



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# HEALTHY LIVING:

**Strategies, Programs and Practices Being Scaled by Y-USA**

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National Health Officer  
YMCA of the USA



# THIS DECK

- 1. INTRODUCE THE Y'S APPROACH TO HEALTHY LIVING**
- 2. SHARE INFORMATION ON YMCA PROGRAMS AND PRACTICES WHICH MAY BE IMPORTANT RESOURCES IN YOUR MEDICAL NEIGHBORHOOD**

## BY THE NUMBERS

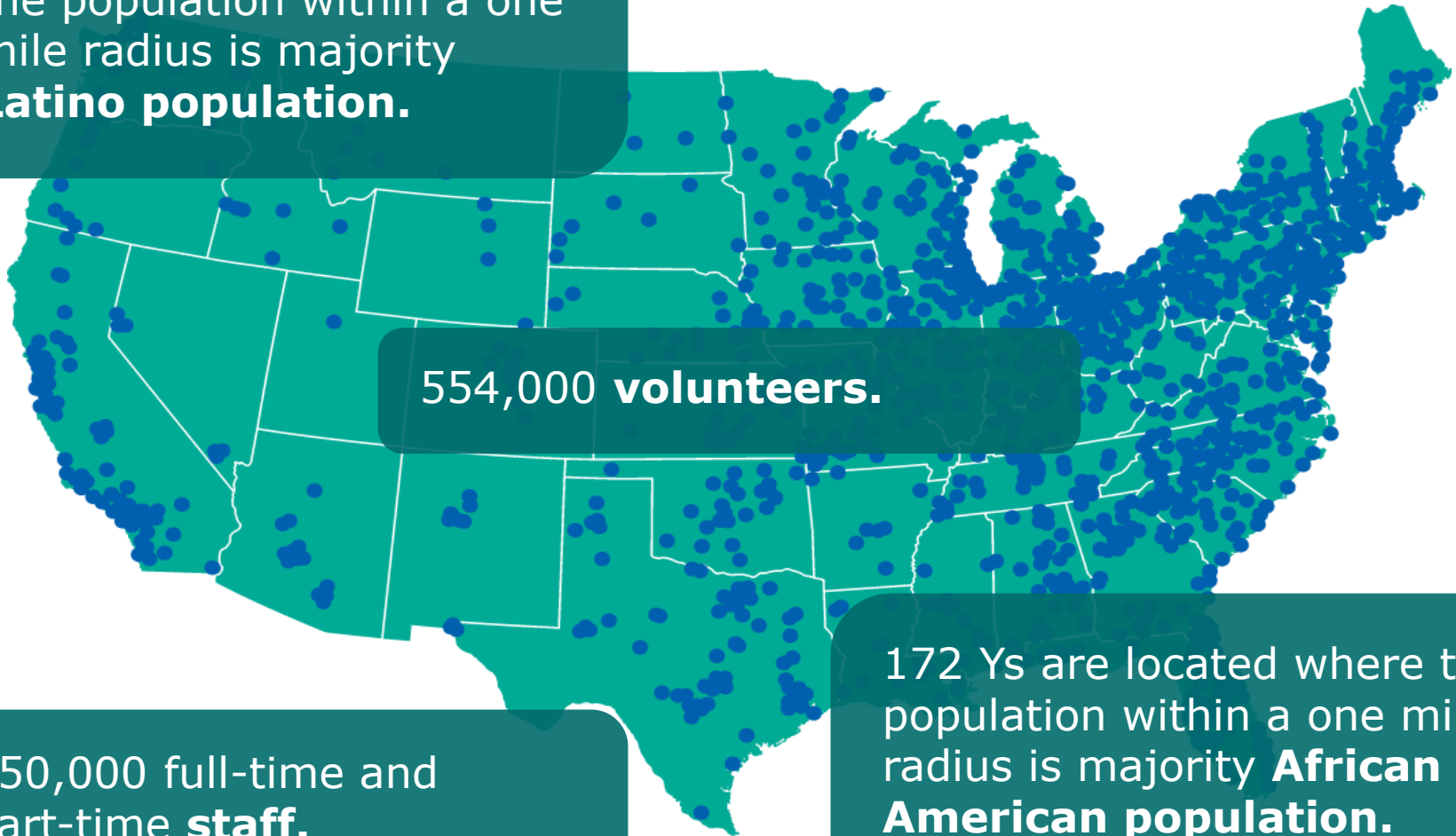
128 Ys are located where the population within a one mile radius is majority **Latino population.**

20.6 million **members and participants.**

554,000 **volunteers.**

250,000 full-time and part-time **staff.**

172 Ys are located where the population within a one mile radius is majority **African American population.**



# HEALTHY LIVING AT THE Y



Impacting  
**INDIVIDUALS**



Impacting  
**FAMILIES**



Impacting  
**ORGANIZATIONS**



Impacting  
**COMMUNITIES**



Impacting  
**SOCIETY**

To  
**PROMOTE  
WELLNESS**  
(Primary)

To  
**REDUCE  
RISK**  
(Secondary)

To  
**RECLAIM  
HEALTH**  
(Tertiary)

**Personal Training  
Wellness Centers**

**Group Exercise  
Youth Sports  
Swim Lessons**

**Family Camp  
Adventure  
Guides**

**Employee Wellness  
Benefits**

**Policies  
Promoting  
Healthy  
Eating**

**Policies  
Promoting  
Physical  
Activity**

**Built Environment**

**Access to Fresh  
Fruits & Veggies**

**P.E. in  
Schools**

**Economic Incentives  
and Disincentives  
(taxation or  
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**Tobacco-free  
Environments**

**Diabetes  
Prevention**

**Falls  
Prevention**

**Childhood  
Obesity**

**Smoking  
Cessation**

**Cardiac  
Rehab**

**Arthritis  
Treatment**

**Diabetes  
Control**

**Cancer  
Survivorship**

**MEMBERSHIP**



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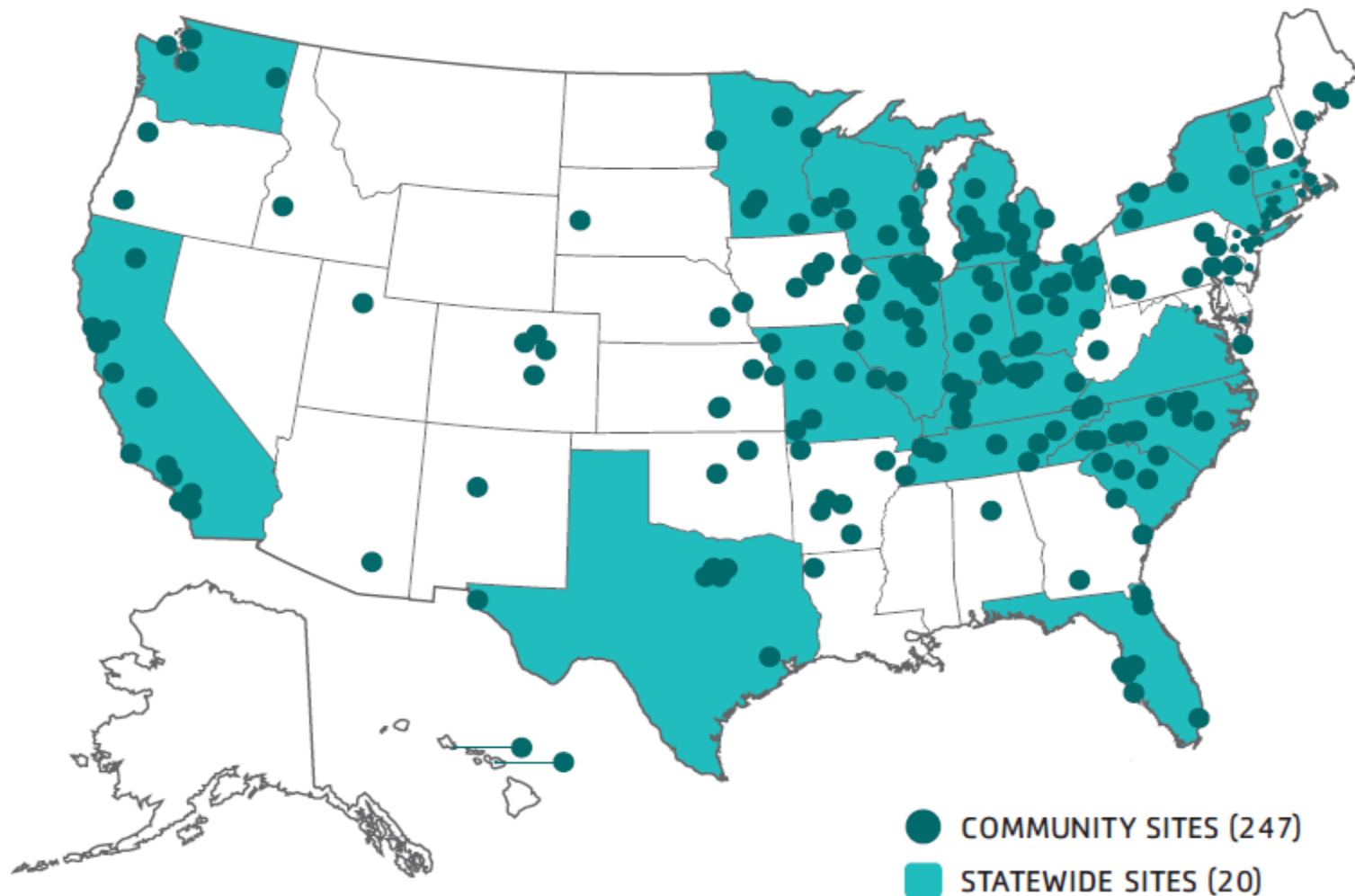
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the

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## HEALTHIER COMMUNITIES INITIATIVES: PHC, Statewide PHC, ACHIEVE, REACH & CTG



# WHAT COMMUNITIES HAVE OR ARE WORKING ON

Influencing school and worksites to change their food contracts, vending and meeting policies



Making high-quality fresh fruits and veggies available to residents for purchase at 40% market price



Advocating for restaurant menu labeling

Working with corner stores in low-income areas where grocery stores don't exist to provide fresh fruits and veggies





# ARE WE MAKING AN IMPACT IN OUR HEALTHIER COMMUNITY WORK?



- In 2012, 153 sites reported we had made:
  - **35,970 changes in our communities**
    - More community gardens and farmers markets
    - More Safe Routes to School
    - Healthier food options and more physical activity before, during and afterschool
    - Healthier options in the worksite
    - More smoke-free parks
  - **Impacting up to 65 million lives**
- \$5.96 leveraged for each \$1



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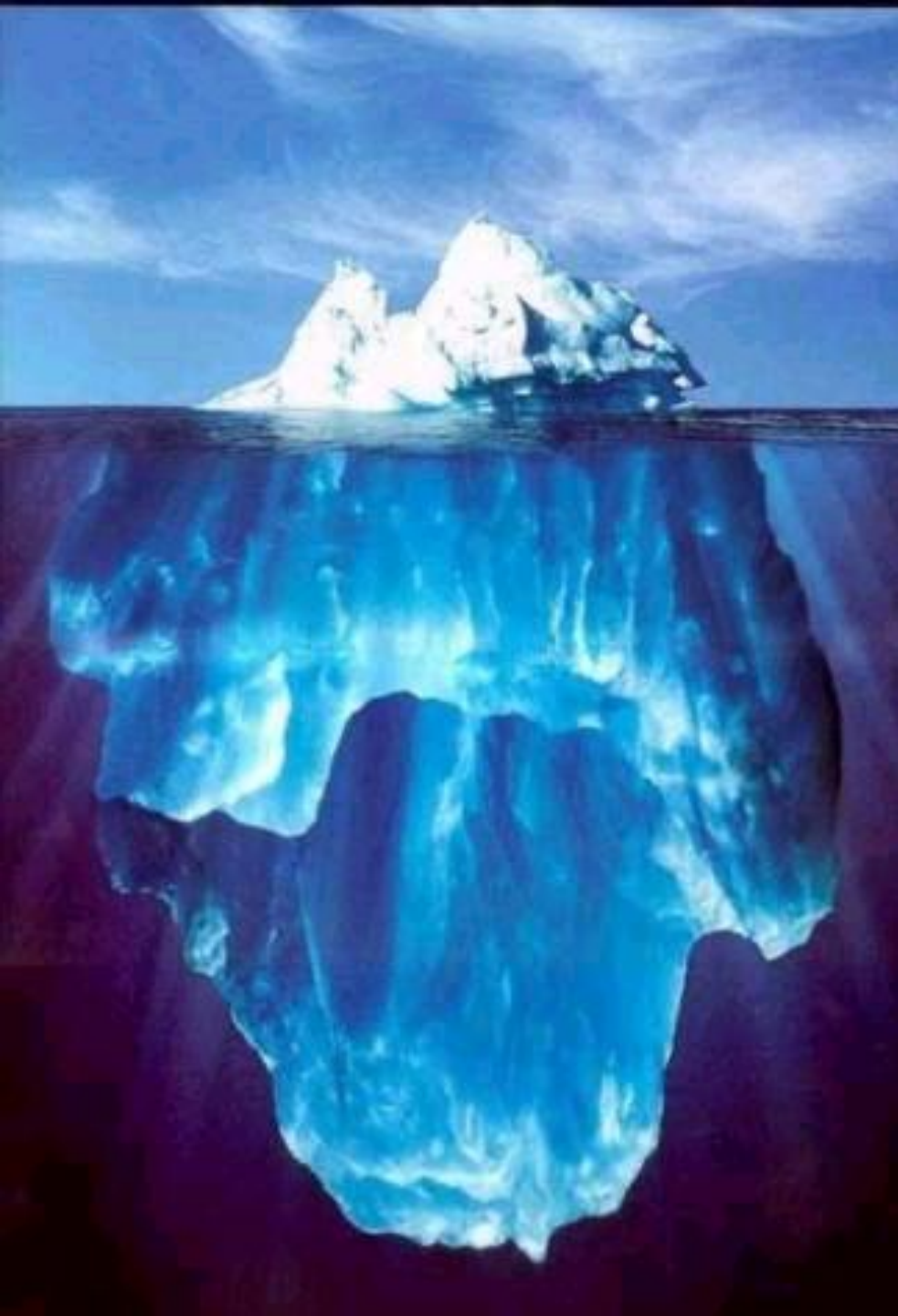
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## DIABETES

- 25.8 million Americans

## PREDIABETES

- 79 million Americans (35% of all adults) with progression to diabetes at rate of 5 – 15% per year

# THE BASICS: THE YMCA'S DPP

## Who?

- **Overweight Adults (18+) with prediabetes**
- **Confirmed via one of 3 blood tests**
- **Or 9+ score on risk assessment**

## What?

- **12 month program: includes a 16 weekly sessions followed by monthly maintenance sessions**
- **1 hour sessions**
- **8-15 people in group based, classroom setting**

## When? Where?

- **Anytime, anywhere (classroom-type setting)**

## How?

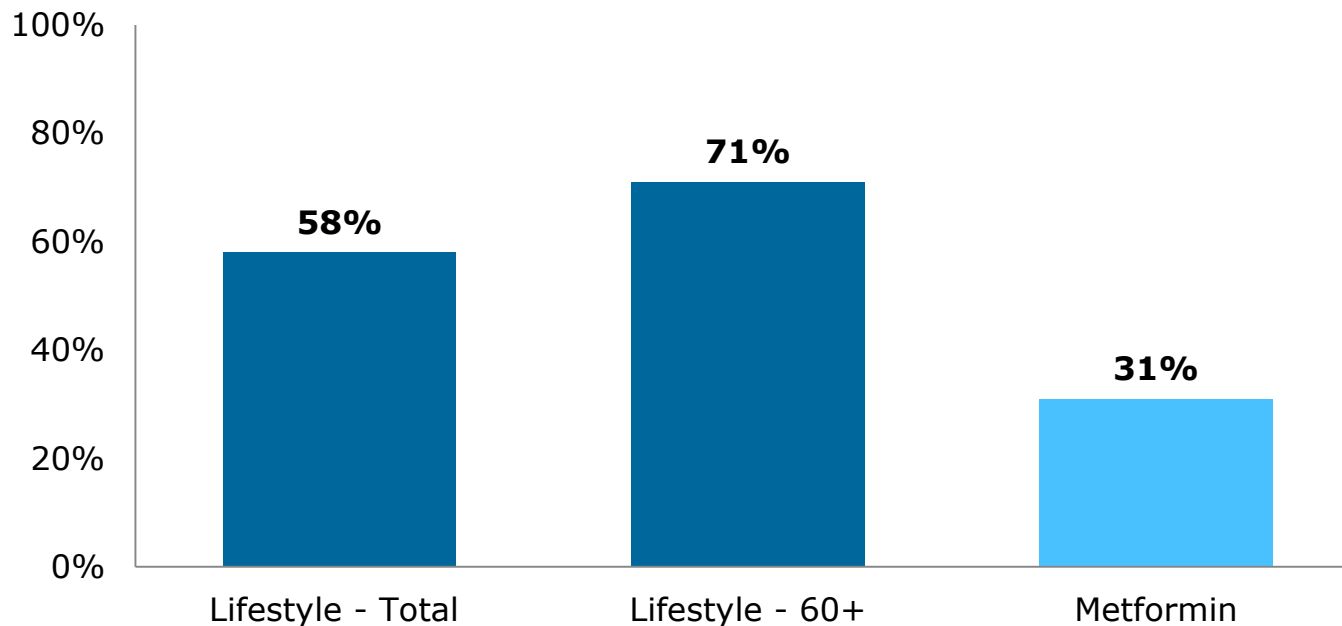
- **Weigh-in at every session**
- **Weight recorded within 24 hours via a HIPAA-compliant online tracking system**
- **Facilitated by YMCA-certified Lifestyle Coach**

# EVIDENCE BASE:

**\$200 Million NIH-led DPP Trial**

**Q:** What's more effective at preventing Type 2 diabetes – a 1-1 delivered lifestyle intervention or Metformin?

**A:** 1-1 Lifestyle intervention by reducing body weight by at least 5%.



# The New England Journal of Medicine

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VOLUME 346

FEBRUARY 7, 2002

NUMBER 6



## REDUCTION IN THE INCIDENCE OF TYPE 2 DIABETES WITH LIFESTYLE INTERVENTION OR METFORMIN

DIABETES PREVENTION PROGRAM RESEARCH GROUP\*

### ABSTRACT

**Background** Type 2 diabetes affects approximately 8 percent of adults in the United States. Some risk factors — elevated plasma glucose concentrations in the fasting state and after an oral glucose load, overweight, and a sedentary lifestyle — are potentially reversible. We hypothesized that modifying these factors with a lifestyle-intervention program or the administration of metformin would prevent or delay the development of diabetes.

**Methods** We randomly assigned 3234 nondiabetic persons with elevated fasting and post-load plasma glucose concentrations to placebo, metformin (850 mg twice daily), or a lifestyle-modification program with the goals of at least a 7 percent weight loss and at least 150 minutes of physical activity per week. The mean age of the participants was 51 years, and the mean body-mass index (the weight in kilograms divided by the square of the height in meters) was 34.0; 68 percent were women, and 45 percent were members of minority groups.

**Results** The average follow-up was 2.8 years. The incidence of diabetes was 11.0, 7.8, and 4.8 cases per

**T**YPE 2 diabetes mellitus, formerly called non-insulin-dependent diabetes mellitus, is a serious, costly disease affecting approximately 8 percent of adults in the United States.<sup>1</sup> Treatment prevents some of its devastating complications<sup>2,3</sup> but does not usually restore normoglycemia or eliminate all the adverse consequences. The diagnosis is often delayed until complications are present.<sup>4</sup> Since current methods of treating diabetes remain inadequate, prevention is preferable. The hypothesis that type 2 diabetes is preventable<sup>5,6</sup> is supported by observational studies and two clinical trials of diet, exercise, or both in persons at high risk for the disease<sup>7,8</sup> but not by studies of drugs used to treat diabetes.<sup>5</sup>

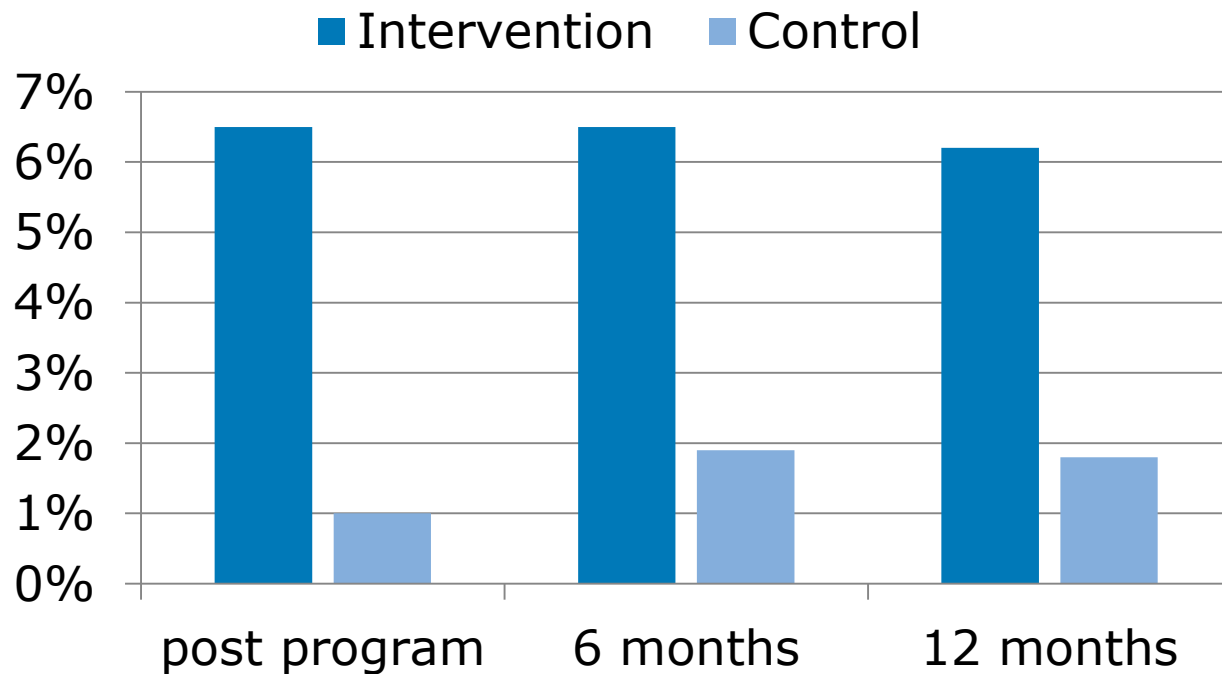
The validity of generalizing the results of previous prevention studies is uncertain.<sup>9</sup> Interventions that work in some societies may not work in others, because social, economic, and cultural forces influence diet and exercise. This is a special concern in the United States, where there is great regional and ethnic diversity in lifestyle patterns and where diabetes is oc-

# COMMUNITY-BASED VALIDATION

NIH-Funded  
Indiana University School of Medicine and YMCA of Greater Indianapolis

**Q:** Could a group-based adaptation of the DPP lifestyle intervention achieve the 5% weight loss of the DPP for a fraction of the cost?

**A:** Yes



# SIMILAR RESULTS HAVE BEEN SHOWN ELSEWHERE...

## 28 TIMES.

- Analysis of 28 studies applying the findings of the DPP research study in real-world settings
  - Average weight change was 4%
- Weight change was similar whether program was delivered by clinically trained professionals or lay educators
- Every additional lifestyle session attended, weight loss increased by 0.26 percentage point

Ali et al. Health Affairs, 2012



# National Diabetes Prevention Program

## COMPONENTS



### **Training: Increase Workforce**

Train the workforce that can implement the program cost effectively.



### **Recognition Program: Assure Quality**

Implement a recognition program that will:

- Assure quality.
- Lead to reimbursement.
- Allow CDC to develop a program registry.



### **Intervention Sites: Deliver Program**

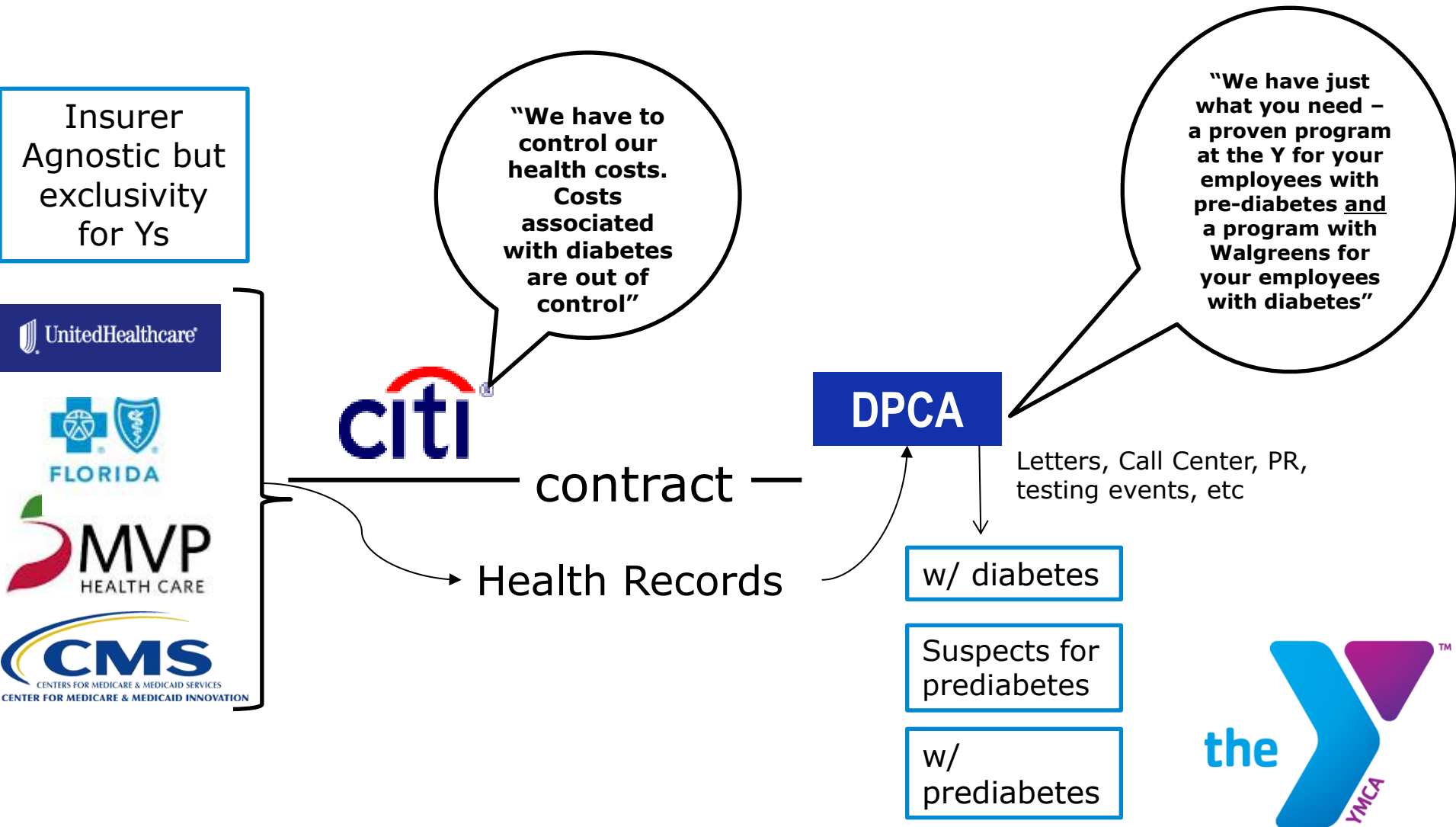
Develop intervention sites that will build infrastructure and provide the program.



### **Health Marketing: Support Program Uptake**

Increase referrals to and use of the prevention program.

# HOW THE YMCA'S DPP WORKS WITH PAYERS





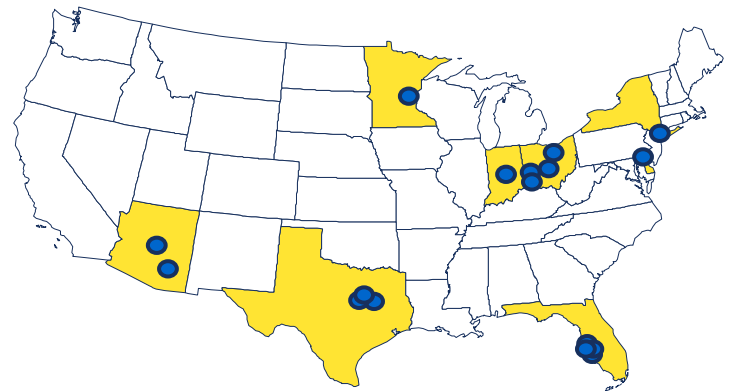
# Y-USA's CMMI-funded Health Care Innovation Award Project



- In 2011, Centers for Medicare & Medicaid Services (CMS) launched Healthcare Innovation Awards
- Aim was to fund the country's most compelling ideas to spur better health, improved care and lower costs
- \$1 billion was set aside in funding
- 3,000+ organizations applied
- Rigorous expert panel review led to 107 awards

## The YMCA's award

- Goal: deliver YMCA's DPP to 10,000 Medicare patients in 17 markets, with \$4.2M (and \$53M) in savings to Medicare in 3 (or 6) years.



- \$11.8M award over 3 years
  - Y-USA Admin (16%)
  - Reimburse local Ys for program (31%)
  - Help Ys recruit Medicare enrollees (4%)
  - Enhance infrastructure to determine eligibility and process claims (50%)

# NATIONAL PROGRAM PARTNERS

American Diabetes Association

American Heart Association

American Medical Association

Diabetes Prevention and Control Alliance

Medicare Diabetes Screening Project

National Association of City and County Health Officials

National Council on Aging

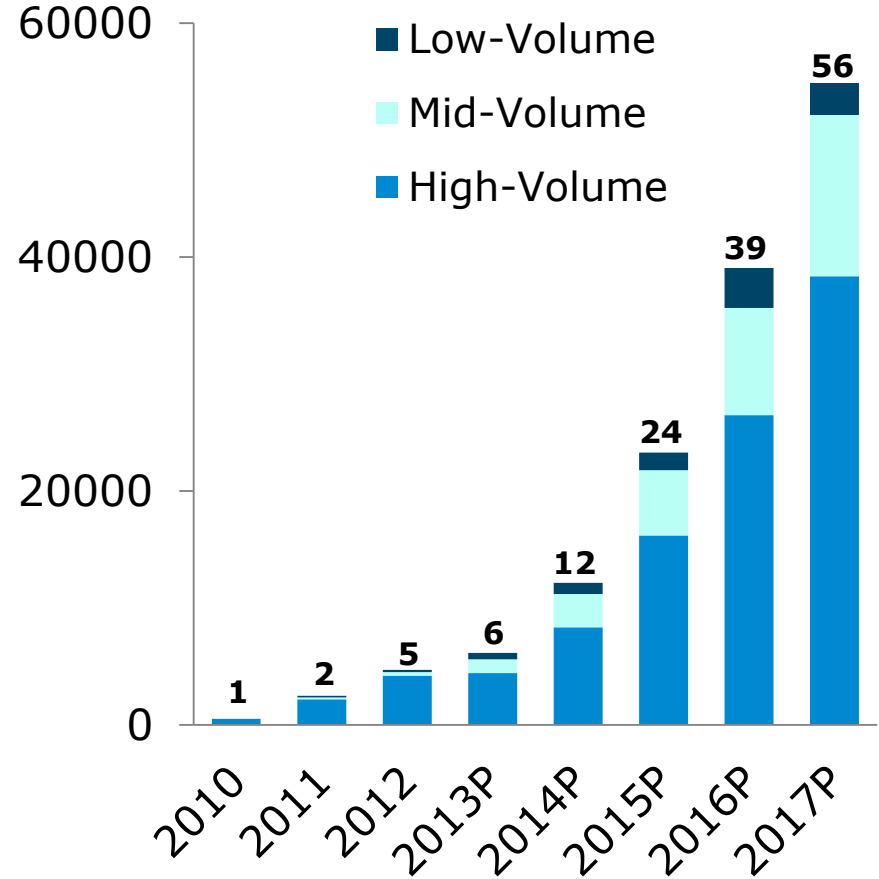
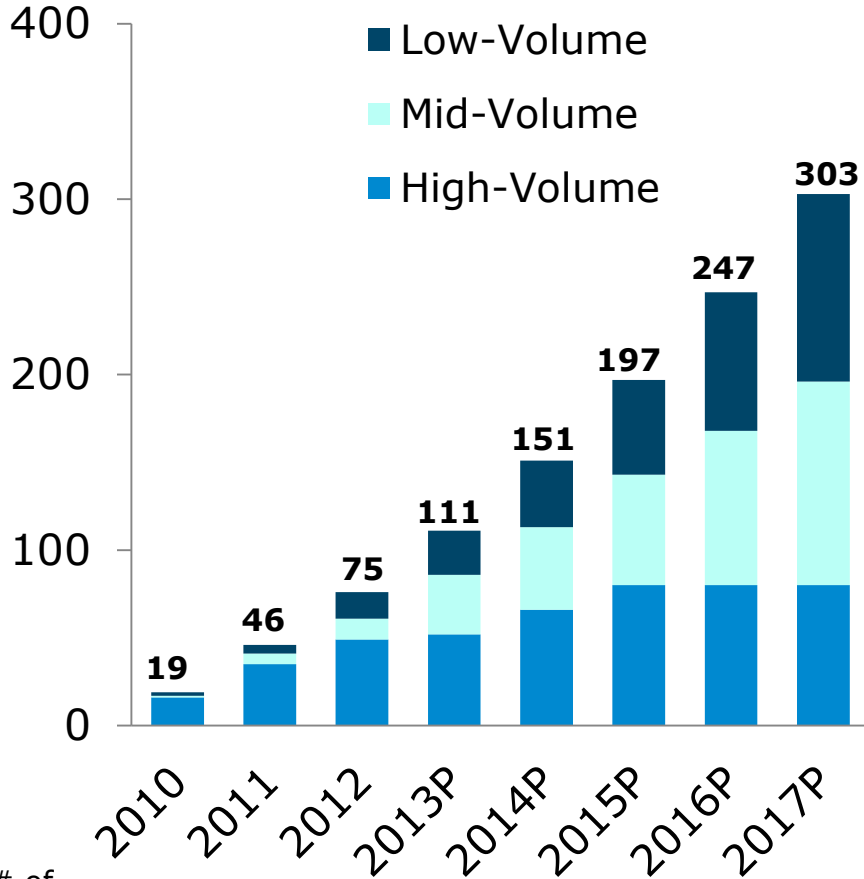
National Council of La Raza

# Ys WITH PROGRAM WOULD HIT ~300 IN YEAR 5

# PARTICIPANTS PER YEAR WOULD HIT ~56K IN YEAR 5

Historic and projected # of Ys running program

Historic and projected # of participants



# of new Ys

Cumulative participants (k)

Note: Participant totals refer to participants who attend at least 1 session. The 2012 participant figure was calculated based on actual data through December. Cumulative participant totals in the graph on the right represent rounded values.

Source: Data from Y-USA and market potential analysis.



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# TERTIARY PREVENTION PROGRAMS

## LIVESTRONG® at the YMCA

A program and organizational-change effort for local Ys to serve cancer survivors and help them to reclaim their health.

### **On-boarding opportunities:**

Y Associations who are interested in applying for this program can use resources found on Y Exchange to assess their readiness to serve cancer survivors and guide their capacity-building work in preparation for future on-boarding opportunities.





# LIVESTRONG® AT THE YMCA: PROGRAM BASICS

## Who?

- **Adult Cancer Survivors, those living with or beyond cancer treatment**

## What?

- **Program for small groups of 6-16 people**
- **Individualized cardiovascular conditioning, strength training, balance and flexibility exercises**
- **Group support/Not support group**

## When? Where?

- **Two 90-minute sessions per week**
- **12 weeks**
- **Held at YMCA "Wellness Centers"**

## How?

- **Pre and Post Functional and Quality of Life Assessments**
- **Facilitated by YMCA-certified Instructors**

# LIVESTRONG® AT THE YMCA: PROGRAM IMPACT



## As of October 2013,

- 18,878 survivors served in **LIVESTRONG** at the YMCA programs
- 152 Y Associations offer the program at more than 342 sites in 37 states
- No participating Y Association has ever discontinued the program
- 1,481 staff certified as Instructors.

# LIVESTRONG® AT THE YMCA: PROGRAM SITES

As of Oct 2013, 152 Ys running 342 program sites across 37 states



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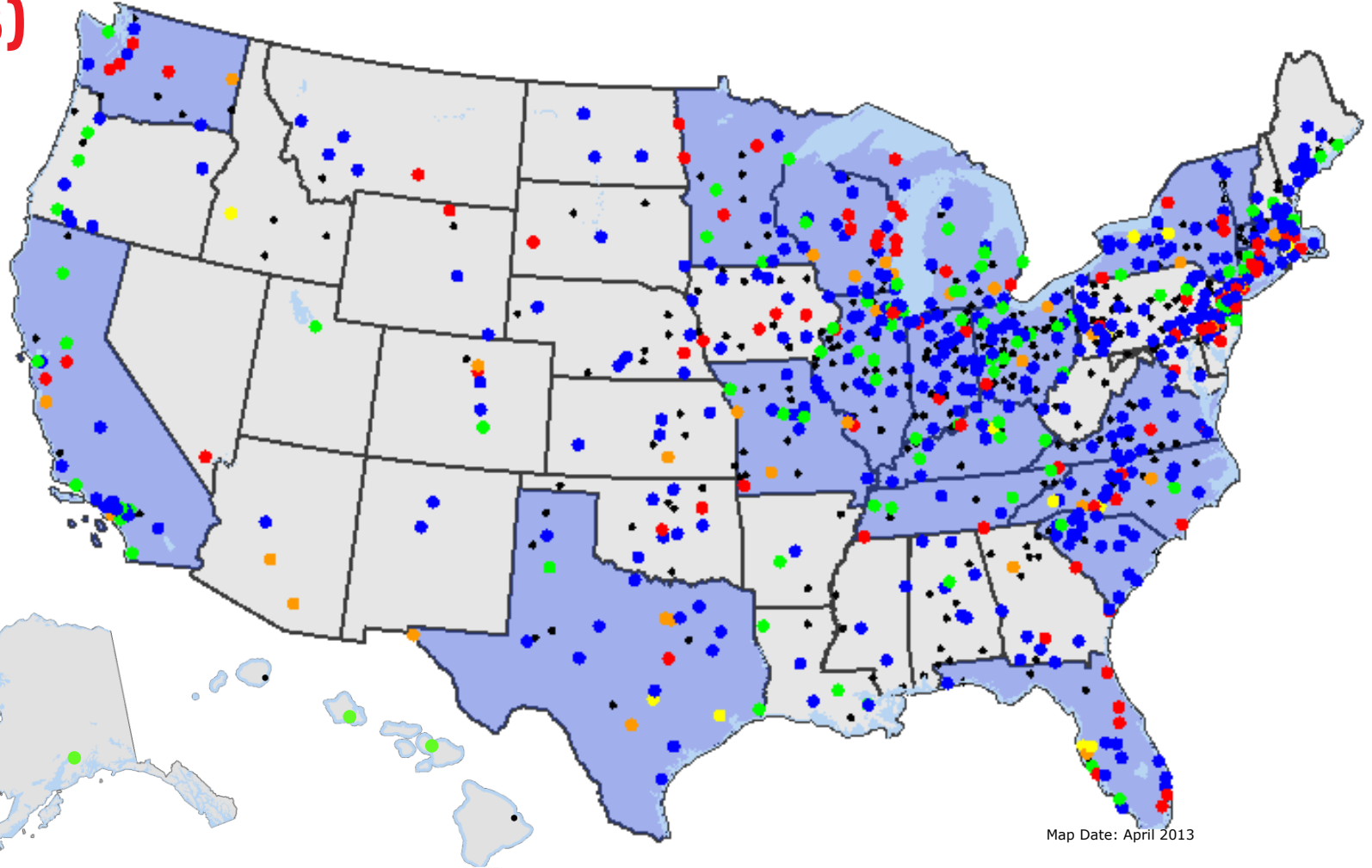
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# HEALTH INNOVATION ACROSS THE Y MOVEMENT (2013)



Map Date: April 2013

● All YMCAs (887)	● Minimal Involvement (359)	● Light Involvement (99)
● Moderate Involvement (98)	● High Involvement (43)	● Very High Involvement (15)