Healthcare in the Heartland: IPAS Fall CME, October 26th, 2026

Nutrition 101 for the Primary Care Provider

An overview on creating your own toolkit and gaining nutritional knowledge

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Session Objectives

1. Recognize the importance of including nutrition education in chronic disease management assessments and plans.
2. Develop an approach to identifying and compiling evidence-based nutrition education materials and resources.
3. Identify methods to effectively provide nutritional education tailored to patient needs in the clinic setting.
4. Recognize methods and tools to monitor the effectiveness of the nutritional interventions implemented.
5. Recognize when and how to refer to a registered dietitian nutritionist (RDN) for comprehensive counseling.

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Who? What? Why?

- Diet-related chronic diseases (DM2, CVD) remain leading contributors to morbidity and mortality
- Nutrition is ***usually first-line in management***
- Nutrition education in medical training remains deficient world-wide[1,2]
- PAs have the potential to provide personalized nutritional counseling, but confidence and competence is a limiting factor
- **Evidence-practice gap**: provider's nutrition knowledge and skills to support behavior change

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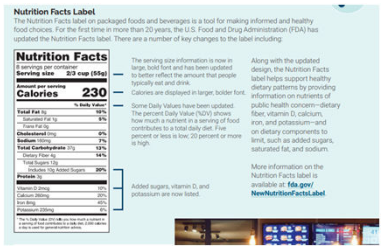
First: Educate yourself

- Review and gain knowledge in your area of practice
  - Example: Dietary Guidelines for Americans: 2020-2025
  - Example: Nutrition Therapy for Adults with Diabetes or Prediabetes: A Consensus Report
- Educate yourself on your local population's eating and shopping practices, access to healthy food
- Become aware of resources and experts in your area
- Recognize sources of mis- and disinformation
- Seek out nutrition CME opportunities

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Resources for self-education:
Dietary Guidelines for Americans **2020-2025***





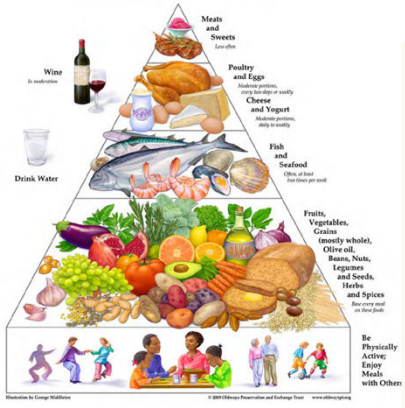
Key Recommendations

- **For about the first 6 months of life,** exclusively feed infants human milk. Continue to feed infants human milk through at least the first year of life, and longer if desired. Feed infants iron-fortified infant formula during the first year of life when human milk is unavailable.
- Provide infants with supplemental vitamin D beginning soon after birth.
- **At about 6 months,** introduce infants to nutrient-dense complementary foods.
- Introduce infants to potentially allergenic foods along with other complementary foods.
- Encourage infants and toddlers to consume a variety of foods from all food groups. Include foods rich in iron and zinc, particularly for infants fed human milk.
- Avoid foods and beverages with added sugars.
- Limit foods and beverages higher in sodium.
- As infants wean from human milk or infant formula, transition to a healthy dietary pattern.

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Mediterranean Diet Pyramid



New Dietary Guidelines 2025-2030



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Resources for self-education: online CME

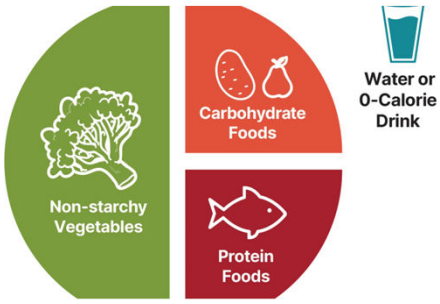
- Nutrition & Health CME (51 CME credits) - AMA Hub
- Mayo Clinic's Annual Nutrition and Wellness conference- 27th annual meeting - Long Beach, CA
- American College of Lifestyle Medicine- Food as Medicine Courses
- American College of Culinary Medicine: Culinary Medicine Certification Course
- Iowa State University Extension and Outreach: Cyclone Kitchen

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Next: make your own toolkit

- Build a "database" for your patients
  - The Diabetes Plate
  - MediDiet Eating Pattern: A Practical Guide
  - Nutrition Care Manual (AND)
- Promote sources with robust evidence
- Set aside time in your visit specifically for nutrition education
- If limited time, schedule for follow-up
- Refer, refer, refer.



American Diabetes Association
"The Diabetes Plate"
https://diabetesfoodhub.org/blog/what-diabetes-plate

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Refer!

- Medical Nutrition Therapy (MNT) has been shown to **reduce** physician/provider office visits, **improve** clinical outcomes, and **reduce cost** to provider time, medication use, and hospital admissions for people with obesity, diabetes, dyslipidemia, and other chronic diseases.[3]
- Medicare coverage:
  - MNT covered by Medicare includes diabetes, pre-dialysis CKD, post-kidney transplant
  - Diabetes Prevention Services for BMI ≥25 (23 if Asian)
  - Diabetes Self-Management Training
  - Weight/Obesity management for BMI ≥30 (Medicare Part B)
  - Some Medicare Advantage Plans may offer additional coverage
- Learning more about Registered Dietitian Nutritionist (RDN) services: Referrals to an RDN toolkit

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Effective Referral Messaging

- Become familiar with what happens during an RDN visit
- Use "people-first" language
- Have the conversation

Neutral	Stigmatizing
• *Weight* • *Body mass index*	• *Obese* • *Extremely obese* • *Fat* • *Weight problem*
• *Child with elevated BMI* • *Adult with diabetes*	• *Obese child* • *Diabetic adult*

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Beginning the Conversation

Ask Permission

- Adult examples
  - You mentioned you're concerned about your child's weight. Would you like some ideas to support a healthy weight for your child?
  - Would it be okay if we discussed your weight?
- Pediatric examples (caution)
  - How do you feel about the meals and foods you are eating?
  - Do you think making some changes with your food choices might help you feel better?

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Beginning the Conversation

Keep it positive

- Share confidence in the process, person, and experience
- Explain what the patient may expect from the nutritional counseling process
- Support patient's efforts to reach out for more help
- Emphasize that this is not to address a "failure" but to increase likelihood of success

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Filling the Gap: Nutrition education before RD appointment

- Use your newly created database!
- Provide information on patient self-education as well
- Practice the “5 As"



Insert Your Practice Logo

You Deserve the Best of Health – Let's Start Now!

Making healthy changes in our daily routine can seem overwhelming to both adults and children. Did you know that even small daily lifestyle choices can add up to big changes in health?

Where can you start? Here are some healthy lifestyle choices based on your age that can improve how you feel and perform each day. When can you start? Why not start now?

To get nutrition advice specifically for you and your needs, it is recommended you follow up with an appointment with a Registered Dietitian Nutritionist (RDN). Together you will design individualized nutritional meal and snack recommendations based on your favorite foods, culture, grocery budget, family needs, school or work schedule, and lifestyle. Several important nutrition goals to help you get started are in your nutrition goals below.

Let's Get Started on My Nutrition Goals

Fruit goal: _____ cups daily (no added sugar; fresh, frozen, or canned all count)
How I plan to meet this goal:

Vegetable goal: _____ cups daily (fresh, frozen, or canned all count)
How I plan to meet this goal:

Beverages goal: _____ cups daily (Unsweetened drinks only; milk, water, juice [limit juice to ½ cup each day])
How I plan to meet this goal:

This Nutrition Plan is designed especially for VIP: _____

By: _____ Date: _____

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Apply the 5 A’s Model

- **Assess** health risks and behaviors
- **Advise** on behavior change as needed
- **Agree** on specific goals through collaborative decision-making
- **Assist** with skills and resources to achieve goals
- **Arrange** follow-up support and referrals

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Assess (2 minutes)

- **REAP-S**: Rapid Eating Assessment for Participation (shortened)
  - 21 Questions
  - Can build into EMR
  - Higher scores associated with lower executive dysfunction
- **MEDAS**: Mediterranean Diet Adherence Screener
  - Higher scores associated with higher HDL, lower BMI, waist circumference, triglyceride levels, fasting glucose, and 10-year CAD risk
  - Can adapt to **PROMED** for populations with shared food traditions including Latino and Afro-Caribbean (rice, beans, root vegetables, and tropical fruits)

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Assess (2 minutes)

- Nutrition Screening Protocol (2 questions)
- Starting the Conversation (8 questions)

Nutrition screening protocol	Powell and Greenberg Screening Tool[44]
	1. How often per week do you eat ≥5 fruits and vegetables?
	2. How often do you consume sugary food/drinks (juice, sweeteners in coffee or tea, sugary sodas)?
Starting the Conversation*	Ask about the frequency of these dietary intakes occurring over the previous few months[43,56]
	1. Fast food meals or snacks per month
	2. Servings of fruit per day
	3. Servings of vegetables per day
	4. Regular sodas, juices, or other sugary beverages per day
	5. Servings of beans, nuts, chicken, or fish per week
	6. Regular snack chips or crackers per week*
	7. Desserts and other sweets per week*
	8. Use of butter or meat fat*

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Advise (5 minutes)

- Offer personalized dietary recommendations based on the screening results
- Remember to ask permission, use people-first language
- If time constraint, focus on 1-2 priority areas with substantial impact
- Delegate detailed dietary counseling to RD
- Provide take-home materials to review between visits (more in “Assist”)

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Agree (5 minutes)

- Collaborate with patient to choose treatment goals based on readiness to change
- Ask if suggested changes are realistic, achievable
- Can propose a more specific/realistic goal based on patient response

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Assist (5 minutes)

- Provide pre-selected, evidence-based nutrition education resources
- A great way to use your newly created database
- May include
  - Nutrition Guides
  - Portion references
  - Shopping, budgeting advice
  - Culturally tailored recipes

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Arrange (2 minutes)

- Schedule follow-ups, make referrals to RD
  - Major medical organizations and guidelines recommend RD referral for management
- Most valued component of this model according to patients
- Rarely implemented (<10%)

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Conclusion

- 5 As Framework takes 20-22 minutes
- May need to divide up between visits, share with team
- Set goal to follow-up and monitor
  - Recheck blood pressure
  - Weight goals
  - Check-in with referrals
  - Monitor over the year

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Resources for self-education

- Dietary Guidelines for Americans, 2020-2025
- American College of Lifestyle Medicine: Food as Medicine Module Series
- American College of Culinary Medicine: Culinary Medicine Modules
- www.kidseatright.org (kids and teens)
- www.eatright.org (adults, pregnancy, geriatric)
- Brochures & Patient handouts
  - See www.eatrightstore.org

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References

1. Johnson H, Kunitsky O, Mamillapalli S, Waite G, Lobo S. Community perspectives on physicians' roles in nutritional care: a survey from Northeast and Central Pennsylvania. *Prev Med Rep*. 2026;65:103465. Published 2026 Apr 4. doi:10.1016/j.pmedr.2026.103465
2. Crowley, J., Ball, L., Hiddink, G.J., 2019. Nutrition in medical education: a systematic review. Lancet Planet Health. 3 (9), e379–e389. https://doi.org/10.1016/S2542- 5196(19)30171-8.
3. Filling the Gap: Nutrition Education Between PCP Referral and First RDN Appointment. In: Allen A, Davis A, Bayless G, et al. *Referrals to a Registered Dietitian Nutritionist: A Primary Care Provider (PCP) Toolkit promoting the use of Registered Dietitian Nutritionists (RDNs) in team-based care for patients with obesity or diabetes*. Academy of Nutrition and Dietetics; 2020: Section VII. Accessed July 22nd, 2026.
4. Vadiveloo M, Lichtenstein AH, Anderson C, et al. Rapid Diet Assessment Screening Tools for Cardiovascular Disease Risk Reduction Across Healthcare Settings: A Scientific Statement From the American Heart Association. *Circ Cardiovasc Qual Outcomes*. 2020;13(9):e000094. doi:10.1161/HCQ.0000000000000094