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## YMCA Diabetes Prevention Program: Grad Program

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YMCA Diabetes Prevention Program: Grad Program

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YMCA DPP, Bill Proulx

Collaborative Health & Human Services

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#### Author Note

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### **Abstract**

The capstone project is a six month curriculum called “The YMCA Grad Program”, and provides additional support to continue healthy lifestyle choices with demonstrations. These demonstrations consist of three months of healthy eating and three months of physical activity. The intentions are to continue to reduce the risk of those who are prediabetic from becoming diabetic by using a weight tracker and physical activity tracker. Unfortunately these trackers were not made to monitor participant success. The YMCA Grad Program is described as an extension program of the YMCA DPP, and was originally only offered in spanish. What was highly requested was for a Grad Program in english, because many felt unsure how to keep up without the peer and program support after completing the YMCA DPP. Through the implementation of the Grad Program, surveys were collected and used in replacement for the trackers for the programs effectiveness in participant support. Although participants were able to voice their needs through the surveys, attendance was not consistent enough to measure the program's effectiveness. For the continuation of the Grad Program a reference binder has been made with timelines, community contacts, agendas for each monthly theme, supporting documents, and sample surveys that can be used. The binder includes the mission and objectives of the program, and a sample contact script to help with introducing the Grad Program to future participants.

*Keywords:* Healthy eating, lifestyle, YMCA Grad Program, Grad Program, YMCA

Diabetes Program

### **Agency & Communities Served**

There are five branches that the CCYMCA has: Monterey, Santa Cruz, and San Benito counties. Its first branch was founded in 1898 in Watsonville, CA (CCYMCA, 2018). The Central Coast YMCA Diabetes Prevention Program (DPP) is part of the Health Initiatives Healthy Living, which is directed by Bill Proulx.

The YMCA DPP is a CDC based program. The material that is covered in this program is based on, and follows, the CDC curriculum (CCYMCA, 2018). This program has been implemented in the agency for two years. The DPP is a 26 session, one year long voluntary program that is facilitated by a certified Lifestyle Coach. These patients are referred by their primary care physician when they have a blood test that classifies them in the range of prediabetes. The cohort has 8-15 participants, who are 18-years-old or older. The goal of the Lifestyle Coach is to guide the material to the class, not “teach”, and allow the class to be peer educators to one another. The curriculum is based on the material that is provided to the cohort, which is also backed by the CDC based Diabetes Prevention Program (CCYMCA, 2018). The DPP has shown to reduce the risk of developing type 2 diabetes by 58% with programs like this (CCYMCA, 2018).

The agency’s mission is to promote, “youth development, healthy living, and social responsibility” in the community (CCYMCA, 2018). The agency practices its mission by creating community-based programs based on community need. The Central Coast YMCA DPP is one program that is offered, with the purpose to help develop a healthier lifestyle for those who are at risk of developing type 2 diabetes. The other programs that are offered are active elderly programs, youth/teen program, after school, tutoring on homework, child care, and family programs (CCYMCA, 2018).

. The DPP has some requirements to be eligible for enrolling into the program, which is being referred by your primary care physician, 18-years-old or over, or if you are ranked at-risk by a self-assessment that the YMCA has.

### **Problem Description**

Pre-diabetes is a growing health condition that many people do not know they have. In California, 46% of its residents are prediabetic (Public Health Advocacy, 2016). Monterey County is not far behind this rate. In 2016, Public Health Advocacy found that 45% of its residents are prediabetic. YMCA creates programs based on community needs, and each need for every county will be different. Since, YMCAs are able to make these decisions, it can be assumed that this is a growing need for its community (CCYMCA, 2018)

Patients that are referred by their primary care physician, to the YMCA DPP program receive a call that provides these patients with information about the program and its goal to reduce the chances of their condition to turn into diabetes. It is shown by the CDC, that programs like the YMCA DPP reduces the chance of developing into diabetes by 58% (CCYMCA, 2018). This information is also shared with the participants.

### **Contributing Factors**

Three identified risk factors give insight into why the diagnosis of prediabetes is becoming an epidemic. One of the risk factors is a lack of support due to the misunderstanding of prediabetes. Many people do not know that they are prediabetic unless a glucose (blood) test is done. There are 84 million American who are prediabetic and are at risk for developing diabetes (YMCA, 2019).

Another risk factor is a lack of access to healthcare. While referral calls are made patients are informed about what type of insurance is accepted. What has been noticed is that there are many that have a concern that the CCYMCA does not accept their insurance and will have to pay for the YMCA DPP themselves. When this concern is brought up we offer the financial scholarship that they may apply for. If they qualify, then most of the fees are waived (CCYMCA, 2019). Even with this as an option there are still those who are unable to attend because of other life commitments.

Long-term support is needed and is necessary to reduce the progression of diabetes of those who are affected. Long-term support is something that may not be so easy for those affected. There needs to be commitment to better lifestyle changes and participation in a diabetes prevention program, but not all insurances will cover these preventative measures (PHA , 2016). Without support, the financial cost, and cases of type 2 diabetes continue to increase for this preventable disease.

### **Consequences**

There is a \$254 million annual hospital cost due to diabetes (PHA, 2016). Currently, there are prevention programs for prediabetes, but it is still a growing and expensive disease. This disease and its costs have tripled, and three quarters of the cost is paid through Medicare and Medi-Cal (PHA, 2016). One of the factors that makes this disease so costly is because of the other health issues diabetes causes. The other health issues caused by diabetes turns into a priority.

The progression of diabetes leads to additional health issues. Some of the health issues include: hospitalization, and early death (PHA, 2016). It is at an alarming rate that this disease is affecting individuals. Those who are identified as at-risk have a 70% chance of it progressing to diabetes if no preventive care is taken (PHA, 2016). The life threatening disease is preventable, and early detection and intervention is important. There is a 30% chance of the disease not progressing when the proper care is taken (PHA, 2016).

Diabetes has become one of the fastest growing and most life threatening in the US. This disease causes many health issues and can result in premature death. The disease not only affects people of color more, but young adults as well. It has become increasingly prevalent that one-in three young adults are diagnosed with prediabetes in the US (PHA, 2016).

### **Capstone Project**

Many participants will ask what is next once they have completed the YMCA DPP, and they express that they want continued support where they can apply the lifestyle changes they have learned. The YMCA DPP Grad Program will be an extension to the YMCA DPP, for those who find they need the above support. The goal of the DPP Grad program is to support the needs of the participants, and was done by conducting surveys at the end of each session. This allowed data to be collected to show how, and what support has been implemented based on the needs of the participants.

Three healthy eating demonstrations and three physical activity demonstrations have been used as objectives in the program. With those objectives, options were provided to be more specific to participant needs. Surveys were reviewed on what the majority would like to see and then was applied to future sessions. The sessions were one hour, once a month with data from surveys collected at the end of the class. A tracker was suppose to be created and used by

participants to track the 150 minute goal, and to monitor weight loss of 5%-7%. Unfortunately these trackers were not created. Agendas were provided with incentives, when possible or available, to encourage regular attendance. Attendance was also recorded with sign-in sheets.

### **Problem Model**

<b>Contributing Factors</b>	<b>Problem</b>	<b>Consequences</b>
Lack of long-term support for those with pre-diabetes	Monterey County residents with pre-diabetes are at risk of developing diabetes	Additional health issues
Lack of access to healthcare		Early death
Lack of support system who understand pre-diabetes		High lifetime health cost

### **Capstone Project Description and Justification**

#### **Project Purpose**

The Grad program is an extension program to the YMCA DPP, that provides ongoing support to decrease those who are at-risk of developing diabetes. The primary goals were 1.) Continue to increase knowledge of healthy eating habits and 2) Finding ways to incorporate physical activities to reach 150 minutes goal a week. These are the same goals of the YMCA DPP, which has been proven to reduce the risk of developing diabetes.

To accomplish these goals, the first three months were dedicated to healthy eating demonstration and the last three months were focused on ways to incorporate physical activity. Since the physical tracker was not made we could not monitor if they met their 150 minute weekly goal. The last three months were dedicated to physical activity demonstrations. The anticipated weight trackers were also not made, so we could not track participant's weight.



Surveys were given at the end of each session of the Grad Program, and the information that was collected was used to support and tailor the next session for the participants.

Monthly meetings were carried out to ensure the success of the YMCA DPP Grad Program. Calls were made to the participants to inform them on the free program. Follow-up calls were made the week before, and the day before the monthly sessions. We planned to include incentives to encourage participant attendance. Anticipated incentives would have included donated food, free YMCA passes to use the gym, and a raffle gift basket of healthy eating recipes, at-home exercise tools, at-home physical activity pictorials, and guest pass to use the YMCA gym. The intended incentives needed collaboration with the director, and mentor but it was unsuccessful.

### **Project Justification**

The YMCA DPP uses the CDC approved curriculum that has been shown to stop the progression of prediabetes if participants reduce their total body weight by 5%-7% and increase physical activity to 150 minutes a week (YMCA, 2019). The YMCA DPP Grad Program is incorporating these objectives by providing continued support after they have participated in the YMCA DPP.

With the YMCA DPP Grad Program, participants were able to continue to share, and demonstrate what has worked for them. It was expected that participants would be able to benefit the most out of each session, since the surveys (Appendix A-1. and A-2) that were collected used that information for the themes/topics covered in the following sessions. The success of participants was based on how and what tools were being provided to them.

Originally, similar trackers that were used in the YMCA DPP were intended to be made, but unfortunately were not. These trackers were intended to monitor if the main goals of the

program were being met. The monthly surveys that were distributed to the participants will be used to improve the curriculum and monthly themes of the Grad Program.

### **Project Implementation**

The YMCA Diabetes Prevention Program Grad Program (YMCA DPP Grad Program) was implemented with the access to past YMCA DPP participants contact information, to introduce them to the extension program. The YMCA Grad Program had the same structure as the YMCA DPP, and referenced the past curriculum with a trained YMCA Lifestyle Coach. The YMCA DPP Grad Program is intended to be an ongoing support program that will strengthen concepts and ideas learned from the YMCA DPP, that have been implemented in diabetes prevention.

The YMCA DPP Grad Program met once a month, for 6 months. The first three months will cover the topics of healthy eating demonstrations, like healthier food alternatives, what healthy eating looks like, and a balance of the food groups. The last three months of the YMCA Grad Program was for physical activity demonstrations, such as adding physical activity to their schedule, at-home activities when they can't leave the house, and a YMCA trainer to assist in facilitating a session. The sessions were an hour long from 6:30pm-7:30pm at the YMCA Family Center. Each session had a survey to tailor the next sessions, and was reviewed on how helpful the session is. Supplemental material was given based on the monthly themes, such as healthier food recipes.

As the group transitioned into the physical activity portion we intended to collaborate with the marketing designer to create a weight and activity tracker, and a guest pass to the Y if they do not have one. Follow-up on when the trackers and guest passes were done before the end of the healthy eating demos were completed, but they were not made. The guest pass was

suppose to be used as an incentive to encourage attendance to the YMCA DPP Grad Program, add to their 150 minute goal of physical activity, and strengthen the relationship with their community YMCA.

Participants were highly encouraged to use supplemental material from YMCA DPP (Appendix B-1 - B-3). The participants were encouraged to practice journaling and to discuss/share their challenges and successes they had experienced with their peers. This was intended to be collected and tracked on a separate log, and to track attendance of each participant. Collaboration with the VP of Healthy Living and the Director of Healthy Living was required to create a free pass for YMCA DPP Grad Program attendees to use the YMCA gym. The Director of Healthy Living, Bill Proulx, sent out completed postcards (Appendix C-1 and C-2) and the intern made follow-up calls to remind participants of the monthly sessions time and location.

### **Expected Outcomes**

The objective that was to be achieved is a decrease in weight and increase in physical activity through a tracker, but it was not made. By continuing the Grad Program, it would provide additional support to those who have attended the YMCA DPP. To continue the prevention of diabetes, the YMCA DPP Grad Program goals for participants were aimed to decrease total body weight by 5%-7%, and increase physical activity by 150 minutes per week. Each session was tailored based on the feedback that was collected in the surveys, mentioned in the project purpose. The Grad program intended to continue support to those who have attended the YMCA DPP. To accommodate the need for continued support we created a pilot program of former YMCA DPP participants, which was facilitated by a Lifestyle Coach.

**Assessment Plan**

The trackers and the surveys mentioned in the project purpose, were supposed to be the best tool to track the progress and success of the program. The tracker was also supposed to be a physical tool for participants, to encourage them to use it and to hold them accountable, since it was supposed to be collected for review of logged activity and then returned by the Lifestyle Coach with their weight logged into the tracker.

The activity tracker will have a field for participants to log what type of physical activity they completed for the day, and for the time spent on the activity along. The goal for participants is to reach 150 minutes and the activity part of the tracker is used for that recording. The tracker will also have a field for their weight to be logged into.

The weight field will also be in the tracker, and will be filled out by the Lifestyle Coach for each session going into the last three months of the YMCA DPP Grad Program. The weight will also be tracked in a separate document for the Lifestyle Coach to keep a record of. Weigh-ins will be completed as soon as participants come in for their monthly sessions.

**Project Results**

The turnout for the first three months showed a stronger attendance. The last two months of the six month program there was only one participant that attended. Surveys we collected at the end of the monthly sessions. Feedback that was received from the surveys indicate that most participants were wanting to review on YMCA DPP curriculum. One participant felt he was past review and decided he would drop-out from the program the fourth month in. The objective that was to be achieved is a decrease in weight and increase in physical activity through a tracker, but it was not made. Incentives of a free week pass was also intended to be made and distributed to participants, which was also not made.

The DPP Grad Program was first implemented in Spanish and it consisted of separate curriculums and was thought to be beneficial if it was combined in English. The curriculum was not set and was adjusted to the needs collected from the surveys. A binder of the curriculum is being made for the next DPP Grad Program intern. The binder will serve as a reference guide and will include the themes of some sessions, the agenda (Appendix D) created for each session, a copy of a blank attendance sheet (Appendix E), and copies of each surveys that were distributed.

There was no initial objective set or goals with the first spanish Grad Program, so one was created alongside the mentor (Appendix F). Along with the reference guide, a mission statement (Appendix F) was created to help introduce the DPP Grad Program. A guide on how to introduce the program to anticipated participants was also created. Any contacts or collaborations established will also be listed in the reference binder. Since the trackers were not made, the reference guide will describe and suggest that one be made. To prepare ahead these trackers should be made before the Grad Program starts. A suggestion for premade incentives should also be made and to be used at hand. This will help as the program transitions from the healthy eating sessions to the physical activity sessions.

### **Conclusion & Recommendations**

Barriers were faced during the implementation of the program. Resources that would encourage participation with incentives were not made, as originally planned. Collaboration was made for the resources and incentives, and follow-up was also executed. Due to insufficient staffing, it could be suggested that greater support to the mentor would benefit the interns and program results. We are able to see that attendance was not consistent enough to measure the success of the program need. Barriers to the incompleteness or inconsistent attendance of the Grad

Program were similar to the YMCA DPP. These barriers included family obligations, transportation, lack of child care, and the focus on other health concerns. To address these barriers we could suggest that individual sessions could be offered to participants. This would allow participants to maintain engagement in the program and track progress of diabetes reduction. In addressing child care barriers, we could inform participants when children are allowed in specific sessions or provide extended child care hours at the YMCA. Overall, the objectives that were to be accomplished could not be effectively measured. We cannot conclude that the Grad Program, with its existing barriers, will serve the needs of the community in continuing the reduction of diabetes.

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### Scope of Work

Activities	Deliverables	Timeline/Deadlines
Meet with Jennifer to discuss grad program topics	<ul style="list-style-type: none"> <li>Mentor to approve and sign-off on project</li> </ul>	December 2018

Grad program topics approved by Bill	<ul style="list-style-type: none"> <li>● Agenda of themes created</li> </ul>	January 2019, and monthly until July 2019
Create postcards to outreach to participants	<ul style="list-style-type: none"> <li>● Final postcard</li> </ul>	2 weeks after mailed postcard. Follow-up call the day before session
Outreach to previous participants to invite them to grad program	<ul style="list-style-type: none"> <li>● Follow up phone calls</li> <li>● Postcards mailed as a reminder</li> </ul>	Early February 2019, First month March 2019 and fourth month May 2019
Contact community services for support in healthy eating demos and physical activity demos	<ul style="list-style-type: none"> <li>● Connect with mentor for contacts</li> <li>● Incentives and supplies for cohorts</li> </ul>	3 weeks before each monthly session in Feb, March, Apr, May, June, July 2019
Created objectives and goals of Grad Program	<ul style="list-style-type: none"> <li>● Created and approved with mentor</li> </ul>	March 2019
Curriculum for each session	<ul style="list-style-type: none"> <li>● Create monthly themes</li> <li>● Create survey with Bill</li> <li>● Create attendance sheets</li> <li>● Reprints from DPP curriculum</li> </ul>	Monthly: Feb-July 2019
Create reference binder of Grad Program	<ul style="list-style-type: none"> <li>● Insert curriculum reprints used, contact sheets, attendance sheets, surveys, mission/goals/objectives of program</li> </ul>	Aug. 2019-Nov. 2019

## Appendices

### Appendix A



**YMCA DPP Grad Program Survey 2/13/19**

*\*Information Used for Educational Purposes Only*

1. What healthy habits have you continued to use from the Diabetes Prevention Program?
  
  
  
  
  
  
  
  
  
  
2. What pieces from the cohort classes would you like to see? For example: weigh-ins? Journaling? Sharing monthly challenges and successes?
  
  
  
  
  
  
  
  
  
  
3. What are you interested in more:
  - Physical activity demonstrations
  
  - Healthy eating demonstrations
  
  - Both
  
  
  
  
  
  
  
  
  
  
4. What Year did you start the Diabetes Prevention Program?

# READING FOOD LABELS

A FOOD LABEL (ALSO CALLED A NUTRITION LABEL) TELLS US WHAT KIND OF NUTRIENTS ARE PROVIDED IN A PARTICULAR FOOD ITEM. FOOD LABELS CAN BE A GREAT TOOL TO HELP YOU CHOOSE HEALTHIER FOODS, FIGURE OUT APPROPRIATE SERVING SIZES, AND IDENTIFY OTHER NUTRIENT SOURCES.

Food labels can help you more accurately track the amount of fat and calories you are consuming from different foods, which can help you to be successful in the YDPP.

When reading a food label, pay attention to the servicing size and total fat grams (circled below). All food labels will provide the amount of fat and calories in one serving, even if there are multiple servings included in the package or bottle.

How many fat grams and calories are in one cup of this food?

- One cup = 1 serving, so there are 12g of fat and 250 calories in one cup.

When reading food labels, ask yourself "How many servings would I actually eat?" What if you ate the entire container of this sample food?

- The label indicates that the entire container has two servings - which equals 2 cups. So if you ate what was in the entire container, you would actually be eating 24g of fat and 500 calories.

## DAILY VALUES

Food labels also provide % Daily Values (% DV) for each nutrient. These reference numbers - called Daily Values - are based on the government's Dietary Guidelines. The government has set 2,000 calories a day as the basis for calculating %Daily Values.

**Nutrition Facts**  
 Serving Size (1 cup) (228g)  
 Servings Per Container 2

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Amount Per Serving

<b>Calories</b> 250	<b>Calories from Fat</b> 110
<b>% Daily Value*</b>	
<b>Total Fat</b> (12g)	18%
Saturated Fat 2g	15%
<b>Cholesterol</b> 30mg	10%
<b>Sodium</b> 470mg	20%
<b>Total Carbohydrate</b> 31g	5%
Dietary Fiber 0g	0%
Sugars 5g	
<b>Protein</b> 5g	

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<b>Vitamin A</b> 4%	<b>Vitamin C</b> 2%
<b>Calcium</b> 20%	<b>Iron</b> 4%

\*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

	Calories	2,000	2,500
<b>Total Fat</b>	Less than	65g	80g
<b>Sat Fat</b>	Less than	20g	25g
<b>Cholesterol</b>	Less than	300mg	300mg
<b>Sodium</b>	Less than	2,400mg	
<b>Total Carbohydrate</b>		300g	375g
<b>Dietary Fiber</b>		25g	30g

## PORTION SIZE GUIDE

WHEN YOU ARE TRYING TO EAT HEALTHFULLY, IT IS ESSENTIAL TO KEEP TRACK OF JUST HOW MUCH YOU'RE EATING. IT'S ALL TOO EASY TO MISJUDGE CORRECT PORTION SIZES. HERE ARE SOME EASY COMPARISONS TO HELP YOU FIGURE OUT HOW MANY SERVINGS ARE ON YOUR PLATE.

$\frac{1}{2}$   
VEGETABLES

$\frac{1}{4}$   
PROTEIN

$\frac{1}{4}$   
PLATE STARCHES

### PORTION SIZE YOUR PLATE

**$\frac{1}{2}$  PLATE VEGETABLES:** Fill half your plate with a colorful assortment of different vegetables for good nutrition and tastes to please your palate.

**$\frac{1}{4}$  PLATE PROTEINS:** Low-fat proteins are good for your heart and better for your waistline. Bake, broil or grill your way to a delicious and healthy meal.

**$\frac{1}{4}$  PLATE STARCHES:** Whole-grain starches are good for your heart and keep you feeling fuller longer. While foods like yams, potatoes and corn are considered vegetables, they are high in starch and should be placed on this part of your plate.

### BASIC GUIDELINES

1 cup = baseball	$\frac{1}{2}$ cup = lightbulb	1 oz or 2 tbsp = golf ball	1tbsp = poker chip	1 slice bread = cassette tape
3 oz chicken or meat = deck of cards	3 oz fish = checkbook	1 oz lunch meat = compact disc (CD)	3 oz muffin or biscuit = hockey puck	$1\frac{1}{2}$ oz cheese = 3 dice

GRAINS	FRUITS & VEGETABLES	MEATS, FISH & NUTS
1 cup of cereal flakes = baseball	1 medium fruit = baseball	3 oz lean meat/poultry = deck of cards
1 pancake = compact disc (CD)	$\frac{1}{2}$ cup grapes = about 16 grapes	3 oz grilled/baked fish = checkbook
$\frac{1}{2}$ cup of cooked rice = lightbulb	1 cup strawberries = about 12 berries	3 oz tofu = deck of cards
$\frac{1}{2}$ cup of cooked pasta = lightbulb	1 cup of salad greens = baseball	2 tbsp peanut butter = golf ball
1 slice of bread = cassette tape	1 cup carrots = about 12 baby carrots	2 tbsp hummus = golf ball
1 bagel = 6 oz can of tuna	1 cup cooked vegetables = baseball	$\frac{1}{4}$ cup almonds = 23 almonds
3 cups popcorn = 3 baseballs	1 baked potato = computer mouse	$\frac{1}{4}$ cup pistachios = 23 pistachios

DAIRY & CHEESE	FATS & OILS	SWEETS & TREATS
$1\frac{1}{2}$ oz cheese = 3 stacked dice	1 tbsp butter or spread = poker chip	1 piece chocolate = dental floss pkg.
1 cup yogurt = baseball	1 tbsp salad dressing = poker chip	1 brownie = dental floss pkg.
$\frac{1}{2}$ cup frozen = lightbulb	1 tbsp mayonnaise = poker chip	1 slice of cake = deck of cards
$\frac{1}{2}$ cup ice cream = lightbulb	1 tbsp oil = poker chip	1 cookie = about 2 poker chips

YMCA's Diabetes Prevention Program | Additional Handouts | Portion Size Guide-1

Although your daily calorie goal may not be 2,000, % Daily Values can still provide a general idea of how one serving of a certain food or beverage fits into your daily diet. The goal is to eat about 100 percent of the %Daily Value for each nutrient each day.

- For nutrients that may be related to health problems – such as fat, saturated fat and sodium – 100 percent should be the maximum amount you eat in a day.
- For other nutrients that are often needed to maintain good health – such as fiber and calcium – the goal is to eat at least 100 percent of the daily value each day.


**The number of servings you eat will determine how many calories and fat grams you consume.**

**TIPS ON USING A FOOD LABEL:**

- Use food labels to compare the fat grams and calories of similar foods.
- Look at the serving size and the number of servings per container.
- Measure out the portion of food you are going to eat and compare it to the serving size on the label.

For more information about how to understand food labels, go to <http://www.fda.gov/Food/LabelingNutrition/ConsumerInformation/ucm078889.htm>

YMCA's Diabetes Prevention Program | Additional Handouts | Reading Food Labels-2



**WHEN:** Second Wednesday of each month  
May 8th, 2019 6:30p-7:30p  
Note: Bring comfortable walking shoes!


**FEES:** FREE

**LOCATION:** SALINAS YMCA FAMILY CENTER  
Community Room (Ask Front Desk)  
117 Clay Street, Salinas, CA

**CONTACT:** Catrina Reyes  
P: 831-757-4633  
E: creyes@ymcacentralcoast.org

**CENTRAL COAST YMCA**  
[www.centralcoastymca.org](http://www.centralcoastymca.org)

SALINAS  
SOUTH COUNTY  
WATSONVILLE  
SAN BENITO  
MONTEREY



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**CENTRAL COAST YMCA**  
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SALINAS  
SOUTH COUNTY  
WATSONVILLE  
SAN BENITO  
MONTEREY

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**Agenda of DPP Grad Program Monthly Themes**

*\*Meet every second Wednesday of each month 6:30p-7:30p*

- February 13<sup>th</sup>, 2019: Veggie Quesadilla
- March 13<sup>th</sup>, 2019: “My Plate”
- April 10<sup>th</sup>, 2019: (Interactive) Read to Find: Portion Size Control
- May 8<sup>th</sup>, 2019: Walk In The Neighborhood
- June 12<sup>th</sup>, 2019: \*Tentative topic
- July 10<sup>th</sup>, 2019: Wrap-Up

YMCA DPP Grad Program Sign-in Sheet 2/13/19			
	Name:	Phone Number:	Email:
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**F**



**YMCA DPP Grad Program Mission Statement**

This is an extension program to the YMCA DPP, that provides ongoing support to decrease prediabetes. The primary goals are continue 1) to increase knowledge on healthy eating habits and 2) Finding way to incorporate physical activities to reach 150 minutes goal.

To accomplish these goals, we will achieve the following:

- 1) **Objective 1.1:** First three months will dedicate to health eating demonstrations  
**Obj. Evaluation:** tracker to maintenance of weight
- 2) **Object 2.1:** Last three months will dedicate to physical activity demonstrations  
**Obj. Evaluation:** Tracker to show 150 minute goal