If you want to get healthy, you just might not want to go to a doctor. You might instead, go to church. The community to create health is far greater than any physician, clinic or hospital.

You are more likely to be overweight if your friend’s, friend’s friend is overweight than if your parents are. So get healthy friends.

In the fall of 2010, I had dinner with Rick Warren, the pastor of the 30,000 strong Saddleback Church in California. He came to see me to get healthy “and he got religion” as well. So get healthy friends. Over a healthy dinner of beet and cabbage autumn soup and a salad, he described his extraordinarily experiment for sustained personal growth and change. Rick encouraged me to study, learn and grow together. In a flash, in that moment, I envisioned using those same small groups as a means of creating healthy change.

In a flash, in that moment, I envisioned using those same small groups as a means of creating healthy change. In that meeting, with Drs. Mehmet Oz and Daniel Amen, we collaborated to create physical and spiritual health and renewal that would be delivered through the Plan after the first health support group created by Daniel and his friends who resisted the temptation of food and were healthier for it.

On the day we launched The Daniel Plan at Saddleback, over 8,000 people participate in small groups, track their progress and be part of a community to study, learn and grow together. The groups are supported by a weekly curriculum, learning objectives, videos, webinars, and more. In the first year the congregation has already lost over 250,000 pounds and it changed the entire culture of the congregation overnight.

Community: The Best Medicine for Change

The seed of this idea started in my mind when I went to Haiti after the earthquake in January, 2010. Partners in Health have created a powerful and successful model for treating drug resistant tuberculosis and AIDS in the most impoverished nations in the world. The brilliance of the vision wasn’t coming up with a new drug regimen or building big medical centers, but simple idea: The missing ingredient in curing these patients was someone to “accompany” them to get healthy.

Recruiting and training over 11,000 community health workers across the world he proved that the sickest, patients with the most difficult to treat diseases in the world could get healthy with the right treatment.

The same vision can be applied to our current diabesity epidemic.
care institutions or corporations. What has been proven to work over and over, in different settings â€“ workplaces, community centers, faith-based centers, schools â€“ is building a community-based support toward sustainable behavior and lifestyle change.

The cure for obesity and diabetes is not a mystery, just as the most effective drug regimen for scientific mystery. Knowing how to effectively get it to the individual has eluded most experts. But the lifestyle change, we know how to deliver the information and outside solutions from large institutions.

**What the Research Shows: Community Support Works Better than Medication**

Here’s what the data show to date with more studies coming in every day. Community is more effective than medication, even though many still use less than optimal and outdated.

The landmark 2002 study based on the *Diabetes Prevention Program* the National Institutes of Health proved that lifestyle intervention is much more powerful than any other treatment such as medication to prevent diabetes in those with prediabetes.

With regular lifestyle support and education, participants lost 5 percent of their body weight and diabetes by 58 percent. This lifestyle-based approach was also proven very effective in the large Finnish Diabetes Prevention Study. (iii)

The current *Look Ahead Study* funded by the National Institutes of Health is a 13-year study of intensive group lifestyle change program for diabetes prevention and treatment has been shown to be remarkably more effective in lowering weight, cholesterol, blood sugar, and blood pressure than conventional once this study is completed, it will completely change our way of thinking about how to treat disease. Group intensive lifestyle change like the one modeled by Dr. D effective and will save more lives and more money than environmental factors.

Many other community-based programs have been proven to work better than our current conventional approach based on one on one counseling visits with diabetic patients:

Here’s what some of the studies showed:

1. **The Montana Cardiovascular Disease and Diabetes Prevention Program** be applied successfully in real world setting in group education was delivered in 16 weekly classes and 0 percent of body weight, and blood pressure, cholesterol.

2. **The Healthy Living Partnerships to Prevent Diabetes (HELP PD)** health workers (patient’s peers) to support long-term lifestyle change. The community health workers received 1-hour training program given by registered dietitians. It’s a train the help groups of patients succeed in a 16-week core curriculum using videos, handouts, a treatment manual, and a toolkit. After the initial 16 weeks of meetings, there is weekly phone months. The program addresses not only nutrition, exercise and lifestyle, but ways to transform obstacles to change rooted in beliefs and attitudes about self-efficacy and health sponsored study of 300 people found that the people who had the usual care of individual supported groups. The cost to deliver this program is

3. **The DEPLOY study (ix)** successfully partnered with the Diabetes Prevention Program.

4. Group programs have also been delivered with success:

5. **The Logan Healthy Living Program (xi)** successfully to socially disadvantaged patients with type 2 diabetes calls over 12 months.

6. **The Healthy Lifestyle Change Program (xii)** in California with obesity or at high risk for diabetes they could achieve an increase in physical activity in a seven-month, tw was that peer “mentors” led this group intervention

7. **The PATHWAYS study (xiii)** delivered a 14-week weig
American women at risk for diabetes delivered through churches and led by lay health facilitators (or community health workers). The women lost an average of 5 percent of their body weight, by 58 percent.

8. In other studies scientists also effectively implement both volunteer healthcare professionals (xiv) and lay people (xv) in African American churches.

9. Group school lifestyle change programs in the poorest, most overweight states like improvements in weight, body, fat, fitness level and

Building Connection and Community to Create Health

This movement is starting to spread. Doctors frustrated with the failure of medication to treat their illness, obesity, and diabetes are starting small groups with 8 to 30 patients and meeting weekly to teach them about nutrition, cooking, shopping, exercise, stress management, and more. Two Portland doctors came up to me after a lecture I gave and told me about their program for poor Hispanic women with chronic symptoms, obesity, and diabetes. They successfully guided these women to health in a program based on The Blood Sugar Solution (which)

Their group of 20 women met weekly for 5 classes, then loss ranged from 5 to 20 pounds, blood pressures dropped significantly.

Much can be done with a little help from your friends.

These examples represent just the beginning of what is possible when we work together. We are social with connection. I met with human resource and benefits workforce. A survey of their “Googlers” discovered that Social networks and groups are spontaneously sprouting as a support system for lifestyle change. They cannot only help facilitate democratic revolution in countries like Egypt, they can link communities together in a common purpose to reclaim their health. Think “Occupy Health Care” or “Wellness Spring.”

With the shift in health care policy prohibiting insurers from excluding sick patients (or cherry picking), insurance and the mandate for universal coverage, they can no longer promotion. Large insurers like United Health Care (xvii) and CIGNA are scrambling to create innovative based programs to address the tsunami of disease and cost.

This community based group approach solves many enormous obstacles to reversing this epidemic faced by the care system. Even though doctors are the main place where people training in lifestyle change, lack the time, resources, and support team, and they do not get paid for sustainable lifestyle change.

Currently physicians and healthcare organizations have nowhere to refer patients and have no clear, well proven solution to provide their patients. Telling their patients to eat better and exercise more is just not enough. You need to build yourself a support system to succeed long term. You need a team working together goals. It might be just one person, a self-guided support community health worker, or a health professional, or even an online community that can support, you.

I strongly recommend you develop this kind of community for yourself for two reasons.

1. Success requires it. As we have seen, studies through groups and community support.

2. Our world needs it. If we don’t do something Remember, projections suggest that by 2020 half of avert this disaster.

Start by finding people who will do the program with you. Create a small group, even if it is just support you through the process. Ask your friends, family, coworkers, and spiritual community members to join you. You can still be successful following this program by yourself, but it will be more fun, others in community.

My personal hope is that together we can create a national conversation about a real, practical solution
treatment, and reversal of our diabesity epidemic.

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