



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BIG REWARD S

WORKSITE STRATEGIES FOR DIABETES
AWARENESS, PREVENTION AND CONTROL

HEATHER HODGE
DIRECTOR, CHRONIC DISEASE PREVENTION
PROGRAMS
YMCA OF THE USA

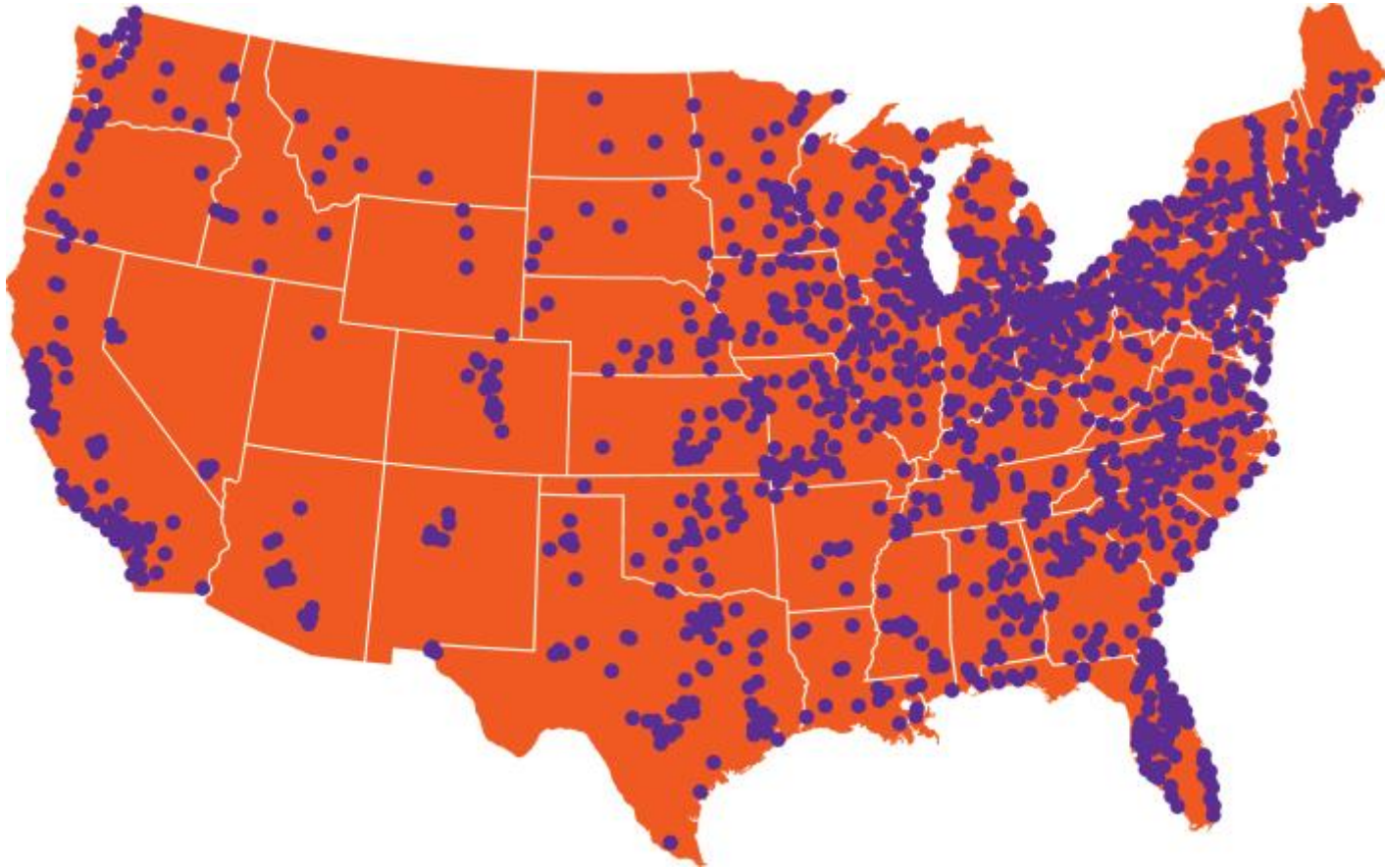
SMALL STEPS



June 3, 2014

Y-CONTEXT

Y STRUCTURE: ASSOCIATIONS & BRANCHES



OUR REACH

FACTS

YMCAs
2,700

YMCAs IN COMMUNITIES
WHERE HOUSEHOLD INCOME IS
BELOW THE NATIONAL AVERAGE
58%

COMMUNITIES SERVED
10,000

STATES
50 plus
District of Columbia
and Puerto Rico



THE Y's APPROACH TO HEALTH LIVING



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
subsidies)

Tobacco-free
Environments

Diabetes
Prevention

Smoking
Cessation

Falls
Prevention

Childhood
Obesity

Cardiac
Rehab

Diabetes
Control

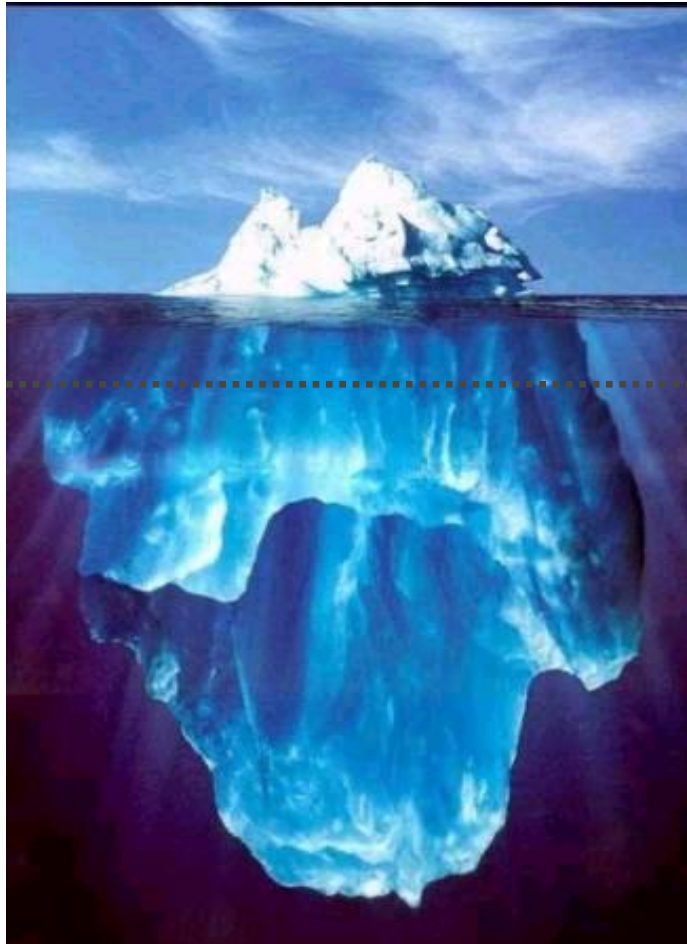
Arthritis
Treatment

Cancer
Survivorship

MEMBERSHIP

NEED AND OPPORTUNITY

THE STATISTICS



DIABETES

25.8 million Americans

People who know they have prediabetes

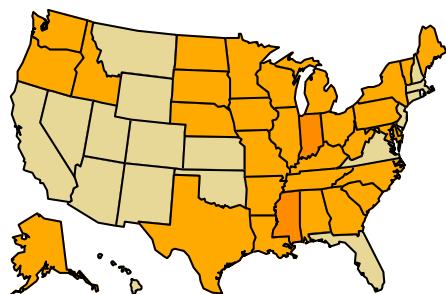
PREDIABETES

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

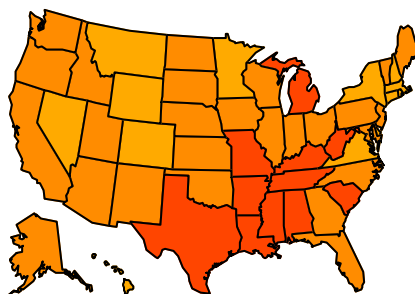
AGE-ADJUSTED PERCENTAGE OF U.S. ADULTS WHO WERE OBESE OR WHO HAD DIAGNOSED DIABETES

Obesity (BMI ≥ 30 kg/m²)

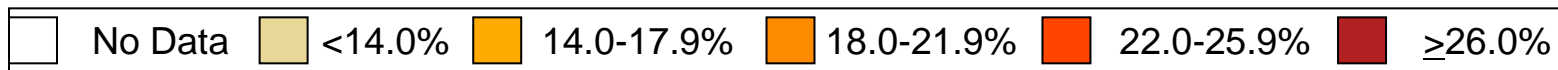
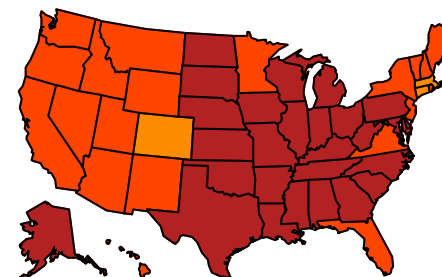
1994



2000

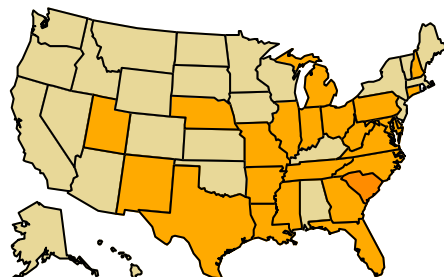


2008

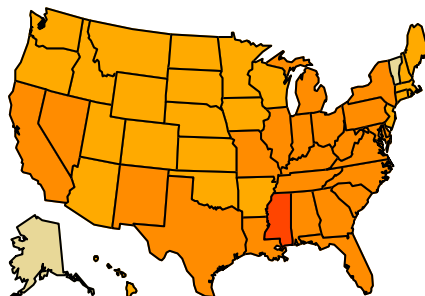


Diabetes

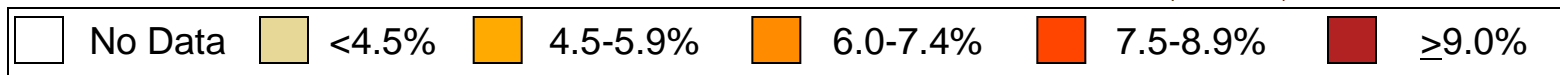
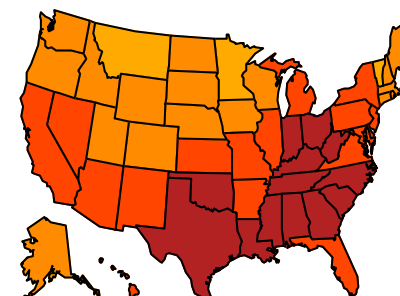
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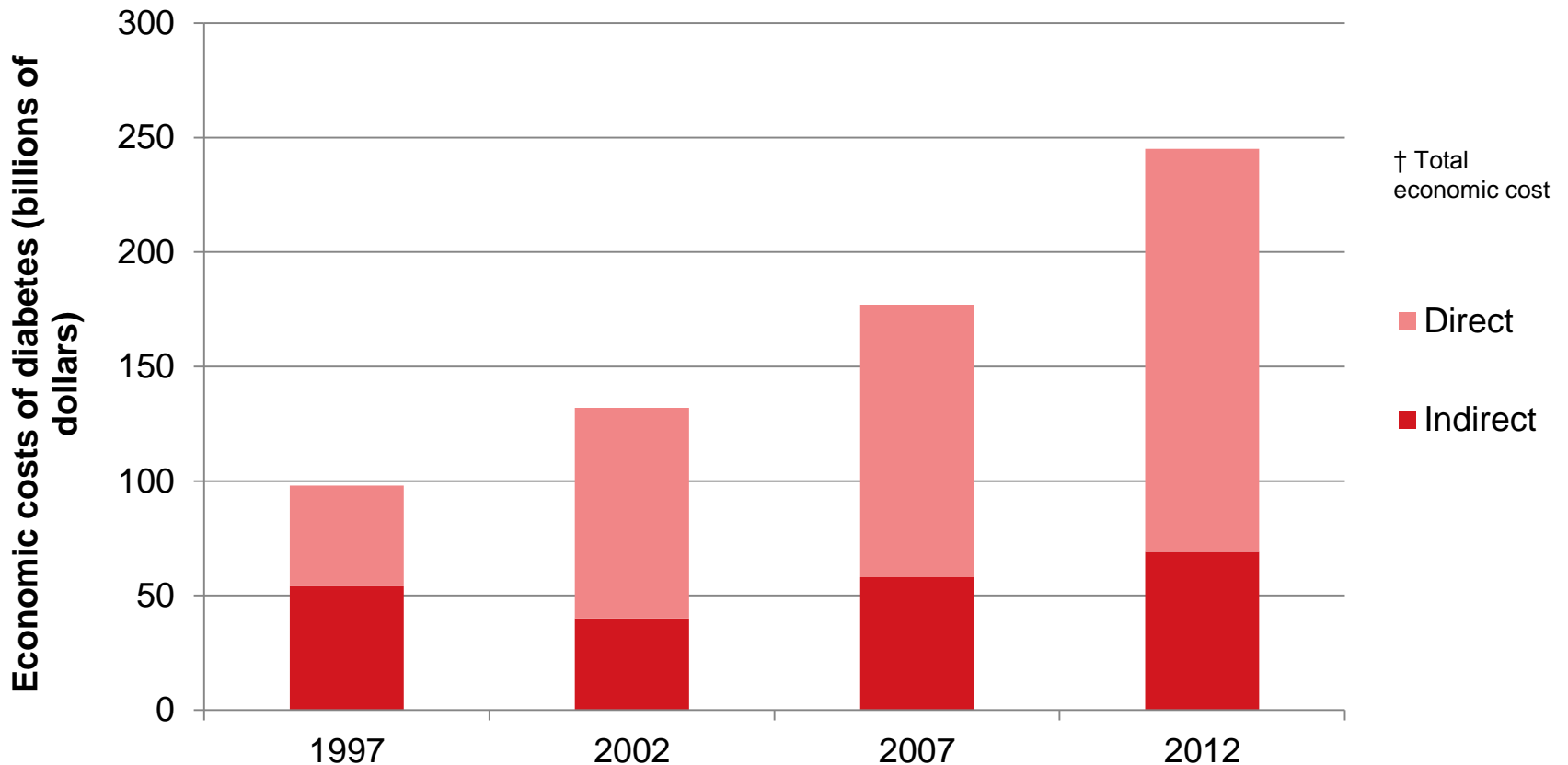


2008



BURDEN OF DIABETES IN THE U.S.

Trends in totals of direct and indirect costs, and total economic cost of diabetes, 1997–2012



ADA, *Diabetes Care*, 1998, 2003, 2008, 2013[1–4]

BURDEN OF DIABETES IN THE U.S.

- Indirect costs—including absenteeism, disability, and reduced work output—may be several times higher than direct medical costs. Productivity losses related to personal and family health problems cost U.S. employers \$1,685 per employee per year or \$225.8 billion annually.
- A person with diagnosed diabetes spends *2.3 times as much* on medical care as a person of the same age and sex without diabetes.
- Individuals with diagnosed diabetes may experience health complications that limit their ability to perform certain occupations.

THE COST OF DOING NOTHING

Annual out-of-pocket medical cost of someone without diabetes:	Annual out-of-pocket medical cost of someone with diabetes:	Annual out-of-pocket medical cost of someone with diabetes and associated conditions:
\$3,673	\$9,202	\$17,762

Economic Costs of Diabetes in the U.S. in 2012.” Diabetes Care. March 6, 2013.

Centers for Disease Control and Prevention. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

THE PROGRAM



HEALTHY LIVING AT THE Y



Impacting
INDIVIDUALS



Impacting
FAMILIES



Impacting
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Family Camp
Adventure Guides

Wellness Centers

Diabetes Prevention

Falls Prevention

Cancer Survivorship

Arthritis Management

Smoking Cessation

Childhood Obesity

Diabetes Support

Cardiac Rehab

Employee Wellness Benefits

Y Policies Promoting Healthy Eating

Y Policies Promoting Physical Activity

Tobacco-free Environments

Health Navigation

Built Environment

Access to Fresh Fruits & Veggies

Safe places for active play

Cancer Disparities

Advocacy and Policy

Community Development

Economic Incentives and Disincentives

Medicare Coverage of Diabetes Prevention

MEMBERSHIP

THE NORMAL YMCA PROGRAM DELIVERY MODEL:

SELF-PAY MARKET – FINANCIAL APPROACH



"My doctor just told me I have prediabetes. I wonder if this program can keep me from developing diabetes."

"Yes, I work part-time and don't have this program in my benefits, can you help with financial assistance?"

"We have a proven program to serve our community with prediabetes. We need to work to recruit people into the program."



"This YMCA's Diabetes Prevention Program is evidence-based and has shown with modest weight loss, participants can reduce their risk for developing type 2 diabetes. We have classes forming now, would you like to participate?"

"Yes, we can work with you."

Program metrics tracked in HIPAA compliant system

YMCA works with individual to collect program fee.

BUT THIS IS NOT YOUR NORMAL YMCA PROGRAM...



A new health intervention being rolled out by YMCAs across the country has the potential to deliver a nationwide impact. The Y's target is diabetes, which combines dieting and individualizing, can have a big impact on the incidence of the disease. The Y's target is diabetes, which combines dieting and individualizing, can have a big impact on the incidence of the disease. The Y's target is diabetes, which combines dieting and individualizing, can have a big impact on the incidence of the disease.

Health

The New Urgency To Lower Costs

Impact Of High Health Costs On US Families

The Problem: Growth In Health Costs

The Need To Prevent Chronic Disease Before People Enroll In Medicare

Stanford SOCIAL

A Coordinated National Model for Diabetes Prevention Linking Health

San Francisco Chronicle

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Deneen Vojta, MD, Tir Jonathan A.

Na Net to Cl D

YMCA diabetes prevention program may be U.S. model

Background: Twenty-six million Americans have diabetes, and the number is rising. The National Diabetes Prevention Program (NDPP) yielded a 58% reduction in complications when compared to standard care.

Purpose: UnitedHealth Group sought to develop the infrastructure for a nationwide National Diabetes Prevention Program (NDPP) maintained fidelity to the original model for a lower cost per participant.

Design: The UHG created the infrastructure for the nationwide dissemination of the National Diabetes Prevention Program (NDPP) through a monthly follow-up delivered by trained staff.

Setting/participants: A variety of settings were used for program enrollment for people with prediabetes.

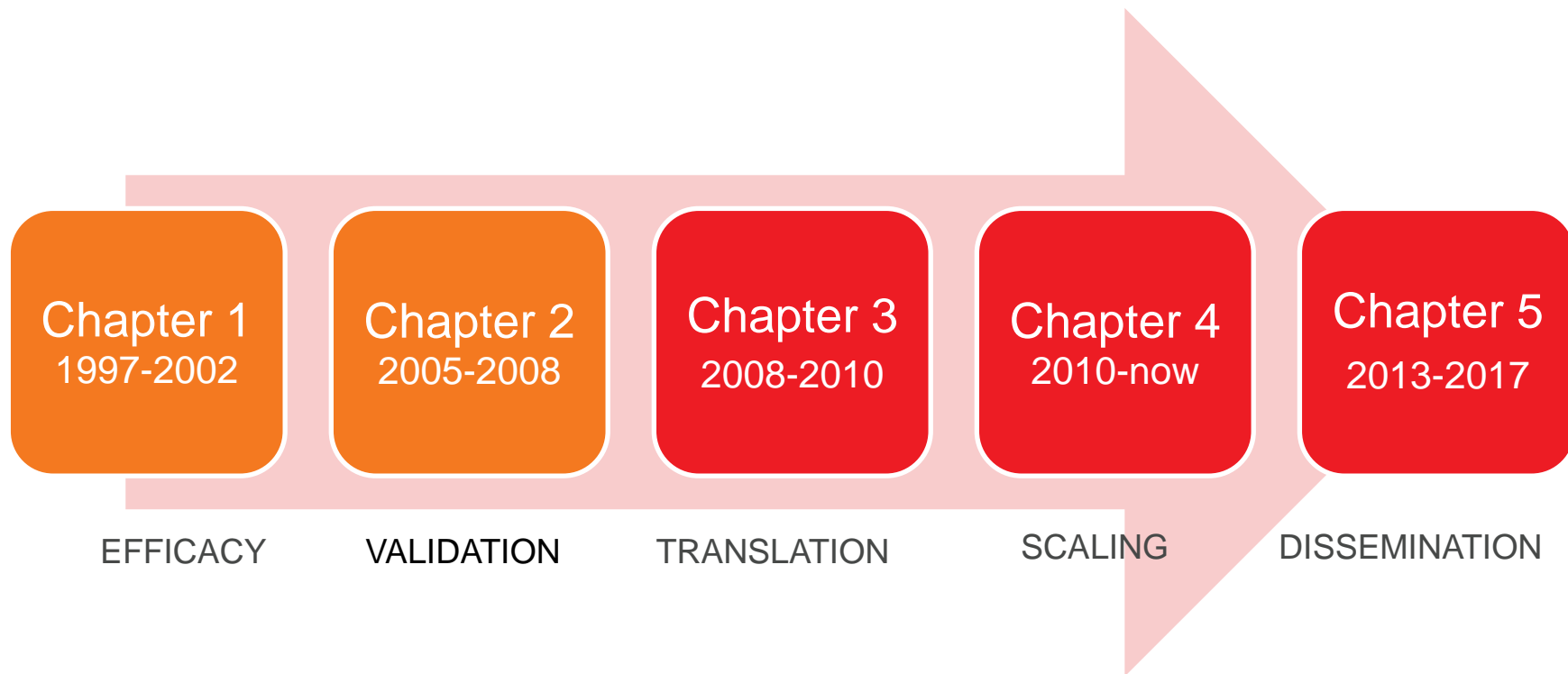
Intervention: Substantial investment in program development, and operation program intervention was conducted over a 15-month period between September 2011 and December 2012.

Main outcome measures: The primary outcome was program outcomes (attendance and weight loss); and service delivery cost of the intervention.

VIEW: LARGER | HIDE

1 of 6 < PREV NEXT >

THE CONTINUING DEVELOPMENT OF THE YMCA'S DPP

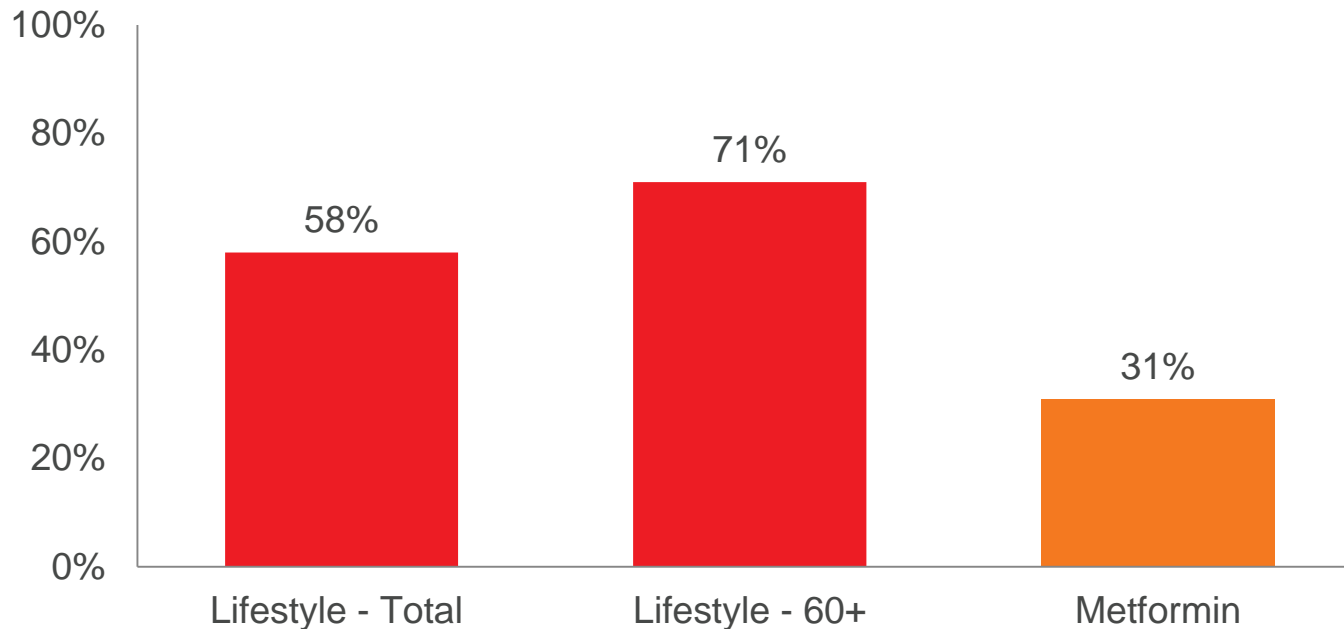


EFFICACY:

\$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%.

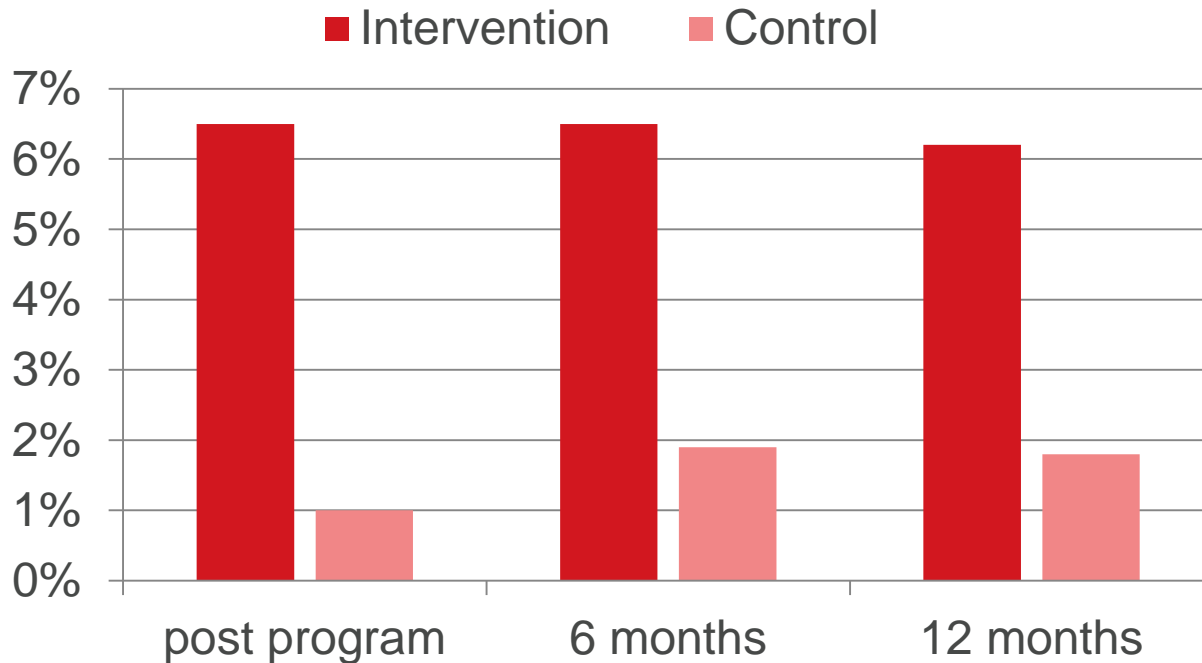


VALIDATION

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

YMCA'S DIABETES PREVENTION PROGRAM

THE PROGRAM IS:

- Led by a trained Lifestyle Coach
- A one-year program: 16 weekly sessions, then 8 monthly sessions
- Open to all community members; YMCA membership is not required
- A Centers for Disease Control and Prevention (CDC)-approved curriculum

Nancy R. from New York City, NY - lost nearly 10% of her starting body weight!

I feel healthier—terrific even—and friends tell me I look great. I've changed the way I cook for myself and my daughter, and now [she] is checking the packaging on foods, taking smaller portions for dessert and making wiser food decisions.

I'm now doing something that is positive for both of us, and I want to tell everyone about it.

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, 9+ score on risk assessment

PROGRAM GOALS:

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

CURRENT (4/30/14) STATISTICS ON THE YMCA'S DPP

41

Number of states delivering program

128

Ys currently trained to deliver program

2,600

Classes started²

4.8%

Average weight loss at end of weekly sessions

6.1%

Average weight loss at end of year

882

Total class locations
442 Y sites | 440 non-Y sites

20,626

Participants attended at least one session¹

12.4

Average attendance for 4+ sessions

108.0

Average minutes of weekly physical activity

Each Lifestyle Coach in the YMCA's Diabetes Prevention Program completes training and certification courses to meet the requirements necessary to be an effective group facilitator.

1938

Lifestyle Coaches trained by Y-USA

¹ Includes Indiana's 392 participants from 2005 – June 2010

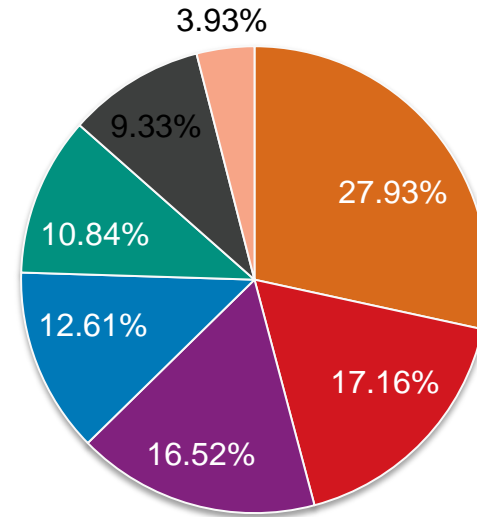
² Does not include # of classes in Indiana prior to June 2010

PARTICIPANT DETAILS

Average age	Age breakdown	Gender
54 years	18-24 years = 0.8%	Female = 77.2%
	25-44 years = 20.5%	Male = 22.8%
	45-64 years = 60.1%	
	≥65 years = 18.6%	
(n=16,866)	(n=16,866)	(n=17,155)

Percent low income
20.4% (n=17,155)

Self-referral sources

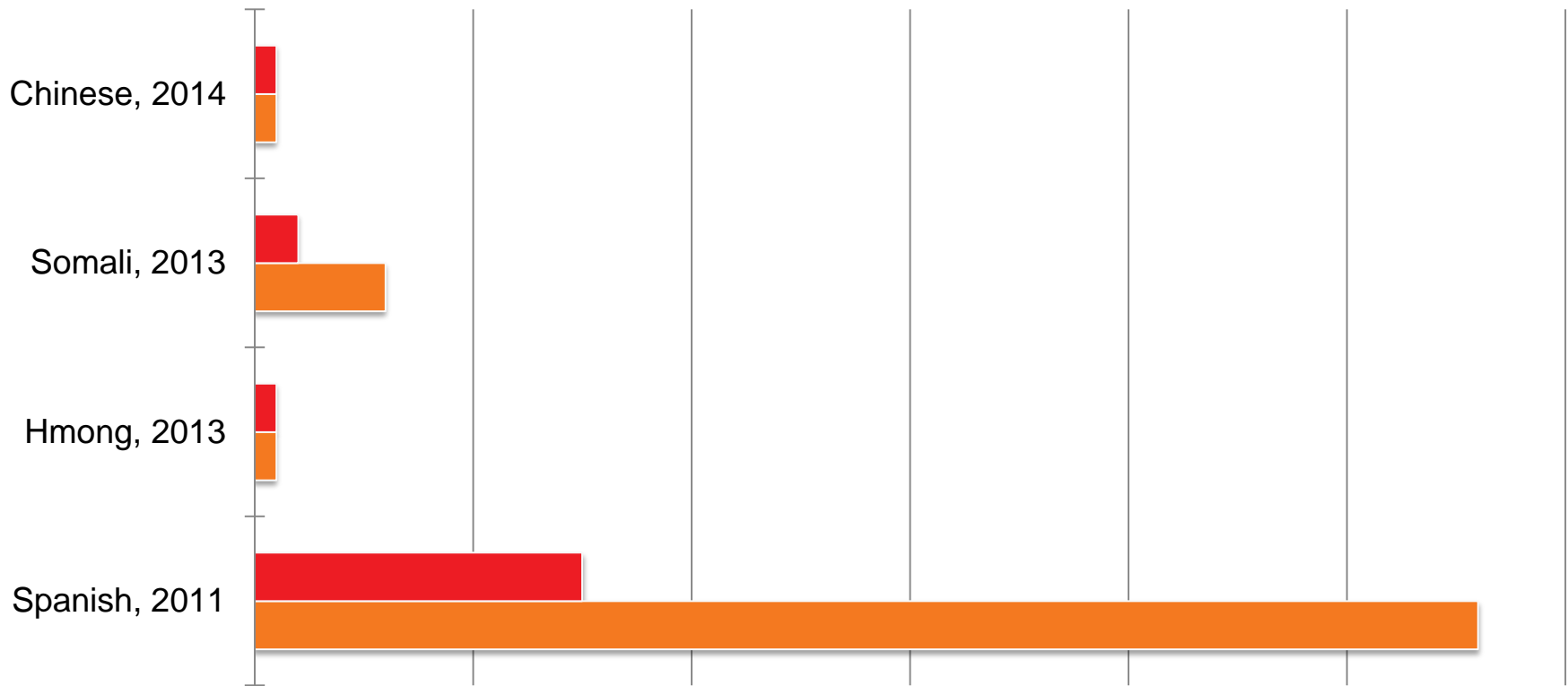


- Health care provider
- Staff member
- Media
- Other
- Family/friend or word of mouth
- Employer
- Screening/testing event or health fair

(n=4,704)

MEETING PARTICIPANT NEEDS

Program Delivery in Various Languages



	Spanish, 2011	Hmong, 2013	Somali, 2013	Chinese, 2014
■ Providers	15	1	2	1
■ Classes	56	1	6	1

PREVENTION WORKS

Hundreds of millions of dollars of peer-reviewed scientific research has demonstrated that lifestyle intervention programs like the YMCA's Diabetes Prevention Program can reduce the number of new cases of type 2 diabetes by 58% and by 71% in individuals over age 60.

Programs like the YMCA's Diabetes Prevention Program can yield the following results (based on population of 100 high-risk adults aged 50 and over, during three years):

- Prevent 15 new cases of type 2 diabetes
- Prevent 162 missed work days
- Avoid the need for blood pressure or cholesterol drugs in 11 people
- Add the equivalent of 20 good years of health
- Avoid \$91,400 in health care costs

PARTNERSHIP OPPORTUNITIES

HEALTH IN THE WORKPLACE

- Employee wellness opportunities offer a competitive advantage to employers looking to hire and maintain talented individuals.
- Employee wellness programs can yield a return on investment and decreased employee absenteeism.
- Employer-based health care model means employee health impacts your bottom line.
- Employers have the opportunity to influence social norms and employee health. For example, participants of the YMCA's Diabetes Prevention Program report a positive impact on their overall health, reducing their portion sizes, and increasing their physical activity.

WHY PARTNER WITH THE Y?

- The Y has developed an understanding of what it takes to support those at risk for developing type 2 diabetes, and has a history of meeting community needs.
- **The Y has multiple ways in which employers can support employee health through the YMCA's Diabetes Prevention Program.**

PARTICIPANTS

3 ways participants enroll in the program

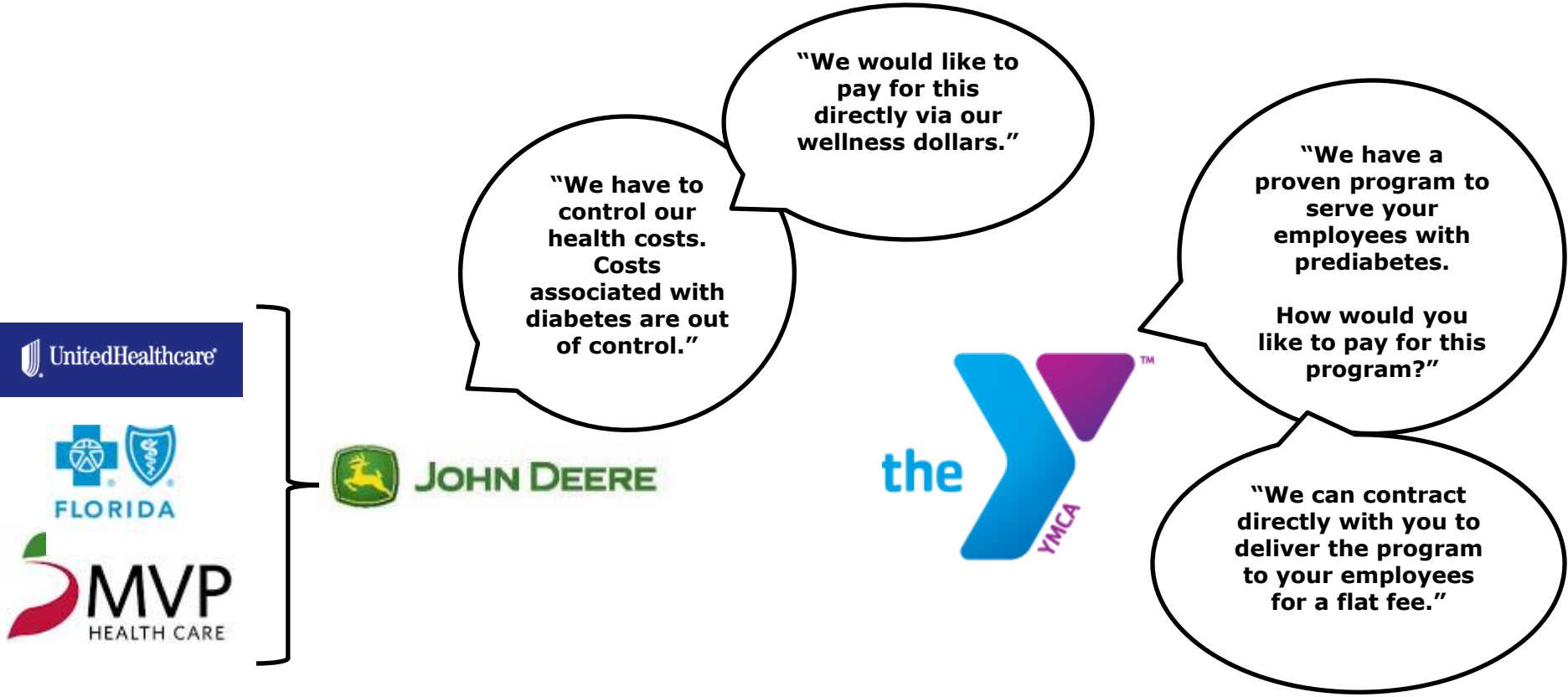
- Self-pay
- Employer paid – Worksite Wellness
- Health plan coverage – 28 currently covering the program

WHY WE HAVE A TPA WORK WITH PAYORS

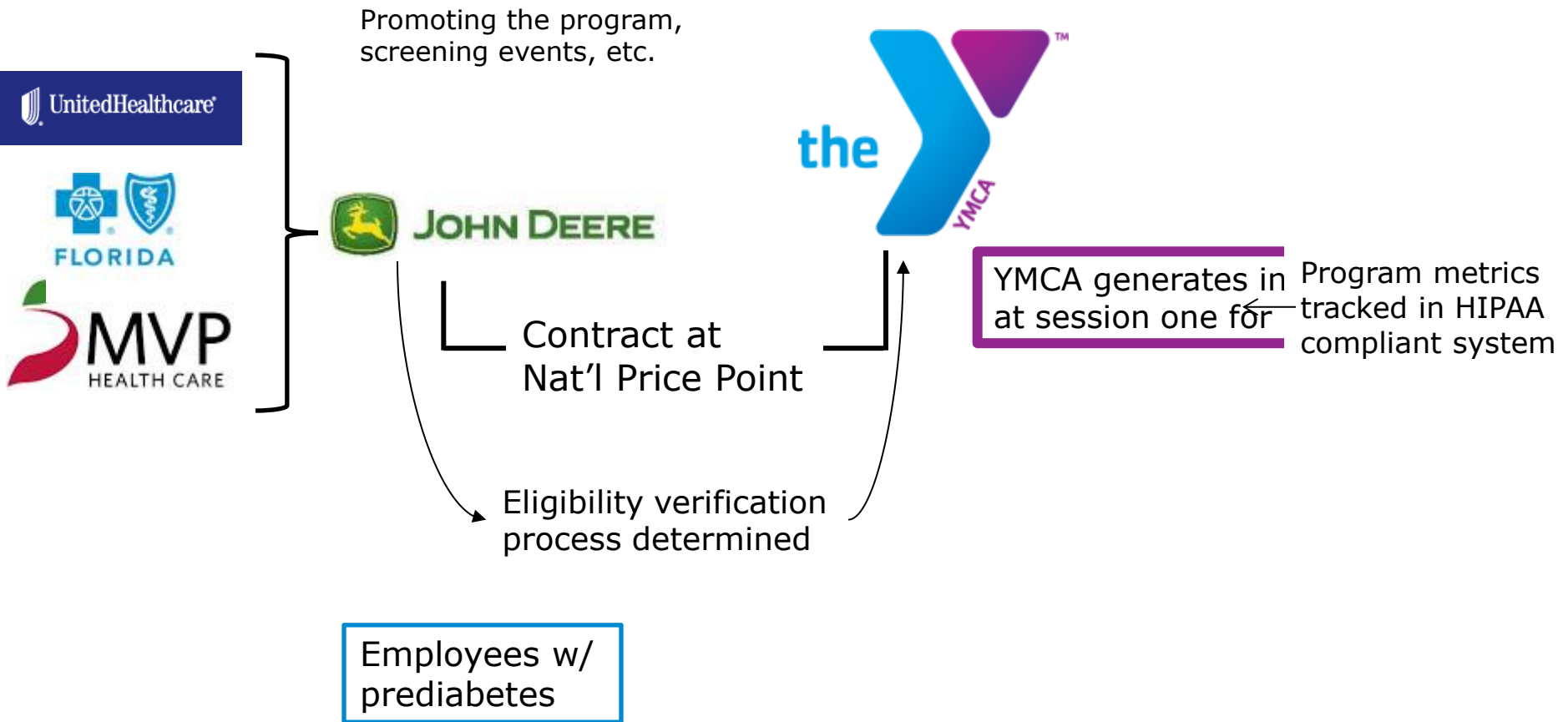
- To speed recruitment by removing cost as a barrier
- For sustainability
- To speak the language of insurance
- To ensure compliance with HIPAA and State/Federal regulations
- To contract with payors and connect to Ys as Business Associates
- To host the IT needed for program monitoring (MYnetico)
 - To manage eligibility
 - To submit claims
 - To generate reports to payors, employers, the CDC, etc.

So the Y can be the Y: an expert in program delivery!

HOW EMPLOYERS WORK WITH THE YMCA'S DPP – FLAT FEE, WORKSITE WELLNESS APPROACH



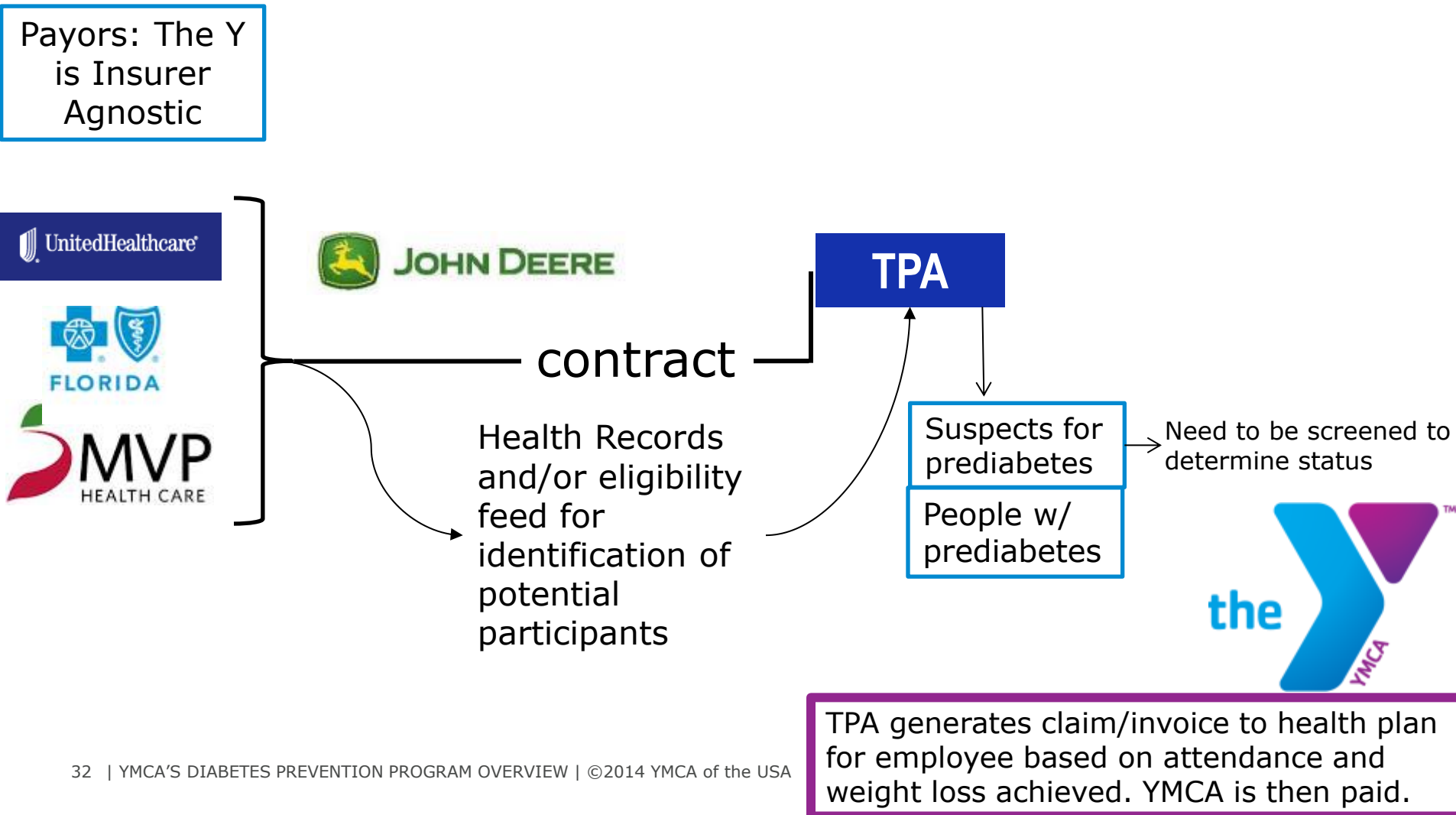
FLAT FEE, WORKSITE WELLNESS APPROACH



HOW EMPLOYERS WORK WITH THE YMCA'S DPP – PERFORMANCE-BASED, CLAIMS APPROACH



PERFORMANCE-BASED, CLAIMS APPROACH



SUMMARY OF PAYOR APPROACHES

	Performance-based, Claims Approach	Flat Fee, Worksite Wellness Approach
Health plan	<ul style="list-style-type: none"> • Direct contract with TPA gains access to Y delivery network • Pays TPA claims/invoices on performance-based fee schedule; TPA generates payments to the Y for achievement of milestones • Eligibility data feed must be provided by health plan to TPA • TPA provides reports to health plan 	<ul style="list-style-type: none"> • Direct contract with each Y for delivery of the program • Y invoices health plan and collects a flat fee (not pay for performance) • Y and health plan must determine how eligibility will be verified • Y provides health plan with de-identified, aggregate reports (HIPAA)
Employer	<ul style="list-style-type: none"> • Must get their insurer to contract directly with TPA for access to Y delivery network • Insurer pays TPA claims/invoices on a single national performance-based fee schedule; TPA generates payments to the Y for achievement of milestones • Eligibility data feed must be provided through employer's health plan to TPA • TPA provides reports to insurer for employer 	<ul style="list-style-type: none"> • Direct contract with each Y for delivery of the program • Y invoices employer for program participation and collects a flat fee (not pay for performance) • Y and employers must determine how eligibility will be verified • Y provides employer with de-identified, aggregate reports (HIPAA)

THE SUCCESS OF THE PROGRAM DEPENDS ON YOU!

- Build awareness about diabetes risk and promote the YMCA's Diabetes Prevention Program among your employees.
- Host a diabetes screening event or include screening as a part of a larger wellness initiative (i.e., biometric screening, providing flu shots, etc.) to identify those who are at risk for developing diabetes.
- Request a speaker from the Y to come to a Lunch and Learn or other event to talk about diabetes risk and the YMCA's Diabetes Prevention Program.
- Offer to provide space for classes at your organization for those who meet qualification criteria for the program.
- Determine how you can add the program as a benefit for your employees.

PROGRAM SNAPSHOT





THANK YOU

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