

PRE-DIABETES

Pre-diabetes is a health condition in which a person's blood glucose (sugar) level is higher than normal, but not high enough for a diagnosis of diabetes.

There are at least 57 million people in the United States who have pre-diabetes.

If you have pre-diabetes, you can and should do something about it. According to the American Diabetes Association, recent research has shown that some long-term damage to the body, especially the heart and blood vessels, may already be occurring during pre-diabetes.

The good news is that we now know how to prevent or delay diabetes in people with pre-diabetes.

Studies have shown that people with pre-diabetes can lower their chances of getting type 2 diabetes by more than half through changes to their lifestyle that include modest weight loss and regular activity.



THE YMCA OF GREATER INDIANAPOLIS
615 N Alabama Street, Suite 200
Indianapolis, IN 46204
317.266.9622
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FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HELPING YOU LIVE BETTER

**YMCA Diabetes Prevention Program
YMCA OF GREATER INDIANAPOLIS**



Developed in partnership with
Indiana University School of Medicine

DIABETES PREVENTION AT THE Y

The YMCA of Greater Indianapolis is offering the Diabetes Prevention Program (Y-DPP), designed by IU School of Medicine, to aid in the prevention of diabetes to pre-screened individuals who are considered pre-diabetic.

This program is led by certified lifestyle coaches and meets for 16 weeks in a group setting where personal lifestyle goals are set for each individual.

The two major goals of the Y-DPP lifestyle intervention are:

- To reduce and maintain individual weight loss by five to seven percent (5-7%) through basic nutrition education, behavioral counseling and social support.
- To increase physical activity to 150 minutes per week

THE YMCA CAN HELP!

We understand that lifestyle change is not easy. Therefore, the following materials and support are included with your participation in the YMCA Diabetes Prevention Program:

- Certified YMCA Diabetes Prevention Lifestyle Coaches
- Program Binder & Class Supplies
- Free Individualized Activity Plan by YMCA Wellness Coaches
- YMCA membership from weeks 5-16 (for participants who are not members of the YMCA)
- Group and individual support

IS THIS CLASS FOR YOU?

In order to qualify for the YMCA Diabetes Prevention Program (Y-DPP), participants must be pre-diabetic, meaning, at a high risk for developing diabetes.

Step 1:

Take the American Diabetes Association Diabetes Risk Test, available at www.diabetes.org/diabetes-basics/prevention/diabetes-risk-test. If you do not have access to the Internet, please call 317-266-9622 to find your nearest YMCA of Greater Indianapolis branch, where you can use the computer lab.

Or:

Fill in your personal information in the panel at right, and have your doctor refer you into the program by completing the *Healthcare Provider Referral Form* section.

Step 2:

Call the YMCA at 317-266-9622 for Y-DPP session dates or available locations and classes.

Register for the Y-DPP at the Member Service desk of the branch you are planning to attend, or mail/fax your registration to:

**The YMCA of Greater Indianapolis
c/o Diabetes Prevention Program**
615 N. Alabama Street, Suite 200
Indianapolis, Indiana 46204
Fax: 317-266-2845

YMCA DIABETES PREVENTION PROGRAM REGISTRATION FORM

Name _____

Address _____

City _____ State ____ Zip _____

Contact Phone _____

Alternate Phone _____

E-mail _____

May we E-mail you? ☐ Yes ☐ No

****Healthcare Provider Referral Form** Physician Use Only**

_____ (patient name) has pre-diabetes. His/Her (check one and enter value):

☐ Fasting plasma glucose = _____ mg/dl
(must be 100-125mg/dL).

☐ 2-hr plasma glucose = _____ mg/dl
(must be 140-199mg/dL).

☐ Hemoglobin A1c = _____ %
(must be 5.7 to 6.4%).

☐ Risk Factors

I (check one) ☐ do ☐ do not recommend that this patient set goals for achieving a 7% weight reduction through changes in diet and gradual increases in physical activity.

This patient has other physical limitations or considerations: _____

Physician Name (Print) _____

Signature _____

Contact Phone _____ Date _____