



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEASURABLE PROGRESS UNLIMITED SUPPORT

DIABETES PREVENTION PROGRAM
HEALTH POLICY SUMMIT

March 2, 2017



AGENDA

I. ICE BREAKER

**II. INTRODUCTION TO THE YMCA'S DIABETES
PREVENTION PROGRAM**

III. OPPORTUNITY FOR COLLABORATION

ICE BREAKER



What would St. Clair County look like if we achieved our goal of becoming one of the healthiest counties in the nation?

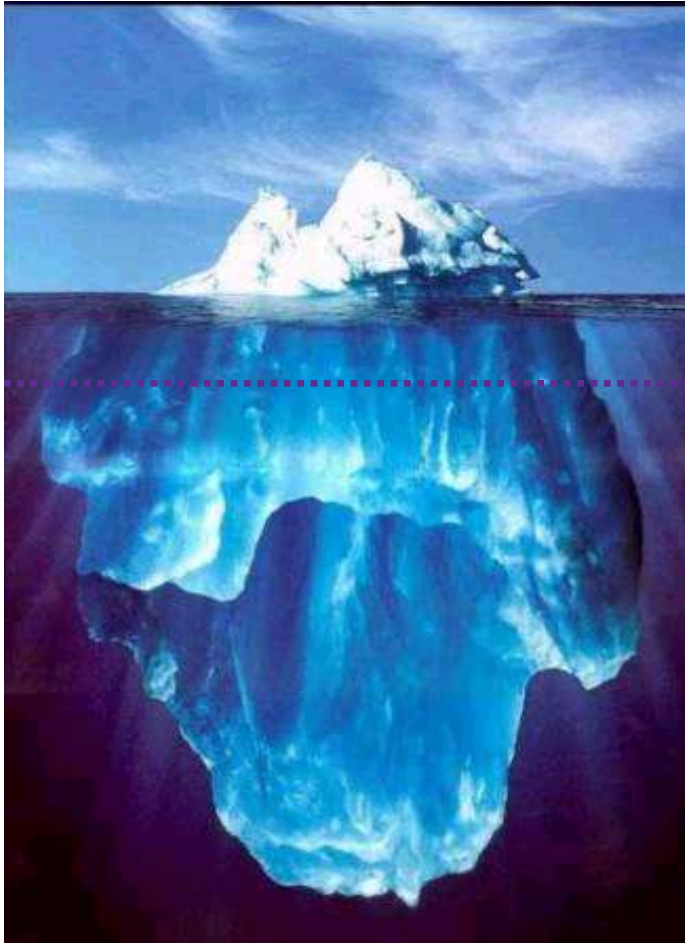
- Name
- Organization
- Why you chose your picture

INTRODUCTION TO THE YMCA'S DIABETES PREVENTION PROGRAM

TYPE 2 DIABETES

How big is the problem?

THE STATISTICS



DIABETES

**29.1 million
Americans**

**People who know they
have prediabetes**

PREDIABETES

**86 million Americans
(37% of all adults) with
progression to diabetes
at rate of 10% per year**

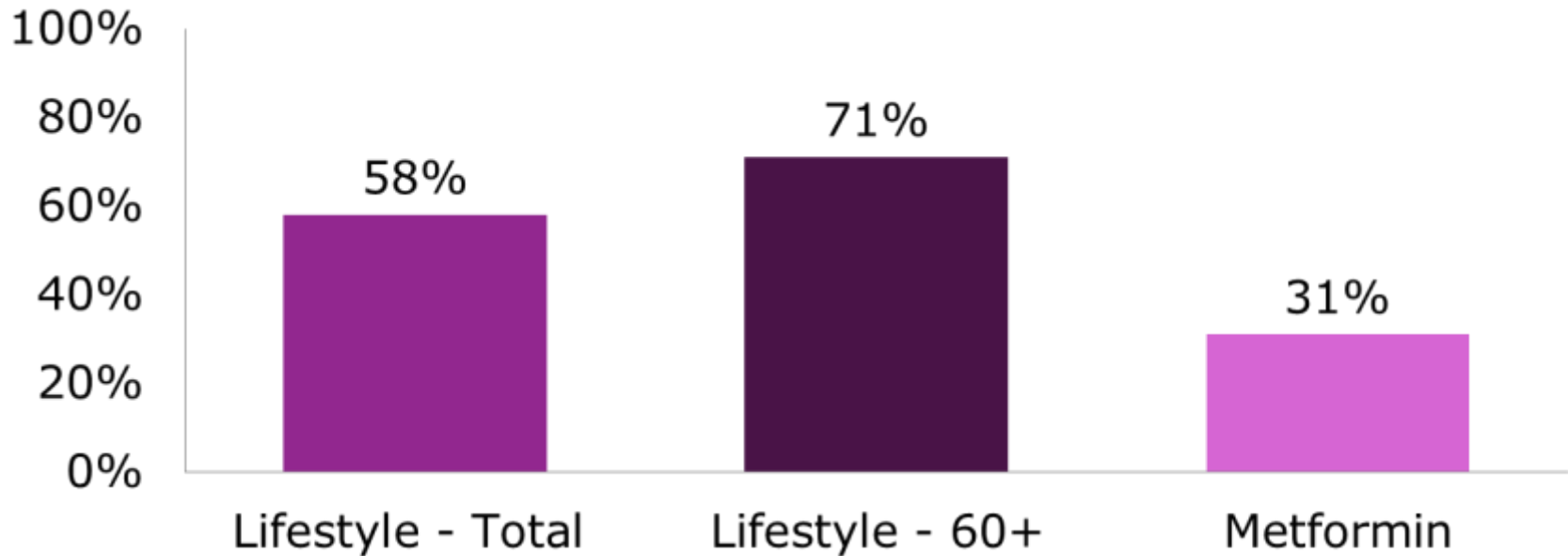
BURDEN OF DIABETES IN THE U.S.

- Diabetes and its associated complications costs the national economy of the US approximately 245 billion dollars annually.
- Diabetes is the leading cause of kidney failure, nontraumatic lower-limb amputations, and new cases of blindness among adults in the United States. The risk for stroke and heart attack is 2-4 times higher in individuals with diabetes.
- Diabetes accounts for 17% of all deaths for ages >25.

PROGRAM EVOLUTION

SCALING: CHAPTER ONE – 90'S

DPP – NIH-led randomized clinical trial to prevent type 2 diabetes in persons at high risk.



- Lifestyle intervention sharply reduced the incidence of developing type 2 diabetes (58%).
- Metformin group reduced the incidence of developing type 2 diabetes but not as much as the lifestyle group (31%).

New England Journal of Medicine, 2002

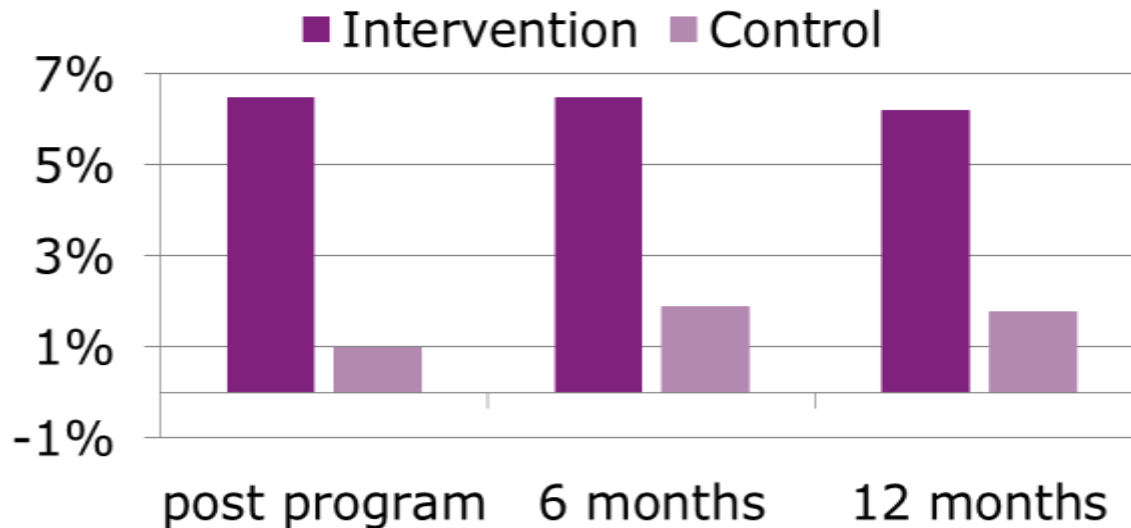
SCALING: CHAPTER TWO - 2005

Community translation of the DPP - Indiana University School of Medicine works with the YMCA of Greater Indianapolis.

- Aim: determine if a group-based adaptation of the DPP lifestyle intervention can be implemented through the Y.

Question: Can the Y achieve 5-7% weight loss for a fraction of the cost?

Answer: Yes



Ackermann RT et al. AJPM; Oct 2008

SCALING: CHAPTER THREE - 2009

YMCA's Diabetes Prevention Program – with funding from CDC, Y-USA translated the program into the Louisville Y.

Question: Can Y staff build a referral network for the prevention of diabetes?

Answer: Yes

What was needed:

- Six month start-up timeline included:
 - Creation of a Community Advisory Board
 - Development of a referral network
- National Y staff to capture learning for the initial development of support tools.

SCALING: CHAPTER FOUR - 2010

Expansion of the YMCA's Diabetes Prevention Program –
launch of a program partnership and creation of a national infrastructure to support expansion

A game changer:

- Third party-payors paying for prevention
- Group-based format
- Community-based provider
- Performance-basis
- Scaling of program
- Frontier of a new healthcare delivery system

Third party payors (employers, private insurers, and government payors) may reimburse the Y for the delivery of the evidence-based prevention program.

SCALING: CHAPTER FIVE - 2013-PRESENT

Further scaling and dissemination of the YMCA's Diabetes Prevention Program

- Implemented a 2013-2017 Scaling and Dissemination Plan with the goal of increasing national footprint of program and significant growth in number of participants served annually
- Center for Medicare & Medicaid Innovation (CMMI) project – 17 communities working to demonstrate cost savings to Medicare, the largest public payor beginning January 1, 2018; Medicaid pilot in Illinois currently underway
- Expanded stewardship of the YMCA's Diabetes Prevention Program through a Steering Committee composed of local Ys (both program providers and non-program providers) and state alliances

THE PROGRAM

YMCA'S DIABETES PREVENTION PROGRAM

THE PROGRAM IS:

- Led by a trained Lifestyle Coach
- A one-year program: 19 sessions in the first 6 months, then 6 sessions in the second six months
- Open to all community members; YMCA membership is not required
- A Centers for Disease Control and Prevention (CDC)-approved curriculum



PROGRAM

QUALIFICATIONS:

- At least 18 years old,
- Overweight (BMI ≥ 25), and
- Prediabetes confirmed via one of 3 blood tests or previous diagnosis of gestational diabetes
- If no blood test, a qualifying score on a risk assessment

PROGRAM GOALS:

- Reduce body weight by 5-7%
- Increase physical activity to 150 minutes per week

INDIVIDUALIZED LIFESTYLE PROGRAM

Program Goals:

To reduce the risk of developing type 2 diabetes through...

- $\geq 7\%$ loss of body weight and maintenance of weight loss.
- ≥ 150 minutes per week of physical activity.

WHO QUALIFIES

Overweight (BMI \geq 25; 22 for Asian individuals) Adults (18+) with prediabetes

- Confirmed via one of 3 blood tests or previous diagnosis of gestational diabetes
 - Fasting Glucose = 100-125mg/dL
 - 2-hour = 140-199 mg/dL
 - HbA1c = 5.7% - 6.4%
- If no blood test, qualifying score on ADA or CDC risk assessment

WHAT IS PREDIABETES?

Prediabetes occurs when blood sugar levels are higher than normal but not high enough for a type 2 diabetes diagnosis. Risk for developing type 2 diabetes may be reduced or eliminated by weight loss, healthier eating and increased physical activity.

WHAT IS YOUR RISK SCORE?

7 quick questions to see if you might be at risk.

For each "yes" answer, add the number of points listed	YES	NO
Are you a woman who has given birth to a baby weighing more than 9 pounds?	1	0
Do you have a parent with diabetes?	1	0
Do you have a brother or sister with diabetes?	1	0
Find your height on the chart below. Do you weigh as much or more than the weight listed for your height?	5	0
Are you younger than 65 years of age and get little or no physical activity in a typical day?	5	0
Are you between 45 and 65 years of age?	5	0
Are you 65 years of age or older?	9	0

IF YOU SCORED A 9 OR HIGHER, then you may be at risk for prediabetes or diabetes, and may qualify for the program. This does NOT mean you have diabetes. You will need a blood test to confirm if you have diabetes.

AT RISK WEIGHT CHART

HEIGHT	WEIGHT (in pounds)	HEIGHT	WEIGHT (in pounds)
4' 10"	129	5' 8"	177
4' 11"	133	5' 9"	182
5' 0"	138	5' 10"	188
5' 1"	143	5' 11"	193
5' 2"	147	6' 0"	199
5' 3"	152	6' 1"	204
5' 4"	157	6' 2"	210
5' 5"	162	6' 3"	216
5' 6"	167	6' 4"	221
5' 7"	172		

TRAINED LIFESTYLE COACHES

- Create a motivating environment that is friendly and non-competitive.
- Facilitate group-based problem solving by utilizing motivational interviewing methods.
- Make learning a shared responsibility for the group rather than serving as the “expert.”
- Support and encourage goal setting on each session.
- Transfer accountability to participant over course of yearlong program.



SCALE, REACH, AND IMPACT

4.6%
weight
loss after
16
sessions

5.5%
weight
loss at
year end

162.5
average
minutes
of weekly
physical
activity

51,003
participants

6,058
classes

4,334
lifestyle
coaches

252 Ys

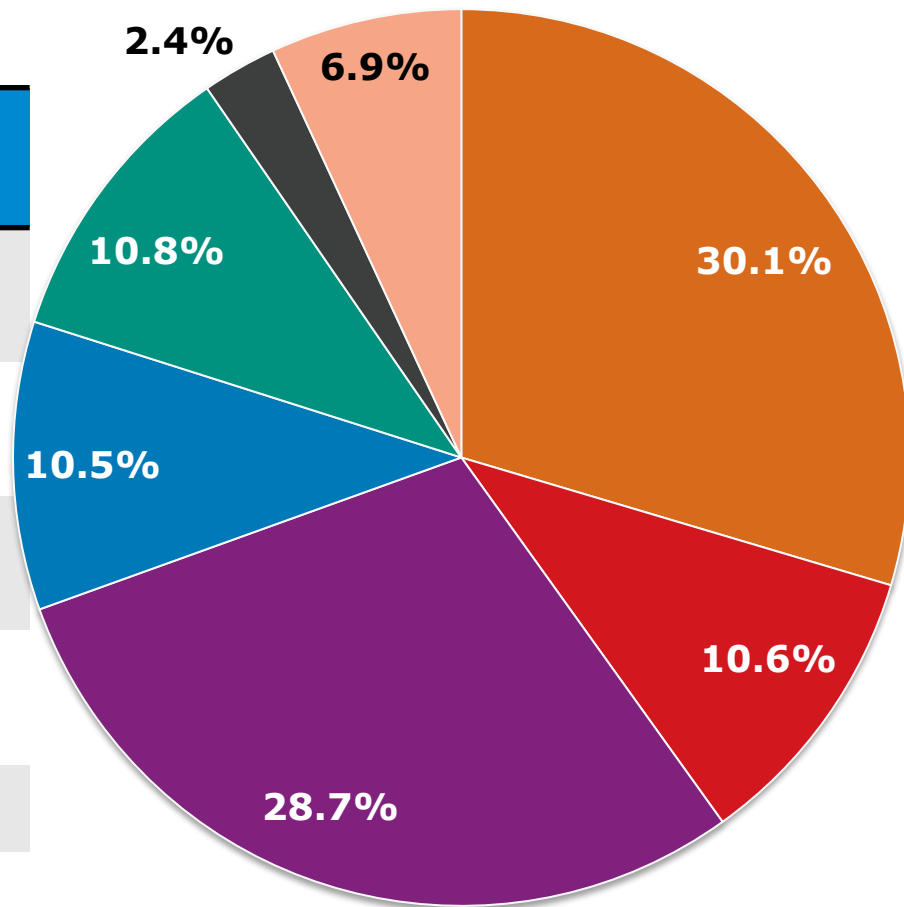
1,699
locations

47 states

PARTICIPANT DETAILS

Average age	Age breakdown	Gender
56 years	18-24 years = 0.9%	Female = 76.8%
	25-44 years = 18.5%	Male = 23.2%
	45-64 years = 51.8%	
	≥65 years = 28.9%	
(n=49,000)	(n=49,000)	(n=49,000)

Percent low income
21.3% (n=30,222)



- Health care provider
- Staff member
- Marketing materials (n=23,739)
- Other
- Family/friend or word of mouth
- Employer
- Screening/testing event or health fair

**OPPORTUNITY
FOR
COLLABORATION**

OPPORTUNITIES FOR COLLABORATION

- Help to champion program among health care provider groups and stakeholders in the community
- Provide direct program referrals to eligible patients
- Engage leadership in conversation about developing systematic approach to program referrals
- Add program to community-based resource directory
- Post/distribute marketing materials to raise program awareness
- Donate space for program sessions



THANK YOU

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