Associations between Dietary Sugar Intakes and Anthropometric Measures among Young Children in the Guelph Family Health Study

Andrea C. Buchholz, PhD, RD (Principal Investigator) Anisha Mahajan PhD, RD, CDE (Principal Co-Investigator) University of Guelph

Background: We investigated longitudinal associations between total, free and added sugar intake of young children (1.5-5 years) at baseline with anthropometric measures at baseline and 18-months.

Methods: Children (n=109) were enrolled in the Guelph Family Health Study. Food records and anthropometrics were collected at baseline and 18-months. Associations between sugar intakes and anthropometrics were estimated using linear regression models with generalized estimating equations.

Results: There was no biologically relevant effect of time on associations between sugar intakes and anthropometric measures.

Conclusions: Further investigation into associations between sugar intakes anthropometrics over longer time periods is warranted.



CFDR RESEARCH RESULTS



Development of a Self-Management App for Adults with Inflammatory Bowel Disease

Jess Pirnak (she/her) BA, BSc, RD Food Yourself Dr Kevan Jacobson MBBCh, FRCPC, FCP, AGAF, CAGF University of British Columbia

Introduction: Despite the interest in nutrition, there are a lack of evidence-based nutrition resources to support inflammatory bowel disease (IBD) patients and families, coupled with limited access to health care professionals with the appropriate expertise.

Objective: The aim of the study was to review the literature to evaluate the effects of diet on IBD, and to engage the IBD community to gather insights for the development of an IBD-focused version of the existing MyHealthyGut app.

Methods: A review of the literature was undertaken to evaluate the effects of diet on IBD. In addition, a group of nurses, dietitians and gastroenterologists with expertise in caring for patients with IBD used the app for a 2-week period followed by individual interviews and participation in a focus group. Qualitative questionnaires were administered verbally and feedback recorded.

Results: The literature review together with the feedback from experts in the field suggested changes related to clinical uses, food and symptom tracking, ease of use, enhancement of food lists (including emulsifiers, artificial sweetners), addition of multiple food composition databases and educational content. All participants reported that they would either use the app themselves or recommend it to patients, once their suggestions were implemented. This work was recently published in *Digital Health*.

Conclusions: The additional features and functions suggested by the literature review together with the individual interviews and participation of health care experts in a focus group will be included into the preexisting app once funding is available. These additions will complement current IBD therapies and enhance the quality of care of our patients with IBD.



SUMMARIZED STATEMENT OF FINANCIAL POSITION

Year ended August 31, 2023

ASSETS	2023	2022		
Current assets:				
Cash Sundry Receivables Inter-fund balance	70,802 25,506 -	157,050 38,779		
Prepaid expenses	3,426	1,317		
	99,734	197,146		
Long-term asset:				
Investments	1,538,005	1,693,550		
	1,637,739	1,890,696		
LIABILITIES AND NET ASSETS				
Current liabilities:				
Accounts payable and accured liablities	50,606	68,415		
Net assets:				
Restricted Unrestricted	1,356,822	1,495,480		
	230,311	326,801		
	1,587,133	1,822,281		
	1,637,739	1,890,696		

SUMMARIZED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS Year ended August 31, 2023

Year ended August 31, 2023				
REVENUES	2023	2022		
Donations - Corporate	30,002	42,106		
Donations - Individuals	1,424	15,311		
Investment Income	80,887	60,057		
	112,313	117,474		
EXPENSES				
Research Program	40.445	59,010		
Open Grant Competition	48,445			
Expenses	18,659	28,332		
Administration	48,830	40,775		
Governance	25,691	34,698		
Research Communications	35,223	37,280		
Fundraising	39,052	23,734		
Marketing and communications	22,156	61,313		
Unrealized losses on investments	109,405	102,850		
	347,461	387,992		
DEFICIENCY OF REVENUE NET ASSETS - BEGINNING OF YEAR	(235,148) 1,822,281	(270,518) 2,092,799		
NET ASSETS - END OF YEAR	1,587,133	\$1,822,281		

CFDR is grateful to our corporate partners who believe in the value of dietetic and nutrition research in building a healthy Canada. Our partners contribute funds and human resources to support the work of the Foundation.

CFDR is proud to have worked with the following donors for 2022-2023.





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CFDR relies on the dedicated volunteers who help ensure the success of our programs. Thanks to all of those who donated their time and expertise this year.

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