



REDEFINE YOUR HEALTH TRANSFORM YOUR LIFE



YMCA'S DIABETES PREVENTION PROGRAM

The **YMCA's Diabetes Prevention Program** focuses on small, measurable, reasonable goals so that participants can make the necessary changes to **reduce their risk** for type 2 diabetes and live healthier lives. In a classroom setting, a trained lifestyle coach will facilitate a small group of participants in learning about healthier eating, physical activity and other behavior changes over 26 sessions. The year-long program consists of 16 weekly sessions and 4 bi-weekly sessions during the first 6 months followed by 6 once a month sessions in the second 6 months. A YMCA membership is **not required** to participate. **This program is covered by Medicare Part B, funding also available for those eligible.**

To find out if you are at risk, complete the **Prediabetes Risk Test** on the reverse side of this flyer. If you score a 5 or higher, contact us to see how you can reduce your risk, right here in your own community.

The program emphasizes two primary goals for the first half of the program:

- Reduce body weight by 5 – 7%
- Increase physical activity by 150 minutes per week

To qualify, participants must be:

- At least 18 years old
- Overweight (BMI \geq 25)
- Diagnosed with prediabetes via a blood test or gestational diabetes (*if a blood test is not available, participants must have a qualifying risk score*)



NEW COHORT: January 2025 - January 2026
Mondays at 12:30pm



Kick off: Monday, January 20th 12:30pm

Give yourself the gift of health this year. How to join:

- **Step 1:** Check your eligibility. Review the qualifications listed above and/or utilize the chart on the back of this sheet.
- **Step 2:** Reach out to Shannon Seiferth, Director of Healthy Living: shannon@sdymca.org | (603)319-5930 *let her know you're interested!*

Note: Can't make this session? No problem! Complete and return the interest form found on the back of this sheet and we'll notify you about upcoming sessions.

PREDIABETES RISK TEST

Write your score in the boxes below

How old are you?

Younger than 40 (0 points) 50 – 59 (2 points)
40 – 49 (1 point) 60 or older (3 points)

Are you a man or a woman?

Man (1 point) Woman (0 points)

If you are a woman, have you ever been diagnosed with gestational diabetes?

Yes (1 point) No (0 points)

Do you have a mother, father, sister, or brother with diabetes?

Yes (1 point) No (0 points)

Have you ever been diagnosed with high blood pressure?

Yes (1 point) No (0 points)

Are you physically active?

Yes (0 points) No (1 point)

What is your weight category?

(See chart at right)

IF YOU SCORED A 5 OR HIGHER then you may be at risk for prediabetes or diabetes, and may qualify for the program. However, only your doctor can tell for sure if you have type 2 diabetes or prediabetes, a condition where blood sugar levels are higher than normal but not high enough for a type 2 diabetes diagnosis.

HEIGHT	WEIGHT (lbs.)		
4'10"	119 – 142	143 – 190	191+
4'11"	124 – 147	148 – 197	198+
5'0"	128 – 152	153 – 203	204+
5'1"	132 – 157	158 – 210	211+
5'2"	136 – 163	164 – 217	218+
5'3"	141 – 168	169 – 224	225+
5'4"	145 – 173	174 – 231	232+
5'5"	150 – 179	180 – 239	240+
5'6"	155 – 185	186 – 246	247+
5'7"	159 – 190	191 – 254	255+
5'8"	164 – 196	197 – 261	262+
5'9"	169 – 202	203 – 269	270+
5'10"	174 – 208	209 – 277	278+
5'11"	179 – 214	215 – 285	286+
6'0"	184 – 220	221 – 293	294+
6'1"	189 – 226	227 – 301	302+
6'2"	194 – 232	233 – 310	311+
6'3"	200 – 239	240 – 318	319+
6'4"	205 – 245	246 – 327	328+
	1 Point	2 Points	3 Points
You weigh less than the 1 Point column (0 points)			

If you think you may qualify and are interested in this program, please complete the form below and submit to the Welcome desk lock box or mail in a sealed envelope to:
Shannon Seiferth: C/O SDYMCA, 56 Linden Street, Exeter, NH 03833

We will contact you upon receipt to answer any questions and provide more information.

YMCA's DIABETES PREVENTION PROGRAM INTEREST FORM *REQUIRED FIELDS

First Name*: _____ Last Name*: _____

Gender*: _____ Date of Birth*: _____ Weight (LB)*: _____

Email Address: _____ Preferred Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

DO YOU HAVE ONE OF THE FOLLOWING LAB VALUES OR DIAGNOSIS?

Please check each box that is true, and provide a value if possible:

A1c: (must be 5.7%–6.4%) _____ Fasting plasma glucose: (must be 100–125 mg/dL) _____

2 hour (75 gm glucola) plasma glucose: (must be 140–199 mg/dL) _____

Prediabetes determined by clinical diagnosis of gestational diabetes (GDM) during previous pregnancy