promoting foods are consumed daily, such as legumes, nuts, seeds, and whole grains. The handout for individuals "Healthy Foods are Everywhere" (Figure 21) provides examples of culturally diverse ingredients and dishes from a variety of cuisines and may be helpful to share with individuals who want ideas for plant-based foods to prepare.

Culturally acceptable animal food choices emphasizing fish, low-fat dairy, poultry, and minimizing meats higher in fat and saturated fat should be discussed, while the spectrum of eating patterns, including completely plant-based patterns, can still be shared.[348] The importance of fiber, which has been shown to help regulate blood glucose,[349] should be highlighted in all cases, particularly when consumed as part of a whole-food, plant-predominant eating plan. Fiber intake can be encouraged with SMART goals for eating vegetables, legumes, and whole grains.

Referrals to Interdisciplinary Team Members

Individuals should be referred to a RDN for medical nutrition therapy, with or without a health coach or diabetes care and education specialist, when team members are available who are experienced at lifestyle for diabetes remission or improved control. Individuals should also be referred to any locally available programs, whether medical or non-medical, that may help them maintain their best dietary habits over the long term.

KAS 9: Peer/Familial Support and Social Connections

The clinician or HCP should counsel adults with prediabetes, T2D, or a history of GDM regarding the importance of cultivating positive social connections provided by peers, family members, and/or other professionals trained in lifestyle change methods to achieve SMART goals and optimize glucose management. **Strong recommendation** *based on RCTs, systematic reviews and metanalyses with a preponderance of benefit over harm.*

Action Statement Profile

- **Quality improvement opportunity**: To involve a person's support system in achieving SMART goals and optimizing glucose management. (National Quality Strategy Domain: Person- and Family-Centered Care; Health and Well-Being of Communities)
- **Aggregate evidence quality**: Grade A, based on 41 RCTs, 6 meta-analyses, 4 systematic reviews and 1 umbrella review demonstrating consistently that support interventions lead to improved outcomes in prediabetes and T2D management
- **Level of confidence in evidence**: High
- **Benefits**: Improve adherence to SMART goals, promote sustainable lifestyle behaviors, enhance positive social connections
- **Risk, harm, cost**: Potential for a negative social connection
- **Benefit-harm assessment**: Preponderance of benefit over harm
- **Value judgments**: There is a perception among the GDG that the importance of peer support, family support, and positive social connections may be underappreciated as a factor that influences outcomes
- **Intentional vagueness**: None
- **Role of patient (individual) preferences**: Large
- **Exceptions**: None
- **Differences of opinion**: None
- **Implementation considerations**: Handouts for individuals; loneliness assessments; availability of community programs or shared medical appointments

Supporting Text

The purpose of this statement is to advise clinicians or HCPs to promote social support interventions for people with prediabetes, T2D, or a history of GDM. Clinicians or HCPs should inform individuals that optimal management of prediabetes, T2D, or history of GDM includes building a strong network of social support outside the clinic.

Lack of social integration, support systems, and community engagement can lead to social isolation and loneliness that can negatively influence health by increasing health risks, decreasing function, and reducing quality-of-life. According to the Surgeon General's Advisory on the Healing Effects of Social Connection and Community, loneliness has been linked to a higher likelihood of poor physical and mental health and poses both individual and societal risk.[350] For any suspicion of social isolation or loneliness, a simple and widely used 3-item survey (Table 14) has been validated to measure loneliness,[351] with a much lower administrative burden than the 20 item UCLA scale[352] upon which it is based.

Investigators have categorized individuals with combined scores of 3 to 5 as "not lonely" and those scoring 6 to 9 as "lonely."[353] Alternatively, Maes et al[354] suggests the 20-item UCLA Loneliness scale as a common and more extensive survey to assess loneliness. For more general social health screening related to diabetes, the ADA Problem Areas in Diabetes (PAID) Scale[355] is a well validated 20-item tool that can assess for negative emotions related to diabetes and can also expose social isolation or other related problem areas.