Research-to-Action Fellowship
Project Topics 2026-2027

Below are the project topics for this year’s Research-to-Action Fellowship

Each project will be led by two Fellows, with support from Diabetes Action Canada, program mentors, and partner organizations. Fellows do not need to arrive with a finished idea. Each team will shape its project through training, mentorship, research, and a co-design session with community members.

The final resource can take many forms, including a guide, toolkit, video series, storytelling project, workshop, infographic, social media campaign, conversation tool, or another format that feels useful to the community it is meant to serve.

Some projects have reserved or priority spots. This helps ensure that projects rooted in specific communities or experiences are led by people with a strong connection to that work.

Across the Fellowship, we aim to select a cohort that reflects a wide range of diabetes experiences, including type 1 diabetes, type 2 diabetes, gestational diabetes, MODY/LADA or other less common forms of diabetes, prediabetes, and loved experience.

Project topic (click to learn more)	Who it is for
Food, Culture, and Diabetes Care in Indigenous Communities	Reserved for Indigenous applicants
Publishing Diabetes Stories and Research: A Guide for Patient Partners	Priority for applicants from communities underrepresented in research and publishing
Diabetes Advocacy and Conferences 101: From Local Voice to Global Change	Reserved for youth and emerging patient partners (35 and under)

Project topic (click to learn more)	Who it is for
Stigma is a Drag: Challenging Diabetes Myths Through Comedy and Performance	Reserved for drag performers, comedians, and/or performance-based storytellers
Diabetes and Relationships: Navigating Connection, Communication, and Grief	One spot reserved for someone with lived experience of diabetes and one spot reserved for someone with loved experience

1. Food, Culture, and Diabetes Care in Indigenous Communities

Reserved for Indigenous applicants

What this project is about

This project will explore how Indigenous people can manage diabetes while staying connected to traditional foods, cultural food practices, community knowledge, and food relationships grounded in land and culture.

Too often, diabetes nutrition advice is based on Western food models that do not reflect Indigenous foodways, food access, family practices, land-based knowledge, community realities, or the impacts of colonialism. This project will challenge the idea that diabetes care means giving up cultural foods or shifting to a Western diet.

Why this matters

Food is not just about nutrition. It is also connected to culture, memory, family, land, community, and identity.

Diabetes resources should support people in caring for their health without disconnecting them from who they are. This project will help create a resource that honours Indigenous knowledge and supports more culturally safe conversations about food and diabetes.

Possible directions

This project could become:

- A plain-language guide on traditional foods and diabetes
- A storytelling-based resource shaped by Indigenous community voices
- A visual tool for conversations with healthcare professionals
- A community discussion guide about food and diabetes
- Recipe cards, reflection cards, or myth-busting resources
- A resource to help healthcare professionals give more culturally safe diabetes advice
- A tool that supports Indigenous people in asking questions about food, blood sugar, and diabetes care without shame or judgment

2. Publishing Diabetes Stories and Research: A Guide for Patient Partners

Priority for applicants from communities underrepresented in research and publishing

What this project is about

This project will help patient partners understand how publishing works and how people with lived or loved experience can share their knowledge in written spaces while protecting their time, privacy, boundaries, and wellbeing.

Publishing can include journal articles, opinion pieces, commentaries, blogs, letters, plain-language summaries, conference reflections, and other written work. Many patient partners are not taught how these systems work, what authorship means, how peer review happens, or how to know when their contribution deserves recognition.

This project will also explore the personal side of publishing: how much of your diabetes story to share, how to avoid oversharing, how to set boundaries, how to protect yourself online, and how to say no or ask questions when something does not feel right. It can also address power dynamics, compensation, tokenism, and proper recognition.

Why this matters

People with lived and loved experience are often invited to contribute to diabetes research, writing, and storytelling, but they are not always given the tools to understand their rights, protect their boundaries, or receive fair recognition.

Patient partners should not have to choose between sharing their expertise and protecting themselves. This project will help make publishing more understandable, accessible, ethical, and safe.

Possible directions

This project could become:

- A beginner’s guide to publishing for diabetes patient partners

- An authorship and contribution checklist
- A plain-language glossary of publishing terms
- A guide to journal articles, opinion pieces, blogs, letters, and commentaries
- A boundary-setting guide for writing about lived or loved experience
- A “what do I need to know before I say yes?” checklist
- Templates for asking about authorship, payment, timelines, review rights, and consent
- A guide on what to share, what to hold back, and how to protect your story
- A workshop or slide deck that helps patient partners feel more confident entering publishing spaces

3. Diabetes Advocacy and Conferences 101: From Local Voice to Global Change

Reserved for youth and emerging patient partners (35 and under)

For this Fellowship, youth is generally defined as age 31 and under, while recognizing that age, opportunity, access, and life experience vary. Applicants who strongly connect with this project and its focus on emerging leadership are welcome to explain that connection in their application.

What this project is about

This project will help youth and emerging patient partners understand the diabetes conference and advocacy landscape. There are many diabetes research, care, policy, and advocacy spaces where ideas are shared and decisions are shaped.

These spaces may include national diabetes conferences, regional meetings, global scientific conferences, community-led gatherings, travelling conferences, United Nations spaces, the World Health Assembly, and other global health events. They can be exciting, but they can also feel confusing and intimidating.

Many people do not know which conferences matter, who attends them, what decisions are made there, how to get involved, or how those conversations shape research, policy, healthcare, technology access, medication access, and public narratives about diabetes.

Why this matters

A lot of advocacy has a hidden curriculum. People are often expected to understand conference language, abstracts, scholarships, panels, poster presentations, networking, side events, policy discussions, and follow-up without anyone explaining how it all works.

This project will help make diabetes advocacy and conference spaces easier to understand and navigate, especially for people entering them for the first time.

Possible directions

This project could become:

- A guide to major diabetes, research, and advocacy conferences
- A map of national, regional, global, and UN-level diabetes advocacy spaces
- A “first diabetes conference” handbook for patient partners
- A guide to abstracts, scholarships, panels, posters, networking, and side events
- A tool explaining what decisions are made in different spaces and how they affect everyday life
- A travel, accessibility, disability accommodations, and fatigue management checklist
- Scripts for introducing yourself, networking, asking questions, and following up after an event
- A guide to turning conference attendance into advocacy, writing, community sharing, or policy action

4. Stigma is a Drag: Challenging Diabetes Myths Through Comedy and Performance

Reserved for drag performers, comedians, and/or performance-based storytellers

What this project is about

This project will use humour, performance, storytelling, and creativity to challenge diabetes stigma.

Diabetes stigma shows up in jokes, media, healthcare, families, workplaces, dating, schools, and everyday conversations. It can make people feel blamed, judged, ashamed, or misunderstood.

This project will explore how comedy, drag, performance, and public storytelling can help people unlearn harmful assumptions about diabetes.

Why this matters

Stigma is serious, but the tools used to challenge it do not always have to feel heavy.

Humour and performance can open doors, shift tension, and help people hear difficult truths in new ways. This project will challenge harmful diabetes myths, including blame around type 2 diabetes, assumptions about food and body size, shame around insulin or medication use, confusion between diabetes types, and the idea that diabetes is simple to manage if people “just try harder.”

The goal is not to make light of diabetes. The goal is to use creativity to help people think, feel, laugh, and unlearn.

Possible directions

This project could become:

- A diabetes stigma performance toolkit
- A myth-busting comedy or drag video series
- A social media campaign challenging diabetes blame and shame
- A guide for performers talking about diabetes without reinforcing stigma
- A community event or workshop model
- A storytelling toolkit for challenging diabetes myths in public spaces
- A resource that helps audiences understand what diabetes stigma sounds like and how to interrupt it

5. Diabetes and Relationships: Navigating Connection, Communication, and Grief

One spot reserved for someone with lived experience of diabetes and one spot reserved for someone with loved experience

What this project is about

Diabetes does not only affect the person diagnosed. It can shape relationships with partners, parents, siblings, children, friends, caregivers, healthcare professionals, and ourselves.

It can affect how people communicate, ask for help, share responsibility, set boundaries, make decisions, manage conflict, and feel understood. Loved ones may want to help but may not know what support looks like. People living with diabetes may feel watched, judged, pressured, misunderstood, or responsible for protecting others from the emotional weight of the condition.

Relationships can also change over time. A parent may need to step back as a young person becomes more independent. A partner may become more involved in daily diabetes care. Friends may struggle to understand the constant planning diabetes requires. Caregivers and family members may carry fear, responsibility, or uncertainty that is rarely acknowledged.

Grief is also an important part of this project. Diabetes grief can include grief after diagnosis, food grief, body grief, medical trauma, technology grief, grief related to complications, fertility or pregnancy, changing roles, caregiving, and the life someone thought they or their loved one would have.

Grief can also be quiet and ongoing. Sometimes it is the background hum of diabetes: the daily calculations, interruptions, fears, compromises, and changes that build over time.

This project will explore how people with diabetes and their loved ones can communicate more honestly, navigate changing roles, protect their relationships, and support one another without blame, pressure, or the expectation to always “stay positive.”

Why this matters

There is growing awareness of diabetes distress, burnout, anxiety, depression, and other mental health challenges connected to diabetes. These experiences are important and deserve care, support, and attention.

At the same time, fewer resources explore how diabetes affects relationships. Many diabetes resources focus on numbers, medication, food, technology, appointments, and daily management. They may offer little support for the conversations happening around those tasks.

People living with diabetes and their loved ones may struggle with questions such as:

- How involved should a loved one be in someone’s diabetes care?
- How can people offer support without becoming controlling?
- How can someone ask for help without feeling like a burden?
- How do families adjust when roles and responsibilities change?
- How can people talk about fear, grief, frustration, intimacy, or conflict?
- How can healthcare professionals recognize and support the relationships around diabetes?

These conversations can be difficult, especially when people are trying to protect one another or do not have the words to explain what they need.

This project will help create a practical and compassionate resource that supports clearer communication, healthier boundaries, shared understanding, and stronger relationships. It will recognize that relationships can hold love, tension, humour, fear, grief, care, and hope at the same time.