Change Today for a Healthier Future: YMCA Diabetes Prevention Program

Satellite Conference and Live Webcast Wednesday, November 7, 2012 2:00 – 4:00 p.m. Central Time

Produced by the Alabama Department of Public Health Video Communications and Distance Learning Division

Faculty

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Agenda

- Need for diabetes prevention
- Program evolution
- Program design
- · How you can help

Type 2 Diabetes

• How large and big is the problem?

Diabetes

• 25.8 million Americans

Pre Diabetes

• 79 million Americans (35% of all adults) with progression to diabetes at rate of 10% per year

Burden of Diabetes in the United States

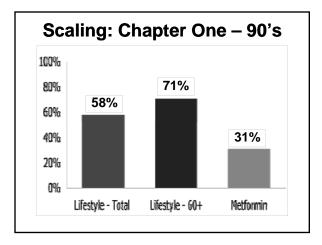
 Diabetes and its associated complications costs the national economy of the U.S. approximately \$198 billion dollars annually

Burden of Diabetes in the United States

- 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

Burden of Diabetes in the United States

 Accounts for 17% of all deaths for ages >25 **Program Evolution**



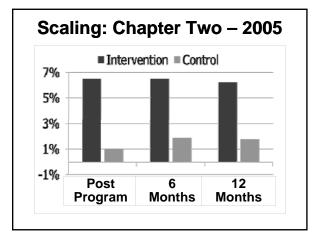
Scaling: Chapter One – 90's

- 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%)

Scaling: Chapter One – 90's

• 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

Scaling: Chapter Two – 2005

- Question: Can the Y achieve a 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

Scaling: Chapter Three – 2009

- What was needed
 - Six month start-up timeline included:
 - Creation of a Community
 Advisory Board
 - Development of a referral network

Scaling: Chapter Three – 2009

 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
 - Lunch of program partnership and creation of a national infrastructure to support expansion
- A game changer:
 - Third party-payers paying for prevention

Scaling: Chapter Four – 2010

- -In a group-based format
- -To a community-based provider
- -On a performance-basis
- -At scale
- On the bleeding edge of a new healthcare delivery system

Scaling: Chapter Four – 2010

• Our partnership with a third party administrator – the Diabetes Prevention and Control Alliance allows third party payers (employers, private insurers, and government payers) to reimburse the Y for the delivery of the evidence-based prevention program

National Coordination Model

- National coordination model ⇒ local program implementation:
 - -Program Partnership
 - Centers for Disease Control and Prevention and the Diabetes Prevention and Control Alliance

National Coordination Model

- -System for Third Party Payment
 - Single system for private and public payers to reimburse the Y for participant performance

National Coordination Model

-Training and Technical Assistance

• Intensive support with for program implementation and delivery, including coach training on the curriculum, data collection system, and privacy protection

National Coordination Model

- Advocacy, Policy, and Communications
 - National efforts to raise awareness, advocate for coverage, and drive participation

National Coordination Model

- -Quality Assurance, Impact, and Evaluation
 - Adherence to strict data collection guidelines, privacy regulations, program quality and fidelity standards, and program recognition

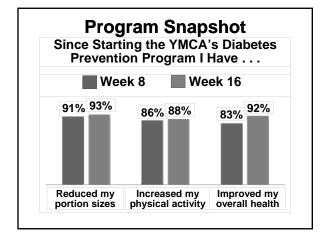
Where the Program Is Today

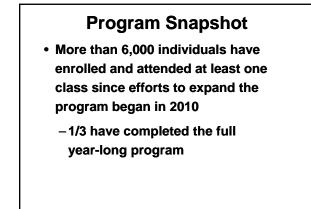
- To date, three private payers and multiple employers are reimbursing the Y for participant performance
 - Several additional payers in the sales pipeline with efforts underway to seek additional private and public payers

Where the Program Is Today

• Y-USA won one of the first ever HHS Innovation Awards for the dissemination model of the YMCA's DPP

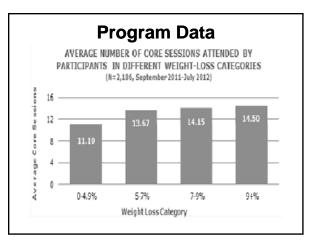
As of August 31, 2012	 - 73 Ys - 368 program locations - 31 states - 6,512 participants - 903 Lifestyle Coaches - 800+ classes - 4.8% Avg Wt. Loss (5.1% among DPCA referrals)
By the end of 2012:	Nearly 80 Ys with more than 400 program locations in 32 states



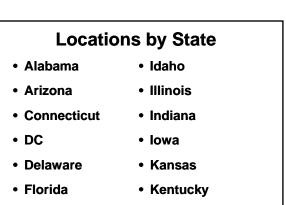


Program Snapshot

- Participants in the YMCA's Diabetes Prevention Program lost an average of 4.8% of their body weight
 - Hundreds of individuals lost an average of 7% of their body weight



Program Data National Overview – Through August 2012		
Total class locations to date		
Number of Y locations		
Number of non-Y locations		
YTD average number of sessions attended for participants who have completed the 16 core sessions (attended at least 4 sessions)	12.6	



Maryland

Georgia

Locations by State

- Massachusetts
 North Carolina
- Michigan
- Minnesota
 Oregon

Ohio

• Texas

• Vermont

• Pennsylvania

• Rhode Island

- Missouri
- Nevada
- New Jersey
- New York

- **Locations by State**
- Virginia
- Washington
- Wisconsin

The Program in Birmingham, Alabama

- 225 participants
 - -89% female
 - -57% African American
 - -36% Caucasian
 - -78% self referred

The Results

- 63% attended 8 or more sessions
- 40% achieved 3-7% weight loss
- The more sessions attended the greater the weight loss

The Program		
Who?	Overweight* adults (18+) with prediabetes Confirmed via one of 3 blood tests Or a qualifying risk score	
What?	12 month program: includes 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 in online tracking system Facilitated by Y Lifestyle Coach (person skilled in Listen First/motivational interviewing and group facilitation)	
How?	 Facilitated by Y Lifestyle Coach (person skilled in Listen First/motivational interviewing and group 	

Individualized Lifestyle Program

- Program Goals
 - To reduce the risk of developing type 2 diabetes through:
 - ≥ 7% loss of body weight and maintenance of weight loss
 - ≥ 150 minutes per week of physical activity

Who Qualifies?

• Participant must have a blood value in the pre-diabetes range or a qualifying risk score

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New Goals and Opportunities

- A national voice
- Collaborations with health care providers, business leaders and non-profits
- Expanding our reach through Cities for Life

Cities for Life

 A community-based diabetes management program anchored in primary care

Cities for Life

• The American Academy of Family Physicians (AAFP) Foundation, with support from Sanofi U.S., selected the city of Birmingham for this program not only because Alabama has one of the highest rates of diabetes in the country, but also for its visible commitment to improving the lives of its citizens

Program Guidance and Partners

• The AAFP Foundation is guiding the Cities for Life program with the National Research Network of the AAFP, who is developing and implementing the program alongside community partners

Program Guidance and Partners

 Guidance is also coming from the AAFP Foundation's Peers for Progress program

Program Guidance and Partners

• The AAFP Foundation is partnering with the University of Alabama at Birmingham's Department of Family and Community Medicine

Program Guidance and Partners

- Other founding community partners:
 - -UAB HealthSmart
 - -UAB's Diabetes Research and Training Center's Community Engagement Core
 - -YMCA of Greater Birmingham

How You Can Help

- Help to champion program among other healthcare provider groups and stakeholders in the community
- Provide direct program referrals to eligible patients
- Add program to community-based resource directory

How You Can Help

- Post / distribute marketing materials to raise program awareness
- Donate space for program sessions

Thank You

Debby LaCruz The YMCA of Greater Birmingham

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YMCAbham.org/diabetesprevention