Overview and Update on the National Diabetes Prevention Program:
Everything but the kitchen sink!

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Disclosures to Participants

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For successful completion, participants are required to be in attendance in the full activity, complete and submit the program evaluation at the conclusion of the educational event.

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Activity-Type: Knowledge-based
Overview and Update on the National Diabetes Prevention Program: Everything but the kitchen sink!

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Objectives

- Describe the goals and structure of the National Diabetes prevention Program (DPP)
- Compare and contrast the difference between DSME programs and the National DPP Lifestyle Change Program
- Describe the current state of delivery of the National Diabetes Prevention Program
Who are you and what do you do?

Sarah Piper, MPH, CDE

- DTTAC Training Director
- National Master Trainer
- Lifestyle Coach
Who is DTTAC?

Diabetes Training and Technical Assistance Center of Emory University: DTTAC is a national training provider for the National Diabetes Prevention Program. Established at Emory University in 2009 with funding from the Centers for Disease Control and Prevention (CDC), Division of Diabetes Translation (DDT). Currently operate independent of CDC funding.

Curriculum:
- Developed the 2012 curriculum for the launch of the National DPP
  - Partnered with CDC/DDT, Indiana University, University of Pittsburgh, and YMCA of the USA

Training:
- Developed first National training for Lifestyle Coaches and Master Trainers in 2011
  - Trains Lifestyle Coaches and Master Trainers nation wide
  - Ongoing in person and web based training for Lifestyle Coaches and organizations

Support:
- Developed and manage Common Ground, online learning community to support Lifestyle Coaches, Master Trainers, and recognized organizations
- Provide implementation assistance to organizations delivering the National DPP
Everything but the Kitchen sink agenda:

- Background: DPP study
- Pre-diabetes epidemic
- What is the National DPP
  - Lifestyle Change Program
  - Quality assurance: CDC DPRP
  - Training
  - Referrals & coverage
- Current status of program
- Potential next steps

Housekeeping:
- Cards on table
- Questions
- Handouts
National DPP Background: The DPP Study
Why focus on prediabetes?

The growing threat of prediabetes:

- Prediabetes is identified when your blood sugar level is higher than normal but not high enough yet to be diagnosed as type 2 diabetes.

- 86 million adults have prediabetes.

- 9 out of 10 people with prediabetes don’t know they have it.

- 15–30% of people with prediabetes will develop type 2 diabetes within 5 years.

- Without weight loss and moderate physical activity.
What was the research question of the DPP study?

- Can Type 2 diabetes be prevented or delayed through modest weight loss or taking the diabetes drug metformin?

**How did the study work?**

- 3,234 participants—all with prediabetes and overweight
- Split into three groups: Metformin, Lifestyle Intervention & Placebo
- Followed participants for three years
What did the lifestyle change component include?

- Study participants met 1:1 with their lifestyle coach weekly
- Covered weekly topic-16 weeks then monthly for one year
- Lifestyle coaches were health professionals
- Kept food logs that were reviewed by lifestyle coach
- Participants given incentives
- Some group support in second phase
What were the results? Which group did best?

New England Journal of Medicine, 2002

Reduced chance of developing diabetes

- Lifestyle - total: 58%
- Lifestyle - 60+: 71%
- Metformin: 31%

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DPP Results

- **Weight loss** was the most important factor in lowering the risk for type 2 diabetes.

- The effect of weight loss on the risk for type 2 diabetes was the **same across the board** - regardless of sex, socioeconomic status, race, or ethnicity.

- Millions of people with diabetes in the U.S. can **prevent or delay type 2 diabetes** through modest weight loss as part of a structured lifestyle program.
What Happened after the DPP?

Researchers set out to determine if the same outcomes could be achieved if the Lifestyle Change Program is:

- Offered in community-based settings
- Delivered in a group
- Facilitated by a trained Lifestyle Coach without a health care background
- Offered without incentives

* Similar levels of weight-loss were obtained!

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Bottom Line: Prevention Works & it’s powerful:

- Prevents 15 new cases of type 2 diabetes
- Prevents 162 missed workdays
- Avoids $91,400 in healthcare costs
- Adds equivalent of 20 perfect years of health

Source: American Medical Association (2016)
National Diabetes Prevention Program
2010

REDUCING THE IMPACT OF DIABETES

Congress authorized CDC to establish the NATIONAL DIABETES PREVENTION PROGRAM (National DPP)—a public-private initiative to offer evidence-based, cost-effective interventions in communities across the United States to prevent type 2 diabetes.

It brings together:

- Employers
- Health Care Organizations
- Private Insurers
- Faith-Based Organizations
- Government Agencies
- Community Organizations

Research shows structured lifestyle interventions can cut the risk of type 2 diabetes in half.
What is the National Diabetes Prevention Program (National DPP)

- Launched by the CDC and other National Partners in 2010
- National Diabetes Prevention Program—or National DPP—is a partnership of public and private organizations working to reduce the growing problem of prediabetes and type 2 diabetes.

First steps included:
- Curriculum
- Quality standards
- Training infrastructure
Four Components of the National DPP

1. Deliver the lifestyle change program through organizations nationwide
2. Ensure quality and standardized reporting
3. Build a workforce that can implement the lifestyle change program effectively
4. Increase referrals to and participation in the lifestyle change program
National DPP Component: *Deliver the lifestyle change program through organizations nationwide*
The Lifestyle Change Program:

Deliver the lifestyle change program through organizations nationwide

A key part of the National DPP is a lifestyle change program that provides:

- A trained lifestyle coach
- CDC-approved curriculum
- Group support over the course of a year
what the lifestyle change program is NOT:

- Not an HGTV show
- Not a class
- Not a quick fix
- Not a diet
So what *is* the lifestyle change program?

- Evidence-based lifestyle intervention to reduce the risk for developing type 2 diabetes
- Participants have modest weight loss and activity goals
- Participants meet weekly and discuss a weekly lifestyle change topic from the curriculum
- Participants learn to identify and address barriers to healthy eating and physical activity
- Strategies used: group and individual problem solving, self monitoring of food intake, weight and physical activity
The Lifestyle Change program is a Year-long program

By the end of the 1st 6 months:

- Lose 5-7% of their starting body weight
- Get at least 150 minutes of moderate physical activity

Goals are monitored by participants and Lifestyle Coaches

By the end of the 2nd 6 months:

- Keep off the weight they have lost
- Keep working toward their goal weight, if they haven’t reached it.
- Lose more weight if they wish
- Keep getting at least 150 minutes of activity each week
Change for Life

Cynthia Johnson, 54, Program Participant

“It’s not about how long you live, it’s about how well you live”

Lifestyle change program curricula

There are two CDC created and approved curriculums for delivery of the National DPP Lifestyle Change Program:

- **2012 Curriculum**
- **Prevent T2 Curriculum**

- Both curriculums based in the science of the DPP study
- Both curriculums approved for use with the National DPP
- Primary differences center around layout of materials, reading level, program tools and structure of each session, and licensing requirements
- Content is closely aligned
Curriculum Themes

Skills

Emotions

Environment

Health and Wellness
lifestyle change program strategies

- Choices and flexibility
- Tracking of food and physical activity
- Weekly weigh-ins
- Group support and accountability
  - Problem solving
- Understanding nutrition labels
- Weighing and measuring foods to learn portions
- Using the Create My plate/My Plate method to ensure balanced eating
  - Choose foods lower in fat and calories
  - Choose foods lower in sugar
  - Choose foods higher in fiber
the lifestyle change program is flexible and sustainable

Vs.

“It was on the low-carbohydrate diet for a week and lost three inches off my smile.”
The Lifestyle Change Program in Summary:

- A CDC-recognized lifestyle change program is a structured program—in person or online—developed specifically to prevent type 2 diabetes.
  - It is designed for people who have prediabetes or are at risk for type 2 diabetes, but who do not already have diabetes.
- A trained lifestyle coach leads the program to help participants change certain aspects of their lifestyles, like eating healthier, reducing stress, and getting more physical activity.
- The program also emphasizes includes group support from others who share similar goals and struggles.
- This lifestyle change program is not a fad diet or an exercise class. And it’s not a quick fix. It’s a year-long program focused on long-term changes and lasting results.
DSME & National DPP—how are they different?

**DSME**

- Purpose is to optimize a person’s self-management of diabetes
- For people diagnosed with diabetes
- Typically taught by a certified diabetes educator, RD, or RN.
- Educator is the expert
- Quality governed by National Standards for DSME & accreditation requirements
  - Accreditation available through ADA and AADE-reimbursable

**National DPP Lifestyle Change Program**

- Purpose is to prevent or delay type 2 diabetes
- For people with prediabetes or at high risk for type 2 diabetes
- Led by a trained lifestyle coach (may or may not be a clinician)
- Lifestyle Coach not in role of the expert
- CDC Diabetes Prevention Recognition Program (DPRP) provides standards for quality assurance
- Reimbursement varies by location/market
- CMS coverage expected 2018
National DPP Component: Ensure quality and standardized reporting
CDC Diabetes Prevention Recognition Program (DPRP)

“The purpose of the DPRP is to recognize programs that have shown they can effectively deliver a proven lifestyle change program to prevent type 2 diabetes.”

- Assure program quality and fidelity to scientific evidence (DPP research study)
  - Eligibility
  - Curriculum
  - Structure and goals

- May facilitate reimbursement by private and public payers

- Establish program registry on CDC website
**CDC Recognition Process**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Apply</strong></td>
<td>• Apply for recognition (agree to curriculum, duration, intensity, data reporting)</td>
</tr>
<tr>
<td>2 wks</td>
<td>• Granted “pending recognition” by CDC</td>
</tr>
<tr>
<td>12 mos</td>
<td>• Organization begins lifestyle change program</td>
</tr>
<tr>
<td>24 mos</td>
<td>• Organization submits evaluation data every 12 months as described in DPRP standards</td>
</tr>
<tr>
<td><strong>Ongoing</strong></td>
<td>• Recognition status assessed-granted full recognition if standards are met</td>
</tr>
<tr>
<td></td>
<td>• Organization continues to submit data annually. Recognition status is evaluated every 24 months thereafter</td>
</tr>
</tbody>
</table>
so who can participate in the program?

A. Anyone who needs to lose some weight
B. People with prediabetes and diabetes controlled through lifestyle
C. People with a diagnosis of prediabetes and/or at high risk for developing diabetes
D. All of the above

Answer: C
Eligibility criteria for the National DPP:

Overweight Adults:

- Limited to persons ages 18 years and older
- Participants must have a BMI of 24 or greater (Asian Americans: 22 or greater)

And

Prediabetes status:

- 50% of participants must have prediabetes diagnosed through blood test (FPG, OGTT, HbA1c, or finger prick glucose)
- OR history of gestational diabetes
- Other 50% eligible if screen positive for prediabetes based on National Diabetes Prevention Program Risk Test
What Participant Data Will be Reported to CDC?

- **Participant’s prediabetes determination:** (FPG, 2-hour OGTT, A1C, GDM, finger prick and/or CDC Prediabetes Screening Test)
  - Note: these will be Y/N fields – specific values are not reported
- **Demographics:** age, ethnicity, race, sex, state of residence
- **Physical characteristics:** height, weight (height and starting weight used to determine BMI)
- **Session data:**
  - Attendance
  - Weight,
  - Minutes of physical activity,

Electronically submitted via Comma Separated Value (CSV) file
Examples of outcomes assessed at 24 months*

- Attendance data is averaged over all eligible participants attending a minimum of 4 sessions
  - Months 1-6: average # of sessions attended by participants must be 9 or higher
  - Months 7-12: average # of sessions attended must be 3 or more
  - Make-up sessions critical to retention
  - Limited data set so everyone counts!

- Weight loss average over all participants attending four or more sessions (at six months and at 12 months). First and last weights recorded are used to calculate this measure.
  - Average weight loss must be a minimum of 5%

- On average, participants must have had physical activity minutes recorded at a minimum of 60% of all sessions attended

* The information on this slide are examples of requirements for recognition but do not reflect all requirements. See DPRP standards for full list.
Program Structure-reminder

- “In order to achieve CDC recognition, your program must last for a full year and complete at least 22 modules.”
  - Must complete 16 sessions in the first 6 months and another 6 sessions in the second six months

Suggested Sequence:

- Once a week for four months (sessions 1-16)
- Every other week for two months (sessions 17-20)
- Once a month for six months (sessions 21-26)
Requirements for CDC Recognition

To ensure high quality and impact, CDC sets standards for organizations that wish to offer an in-person or online lifestyle change program.

Standards for CDC Recognition:

To gain CDC recognition, your organization must show that it can meet CDC standards and effectively deliver a proven diabetes prevention lifestyle change program.

Standards for CDC recognition include:

- Use of a CDC-approved curriculum. You can use a curriculum developed by CDC, or you can develop your own or use that of another organization (with permission), as long as CDC approves it.
- Ability to begin offering the lifestyle program within 6 months of receiving approval from CDC.
- Capacity and commitment to deliver the program over at least 1 year, including at least 16 sessions during the first 6 months and at least 6 sessions during the last 6 months.
- Ability to submit data on participants’ progress—including attendance, weight loss, and physical activity—every 12 months.
- Trained lifestyle coaches who can help build participants’ skills and confidence to make lasting lifestyle changes.
- Designated individual(s) to serve as the diabetes prevention program coordinator.

In addition, the recognition program requires that at least 50% of participants be diagnosed with prediabetes through blood testing (or have a history of gestational diabetes).

Learn more about the standards for recognition in the CDC Recognition Program Standards and Operating Procedures [PDF - 727 KB].

Have questions about CDC recognition? Email dnpaAsk@cdc.gov

Proceed to the Application Form
National DPP component: Training the Workforce

Build a workforce that can implement the lifestyle change program effectively
Training the workforce:

“...The secret sauce to the program is the well trained, upbeat lifestyle coaches and the support and advice class members offer one another.”

-Jonathon Lever, VP of Health Strategy and Innovation at the YMCA of the USA
question:

What is the difference between an educator and a coach?
what is the role of the lifestyle coach?

- Lead sessions throughout the year
  - Weigh participants and capture session data
- Facilitate rather than teach
- Ask questions
- Draw out group members
- Synthesize ideas
- Celebrate successes
- Help group and individuals work through challenges
tell me about DTTAC lifestyle coach training

- What DTTAC lifestyle coach training is not:
tell me about DTTAC lifestyle coach training

- DTTAC lifestyle coach training is a two day training
- Highly interactive
- 8-16 lifestyle coaches
- Led by an expert Master Trainer
- Role modeling of group facilitation skills
- Practice with facilitation
- Exposure to content
DTTAC National Master Trainers:

- Don
- Liane
- Tami
- Teresa
- Arlene
- Becky
- Larita
- Nailah
- Sarah

- Past/present DPP program delivery experience
- Training expertise
Who Have We Trained?

Over 2,000 Lifestyle Coaches Trained & counting

Over 800 organizations

47 states represented

Regional Lifestyle Coach Training
Kalamazoo, Michigan February 2014
Milestone: 1,000 Coaches Trained
DTTAC Quality and Fidelity

- Quality assured Master Trainers
- Quality assured training process and product
- Participant risk reduction!
- Quality program implementation and delivery

- Quality Lifestyle Coaches
National DPP Component: Increasing referrals to and participation in the lifestyle change program
• Increase awareness and understanding of prediabetes among population and health care providers.

• Increase awareness of the national DPP Lifestyle Change Program

• Increase participation in the lifestyle change program.

• Increase Employer and payer engagement
Ad Council Campaign on Prediabetes

Do I Have Prediabetes

Do I Have Prediabetes uploaded a video 1 week ago

Dianne’s Prediabetes Journey | Type 2 Diabetes Prevention | Ad Council
Do I Have Prediabetes
1 week ago - 132 views
Dianne was one of 86 million Americans with prediabetes. But after receiving a diagnosis, she was able to reverse the condition by making healthy lifestyle changes. She teamed up with …

Dianne’s Prediabetes Journey | Type 2 Diabetes Prevention | Ad Council
Do I Have Prediabetes
4 months ago - 6,466 views
Know where you stand. Visit http://www.DiabetesPrevention.org and take the short online risk test now. …

https://www.youtube.com/channel/UCFG5XgDdJHz2aW7UJ2jn7A
Role of healthcare providers in diabetes prevention

- There are approximately 1,000 organizations nationwide providing CDC recognized diabetes prevention programs.

- A reciprocal collaboration between National DPP programs and healthcare providers will be essential to reaching the 86 million at risk.
AMA/CDC provider’s toolkit

Purpose of the toolkit

- To provide health care providers with tools and resources to help identify and refer patients with prediabetes to a diabetes prevention program that is apart of the CDC’s National DPP

Toolkit Contents:

- Tools for engaging Clinicians
- Tools for engaging patients
- Resources for Incorporating screening, testing and referral into practice
- Resource for connecting clinics to DPP programs
Accessing Toolkit other DPP resources and Next Steps

www.preventdiabetesstat.org
Do people charge for this program? What about reimbursement?

- $0-1500 per person
  - Grant funded
  - Sliding fee
  - For profit

- Some employers offer the lifestyle change program through a work site wellness program or as a covered benefit
- Third party coverage exists, but it varies
Reimbursement: Commercial Insurers

- Approximately 60+ payers cover DPP currently-changing rapidly
- Most payers are expected to cover by end of 2018 (following CMS)
- Most payment models follow a staggered reimbursement based on participant attendance and goal achievement
States with National DPP coverage for state employees

- Colorado
- Kentucky
- Louisiana
- Maine
- Minnesota
- New Hampshire
- Ohio
- Washington
Medicare reimbursement and the National DPP

- Draft rules issued this past summer-comment period now past
- Final rules expected before the end of 2016

- Billing will begin in January 2018
- Billing conditional upon:
  - Have CDC full recognition status*

* CDC full recognition status is necessary for billing to begin.
Who is delivering the National DPP Lifestyle Change Program?
What types of organizations delivering the National DPP?

- Health departments
- Health systems
- Worksites
- Community based organizations/non profits
- Clinics
- Faith communities
- Academic settings
- Correctional institutions
How many organizations have pending or full recognition with the CDC?

Over 1300 organizations with pending or full recognition
What about Georgia and the DPP?

24 organizations currently have pending recognition status in Georgia
So what’s next for you & the National DPP?

- Build a workforce that can implement the lifestyle change program effectively
- Ensure quality and standardized reporting
- Deliver the lifestyle change program through organizations nationwide
- Increase referrals to and participation in the lifestyle change program
JOIN IN THIS NATIONAL EFFORT

Everyone can play a part in preventing type 2 diabetes

- **RAISE AWARENESS** of prediabetes
- **SHARE INFORMATION** about the National DPP
- **ENCOURAGE PARTICIPATION** in a local lifestyle change program
- **PROMOTE** the National DPP as a covered health benefit

Find out how to get involved with the National Diabetes Prevention Program

[www.cdc.gov/diabetes/prevention](http://www.cdc.gov/diabetes/prevention)
Actions to consider:

- Administer the risk assessment quiz
- Test patients per recommendations from the ADA standards of care
- Talk to your patients about their risk:
  - 45 years of age or older
  - Overweight
  - Exercise < three times per week
  - Family history of type 2 diabetes
  - History of gestational diabetes
  - Willingness/readiness to participate in their own lifestyle change
Click on your state or the Online or Combination In-Person/Online Programs link. Contact programs directly for details about dates, times, and costs.

Diabetes Prevention Recognition Program - Find a Program Near You

Find a program near you by selecting your state or territory. Or, find an online or combination in-person/online program by selecting that link to the right. Some online programs may also have an in-person program.

Please contact the organization for in-person program locations.

Location: Select from list -

Export Full Program List

REGISTRY OF RECOGNIZED ORGANIZATIONS

Recognized by the CDC to prevent or delay type 2 diabetes.
Consider offering the National DPP lifestyle change program!

- Review CDC DPRP Standards: Consider capacity and sustainability
- Recruitment & referral planning
- Apply for CDC Recognition
- Lifestyle Coach Training
• Talking to HR/benefits
• Contact state health department
Questions?
This continuing nursing education activity was approved by The American Association of Diabetes Educators, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. This program 2016-054 is awarded 6.0 contact hours of continuing education credit.

The AADE is also accredited by the California Board of Registered Nursing (CEP#10977).

The American Association of Diabetes Educators is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This program provides 6.0 contact hours (.60 CEU's) of continuing education credit.

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Sponsored by The Diabetes Association of Atlanta, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to 6 total Category I continue education contact hours.
Common Ground

About Common Ground:

- Online learning community & e-newsletter
- A space for Lifestyle Coaches to:
  - Access resources
  - Get practical tips
  - Ask questions

Learn more at www.lccommonground.org
A SNAPSHOT
DIABETES IN THE UNITED STATES

DIABETES
29.1 million people have diabetes
That's about 1 out of every 11 people
1 out of 4 do not know they have diabetes

PREDIABETES
86 million people — more than 1 out of 3 adults — have prediabetes
9 out of 10 do not know they have prediabetes

COST
$245 BILLION
Total medical costs and lost work and wages for people with diagnosed diabetes

Risk of death for adults with diabetes is 50% higher than for adults without diabetes

Medical costs for people with diabetes are twice as high as for people without diabetes

People who have diabetes are at higher risk of serious health complications:

- Blindness
- Kidney failure
- Heart disease
- Stroke
- Loss of toes, feet, or legs
National DPP four Components:

- Build a workforce that can implement the lifestyle change program effectively
- Ensure quality and standardized reporting
- Deliver the lifestyle change program through organizations nationwide
- Increase referrals to and participation in the lifestyle change program
“DTTAC Lifestyle Coach Training was great. I came thinking I knew what I needed to know to teach the National Diabetes Prevention Program and left with a new wealth of knowledge on group facilitation, a new respect for the strength of the research base of the program, and a renewed enthusiasm for getting a program going at home.”

-Lifestyle Coach from Colorado