BUILDING COMMUNITY PARTNERSHIPS FOR COMMUNITY INTEGRATED HEALTH
OBJECTIVES

1. Broaden perception of the YMCA

2. Understand the YMCA’s comprehensive plan for Community Integrated Health

3. Gain understating of the YMCA’s evidence-based health initiatives

4. Learn how to connect to YMCA programs in your community

5. Learn how you can support the YMCA movement in a community that is underserved/not served by a YMCA
WHEN YOU THINK OF THE Y...
HEALTHY LIVING
IMPROVING THE NATION’S HEALTH AND WELL-BEING

Critical Social Issues Affecting Our Communities:
• High rates of chronic disease and obesity (child and adult)
• Needs associated with an aging population
• Health inequities among people of different backgrounds

Our Shared Intent:
To improve lifestyle health and health outcomes in the U.S., the Y will help lead the transformation of health and health care from a system largely focused on treatment of illnesses to a collaborative community approach that elevates well-being, prevention and health maintenance.

Our Desired Outcomes:

- People achieve their personal health and well-being goals
- People reduce the common risk factors associated with chronic disease
- The healthy choice is the easy, accessible and affordable choice, especially in communities with the greatest health disparities
- Ys emphasize prevention for all people, whether they are healthy, at-risk or reclaiming their health
- Ys partner with the key stakeholders who influence health and well-being
HEALTH HAPPENS OUTSIDE OF THE CLINIC

Figure 1. Modifiable Factors That Influence Health
Y Structure: ASSOCIATIONS & BRANCHES

OUR REACH

FACTS

- YMCAs: 2,700
- Percent of US population that lives within 5 miles of a YMCA: 80%
- Communities served: 10,000
- States: 50 plus District of Columbia and Puerto Rico
THE YMCA IN SOUTH CAROLINA

21 Associations
54 Branches
COMMUNITY INTEGRATED HEALTH

- **Evidence-based Interventions**
  - Ys are discovering, developing, and disseminating research-tested, high-fidelity health interventions to improve health.

- **Capacity Building**
  - Y-USA is engaging Ys from the earliest stages to ensure they have the staff, competencies, and relationships necessary to implement evidence-based programs.

- **Compliance**
  - Y-USA is helping YMCAs and other community-based organizations comply with privacy laws and healthcare regulations.

- **Health Equity**
  - Y-USA infuses principles of equity into services to ensure everyone has the opportunity to live their healthiest lives, and that underserved populations have access to health-promoting resources.

- **Shared Spaces**
  - Ys are exploring the value of shared spaces with health practices, rehab and cancer centers, primary care within Y facilities, retail programming space with health care systems, clinical facilities at camps, and other health services.

- **Healthier Community Initiative**
  - Across 247 communities, Ys have used a collective impact model to implement policy, system, and environmental changes so that healthy choices are the easy choices for all.

- **Community Health Navigation**
  - Ys help individuals develop the relationships necessary to manage health by conducting home visits, spreading awareness of recommended preventive services, and helping connect people to health care exchanges and marketplaces.
Evidence-based Interventions
THE Y’S PIPELINE OF EVIDENCE-BASED PROGRAMS

**DISCOVERY**
- Efficacy
- Validation

**DEVELOPMENT**
- Translation
- Scaling

**DISSEMINATION**
- Dissemination

YMCA’s Diabetes Prevention Program
Enhance Fitness (Arthritis Self-Management)
LIVESTRONG at the YMCA (Cancer Survivorship)
Moving For Better Balance (Falls Prevention)
Blood Pressure Self-Monitoring
Childhood Obesity Intervention
Brain Health
Parkinson’s
Tobacco Cessation
YMCA’S DIABETES PREVENTION PROGRAM

THE PROGRAM IS:

- Led by a trained Lifestyle Coach
- Open to all community members; YMCA membership is not required
- A Centers for Disease Control and Prevention-approved curriculum

PARTICIPANTS WILL:

- Attend 25 sessions over one-year: 16 weekly sessions followed by 3 bi-weekly and 6 monthly sessions

PROGRAM GOALS:

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

WHO QUALIFIES:

- Participants must be at least 18 years old
- Have a Body Mass Index (BMI) at or above 25 (BMI ≥ 22 for Asian individuals)
- Be at risk for developing Type 2 diabetes
  * Determined by blood value or risk score
ENHANCE FITNESS
(ARTHritis MANAGEMENT)

The Program:
• Meets three days per week for 16 weeks
• Focuses on strength, flexibility, movement and balance
• Provides options for standing, seated or chair supported activity

Participants Will:
• Complete pre and post assessments

Program Goals:
• More energy, better balance, better sleep, flexibility and range of motion
• Increases in upper and lower body strength
• More feelings of happiness and increased sense of independence

Who Qualifies:
• Enhance Fitness is geared toward older adults and those with a chronic condition, such as arthritis
LIVESTRONG AT THE YMCA
(PHYSICAL ACTIVITY FOR CANCER SURVIVORS)

The Program:

- 12-week program with two 90-minute sessions per week
- Facilitated by YMCA-certified instructors
- Includes cardiovascular conditioning, strength training, balance, and flexibility exercises

Participants Will:

- Complete a fitness and quality of life assessments before and after participation

Goals:

- Increases in physical activity,
- Increase in overall quality of life
- Increase in fitness performance
- Decreases in cancer-related fatigue

Who Qualifies:

- Must be a cancer survivor 18+
- Requires referral and medical clearance from a physician
MOVING FOR BETTER BALANCE
(FALL PREVENTION)

The Program Is:
• 12 weeks long with 2 sessions per week
• Led by a qualified instructor to teach therapeutic movements

Participants Will:
• Complete a pre and post-program assessment
• Practice for 2+ hours at home per week

Goals:
• Improved balance and stability
• Improved flexibility
• Improved memory and cognition
• Improved muscle strength

Who Qualifies:
• 65 years or older, physically mobile, with impaired stability and/or mobility
• 45 years or older with a chronic condition that may impact stability and/or mobility
• A YMCA membership is not required
BLOOD PRESSURE SELF-MONITORING

THE PROGRAM IS
• Led by a trained Healthy Heart Ambassador
• 16 weeks long

PARTICIPANTS WILL
• Measure and record their blood pressure at least two times per month
• Attend two personalized consultations per month
• Attend monthly Nutrition Education Seminars

GOALS
• Reduction in blood pressure
• Better blood pressure management
• Increased awareness of triggers that elevate blood pressure
• Enhanced knowledge to develop healthier eating habits

WHO QUALIFIES
• Be at least 18 years old
• Be diagnosed with high blood pressure
• Not have experienced a recent cardiac event
• Not have atrial fibrillation or other arrhythmias
• Not be at risk for lymphedema
• A YMCA Membership is not required
Capacity Building
CAPACITY BUILDING DEFINED

Developing and strengthening a Y’s organizational infrastructure to effectively deliver, measure, grow, and sustain an evidence-based program or programs over time.
## Focus 7 Key Organizational Capacities

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Goals</th>
</tr>
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</table>
| Mission focus                   | • Y’s mission and strategic plan articulate commitment to chronic disease work  
                                 | • Board and staff performance objectives and organizational policies reflect this commitment                                   |
| Engaged and Supportive Leadership | • Senior Leaders drive chronic disease work by securing/pledging funding, allocating staff time, fostering partnerships, and exhibiting personal commitment |
| Health Seeker focus             | • Y is a place that truly understands and supports health seekers in terms of staff competency and physical facilities |
| Sustainability                  | • Long-term funding sources, strong staffing infrastructure, and succession plans are in place for chronic disease programs |
| Medical partnerships            | • Y is a leader in community-based health and well-being programs  
                                 | • Y works closely with medical providers to deliver programs for those with chronic disease, or at high risk               |
| Evidence-based program          | • Maintain fidelity to the model in program delivery  
                                 | implementation • Refine participant recruitment and retention strategies  
                                 | • Collect, analyze and apply learnings from program data                                                                    |
| Diversity, Inclusion and Health | • Y has taken steps to develop and integrate sustainable, equitable strategies that provide all community members with opportunities to reach optimal health |
| Equity                          |                                                                                                                                 |

BUILDING RELATIONSHIPS WITH HEALTHCARE PROVIDERS

• Referrals
  - referrals into YMCA program
  - referrals to provider by YMCA

• Medical Clearance

• Feedback
  - from YMCA to provider
  - from provider to YMCA
Patient Progress Report

Dear Dr. [Name],

Your patient, [Name] (DOB: [DOB]), is participating in the Diabetes Prevention Program available to your patients through the Summerville Family YMCA.

To date, [Name] has attended 15 classes out of 16 core classes and has lost 8.0 lb(s), which is equivalent to a change in body weight by 4.6%. The program encourages people at risk for diabetes to make simple lifestyle changes through healthier eating and increasing physical activity to help prevent or delay the onset of diabetes. Participants in the program are working towards the goals of reducing body weight by 7% and increasing physical activity by 150 minutes per week.

Please continue to support your patients with prediabetes by referring them to the Diabetes Prevention Program available through the Summerville Family YMCA. We look forward to sharing your patient’s progress with you. Do not hesitate to contact me if you have any other questions.

Sincerely,
COMMUNITY ADVISORY BOARDS

• What is a CAB?

• Who is involved on a CAB?

• How do local YMCA’s use CABs?

• How can I be involved?
Health Equity
HEALTH EQUITY

When all people have "the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance."
HEALTH EQUITY

Equality doesn’t mean Equity

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Healthier Community Initiative
To date, the Y with their community partners have advanced more than **39,000 strategies** impacting up to 73 million lives.

In SC the Y’s Pioneering Healthy Communities Initiative focused on 4 statewide policy HE/AL strategies (HEPA in Afterschool, Open Community Use, Healthy Bucks at Farmers Markets and Healthy Food in Schools).

Many SC Ys are engaged in local HEAL coalitions. If they are not – please connect with them!
Community Health Navigation
HEALTH NAVIGATION

Determinants of Health

- Income and Social Status
- Social Support Networks
- Education
- Employment and Working Conditions
- Physical Environments
- Culture
- Gender
- Social Environments
- Health Services and Social Services
- Healthy Child Development
- Personal Health Practices and Coping Skills
- Biology and Genetics
Shared Spaces
SHARED SPACES

Thomas E. Hannah YMCA
YMCA of Greater Spartanburg

Ballentine YMCA
YMCA of Columbia
Compliance
Y-USA’S MSO

Authorized plan for Y-USA to assume functions of a Management Services Organization (“MSO”) -- providing administrative, business, and technology services to local Ys to enable them to receive third party payment for the delivery of the YMCA’s DPP and other chronic disease prevention programs.

**Existing Structure**

<table>
<thead>
<tr>
<th>Local Ys</th>
<th>Chronic Disease Prevention Program Team</th>
</tr>
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<tbody>
<tr>
<td>• Program delivery</td>
<td>• Train Ys to deliver DPP</td>
</tr>
<tr>
<td>• Track participant outcomes in technology system</td>
<td>• Management and administration support</td>
</tr>
<tr>
<td>• Raise funds to assist with sustainability in absence of 3rd party payors</td>
<td>• Coordinate with existing TPA for technology support</td>
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<tr>
<td></td>
<td>• Provide reporting technical assistance to Ys for reporting to partners, CDC, etc.</td>
</tr>
</tbody>
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**New Additional Structure**

<table>
<thead>
<tr>
<th>Healthy Living Department MSO</th>
<th>Contracts with vendors for:</th>
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<tbody>
<tr>
<td>Employs staffs for:</td>
<td>• Technology platform</td>
</tr>
<tr>
<td>• Payor Engagement</td>
<td>• Billing / revenue cycle management</td>
</tr>
<tr>
<td>• Contracting</td>
<td></td>
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<tr>
<td>• Account Management</td>
<td></td>
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<tr>
<td>• Technology support</td>
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<td>• Compliance</td>
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<td>• Reporting</td>
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<tr>
<td>• Finance</td>
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“Build”

“Buy”
HOW TO CONNECT
South Carolina Evidence-Based Health Interventions

Enhance® Fitness
LIVESTRONG® at the YMCA
Blood Pressure Self-Monitoring
Healthy Weight and Your Child
Moving for Better Balance
Parkinson’s Disease

The YMCA’s Diabetes Prevention Program is not included on map.

Each YMCA’s service area is blocked by color, with the numbers inside each area designating which Y serves that area.
THANK YOU!

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