



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEASURABLE PROGRESS UNLIMITED SUPPORT

NORTH CAROLINA DIABETES ADVISORY
COUNCIL MEETING

JUNE 3, 2016

YMCA OF WESTERN NORTH CAROLINA



WHO WE ARE

YMCA of Western North Carolina with 6 facilities

- Buncombe County
- Henderson County
- McDowell County

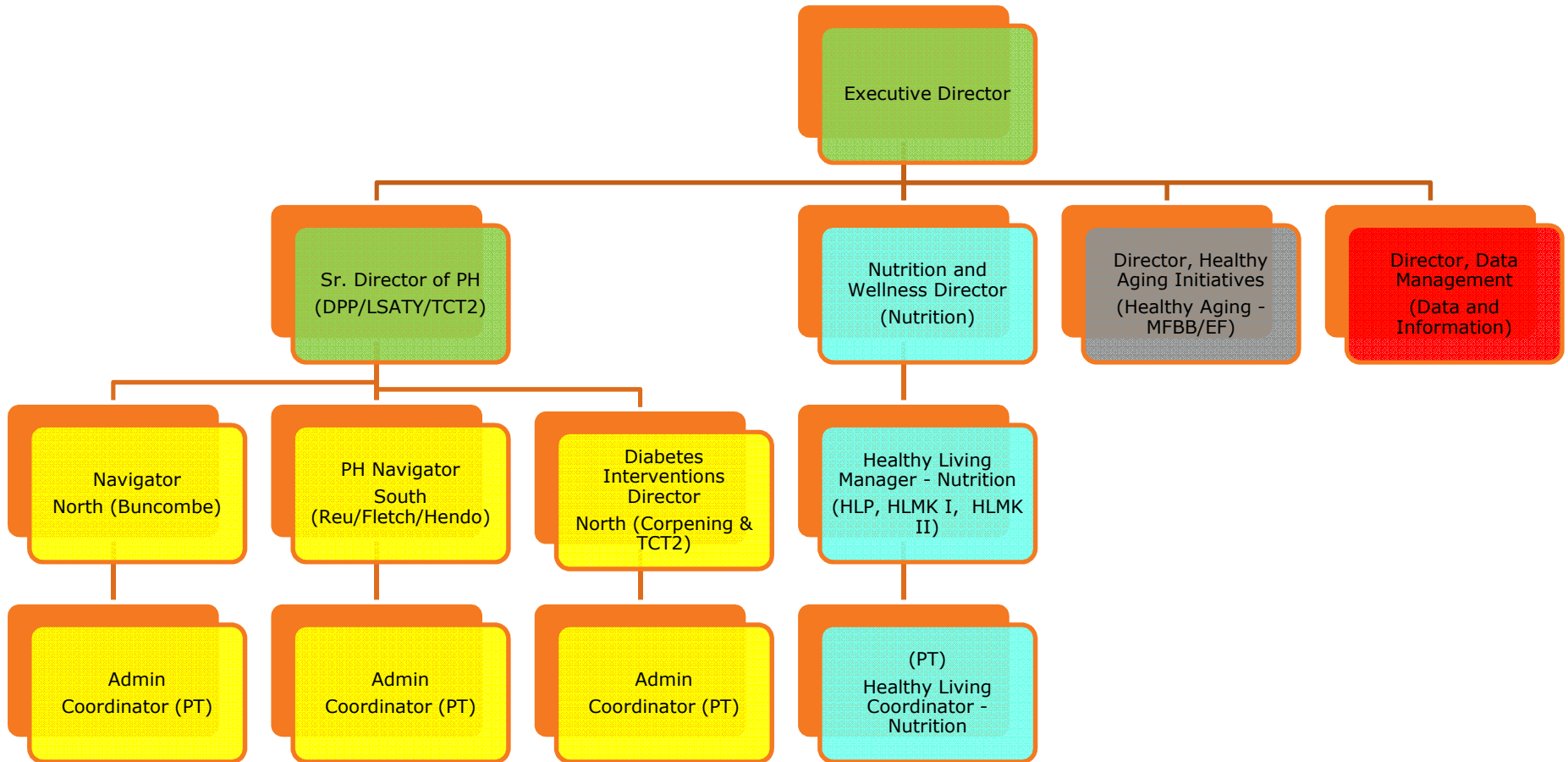
Westernmost YMCA with 126 years of service

Chronic Disease Management for 6 years

- LIVESTRONG at the YMCA
- Diabetes Prevention Program
- Taking Control of Type 2
- Moving For Better Balance
- EnhanceFitness
- Nutrition



STAFFING STRUCTURE



OUR LOCAL IMPACT – Y’S DPP

Number served so far:	739 adults	Number of Classes Taught:	58
Number Completed program:	445	Number Dropped:	93
Average Participant Age:	55	Pounds Lost as of 10.30.15:	6,809 lbs
Percent Weight Lost (all Classes):	4.45%	Percent Weight Loss (All completed classes):	4.41%

BMI Drop: 4.3% decrease

HgA1c: 7.5% decrease (6.2 to 5.6)

Fasting Glucose: 14% decreased (115 to 99)

Retention: 84.57%

%age of participants that receive Financial Assistance: 49.1%

of locations: 6 YMCA facilities

7 off site facilities (schools, churches, industries)



16 week Assessment Results (163 participants reporting)

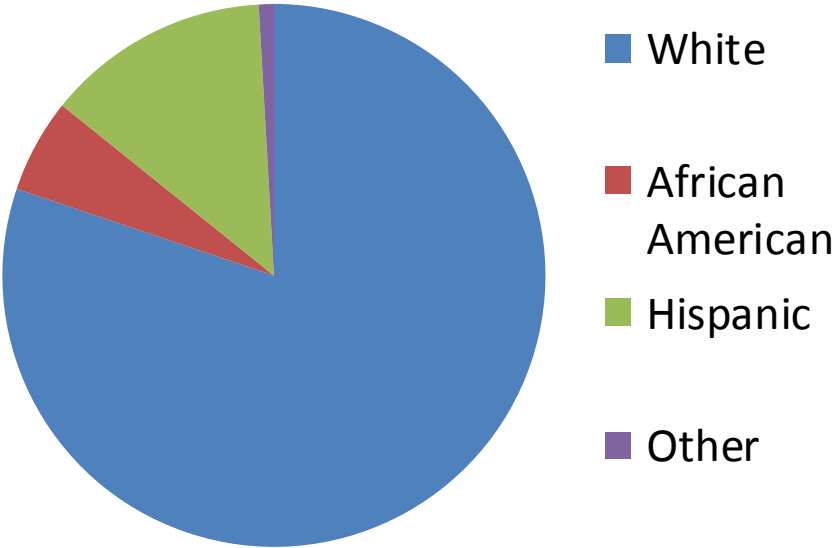
12 month Assessment Results

Resting Heart Rate:	decreased	4.3%	decreased	4.7%
HR:	decreased	3.5%	decreased	10.7%
Balance: Left:	increased	19.4%	increased	19.4%
Right:	increased	21.2%	increased	13.9%
Strength: Chest Press:	increased	7.8%	increased	29%
Leg Press:	increased	28.6%	increased	62.5%

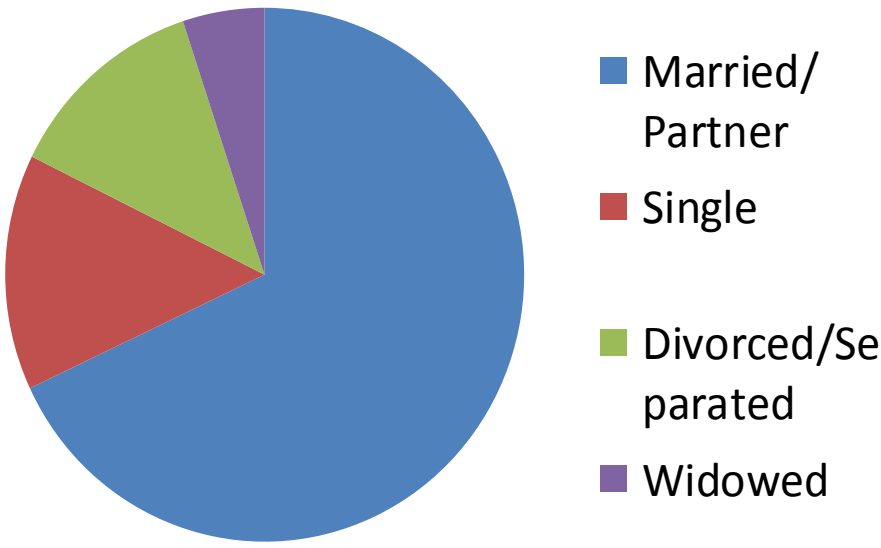
Participants increased their number of activity minutes per week by 88.2 minutes

PARTICIPANT DEMOGRAPHICS

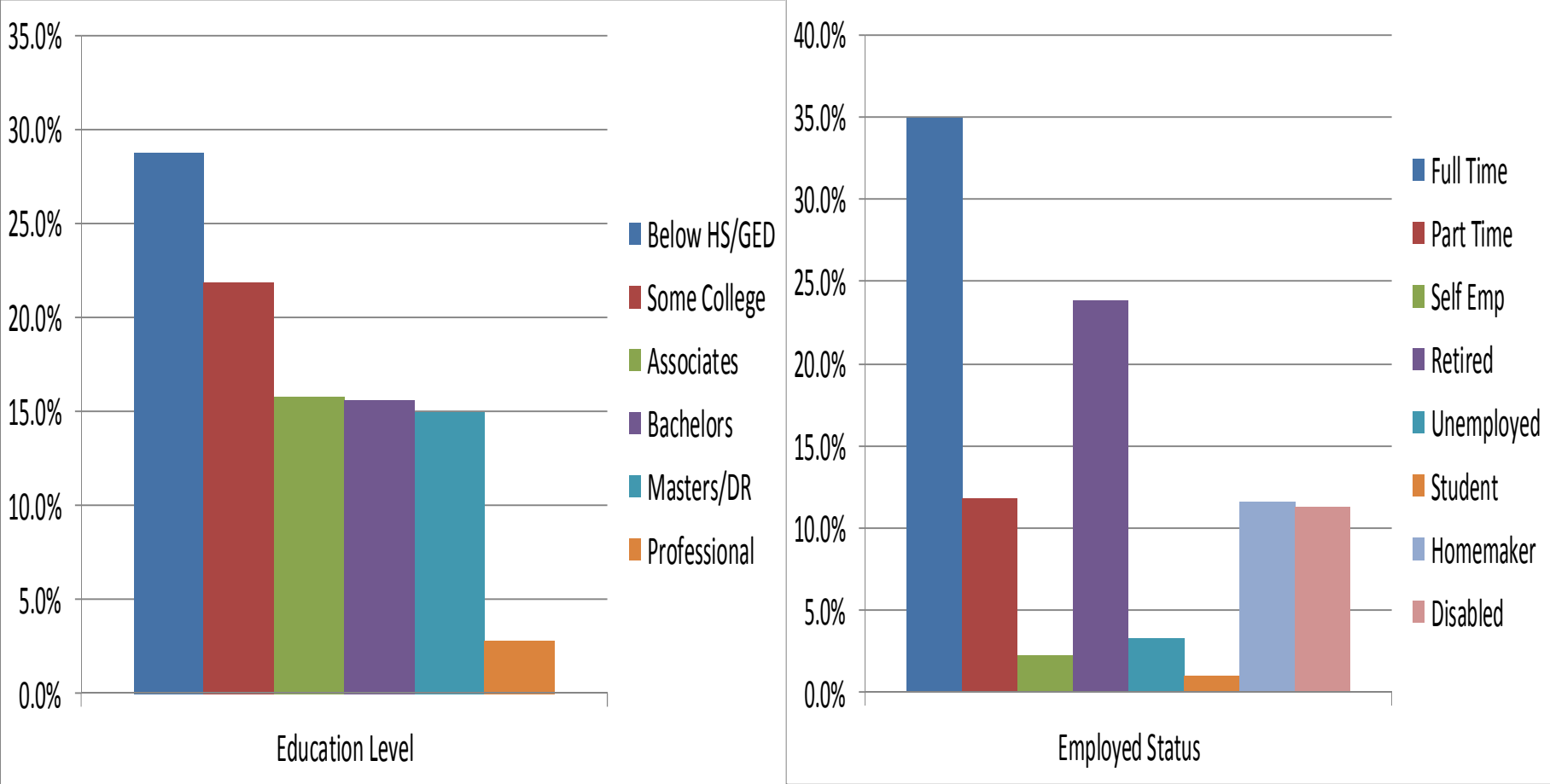
Ethnicity



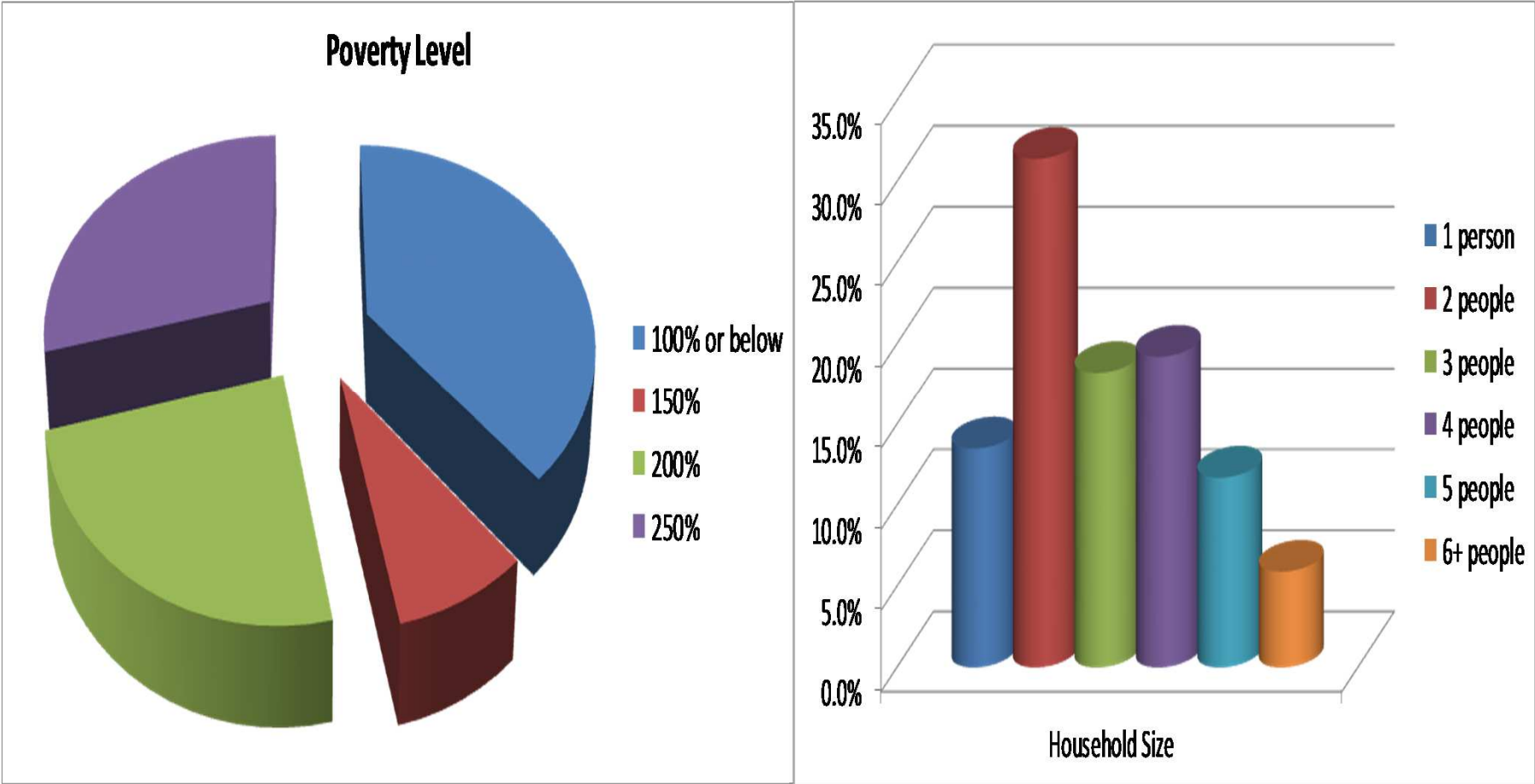
Marital Status



PARTICIPANT DEMOGRAPHICS



PARTICIPANT DEMOGRAPHICS –



RECRUITMENT AND RETENTION

□ General Community

- Understand your demographics and changes in your community
- Faith based community support
- Bilingual Lifestyle Coaches and program delivery
- Community outreach (classes in schools, industries, fire departments, FQHCs)

□ Intake Process and Referral Network Development

- Relationships
- 1:1 intakes
- Data integrity
- Supportive structure

□ Full Assimilation

- Cross pollination with traditional staff (class involvement, staff education, etc.)
- Access to physical activity support through personalized wellness coaching
- 6 month YMCA family membership w/full integration across all Y facilities and departments

□ Nutrition Incorporation

- Healthy Living Mobile Kitchen I and II
- Healthy cooking classes
- Grocery store tours – Cooking Matters

SUGGESTIONS: RECRUITMENT & RETENTION

❑ Medical Champion

- Trusted primary care provider in the community
- Nurse navigators/referral specialists

❑ Quality Intakes

- Readiness to change
- Stay true to the participant needs and the program intensity
- Value and respect the referral

❑ Incentives

- Attendance
- Weight Loss
- Initial and 6 month assessments
- Provide an A1c from your doctor
- Attend 4 out of 6 monthly meetings

❑ Value of the Program

- Cost of program in relation to cost of managing diabetes
- Full facility and program access
- Membership: State and national reciprocity
- Sliding scale /Scholarships

INTEGRATING WITH HEALTH SYSTEMS

❑ Full Integration in the Care Process Model

- What measurements are value added to the medical provider?
- Are you aligned with and addressing similar priorities? CHIP/CHA
- Athena EMR integration on a national level

❑ Communication

- How do they want to be communicated with
- Secure
- Bidirectional
- Frequent
- Referral process and management

❑ Credibility

- Be transparent
- Data integrity
- Intakes
- No Silver Bullet - Right intervention, right person, right time



THANK YOU

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