

# DIABETES PREVENTION PROGRAM

The YMCA's Diabetes Prevention Program is a one-year, community-based program where participants work in small groups with a trained Lifestyle Coach in a relaxed, classroom setting. The purpose of this program is to help adults improve their overall health and reduce their risk for developing type 2 diabetes.



## HOW IT WORKS

The YMCA's Diabetes Prevention Program is one year long. Participants attend 25 one-hour sessions over the course of 12 months. In 16 weekly sessions followed by 8 monthly sessions, participants learn how to incorporate healthier eating, moderate physical activity, and problem-solving and coping skills into their daily lives. Participants will get the hands-on support they need from Lifestyle Coaches trained on a CDC-approved curriculum that is part of the CDC-led National Diabetes Prevention Program.

"...programs like YMCA's Diabetes Prevention Program reduce new cases of type 2 diabetes by 58% overall and 71% in individuals over age 60." – research from the National Institutes of Health

## PROGRAM GOALS

The program emphasizes two primary goals:

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



## WHO CAN PARTICIPATE?

- Adults aged 18 years or older who are:
- overweight (BMI greater than or equal to 25); **AND**
  - Diagnosed with prediabetes via a blood test or gestational diabetes;
  - OR at high risk for developing type 2 diabetes
- YMCA membership is not required!

## WHAT IS YOUR RISK FOR TYPE 2 DIABETES?

If you have one of the following conditions, you could be at risk:

- High blood pressure
- High Cholesterol levels
- Overweight, Obesity (BMI > 25)
- Inactive lifestyle (exercising less than 2x/week)
- Family history of Diabetes
- History of gestational diabetes
- Aged 45 years or older

## **PARTICIPANT TESTIMONIALS**

### **HELEN, YMCA'S DPP PROGRAM PARTICIPANT**

I decided to join the YMCA's Diabetes Prevention Program after my annual physical showed that I was headed toward getting this disease if I didn't make some changes. The program has empowered me in ways I never expected. Not only have I lost 30 pounds, I now have a healthier lifestyle, with better food choices and lots of exercise.

Through the program, I finally began to understand that a "diet" is not the way to manage weight. It is critical to make a lifestyle change! I changed my way of thinking, finally realizing that I was not denying myself when I did not eat a pile of cookies. Instead, I was rewarding myself with a small bowl of delicious cherries. Now, I eat more low-fat foods, eat smaller portions, and experiment with different kinds of foods. I read nutrition websites. I even started taking Zumba exercise classes at the YMCA!

I'm having fun with food, and exercise. This program has given me the tools to manage my relationship with food. It has set me on a course for a healthier future.

### **LILLIAN, YMCA'S DPP PARTICIPANT**

When I heard about the YMCA's Diabetes Prevention Program, I knew right away it was exactly what I needed to make the changes for my health. Many times over the past 40 years at least, I have followed other programs and was always successful in losing the weight. But just as soon as I stopped going to meetings and following the particular program, I would gain all the weight back. I'm talking about twice losing 50 pounds, then, within less time than it took to lose it, I gained it back. I realized that I needed to stop believing that I already knew everything about healthy eating and staying fit, and get a new support system.

While I did not have a prediabetes diagnosis, I did have a BMI over 35, I had high blood pressure and high cholesterol, and of course, overweight. I was motivated to change my life before I had a major health issue such as a heart attack or stroke.

At our first meeting, we were provided with all the information and tools to start, and it did not seem to be an unattainable goal either. By learning to track the food I eat, how to read food labels and making good choices for my meals, I quickly adjusted to a new normal for me. We were also encouraged to have more physical activity in our lives. While I have always "liked" to exercise, I found I was not challenging myself. Soon I was trying other forms of activity that I enjoyed and knew I would continue to do them.

I have lost 30 pounds which is 20% of my starting weight. I dropped two sizes, and have more energy than I have in years. I am confident that I can maintain this weight, and even lose more using the skills I obtained through the YMCA's Diabetes Prevention Program.

## **FOR MORE INFORMATION OR TO SIGN UP CONTACT**

**Halie Patterson**

151 South Oakland Avenue, Rock Hill, SC 29730

803-324-9622 ext. 226

[haliepatterson@upymca.org](mailto:haliepatterson@upymca.org)

## **FOR PHYSICIANS**

How do I refer my patient? Please complete this referral form and fax it directly to the Program Coordinator, Halie Patterson at 803-327-9149.

# YMCA'S DIABETES PREVENTION PROGRAM REFERRAL FORM

## SECTION 1: PARTICIPANT DETAILS

First name\* \_\_\_\_\_  
Middle name \_\_\_\_\_  
Last name\* \_\_\_\_\_  
Gender\* \_\_\_\_\_  
Date of birth\* \_\_\_\_\_

### Race

- American Indian or Alaska Native  
 Asian White  
 Native Hawaiian or Other Pacific Islander  
 Black or African American  
 White

## SECTION 2: PARTICIPANT CONTACT INFORMATION

Email address \_\_\_\_\_  
Street 1\* \_\_\_\_\_  
City\* \_\_\_\_\_  
State\* \_\_\_\_\_  
Postal code\* \_\_\_\_\_  
Home phone \_\_\_\_\_  
Mobile phone \_\_\_\_\_

## SECTION 3: PARTICIPANT QUALIFICATION CRITERIA

Height (ft)<sup>\*\*</sup> \_\_\_\_\_ Height (in)<sup>\*\*</sup> \_\_\_\_\_ Weight (lbs)<sup>\*\*</sup> \_\_\_\_\_  
Meets Blood Value/Diagnosis Qualification: \*\*  
 A1c: \_\_\_\_\_ (must be 5.7%-6.4%)  
 Fasting Plasma Glucose: \_\_\_\_\_ (must be 100-125 mg/dL)  
 2-hour (75 gm glucola) Plasma Glucose: \_\_\_\_\_ (must be 140-199 mg/dL)  
 Prediabetes determined by clinical diagnosis of Gestational Diabetes (GDM) during previous pregnant

\*\*An individual already diagnosed with type 1 or type 2 diabetes does not qualify for this program.

## SECTION 4: PROVIDER CONTACT INFORMATION (Include name of practice or office if applicable)

Provider Name \_\_\_\_\_  
Name of Practice \_\_\_\_\_  
Street 1 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email address \_\_\_\_\_

## SECTION 5: AUTHORIZATION TO RELEASE INFORMATION

(To be read and signed by the patient's provider.) I (the provider) would like to refer this participant to the YMCA's Diabetes Prevention Program. I have obtained participant authorization to release information to the YMCA of Upper Palmetto YMCA, and I agree to inform the Upper Palmetto YMCA if this participant changes or revokes this authorization.

Provider Name (print) \_\_\_\_\_  
Provider Signature \_\_\_\_\_ Date \_\_\_\_\_