A two-arm, semi-blinded RCT conducted in 47 people with T2DM. Participants were randomly allocated to the intervention group (SALUD program) or to the control group (usual T2DM care). The whole study duration was 24 weeks, with measurements at baseline, 12 weeks, and 24 weeks. Measurements include food literacy, diet quality, Sense of Coherence, QoL, self-efficacy, body weight, and waist- and hip circumference. Data is analysed with linear mixed models.

**The SALUD Program**

The SALUD program consisted of 12 weekly group online meetings. Under the guidance of the lifestyle coach, participants set their own health goal(s). The program encouraged participants to think about what they find important in their lives and health.

This was the starting point to take small steps to eat healthier. Social support from others with diabetes was also an important starting point of the program. Each meeting had its own theme, such as practical nutrition knowledge, coping with stress, self-insight, disease acceptance and importance of social support.
The SALUD program is no better than normal diabetes care in improving food literacy, dietary intake and weight. The improvements seem independent of the SALUD program.

**RESULTS**

1. Both the SALUD and the control group improved significantly in food skills, food intake, weight, quality of life and SoC over the duration of the study. No significant effects were found for waist and hip circumference.

2. The SALUD group showed consistently greater improvements compared to the control group.

3. The SALUD program caused a significantly greater improvement in Sense of Coherence compared with the control group.

4. The SALUD program is no better than normal diabetes care in improving food literacy, dietary intake and weight. The improvements seem independent of the SALUD program.
CONCLUSION

The results show that the SALUD program is effective in increasing resilience. Whether the SALUD program is effective in improving eating behaviour, weight and well-being, cannot be said with certainty. However, initial results are optimistic: both groups improved in these outcomes, with consistently greater improvements in the SALUD group. We also know from previous research that resilience is linked to healthier eating habits.

DISCUSSION

Why are the improvements in eating behaviour and weight not significant? Evaluating a lifestyle program is complicated; many factors are not under the researcher's control. One possible explanation is that the SALUD study was conducted in a relatively healthy group of people with type 2 diabetes. Another explanation is that the control group did 'too well'. The fact that someone participates in research – even in the control group – can cause improvements in health (the Hawthorne/placebo effect).

FUTURE STEPS

To get a better picture of the SALUD program, the next step is to thoroughly evaluate the feedback and experiences of SALUD participants. This can help us better understand the current results and further optimise the SALUD program.

Furthermore, half of the previous control group followed the SALUD program (SALUD-II). The SALUD-II participants improved significantly in weight, nutritional intake, quality of life and hip circumference. These findings support the current results.