
OUTCOMES ANALYSIS

GLP-1 Course Outcomes

How Avidon Health's coaching courses change what members know, believe, and do.

Findings from 4,356 course enrollments across two GLP-1 behavior-change programs, covering 2,981 distinct members.

Who participated

SEX

Female 59.6% · Male 8.1% · Unknown 32.3%

AGE

20–29 6.6% · 30–39 26.5% · 40–49 25.8% · 50–59 25.8% · 60–69 14.0% · 70–79 1.2%

93.8%

would recommend Course 1

93.5%

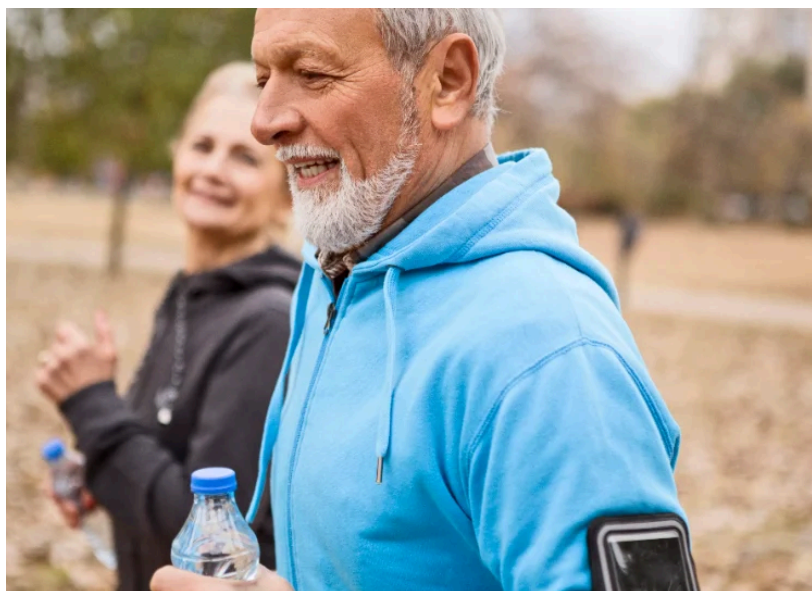
would recommend Course 2

79.9%

Course 1 completion rate

78.0%

Course 2 completion rate

**TWO COURSES, ONE JOURNEY**

Preparation before therapy begins, and maintenance once it does - 93 minutes across six lessons and twenty modules, delivered self-paced in Avidon Health's platform. Each opens and closes with a matching survey, which is what makes the paired pre/post figures in this whitepaper possible.

42 min

Course 1 run time

51 min

Course 2 run time

20

modules total

What's in this whitepaper

Every figure is reported with its sample size, and the methodology and limitations behind each one are set out in full - so both business and clinical readers can judge the evidence for themselves.

01	Executive Summary	The five findings the data supports, at a glance
02	About the Two Courses	Structure, run times, and how the sequence fits together
03	Methodology	Data source, sample sizes, and how pre/post pairs were built
04	Course 1: Preparing Mentally for Weight Loss Medication	Foundational education, and a +3.4 point understanding gain
05	Course 2: Sustainable Results with Weight Loss Medication	Maintenance-phase members, and where the course moves them
06	Behavior-Tracking Signals	Weight, activity, steps and A1C - small samples, tested and reported in full
07	Engagement Across the Journey	Course completion, multi-course continuation, and opt-in tasks
08	What Education Programs Achieve	Published knowledge outcomes from structured programs, and the documented GLP-1 education gap
09	Summary of Findings	Consolidated by course, each with its sample size
10	Conclusion: What the Evidence Supports	Read two ways - for program leaders, and for clinical reviewers
11	Next Steps	How to evaluate the courses for your population
A	Appendix: Data Notes	Window definitions, unit conversions, statistical approach, notices

HOW TO READ THIS WHITEPAPER

Findings are set in dark type on white. Methodology notes and statistical caveats are set smaller, in grey panels - not footnotes to skip, but deliberately quieter than the results they qualify. All figures come from a de-identified production extract generated September 4, 2026. "Paired" figures compare the same member's pre- and post-course answers to the same or a directly comparable question.

Members leave knowing more, believing more, and doing more

Avidon Health's two GLP-1 support courses - *Preparing Mentally for Weight Loss Medication* and *Sustainable Results with Weight Loss Medication* - show consistent, measurable gains in member understanding, confidence, and satisfaction. This whitepaper analyzes de-identified production usage data across 2,981 distinct members and 4,356 course enrollments to quantify those gains, and sets out the methodology and limitations behind every figure so that both business and clinical readers can judge the evidence for themselves.

2,981 distinct members analyzed	4,356 course enrollments	171,040 survey responses
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WHAT THE DATA SHOWS

- 1 Members leave both courses with a meaningfully better understanding of GLP-1 medications, higher confidence in reaching their health goals, and a strong likelihood of recommending the course to others (**93.5–93.8%**).
- 2 Course 1 closes a real information gap: **27.1%** of members started the course unaware of possible GLP-1 side effects; by the end, **77.9%** report having “more clarity about what to do.”
- 3 Course 2 reaches members further along their GLP-1 journey (**58.5%** already on therapy) and reinforces nutrition, exercise, and social-support habits alongside medication.
- 4 Among the smaller group of members who log a weight tracker before and after their course window (n=69 participants), **82.6%** show a decrease, with mean weight down **5.5 lb** (95% CI [–7.3, –3.7] lb, $p < 0.001$) and a median decrease of 3.5 lb - directional, not causal, evidence that engaged members are moving in the right direction.
- 5 Course completion is high (**78.0–79.9%**) across both courses, and 1,137 members - 43.5% of everyone who enrolled in Course 1 - went on to complete both: evidence of a connected, durable member journey rather than a single-touch intervention.

Methodology note. Sample sizes and important caveats are detailed in each section below and in the Appendix. All figures are drawn from a de-identified production data extract generated September 4, 2026. “Paired” figures compare the same member's pre- and post-course answers to the same or directly comparable question.

A two-part sequence, not two alternatives

Both courses are self-paced digital programs delivered in Avidon Health's platform, and they are designed as a two-part sequence rather than as alternatives. *Preparing Mentally for Weight Loss Medication* addresses the decision and preparation phase, for members starting or considering GLP-1 therapy. *Sustainable Results with Weight Loss Medication* addresses the maintenance phase, for members already integrating therapy into daily life.

Each course opens with a short survey in its first lesson and closes with a matching survey in its final lesson, which is what makes the individually paired pre/post comparisons in this whitepaper possible. Each also carries a small set of optional between-lesson tasks in the app.

Preparing Mentally for Weight Loss Medication

Learn about the benefits and potential issues of GLP-1 therapy, understand how you can get the most out of it, and prepare for your weight loss journey.

Duration: 42 minutes

[START NOW](#)



Course Outline

- Introduction to GLP-1 Therapy**
 Let's begin by answering the most basic questions: What is GLP-1 Therapy? How does it work? What is my role in my health once I begin therapy?
 3 modules · 15 minutes
- Benefits, Limitations & Side Effects**
 GLP-1 medications offer significant potential benefits, but it's also important to be aware of possible shortcomings and side effects.
 3 modules · 13 minutes
- GLP-1: Maximizing Benefits with Lifestyle Change**
 GLP-1 therapy should be combined with healthy lifestyle change and strong support systems to enable people to live the healthiest life possible.
 3 modules · 14 minutes

Sustainable Results with Weight Loss Medication

GLP-1 medications are far more effective when combined with a healthy lifestyle and certain, particular points of emphasis.

Duration: 51 minutes

[START NOW](#)



Course Outline

- GLP-1 Therapy and the Pillars to a Healthy Life**
 In this lesson, we'll define what GLP-1 weight loss medications are, what the pillars of a healthy life are, and we'll begin to see how they relate to each other.
 5 modules · 26 minutes
- Elements of a Healthy Lifestyle: Putting it All Together**
 In this lesson we'll see how GLP-1 medications, sleep, stress management, and social support are all interrelated.
 3 modules · 18 minutes
- Looking Ahead, One Day at a Time**
 Making healthy choices now pays off in the future, whether you plan to continue with GLP-1 medication or not...
 3 modules · 12 minutes

Figure 1a and 1b. The member-facing course catalog for each course.

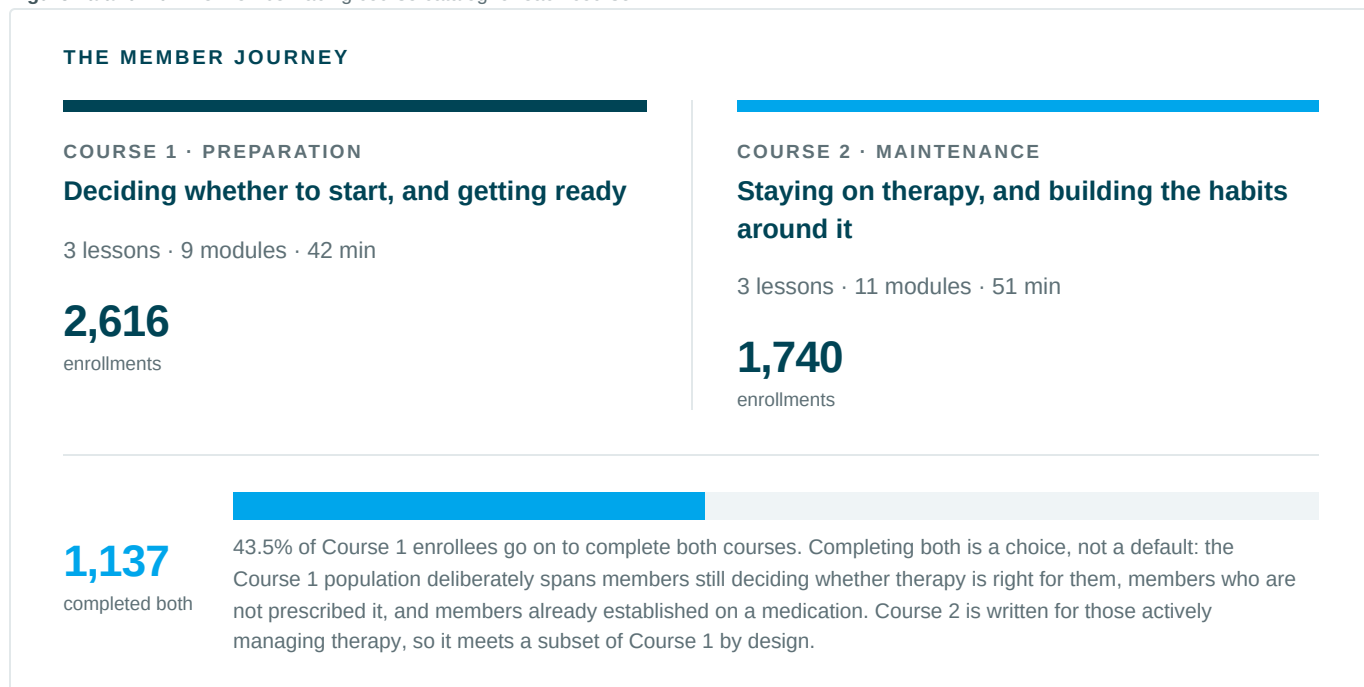


Figure 2. Enrollment and continuation across the two-course sequence.

THE TWO COURSES SIDE BY SIDE

	COURSE 1 · PREPARING MENTALLY	COURSE 2 · SUSTAINABLE RESULTS
Phase	Decision & preparation	Maintenance
Structure	3 lessons · 9 modules	3 lessons · 11 modules
Published run time	42 minutes	51 minutes
Median actual time	39 minutes	49 minutes
Optional in-app tasks	2	3
Lesson 1	Introduction to GLP-1 Therapy 3 modules · 15 min - what GLP-1 therapy is, how it works, and the member's own role once therapy begins.	GLP-1 Therapy and the Pillars to a Healthy Life 5 modules · 26 min - defines the pillars of a healthy life and begins connecting them to medication. The longest lesson in either course.
Lesson 2	Benefits, Limitations & Side Effects 3 modules · 13 min - sets expectations in both directions: significant potential benefits alongside possible shortcomings and side effects.	Elements of a Healthy Lifestyle: Putting it All Together 3 modules · 13 min - treats medication, sleep, stress management, and social support as interrelated rather than independent levers.
Lesson 3	Maximizing Benefits with Lifestyle Change 3 modules · 14 min - pairs therapy with lifestyle change and strong support systems, then prepares members for what comes after the course.	Looking Ahead, One Day at a Time 3 modules · 12 min - frames healthy choices as paying off over time, whether or not the member plans to continue therapy.
Between-lesson tasks	Identify one lifestyle improvement in diet or exercise; choose a place to track how you feel.	Track progress against a SMART goal; focus on one element of GRAPES self-care; reflect on a wellness vision.

Table 1. Both courses as currently built. Modules run three to six minutes each, so a member can finish a full lesson in a single sitting.

How the two fit together

The sequence is not hypothetical: **1,137 members completed both courses**, and Course 2's own intake data shows a population further along the journey than Course 1's, with 58.5% already on therapy at the start. Together the two courses run 93 minutes across six lessons and twenty modules - short enough to complete in a week of short sittings, and long enough to cover both the decision to start therapy and the work of staying on it. Members finish close to the published run times.

How every figure in this whitepaper was built

Data source: a de-identified production extract from Avidon's platform, covering all enrollment activity in both GLP-1 courses to date. The extract contains no member name, ID, or email - only participant numbers.

2,981 Distinct participants	2,616 Course 1 enrollments	1,740 Course 2 enrollments	1,137 Completed both courses	171,040 Survey responses analyzed
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Table 2. Scope of the analysis.

How pre/post comparisons were built

Each course opens with a short survey (Lesson 1) and closes with a matching survey (final lesson). Where the opening and closing surveys ask the same or directly comparable question - for example, “rate your understanding of GLP-1 medications” - we paired each member's own opening and closing answers to compute an individual-level before/after change, then averaged across members. **This is a stronger standard than comparing two group averages**, because it controls for who happened to answer each survey.

On the Δ column. Δ reports the mean of each member's individual change. On a paired sample this is mathematically identical to the difference between the group means; where Δ appears to differ from the displayed pre and post figures by 0.01, that is an artifact of rounding those means to two decimal places, and the Δ value is the more precise one.

De-duplication. Revisited modules can generate more than one response per question; only each member's latest response per question was used, per the extract's stated de-duplication rule. Multi-select questions are reported as % of respondents choosing each option, not % of rows.

Important caveats

Tracker figures come from a small, self-selected group. Weight, steps, A1C and similar figures reflect only members who chose to log data both before and after their course - typically 0.5–2.3% of participants per tracker. Because most members are already on GLP-1 medication, tracker changes reflect the medication-plus-course experience together and should not be presented as the course's effect in isolation.

Comprehension and satisfaction figures are self-reported. “Recommend,” comprehension, and confidence figures are collected at course completion, which is standard for course-satisfaction data but is a different type of evidence than biometric tracking.

Preparing Mentally for Weight Loss Medication

3 lessons, 9 modules - foundational education for members starting or considering GLP-1 therapy.

79.9% completion rate (n=2,616)	93.8% would recommend (n=2,057)	8.6 / 10 post-course confidence (n=1,576)	72.9% aware of side effects before starting
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PRE- VS. POST-COURSE CHANGE (INDIVIDUALLY PAIRED)

QUESTION (1-10 SCALE)	PRE	POST	Δ	% IMPROVED	N
Understanding of GLP-1 medications	5.53	8.93	+3.40	85.7%	1,276
Importance of physical activity	9.02	9.42	+0.39	25.5%	1,501
Importance of healthy food choices	9.00	9.40	+0.41	26.9%	1,627

Table 3. Individually paired pre/post change, Course 1. Δ can differ from Post minus Pre by 0.01 due to rounding to two decimals; see Methodology, p. 6.

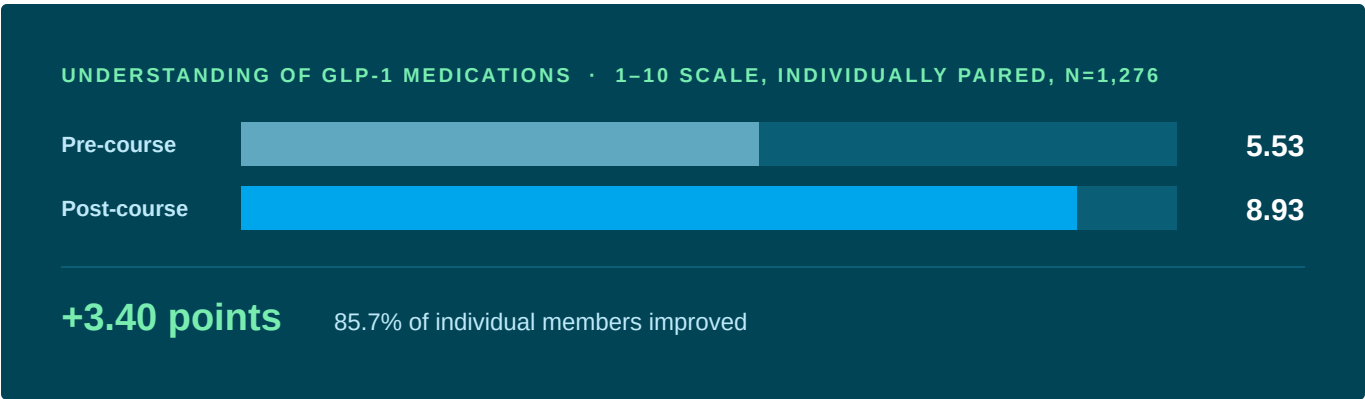


Figure 3. The largest single movement in this analysis: self-rated understanding rises 3.4 points on a 10-point scale.

Post-course sentiment

77.9% of members say they have “more clarity about what to do” since taking the course; 19.9% feel about the same; 2.2% feel more confused (n=2,018). The most common “surprising” takeaways were how GLP-1 medications work, contraindications, and the need to combine medication with lifestyle change - confirming the course is landing on its core teaching goals.

“SINCE TAKING THIS COURSE, DO YOU FEEL...” · N=2,018



■ 77.9%

more clarity about what to do

■ 19.9%

about the same

■ 2.2%

more confused

27.1%

unaware at start

Over a quarter of members began the course unaware of possible GLP-1 side effects. The most common “surprising” takeaways were how the medications work, contraindications, and the need to pair medication with lifestyle change - the course's three core teaching goals.

Figure 4. Post-course sentiment and the awareness gap the course closes.

Note on the physical-activity and food-choices items. Pre-course scores already start high (~9.0/10), so the modest average lift reflects a ceiling effect - most members already valued these habits going in. The bigger story for Course 1 is the +3.4 point jump in understanding, and the fact that 85.7% of individual members improved.

Preparing Mentally for Weight Loss Medication



Currently, GLP-1 agonists are known to potentially have which of the following beneficial effects:*

Regulate blood sugar levels

Stimulate the pancreas' insulin secretion

Slow down digestion

Reduce or suppress appetite

All of the above

Next

Figure 5. A knowledge-check question as members encounter it in the course.

Sustainable Results with Weight Loss Medication

3 lessons, 11 modules - for members actively integrating GLP-1 therapy into daily life.

78.0% completion rate (n=1,740)	93.5% would recommend (n=1,357)	59.3% opinion of GLP-1 meds improved	58.5% already on GLP-1 therapy at start
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PRE- VS. POST-COURSE CHANGE (INDIVIDUALLY PAIRED)

QUESTION (1-10 SCALE)	PRE	POST	Δ	% IMPROVED	N
Understanding of GLP-1 medications	6.99	8.32	+1.33	54.7%	1,357
Confidence in reaching health goals	7.77	8.32	+0.55	37.1%	1,356
Understanding of nutrition alongside GLP-1	7.47	8.59	+1.13	54.0%	1,118
Understanding of exercise / sleep / stress importance*	8.03	8.83	+0.80	41.1%	1,141

Table 4. Individually paired pre/post change, Course 2. *The pre-course question asked about exercise only; the post-course question broadens to exercise, sleep, and stress management, so this row should be read directionally. Course 2's paired questions are answered together in a single exit survey, while Course 1's are not, so response rates are not directly comparable across courses. Δ may differ from Post minus Pre by 0.01 due to rounding; see Methodology, p. 6.

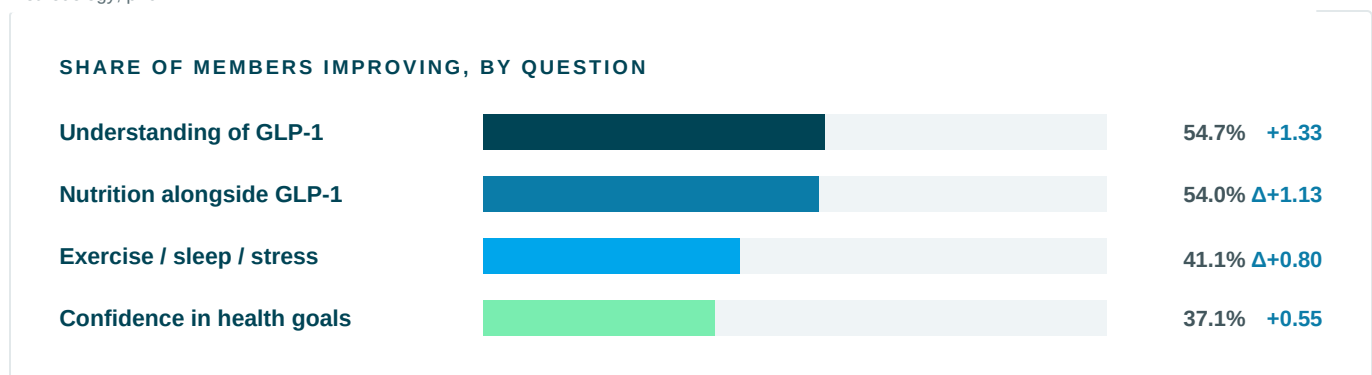


Figure 6. Course 2 moves knowledge furthest, and confidence least - consistent with a population that already started therapy.

Who this course reaches

This course reaches members further along the GLP-1 journey than Course 1: **58.5% are already on therapy**, 17.9% are considering it, and 7.1% previously used it and stopped. The leading goal is weight loss (59.2%), followed by “just wanting to feel healthier” (37.0%). Post-course, members also rate healthy food choices (mean 8.7/10) and social connection (mean 8.4/10) as highly important - both are course themes with no pre-course baseline to compare against.

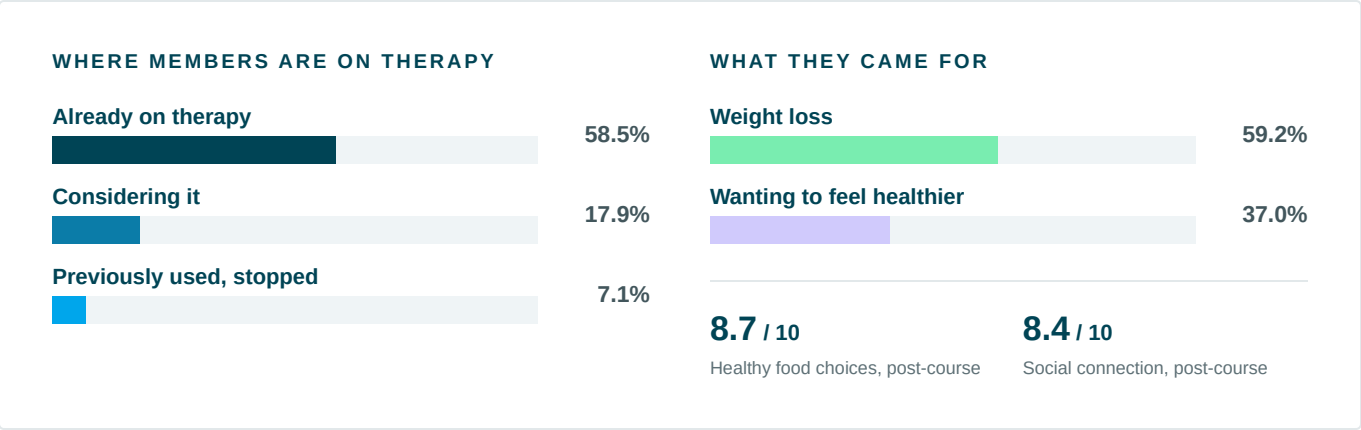


Figure 7. Course 2's intake population and stated goals. Goals are multi-select, so shares do not sum to 100%. Therapy-status shares (left) are self-reported and also do not sum to 100%, since not every member selected one of the three listed options.

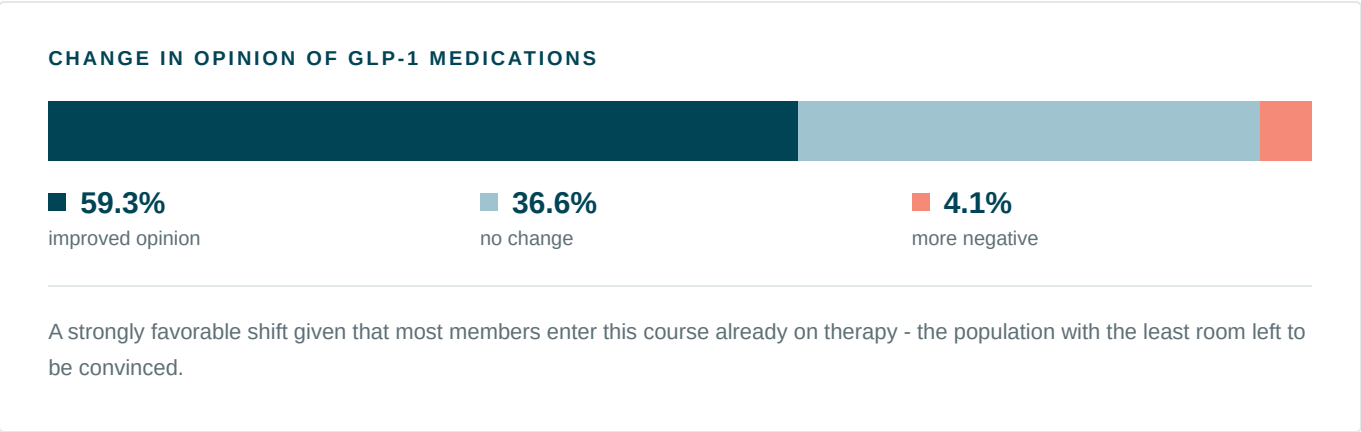


Figure 8. Self-reported change in opinion of GLP-1 medications, Course 2.

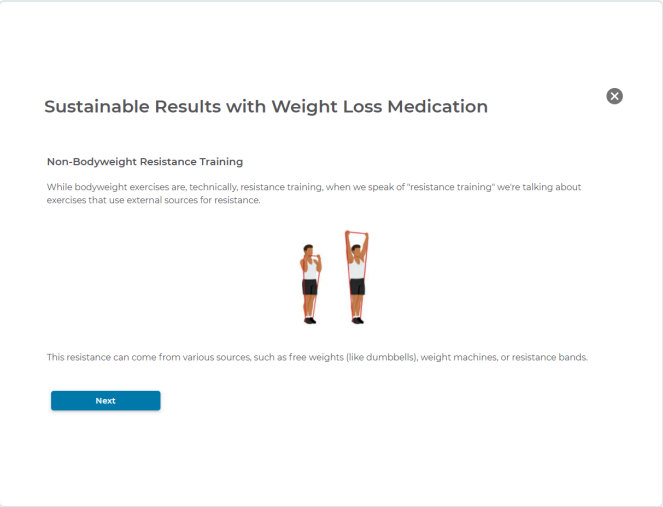


Figure 9a. Educational content from the Sustainable Results course.

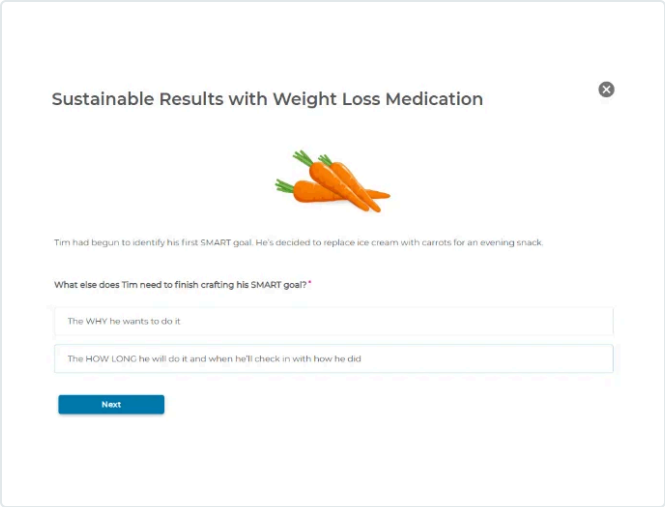


Figure 9b. Members get to practice setting SMART goals.

Supporting evidence from in-app trackers

A small subset of members used Avidon's in-app trackers - weight, steps, activity, A1C, blood glucose and others - both before and after their course window. Sample sizes here are much smaller than the survey data and are not adjusted for GLP-1 medication effects, so they should be treated as supporting, directional evidence rather than standalone proof.

TRACKER	PARTICIPANTS	PRE	POST	MEAN CHANGE	MEDIAN
Weight (lb)	69	223.4	217.9	-5.5 (82.6% of participants lost weight)	-3.5
Activity (min/day)	49	44.84	51.38	+6.54 (63.3% of participants increased or held steady; n.s.)	+2.67
Steps/day (exploratory)	17	7,500	7,230	-270 (35.3% of participants increased or held steady; n.s.)	-170
A1C (%) (exploratory)	15	7.49	7.46	-0.03 (26.7% of participants lowered A1C; n.s.)	0.00

Table 5. Reported per distinct participant: members who enrolled in both courses are counted once, not twice. The percentage in the mean-change column is a headcount, not a rate of change: it is the share of the paired participants who moved in that direction between the two windows. Shares do not sum to 100% against their opposite, because participants whose value was identical in both windows are counted as unchanged - for weight, 82.6% decreased, 11.6% increased, and 5.8% held steady. Rows with fewer than 25 paired participants are shown greyed for completeness and transparency only; they are not statistically interpretable at that sample size and are not offered as findings.

READING THE ACTIVITY RESULT

Activity moved in the right direction. The group added an average of **6.54 minutes of activity a day** - roughly 45 minutes a week - and **63.3%** of participants were doing as much or more than when they started. That is a meaningful shift for a population whose medication is often assumed to do the work on its own.

Two numbers in this row measure different things and are easy to conflate. The average counts minutes across the whole group; the percentage counts people. Here the mean gain (+6.54 min/day) runs well ahead of the median (+2.67 min/day), which means a subset of members made substantial gains - some adding a half hour or more a day - and pulled the group average up with them. The most engaged members got the most out of it, which is exactly the pattern a behavior-change program is built to produce.

SIGNIFICANCE TESTING

Paired two-tailed t-tests, person-level. The weight decrease is statistically significant - $t(68) = -6.09$, $p < 0.001$, 95% CI [-7.3, -3.7] lb. The other three trackers are not, and are marked n.s. above: activity $t(48) = 1.37$, $p = 0.18$, 95% CI [-3.09, +16.18] minutes/day; steps $t(16) = -0.75$, $p = 0.47$, 95% CI [-1,039, +498]; A1C $t(14) = -0.14$, $p = 0.89$, 95% CI [-0.42, +0.37].

Each of those three intervals includes zero, so the data are compatible with no change or with change in either direction; those rows are reported for transparency and should not be read as improvements. The weight mean (-5.5 lb) also exceeds its median (-3.5 lb), so a minority of participants with unusually large losses is pulling the average away from the typical case; the median is the better guide to what a typical tracked participant experienced.

The weight-tracker sample ($n=69$) represents roughly 2.3% of the 2,981 members in this analysis, and those members elected to track consistently, so they likely differ systematically from the broader population; virtually all were receiving GLP-1 therapy concurrently. These figures establish that engaged members who track their weight are trending downward - not a course-attributable treatment effect.

Completion is strong where it matters most

Nearly eight in ten members who start a course finish it - **79.9%** for *Preparing Mentally* and **78.0%** for *Sustainable Results* - and 43.5% of Course 1 enrollees go on to complete Course 2 as well. Members are choosing to finish the core content, and then choosing to come back for the next course.

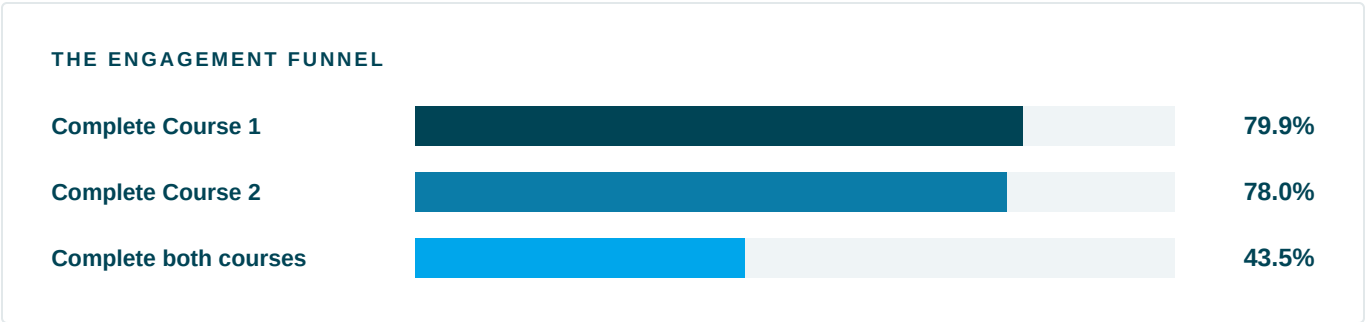


Figure 10. Course completion across both courses, as a percentage of enrollees.

Layered on top of that core experience are five optional between-lesson tasks: identifying a lifestyle improvement, choosing a place to track how you feel, tracking SMART goal progress, focusing on a GRAPES self-care element, and reflecting on a wellness vision. These are deliberately opt-in - an additional channel for members who want to put the content into practice between lessons, not a requirement for finishing the course.

The contrast between course completion and task completion is the clearest expansion opportunity in the program. Optional between-lesson tasks are a well-documented drop-off point across digital behavior-change platforms, and a 78–80% course completion rate alongside task-completion rates from the single digits to just above 10% tells us the constraint is prompting and cadence, not member willingness. Reminder timing, in-app nudges, and coach follow-up tied to these specific tasks are active areas of product development.

OPTIONAL TO-DO	COURSE	COMPLETION RATE
Think of a lifestyle improvement (diet/exercise)	Preparing Mentally	6.7%
Choose a place to track how you feel	Preparing Mentally	6.9%
Track your SMART goal progress	Sustainable Results	10.7%
Focus on one GRAPES self-care element	Sustainable Results	11.6%
Reflect on your wellness vision	Sustainable Results	11.7%

Table 6. Optional between-lesson task completion, by task.

THE EXPANSION OPPORTUNITY

78–80%

finish the course

Members reliably finish the core experience, so the opportunity ahead is extending that same engagement into the optional practice tasks between lessons - a matter of prompting and cadence rather than member willingness. Reminder timing, in-app nudges, and coach follow-up tied to these specific tasks are active areas of product development.

WHERE TASK UPTAKE IS HIGHER

COURSE 1 · PREPARATION

6.7–6.9%



Members still deciding whether to start therapy.

COURSE 2 · MAINTENANCE

10.7–11.7%



Members applying the material to a therapy they are already on - roughly 1.6x the uptake.

Figure 11. Optional-task completion is consistently higher in the maintenance course.

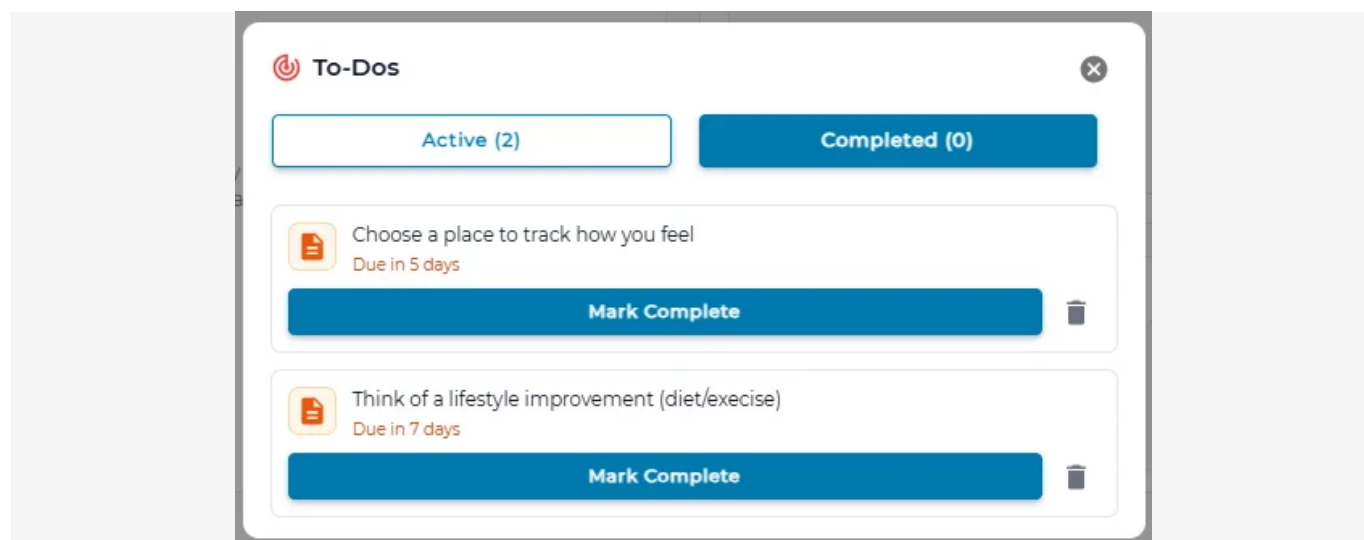


Figure 12. An optional between-lesson task as it appears in the app.

Structured education moves knowledge - and GLP-1 members are not reliably getting it

Every figure in this section comes from published literature, not from Avidon's data. It is here to answer two questions a reader should ask of the preceding sections: is a knowledge gain the kind of outcome a structured program can be expected to produce, and is there a documented shortfall in what GLP-1 patients are currently taught?

On the first question the literature is consistent: structured education programs produce measurable, statistically significant knowledge gains, and in diabetes those gains track with clinical improvement. On the second, the evidence is newer and pointed - patients on GLP-1 therapy report that the education and support they received varied widely in quality, and researchers have called for standardized patient education as a result.

THE FINDING THAT FRAMES THIS WHOLE WHITEPAPER

In a 2026 qualitative study of 30 adults taking GLP-1 receptor agonists, published in *JAMA Network Open*, the medication functioned as a **facilitator rather than a replacement** for personal effort and lifestyle change. Information provision and clinical support were central to how patients experienced treatment - and the quality of both varied widely between patients.

The authors conclude that standardized guidelines for patient education, clinical follow-up and behavioral intervention could improve expectation-setting, adverse-effect management and long-term adherence. That is precisely the gap a structured, self-paced course is built to close.

KNOWLEDGE GAIN, EXPRESSED AS A PERCENTAGE OF EACH SCALE

Each study uses a different instrument, so raw scores are not comparable. Converting every gain to a percentage of its own scale gives a rough common footing - with the caveat below.

Avidon Course 1

Self-rated understanding of GLP-1, 0-10 scale, n=1,276



+34.0

Avidon Course 2

Self-rated understanding of GLP-1, 0-10 scale, n=1,357



+13.3

Avidon Course 2

Self-rated understanding of nutrition, 0-10 scale, n=1,118



+11.3

Structured DSME, video-delivered

Objective knowledge test, 71-point scale, type 1 diabetes



+8.0

Read this chart carefully. The grey bar is an objective knowledge test; the teal bars are members rating their own understanding. Self-rating consistently moves further than tested knowledge, so the Avidon bars are expected to sit higher and the difference in height is not evidence of a better program. What the chart does show is that all four gains point the same direction, and that the published gains are real and significant.

Figure 13. Knowledge gain as a share of each study's own measurement scale. Sources listed at the end of this section.

PROGRAM	WHAT WAS MEASURED	PUBLISHED RESULT	SOURCE
Structured self-management education delivered by high-definition video	Objective knowledge score, 71-point scale	36.4 to 42.1 (51.2% to 59.3% of maximum), $p < 0.001$, very large effect size. Knowledge gain was independently associated with HbA1c reduction; the share of patients at glycemic target rose from 19% to 29%.	Interventional pre/post study, type 1 diabetes
Nurse-led three-session education program	Diabetes Knowledge Questionnaire (DKQ-24)	Mean score rose from 24.1 to 26.4, statistically significant on paired t-test	Quasi-experimental pre/post study, $n=30$ adults
Online, self-paced patient education on GLP-1 receptor agonists	Confidence and intent to act	87% reported increased confidence talking to their provider; 85% planned to discuss their risk with a clinician	28,983 learners, 4,912 completing all questions
Self-management education in racial and ethnic minority populations	HbA1c; knowledge	HbA1c fell 0.31% (95% CI 0.14-0.48). Knowledge measures across studies were too heterogeneous to pool .	Meta-analysis, 20 RCTs, 3,094 patients
Structured education vs usual care in type 2 diabetes	Glycemic and cardiometabolic outcomes	Structured programs outperformed usual care; multidisciplinary delivery was associated with larger effects	Systematic review and meta-analysis of RCTs

Table 7. Published outcomes from structured patient-education programs. None of these figures come from Avidon data.

THREE THINGS THE LITERATURE SAYS PATIENTS ARE NOT BEING TAUGHT

The *JAMA Network Open* interview study and a parallel study of registered dietitians in *Obesity Pillars* converge on the same three shortfalls in GLP-1 patient education. Each maps to specific course content.

GAP 1

What the medication will and will not do

Patients describe the drug as a facilitator, not a substitute - but arrive expecting it to do the work alone. Expectation-setting is named as a standardization target.

In the courses: Course 1 opens by separating what the medication does biologically from what the member still has to do, before the first injection.

GAP 2

How to handle side effects

Adverse effects span a wide spectrum and information quality varies widely; dietitians report patients are rarely prepared for them or taught how to eat through them.

In the courses: A dedicated lesson on benefits, limitations and side effects, so a difficult first month reads as expected rather than as failure.

GAP 3

How to eat and move while on therapy

Dietitians call for structured lifestyle programs and visual teaching aids rather than ad hoc advice at the point of prescribing.

In the courses: Course 2 teaches nutrition, movement, sleep, stress and social support as one interrelated system, with visual lessons and optional practice tasks.

Figure 14. Documented education gaps in GLP-1 care, and the course content addressing each.

WHAT CAN AND CANNOT BE COMPARED

Knowledge instruments are not standardized - a published meta-analysis of 20 trials found knowledge measures too heterogeneous to pool at all. That limits how far any cross-study comparison can be pushed, including ours. The table below is explicit about where it holds.

QUESTION	PUBLISHED EVIDENCE	AVIDON OBSERVATION	DIRECTLY COMPARABLE?
Does structured education raise knowledge?	Yes - significant gains across pre/post studies and reviews, with very large effect sizes in the video-delivered program	Self-rated understanding rises +3.40 points of 10 in Course 1 and +1.33 in Course 2, individually paired	Direction yes, magnitude no
Does a digital, self-paced format work?	Online GLP-1 education reached 28,983 learners; 87% reported increased confidence speaking with their provider	93.8% and 93.5% would recommend Courses 1 and 2; 77.9% finish Course 1 with more clarity	Comparable in kind
Is the knowledge objectively tested?	The DSME studies use validated instruments - DKQ-24 and a 71-point knowledge test	Self-rated on a 0-10 scale, alongside in-course knowledge checks that are not scored for this analysis	No - different instrument type
Does knowledge gain lead to clinical change?	In diabetes, yes - knowledge gain was independently associated with HbA1c reduction, and pooled DSME lowered HbA1c by 0.31%	Not established here. Tracker outcomes come from 69 members and cannot separate course effect from therapy effect	No - out of scope

Table 8. Published education evidence and Avidon observations, side by side, with an explicit note on comparability.

HOW TO USE THIS COMPARISON

The claim this section supports is narrow and defensible: knowledge gain is an outcome structured education programs reliably produce, GLP-1 patients are documented as not reliably receiving that education, and members of these courses show paired gains in the same direction. The claim it does not support is that a self-rated 3.40-point rise is equivalent to, or larger than, a tested gain in a published trial. Establishing that would take a validated knowledge instrument administered pre and post - a change we can make to the course surveys, and the natural next study to run.

87% of learners in an online GLP-1 education activity reported more confidence talking to their provider	19% → 29% share of patients reaching glycemic target after a structured education program	-0.31% pooled HbA1c reduction from self-management education across 20 randomized trials
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Figure 15. Education is not a soft outcome in this literature - where it has been measured against clinical endpoints, it moves them.

SOURCES FOR THIS SECTION

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The findings, consolidated

The findings below consolidate the figures detailed in the preceding sections. Each is reported with its sample size and course so that readers can weigh the strength of the underlying evidence.

Preparing Mentally for Weight Loss Medication

- **93.8%** of members would recommend this course to a friend or family member (n=2,057).
 - Members' self-rated understanding of GLP-1 medications jumps from **5.5 to 8.9 out of 10**, and 85.7% of individual members improved.
 - **77.9%** of members finish the course with “more clarity about what to do” for their health.
 - The course closes a real awareness gap: over a quarter of members start unaware of possible GLP-1 side effects.
-

Sustainable Results with Weight Loss Medication

- **93.5%** of members would recommend this course (n=1,357).
 - **59.3%** of members say the course improved their opinion of GLP-1 medications - even though most were already on therapy.
 - Understanding of GLP-1 medications, nutrition, and exercise/lifestyle habits all improve meaningfully by course end.
 - **1,137 members** - 43.5% of all Course 1 enrollees - went on to complete both courses; evidence of a durable, multi-course member journey.
-

Program-wide

- Nearly 8 in 10 members who start either course finish it (**79.9%** and **78.0%** completion).
 - Across both courses, engaged members who track their weight show an average **5.5 lb decrease**, with 82.6% of them decreasing - a statistically significant change ($p < 0.001$) that remains directional rather than causal, as no control group was available (n=69 participants).
-

Sample sizes vary by figure because members answer different survey items; each is stated alongside its result so no finding is read as broader than its evidence. The conclusion that follows separates what these figures support for program leaders from what they support for clinical review.

What the evidence supports

FOR BENEFITS AND POPULATION-HEALTH LEADERS

- Members who complete either course report substantial, individually paired gains in their understanding of GLP-1 medications and a **93.5–93.8%** likelihood of recommending the course to others - the largest and best-sampled figures in this analysis (n=1,357–2,057).
- Course completion of **78.0–79.9%** indicates the format and length (42 and 51 minutes) fit real member behavior - material for any program that depends on voluntary participation.
- The **1,137 members** who completed both courses show the two function as a connected journey, supporting members from pre-initiation decision-making through longer-term maintenance.

FOR COACHING TEAMS

27.1%

of members started
Course 1 unaware of
possible side effects

Over a quarter of members arrive without the baseline facts about their own therapy, and today that gap gets closed one coaching call at a time - explaining what nausea means, why the dose escalates, what a plateau is - before any behavior-change work can begin.

The courses move that education upstream and deliver it asynchronously, at a **78.0–79.9%** completion rate. Coaches then meet a member who already understands the medication, so caseload time shifts from repeated explanation to the goal-setting and accountability work only a coach can do.

FOR CLINICAL REVIEWERS

- All comprehension, confidence, and satisfaction figures are self-reported at course completion and are paired at the individual member level, which controls for differential survey response but does not control for elapsed time, concurrent medication effects, or regression to the mean.
- No control or comparison group was available. Survey figures are descriptive only; of the four tracker measures, only the weight decrease reaches significance ($t(68) = -6.09$, $p < 0.001$, 95% CI $[-7.3, -3.7]$ lb). Because the design is single-arm, the tracking population self-selected, and most members were already receiving therapy, tracker outcomes describe observed change rather than a course-attributable effect.

EVIDENCE CLASS	SAMPLE	TESTED	HOW FAR IT CAN BE READ
Recommend / satisfaction	1,357–2,057	Descriptive	Well sampled; the strongest figures here
Paired comprehension & confidence	1,118–1,627	Descriptive, paired	Controls for who answered; self-reported
Course completion	4,356	Observed	Platform-recorded behavior, not self-report
Weight tracker	69	Paired t-test, $p < 0.001$	Change occurred; cause not established
Activity, steps, A1C	15–49	Tested, n.s.	Not interpretable as improvement

Table 9. How far each class of figure in this whitepaper can be read. No control group was available in any part of the analysis.

11 NEXT STEPS

Evaluating the courses for your population

Avidon Health's GLP-1 courses are live today in Avidon Health's platform and can be deployed on their own or alongside live health coaching. If you are evaluating GLP-1 support for your population, we can walk you through the member experience, share the methodology behind every figure in this whitepaper, and model what a deployment would look like for your group.

01

Request a guided walkthrough of both courses in a live environment.

02

Review the de-identified dataset and methodology.

03

Discuss configuration options for your population.



Talk to a Product Expert

avidonhealth.com

Data notes

DATA SOURCE

A de-identified extract from Avidon Health's production environment, generated September 4, 2026, covering module survey responses by lesson, completed in-app tasks, and pre/post course tracker data. The extract contains no member name, identifier, or email address.

PRE/POST WINDOWS

Tracker data. Pre-window = 30 days before attempt start; post-window = 30 days after activity ends; boundaries half-open.

UNIT OF ANALYSIS

Tracker data. The source extract records tracker entries once per course enrollment, so a member who took both courses would otherwise be counted twice. All tracker figures in this whitepaper are reported per distinct participant after de-duplication.

UNITS (WEIGHT)

Weight is recorded in kilograms in the source system. All weight figures in this whitepaper - means, mean and median change, and confidence intervals - were converted to pounds at 1 kg = 2.20462 lb after the statistics were computed. The conversion is linear, so it does not affect the t-statistic, degrees of freedom, or p-value. A blood-glucose row was excluded from this analysis because only eight distinct participants logged pre- and post-window values, a sample too small to support a directional statement.

STATISTICAL APPROACH

Figures are reported as means, mean paired change, median change, and the proportion of members improving or decreasing. Rounding convention: percentages to one decimal place; 1–10 scale means to two decimal places in tables and one in narrative text; weight in pounds to one decimal place.

Survey figures are descriptive only: no hypothesis testing was applied to them. Tracker figures were tested with paired two-tailed t-tests at the distinct-participant level, reported with 95% confidence intervals in the Behavior-Tracking Signals section; of the four trackers, only weight reaches conventional significance ($p < 0.001$), and the other three are marked n.s. No adjustment for multiple comparisons was applied, and no control group was available in any part of this analysis. A statistically significant pre/post change in a single-arm, self-selected sample establishes that the change occurred; it does not establish its cause. Readers evaluating clinical significance should treat all results here as observational.

IMPORTANT NOTICE

Avidon Health's GLP-1 courses provide education and behavior-change support. They do not diagnose, treat, or prescribe, are not a substitute for professional medical advice, and do not direct or modify any member's medication therapy. Members are directed to their prescribing clinician for all medical decisions. Nothing in this whitepaper should be read as a claim regarding the safety or efficacy of any GLP-1 medication.