



## DIABETES PREVENTION PROGRAM

YMCA OF CENTRAL FLORIDA

Dear Healthcare Provider,

Thank you for the opportunity to provide information about the **YMCA's Diabetes Prevention Program** delivered through the YMCA of Central Florida.

The program is led by a trained Lifestyle Coach in a classroom setting delivered over a 12-month period, beginning with 16 weekly one-hour sessions, followed by monthly maintenance. Research by the National Institutes of Health has proven that programs like the YMCA's Diabetes Prevention Program can **reduce the risk of developing type 2 diabetes by 58%**. The risk reduction was even greater, 71%, among adults aged 60 or older<sup>1</sup>. The YMCA's Diabetes Prevention Program is a part of the Centers for Disease Control and Prevention (CDC)-led National Diabetes Prevention Program.

About **79 million adults** in the United States have **prediabetes**. In the state of Florida, the CDC estimates that 10.1% of the population already has diabetes. The Y is working to provide quality preventive programming for your patients who are at risk for developing type 2 diabetes. **The goals of the YMCA's Diabetes Prevention Program are to reduce individual weight by at least 7% and to build up to 150 minutes of physical activity per week for the purpose of diabetes risk reduction.** These goals are achieved by focusing on behavioral modification around healthy eating and physical activity. This program aligns with the American Diabetes Association's Standard of Medical Care recommendations for the prevention/delay of type 2 diabetes.

**We are currently enrolling participants for classes and are seeking referrals. The enclosed materials provide qualification criteria and materials that can be distributed to eligible patients. Enclosed you will also find information on other ways you can help support the program.**

**You will receive follow up on the progress of patients** you refer after sessions 8 and 16. Participants do not need to be members of the YMCA of Central Florida and non-member participants receive a limited time, temporary membership as part of the program. There is a program fee; however, financial assistance is available through the Y and some patients may be covered through their insurance.

Thank you in advance for your support.

Sincerely,

Kelly Prather, Program Coordinator

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<sup>1</sup>The Diabetes Prevention Program Research Group. Reduction in the incidence of Type 2 diabetes with lifestyle intervention or metformin. N Engl J Med. 2002 Feb 7;346(6):393-403

The YMCA of Central Florida ("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.



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FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

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### HEALTHCARE PROVIDER RESPONSE FORM

Thank you for taking the time to read through the enclosed materials. If you would like to help reduce the incidence of diabetes in your community through the YMCA's Diabetes Prevention Program, please scan and return this form by email to [kprather@cfymca.org](mailto:kprather@cfymca.org) or by fax to 407 644 3976. You may also mail the form to the following address:

Crosby YMCA Family Center  
Attn: YMCA's Diabetes Prevention Program  
2005 Mizell Avenue, Winter Park, FL 32792

- YES! I would like to refer to the YMCA's Diabetes Prevention Program.**

**Healthcare Provider Name:** \_\_\_\_\_

**Referring Physician (s):** \_\_\_\_\_

**Name of Office Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Preferred Method of Communication:**

- Phone**
  - Fax**
  - Email**
  - Any of the above**
- I would like to have a representative from the Y present to our staff team regarding the program so we can better speak to our patients.**
  - I am interested in being a part of a community advisory board that includes medical professionals and community health advocates to provide support to the program.**

