# YMCA MEMBERSHIP NOT REQUIRED.

To see if you qualify or for information about program fees and financial assistance, contact:

PATIENCE SMITH-CABRERA 2245 Iyannough Road West Barnstable, MA 02668 508-362-6500 ext 136 www.ymcacapecod.org

People with private health insurance should check with their employer about the availability of this program as a covered benefit, or contact the Diabetes Prevention and Control Alliance to confirm eligibility at 1 800 237 4942.



Three friends, who have worked together at the same company for years, began to think about retirement and how much they wanted to enjoy it without medical issues. They quickly became a three-person team to support each other in reaching the program goals. They offer the following learnings to other people interested in building a healthier lifestyle: Commit to the program, give it as much as it demands; workouts are not intended to be easy; learn how to eat differently, find alternatives; take your time grocery shopping, instead of looking for foods that just look good, find foods that are good; it's easier to maintain than recover if you regain weight; find accountability partners. "We did this to improve our health. We want to enjoy the activities we love & the time ahead of us."

Steve, Bob and Lloyd, YMCA's Diabetes
 Prevention Program Participants



The YMCA's Diabetes Prevention Program is part of the Centers for Disease Control and Prevention-led National Diabetes Prevention Program and is nationally supported by the Diabetes Prevention and Control Alliance.

YMCA CAPE COD, ("YMCA") and the National Council of Young Men's Christian Association of the United States of America ("YMCA of the USA"), have made a commitment to collaborate on efforts to support a national movement to increase awareness and take measures to prevent diabetes and its complications among groups at risk, and to help support treatment outcomes for individuals who have confirmed diagnoses or indications of prediabetes by promoting an effective lifestyle change. The parties referenced above do not warrant or guarantee any specific outcomes for program participants, with respect to diabetes prevention.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

# B G REWARDS SMALL STEPS

**Diabetes Prevention Program YMCA CAPE COD** 



## A LOT CAN HAPPEN IN ONE YEAR

# REDUCE YOUR RISK FOR TYPE 2 DIABETES

What can you accomplish in one year? You can make a change for life and improve your health!

Healthier eating, increasing your physical activity, and reducing your body weight by 7% can help reduce your risk of developing diabetes and improve your overall health.

The YMCA's Diabetes Prevention Program is a community-based lifestyle improvement program for adults with prediabetes. Its purpose is to empower adults with lasting lifestyle changes that will improve their overall health and reduce their chance of developing type 2 diabetes.

Currently, diabetes affects nearly 26 million people. Another 79 million have prediabetes and are at risk of developing diabetes, but only 11 percent are aware of it.

Research by the National Institutes of Health has shown that programs like the YMCA's Diabetes Prevention Program reduce the number of new cases of diabetes by 58% overall and by 71% in individuals over age 60.

# YOU DO NOT HAVE TO DO IT ALONE!

Participants gather in a relaxed classroom setting and work together in small groups to learn how to incorporate healthier eating and moderate physical activity into their daily lives.

### THE YMCA'S DIABETES PREVENTION PROGRAM IS:

- Led by a trained Lifestyle Coach
- A one-year program
  - •16 weekly sessions, then
  - 8 monthly sessions

### **PROGRAM QUALIFICATIONS:**

- At least 18 years old,
- Overweight (BMI ≥25)\*, and
- At risk for developing type 2 diabetes or
- Diagnosed with prediabetes<sup>†</sup>

### **PROGRAM GOALS:**

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

<sup>†</sup> Individuals who have already been diagnosed with either type 1 or type 2 diabetes do not qualify for this program.

\*Asian individual(s) BMI ≥22



### YOUR CONTACT INFORMATION

First name*	
Middle name	
Last name*	
Gender*	
Date of birth*	
Email address	
Street 1*	
Street 2	
City*	
State*	
Postal code*	
Work phone	
Mobile phone	
Height (Ft, In)	Weight
*Required info	rmation

### RACE/ETHNICITY

KACL/LITINICITI
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☐ Hispanic/Latino of any race
□ White