Title of Intervention: Brief, office-based intervention to facilitate diabetes dietary self-management

Intervention Strategies: Individual Education, Supportive Relationships

Purpose of the Intervention: To improve dietary behaviors

Population: Patients with Type 1 and Type 2 diabetes over the age of 40

Setting: Two specialty health care provider offices; health care facility-based, home-based

Partners: Medical clinics, American Diabetes Association

Intervention Description

• Individual Education: Patients completed a computerized dietary assessment through a touch screen color monitor. The computer printed out a one-page summary of the area in which the patient was likely to have barriers with dietary self-management in the next three months. While the provider counseled the patient, project staff drafted a personalized diabetes self-care plan, which was based on recommended intervention techniques and barriers reported by the patient. A pocket-size fat counter and daily log sheets were provided to the participants. An interactive video was also designed to present information compatible with the patient's stage of dietary change. There were six different interactive videos, which focused on eating away from home, eating at home or food purchasing. The videos presented solutions and behavioral strategies to overcome specific barriers. For each problem area, there were both testimonials from and interactions between actors similar in age to patients. Within each video, there were multiple-choice points for patients. Patients chose topics by touching the monitor screen. Topics included issues they would like more information about, strategies about which they would like to learn or what information they would want on their personalized form. The video took between 17 and 32 minutes.

• Supportive Relationships: The provider gave brief feedback to patients based on the feedback form. The provider was asked to attend to three issues on the form: self-management issues, patient's average calories and desire to participate in diabetes self-management. Follow-up phone calls were made to check on the individual's progress.

Theory: Social Cognitive Theory

Resources Required:

• Staff/Volunteers: Health care provider
• Training: Not mentioned
• Technology: Television, VCR, computer, computer software, printer
• Space: Computer station, television station
• Budget: Not mentioned
• Intervention: Take home copies of the video, VCR rental coupons for those who don't have a player at home, pocket size fat counter, informational pamphlets, paper, daily logs
• Evaluation: Food records, questionnaires, materials to collect blood samples

Evaluation:

• Design: Randomized controlled trial
• Methods and Measures:
  o Food records assessed dietary habits.
  o Questionnaires assessed quality of life.
  o Blood samples measured glucose and cholesterol levels.

Outcomes:

• Short Term Impact: Not measured
• Long Term Impact: The intervention group experienced greater positive dietary changes. There were significant improvements in blood cholesterol levels but not glucose levels.
**Maintenance:** The intervention had an extensive maintenance plan. Follow-up phone calls were made, tailored videos and written materials were sent home with patients, and the intervention process was repeated at regularly scheduled quarterly office visits. After the patients reported achieving their goals 80% of the time, they receive a pamphlet called "Planning Ahead: Preventing and Responding to Slip Up."

**Lessons Learned:** The intervention is relatively brief and seems acceptable to a broad cross section of patients, including older patients with no previous experience with computers. The costs of the interactive video and equipment, which are by far the most expensive components of the intervention, were not significant when spread over hundreds of patients.

**Citation(s):**