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METHODIST
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Improving Nutrition Education for Adults with Type 2 Diabetes in a Rural Primary Care Setting

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Problem & PURPOSE

Problem:

- Rural adults with Type 2 Diabetes Mellitus (T2DM) have limited access to diabetes education.
- Standardized, evidence-based nutrition education was needed.

Purpose: Implement a standardized nutrition education intervention to improve diabetes-related nutrition knowledge among adults with T2DM in a rural primary care clinic.

Available Knowledge & Rationale

- Nutrition education improves diabetes self-management.
- Rural patients have limited access to diabetes education.
- Standardized, evidence-based education supports consistent care.
- The Iowa Model guided implementation of an evidence-based intervention.

Methods

Context

- Rural primary care clinic in Nebraska
- Adults with T2DM

Intervention

- Evidence-based nutrition handout
- Brief (~5-minute) provider education

Study of Intervention

- Quality improvement project
- Pre/post design
- 4-week follow-up

Measure

- 10-item nutrition knowledge questionnaire
- Pre/post knowledge assessment
- Paired-samples *t*-test

Data Analysis

- Pre- and post-intervention questionnaire scores were matched for each participant.
- Data were analyzed using Microsoft Excel
- A paired *t*-test was used to compare mean nutrition knowledge scores before and after the intervention.
- Statistical significance was established at $p < .05$

Results

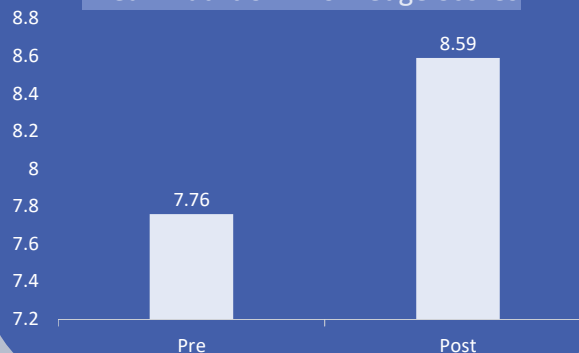
Participants

- 22 participants enrolled
- 17 matched pre/post questionnaires analyzed

Outcomes

- Pre-intervention: $M = 7.76$ ($SD = 1.30$)
- Post-intervention: $M = 8.59$ ($SD = 1.18$)
- **Mean improvement = 0.82 points**
- $t(16) = 2.64$
- $p = .018$

Mean Nutrition Knowledge Scores



Discussion

- Nutrition knowledge improved following the intervention.
- Standardized education addressed a gap in diabetes nutrition education.
- Brief provider education was practical for routine clinic visits.
- Findings support incorporating standardized nutrition education into routine primary care.

Conclusions

- Evidence-based nutrition education can be successfully integrated into routine primary care.
- Standardized education promotes consistent diabetes nutrition education across providers.
- This intervention may be implemented in other rural primary care settings.

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