SSRC-1 | Food and Nutritional Security of People with Severe Medical Conditions

Host unit	Main supervisor	Co-supervisor
Social Sciences Research Centre (SSRC) Explore the host centre	Prof. Miķelis Grīviņš View research profile	Dr Ieva Puzo View research profile

APPLICANT FREEDOM The topic defines a research area, not a pre-written project. Applicants may propose a distinct, original approach provided that it remains scientifically aligned with the theme and demonstrably feasible in the host environment.

Research context and rationale

The research group led by Prof. Miķelis Grīviņš has longstanding experience in studying food systems, with a particular focus on sustainability and health. Its work has examined hospital catering, the organisation of specialised supply chains, and the food and nutritional security of groups with particular needs and preferences. This research connects questions of food provision and access with the organisation of services and the wider food system. It provides the scientific foundation for the KEY-RSU research area on food and nutritional security among people with severe medical conditions, linking an established food-systems perspective with questions arising before, during and after cancer treatment.

Food and nutritional security concerns access to sufficient, safe and nutritious food that meets dietary needs and preferences. This theme considers availability, accessibility, utilisation and sustainability, with a particular interest in people affected by cancer before, during and after treatment.

Indicative scientific scope

Projects should examine nutritional needs and food-security conditions in relation to severe medical conditions, connecting individual experience with organisational, economic, legal and food-system factors. Cancer is the principal context of this opportunity; any substantial expansion to other conditions must remain aligned with the approved position scope.

Examples of research questions

- What barriers affect access to appropriate food before, during and after treatment?
- How do healthcare, household, supply-chain, economic and regulatory factors interact?
- How do patients and caregivers understand and manage dietary recommendations in everyday life?
- Which interventions or service changes appear feasible, acceptable and sustainable for relevant stakeholder groups?

Possible approaches

- Qualitative interviews, focus groups, observation and document/policy analysis.

- Participatory and citizen-science approaches where ethically appropriate.
- Survey or mixed-methods research using REDCap, QuestionPro, Stata or SPSS where justified.
- Systems mapping and stakeholder-engaged analysis of food environments and care pathways.

METHODS NOTE The approaches above are indicative. Applicants should select and justify methods appropriate to their own questions rather than attempt to include every method listed.

Relevant host expertise and resources

Expertise: Food systems, sustainability, hospital catering, specialised supply chains, food and nutritional security, participatory methods and policy engagement.

- MAXQDA and NVivo; Stata and SPSS; REDCap and QuestionPro, subject to licence and account conditions.
- Focus-group facilities and field-research equipment.
- Potential health and socioeconomic datasets, subject to identification of the specific dataset, custodian and lawful access route.

ACCESS CONDITION Access to the specialised resources listed above is subject to the conditions described in the separate SSRC Host Profile and to project-specific arrangements.

Interdisciplinary and intersectoral opportunities

- Social science, nutrition, public health, oncology, health services, economics, law and patient experience.
- Potential collaboration with MVI's Immunology & Cancer Lab and the clinical sector, without implying access to patients or samples.

Potential collaboration and secondment pathways

- University of Iceland: food science, nutrition, public health, cancer and nutrition, evidence assessment and applied dietary research. Specific secondment arrangements will be agreed for the individual project.
- Other partners may be considered only if their documented contribution fits the selected project's objectives.

SECONDMENT STATUS Participation in a mandatory secondment of 6–12 weeks forms part of KEY-RSU. The precise host, duration, objectives, supervision and outputs will be agreed for each postdoctoral researcher and aligned with the approved KEY-RSU rules and Career Development Plan. The postdoctoral researcher remains employed by RSU throughout the secondment. Additional host organisations may be considered, subject to confirmation of their suitability, compliance with KEY-RSU requirements and any necessary approvals.

Applicant background

Relevant background: A doctorate and relevant experience in sociology, anthropology, human geography, public health, food-systems research, nutrition, health services, policy studies or a closely related field. Applicants should show methodological competence appropriate to the population and research setting proposed.

No additional position-specific eligibility requirement should be inferred from this profile unless it is explicitly included in the approved Full Call Text.

Competences that may strengthen the proposal

The following experience may strengthen a proposal but is not an automatic eligibility requirement:

- qualitative, quantitative or mixed-methods social research;
- participatory, co-design or citizen-science approaches;
- food-systems, nutrition, public-health or health-services research;
- research involving patients, caregivers or other potentially vulnerable groups;
- stakeholder engagement, systems mapping or policy analysis;
- translating research evidence into practical, organisational or policy-relevant outputs.

Applicants are not expected to combine all approaches. The selected competences should support a coherent research design and a credible societal-impact pathway appropriate to the proposed project.

Feasibility boundaries

- Do not assume access to cancer patients, healthcare records, national registers or hospital catering data.
- Recruitment, translation, transcription, survey and fieldwork demands must fit time and research costs.
- The design should avoid conflating clinical nutritional adequacy with social-science measures of food security.

Ethics, data and responsible research

- Research involving patients or other potentially vulnerable participants requires proportionate safeguards and accessible consent processes.
- Health-related personal data require a lawful basis, data minimisation and secure handling.
- Participatory research should address power relations, burden, compensation and responsible return of findings.

Expected contribution

The research is expected to produce a multidimensional account of food and nutritional security in severe illness and identify evidence-informed, context-sensitive opportunities for healthcare, food-system or policy improvement.