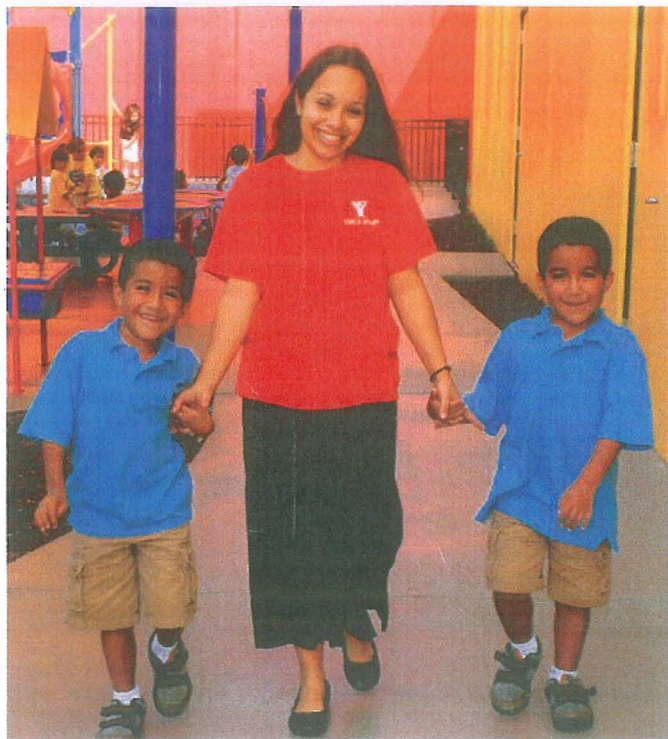


» A CLOSER LOOK

YMCAs of NORTH DAKOTA



YMCAs of North Dakota

The YMCAs of North Dakota respond to critical social needs by drawing on our collective strength as one of the largest not-for-profit community service organizations in the United States. The YMCAs of North Dakota serve more than 104,215 people each year, uniting children and adults of all ages, races, faiths, backgrounds, abilities and income levels from across the state. Our reach and impact can be seen in the lives we touch every year. The YMCAs of North Dakota are committed to helping:

- » children and youth deepen positive values, their commitment to service and their motivation to learn;
- » families build stronger bonds, spend time together and become more engaged with their communities;
- » and individuals strengthen their spiritual, mental and physical well-being.

At every stage of life, the YMCAs of North Dakota are here to help children, families and individuals reach their full potential.

The Movement's Mission in Action

Embracing Our Commitment to... Improve Lives

- » America's 2,686 YMCAs are collectively one of the largest not-for-profit community service organizations in the United States.

Children and Youth

- » Nearly 10 million children ages 17 and under engage in a wealth of enriching YMCA activities.

Families

- » YMCAs help families build bonds, connect with community resources and become strong and self-sufficient.

Health and Well-being

- » YMCAs are collectively the nation's largest providers of health and well-being programs.

Communities

- » Financial assistance—made possible annually by more than \$1.6 billion in public and private support, as well as YMCA members—opens all YMCA programs to those in need.

YMCAs of NORTH DAKOTA*

Constituents	104,215
17 and under	49,688
18 and over	54,527
Men	52,893
Women	51,322
Volunteers	2,545
Total revenue	\$20,605,650
Contributed income	\$2,501,871
Government grants/contracts	\$1,073,217
Number of YMCAs	6

*2008 data compiled in June 2009.



The YMCA mission:

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.



Activate America is the YMCA's response to the nation's growing health crisis. Through Activate America, YMCAs are redefining themselves to better support Americans of all ages who are struggling to achieve and maintain well-being of spirit, mind and body. Not only are YMCAs changing the way they work inside their facilities to influence and motivate health seekers to make positive changes, but they are also taking an active role in their communities to help support approaches that make it easier to overcome barriers to healthier living.

For nearly 160 years, YMCAs have helped improve physical, social, emotional and spiritual health and well-being for millions of Americans in diverse communities across the United States. Participation in YMCA health and well-being programs and initiatives have offered opportunities for friendship and community, a sense of well-being, self-confidence, and improved mental abilities and cognition, not to mention the obvious health benefits. Today, the YMCA recognizes these health benefits are critical to the nation's efforts to combat the crisis of chronic disease, including heart disease and stroke, cancer and diabetes. But YMCAs also know they can't do it alone. These diseases are the most **prevalent, costly and preventable** of all health problems.

- Chronic diseases are the leading causes of death in the U.S.
- 133 million Americans live with one or more chronic diseases, and 75% of the nation's total medical care costs go to treating people with these conditions.
- About half of all deaths in the U.S. can be attributed to largely preventable behaviors. For example, tobacco use and poor diet along with physical inactivity account for the majority of preventable deaths.

The urgent challenge facing all Americans to find a healthier lifestyle demands a fundamentally new and aggressive social response. Individually, each of us must take responsibility – and help our children and families take responsibility – for healthy living.

No single organization can effectively solve the nation's chronic disease crisis; YMCAs are leading a national movement to mobilize communities to respond to this public health crisis. Collectively, all sectors of our communities and nation must come together to advance a common strategy to remove the barriers and increase the opportunities for physical activity and healthy eating for all.

Across America, innovative YMCAs are adapting to the changing needs of their members and communities. Through changes in programming, staffing and the physical environment, these YMCAs are seeking to foster and support sustained relationships with individuals and families who want to experience greater total health and well-

being. As a result, members are becoming more engaged and are having better success reaching their goals.

More than 100 YMCAs are involved in Activate America's Healthier Communities Initiatives – Pioneering Healthier Communities (PHC) and Action Communities for Health Innovation and EnVironmental Change (ACHIEVE)– which focus on collaborative engagement with community leaders, how environments influence health and well-being, and the role public policy plays in sustaining change. These initiatives are supported by the Centers for Disease Control and Prevention (PHC and ACHIEVE) and the Robert Wood Johnson Foundation (Statewide PHC). Communities that are currently involved in these initiatives have been successful in influencing environmental and policy changes that affect community walkability and pedestrian safety; access to fresh fruits and vegetables; physical education requirements in schools; enhancements in opportunities for employees to have access to healthy foods, among other things.

YMCAs are known for their ability to bring people together every day to generate solutions to challenges facing communities across the nation. Over the years, YMCAs have initiated important community programming and activities, such as the YMCA's commitment to parent-child programs, youth in government programs, day and summer camps, and child care and afterschool care. Through its health and well-being programs, the YMCA is a major player in the health promotion and chronic disease prevention revolution that is saving lives, improving health, and reducing health care costs. Every day, YMCAs lead community efforts to build understanding and respect for others by bringing people of diverse ages, races, religion, abilities and incomes together.

Diabetes Prevention Act of 2009 – Summary / Over for Update

Amends the Public Health Service Act authorizing the Secretary, through the Centers for Disease Control and Prevention (CDC) to establish a national diabetes prevention program targeted at those at highest risk of developing diabetes in order to eliminate the preventable burden of diabetes. Activities include:

(1) Grants for diabetes prevention model sites for persons at high risk for diabetes. CDC makes grants to eligible entities for community-based diabetes prevention model sites working with the health care delivery system to identify, refer and provide individuals at high risk for diabetes with cost-effective group-based lifestyle intervention programs, and to evaluate: (a) Methods for scalability of community-based diabetes prevention model sites; (b) Health and economic benefits of a diabetes prevention; (c) Approaches to identify and engage adults at high risk for diabetes; (d) Strategies for linking community-based program delivery with existing clinical services; (e) Costs and cost effectiveness of clinic-community linkages.

(2) Recognition Program. CDC develops and implements a recognition and re-recognition program for eligible entities to serve as community-based diabetes prevention model sites requiring applicants to: (a) Describe their referral system from health care professionals for persons at high risk for diabetes; (b) Provide proof that the staff have been trained as DPP lifestyle interventionists and have a system in place to ensure staff receive timely training updates; (c) Maintain a community board for overseeing activities; (d) Agree to provide data for outcome evaluation, monitoring purposes and quality improvement; (e) Develop communications plans between referring clinicians and community-based diabetes prevention program model sites; (f) make materials available from the model site; (g) Provide evidence of quality checks on trainers;

(3) Training and outreach programs. CDC will, in partnership with state diabetes prevention and control programs, academic institutions, and a national network of community-based non-profits focused on health and well-being, develop and implement: (a) Curriculum development and training program for diabetes master and lifestyle intervention instructors; (b) Community outreach and quality assurance programs; and (c) National partner outreach program to identify individuals to complete training and recognition program.

(4) Evaluation, monitoring and technical assistance. CDC will provide quality assurance for each community-based diabetes prevention model site through evaluation, monitoring and technical assistance including; (a) Review applications for recognition; (b) Evaluate and monitor program data; (c) Make de-identified data available to the public to ensure program transparency; (d) Conduct site visits and periodic audits; (e) Provide technical assistance; (f) Establish a public registry of CDC recognized programs;

(5) Applied research programs. CDC will award grants to eligible entities to conduct diabetes prevention research that: (a) Advances the scalability of community-based diabetes prevention model sites nationally; (b) Examines model benefit and payment designs; (c) Tests communications strategies to engage providers and targeted at-risk populations;

(6) Studies for diabetes prevention and management. CDC may conduct or support studies to manage, reduce, and prevent type 2 diabetes in at-risk populations.

(7) Eligible entities. In this section the term eligible entities mean: (a) State and local health departments; (b) A national network of community-based 501(c)(3) non-profit organizations focused on health and well-being; (c) Academic institutions; (d) and Indian tribe or tribal org and (d) Other entities the Director deems eligible.

Appropriations- \$80,000,000 for fiscal year 2010, and such sums as may be necessary for each subsequent fiscal year.

DIABETES PREVENTION ACT INTRODUCED IN THE U.S. SENATE ADVANCES WITH SENATE HEALTH CARE REFORM BILL

What: Sens. Al Franken, D-Minn., and Dick Lugar, R-Ind., introduced the Diabetes Prevention Act of 2009 in the United States Senate on Nov. 5. The legislation takes significant steps toward putting proven community-based prevention programs to work to reduce the effects of diabetes and improve the quality of life for millions of Americans.

Nearly 24 million Americans are living with diabetes and an additional 57 million with pre-diabetes. The Diabetes Prevention Act will establish a national community-based diabetes prevention program through the Centers for Disease Control and Prevention (CDC) that will target those at highest risk of developing diabetes in order to eliminate the preventable burden of the disease.

"I am pleased today to be offering legislation with Senator Lugar to ensure that pre-diabetics have access to services that will stop this disease in its tracks," said Franken on the floor of the U.S. Senate. "The Diabetes Prevention Act is based on an NIH research study done in partnership with the YMCA in Indiana."

Franken/Lugar bill advances: Senators Franken and Lugar were successful at having a shortened version of the bill included as an amendment to health care reform in the Senate. The House of Representatives, the Senate and the White House have been meeting to reach agreement on an approach to health care reform following recent elections where voters appeared upset by the approach Congress was taking. We remain optimistic that the Diabetes Prevention Act provision will remain in an agreed upon health care reform package or we will attempt to move it on its own as a standalone bill.

What is the impact on YMCAs IF the bill passes as part of health care reform? If we are successful in passing this legislation, the YMCA Movement still has to fight to get Congress and the Administration to set aside money for this activity, or "appropriate" funding. This year one of Y-USA's major advocacy priorities will be to fight for this funding. Once the bill passes AND funding is made available, CDC will allow community-based organizations, states and tribes to compete to be designated as a model site for community-based diabetes prevention. These sites could receive \$1 million or more dollars to help build the national infrastructure to train individuals and deliver community-based diabetes programs; many YMCAs will stand a great chance of being designated as model sites.

While YMCA of the USA continues its efforts with local YMCAs to fight for this funding, CDC will at the same time be building a "training and recognition program" that would create a framework for YMCAs to be "recognized" by the CDC as a "community-based diabetes prevention site". Such recognition will provide added assurance to payers, referring clinicians, and high-risk individuals that the program is scientifically sound and effective. Additionally, YMCA of the USA is working with private payers of health insurance to consider reimbursing for diabetes prevention programs provided by "recognized sites." YMCA of the USA will continue to update YMCAs on the timing of the training and recognition process.

None of this is going to happen tomorrow, but YMCA of the USA hopes to make major headway this year through health care reform or the regular legislative process and the federal funding process. But we will continue to rely on the advocacy of local YMCAs to get this done. Passing a bill swiftly in Congress is rare in Washington, D.C., but we have good momentum behind us. There is so much interest and momentum in this life-changing and cost-savings diabetes prevention program that many players are working hard to build a training and recognition program, establish the infrastructure to deliver this work in communities, and achieve reimbursement for the program by public and private payers.

Activate America®

Activate America is the YMCA's response to the nation's growing health crisis. Through Activate America, YMCAs are redefining themselves to better support "health seekers"—individuals of all ages who are struggling to achieve and maintain well-being of spirit, mind and body. Not only are YMCAs changing the way they work inside their facilities to influence and motivate health seekers to make positive changes, but they are also taking an active role in their communities to help support approaches that make it easier to overcome barriers to healthier living.

Activate America in Progress

For the last few years, the YMCA has incorporated the vision reflected in **Activate America** into more and more aspects of its work. For example, we're transforming YMCA child care sites into environments where physical activity, healthy eating and improved interpersonal connections are the norm. And about two-thirds of YMCAs across the country have committed to a capacity building process to better meet the needs of health seekers. Here are some other ways in which the vision reflected in Activate America is becoming increasingly inseparable from the broader work of the YMCA:

- **Each September**, about 1,500 YMCAs participate in *America On the Move Week with the YMCA*. Nationwide events inspire Americans to take small, daily steps to increase their level of activity and improve their overall well-being.
- **Each spring**, nearly 1,800 YMCAs host a *YMCA Healthy Kids® Day*—a free interactive special event that employs fun, engaging and creative activities to encourage children and families to adopt behaviors that support healthy lifestyles.
- The goal of the YMCA's **Healthier Communities Initiatives**—Pioneering Healthier Communities, Statewide Pioneering Healthier Communities and ACHIEVE—is to prevent chronic disease by engaging community leaders in a process that allows them to explore, create and implement policy and environmental change strategies that lead to opportunities for increased physical activity and healthy eating. Currently 138 communities are engaged in these efforts.

- In the last 10 years, obesity rates in the United States have increased **60%**.
- The current generation of American children could be the **first to lead shorter lives** than their parents, according to the New England Journal of Medicine.
- More than **50%** of U.S. adults do not get enough physical activity to make a difference in their health.
- Health problems related to obesity cost our country an estimated **\$117 billion** a year due to direct health care costs, as well as the indirect economic costs of lost productivity.

YMCA of the USA acknowledges the generous support of the following Activate America donors:

- Amway Global
- Disney Channel
- Eli Lilly and Company
- Entertainment Industry Foundation
- JCPenney Afterschool Fund
- Just One More Campaign by Del Monte
- Kellogg Company
- Kimberly-Clark Corporation
- Lance Armstrong Foundation
- Nautilus, Inc.
- Northwestern Mutual Foundation
- PepsiCo and the Smart Spot™ Program
- PepsiCo Foundation
- Pharmaceutical Research and Manufacturers of America (PhRMA)
- YMCAs—Mission Impact Partners and Capacity Building YMCAs

Expert Advisors:

- Centers for Disease Control and Prevention
- Harvard School of Public Health
- Stanford University School of Medicine
- Robert Wood Johnson Foundation

For more information about **Activate America**, please visit: www.ymca.net.

America's 2,687 YMCAs serve more than 21 million people each year, uniting men, women, and children of all ages, races, faiths, backgrounds, abilities and income levels.



OPPORTUNITIES FOR GREATER GRAND FORKS TO BE A MODEL HEALTHY COMMUNITY

Gerald F. Combs, Jr., Ph.D.

The national obesity epidemic has not escaped North Dakota. In fact, it has affected this and other rural states more than less rural ones. North Dakota ranks 19th in among the states in adult obesity¹ with more than 1 of every 4 individuals affected. This represents a doubling over the last 15 yrs, with an accompanying increase in the number of people overweight, men more frequently overweight/obese than women (74% vs. 52%). Only 37% of North Dakota adults have healthy body weights.

Obesity costs us and our community. People who are overweight/obese face increased risks to hypertension, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems and some types of cancer. Data from the North Dakota Department of Health show that North Dakotans who are overweight/obese are more likely than those of healthy body weight to get too little exercise (67%), or to have diabetes (86%), hypertension (79%), high cholesterol (76%) or a disability (68%). Accordingly, North Dakota has higher rates of diagnosed cases of diabetes (8.6 cases/1000 people vs. US avg: 6.4 cases/1000) and diabetes related deaths (10.9 deaths/1000 diabetes cases vs. US average of 7.8 deaths/1000 cases). Obesity-attributable medical expenses cost North Dakotans an estimated \$330/person/year, ranking the North Dakota 3rd among the states. Over their lifetimes, medical bills of obese patients average \$10,000/person more than those of the non-obese. In addition, obesity adds to insurance premiums and lost productivity from missed work days, restricted work days, and visits to the doctor. In view of the growth in these obesity trends, the Center for Disease Control and Prevention warns that today's youth may become the first generation in history to have a shorter life expectancy than their parents.

Having a healthy body weight is all about balancing the consumption and expenditure of calories. Missing this balance, even by relatively small amounts can, over time, be consequential. Studies show that an excess of as few as 50 calories per day over 2 years can lead to a 16 lb gain in body weight. This also means that small steps can be useful in personal weight management – thoughtful choices about diet, and modest increases in physical activity.

Physically active people tend to outlive those who are inactive. Regular physical activity improves muscular function, cardiovascular function and physical performance. It helps to maintain the functional independence of older adults, and enhances the quality of life for people of all ages.

Yet, less than half of North Dakotans are engaged in regular/moderate physical activity; 22% engage in none at all. The most recent data show that 63% of North Dakota adolescents engage in at least 20 min/day of moderate physical activity; and that only 37% engaged in daily physical education in schools, of which only 40% engaged in at least 21 min of moderate physical activity 3-5 times/wk.

Obesity can be reduced and the quality of living in the greater Grand Forks community can be advanced by promoting healthy food choices and encouraging physical activity. Research has shown that such efforts are more likely to be successful when incorporated in social agendas. For example, the Diabetes Prevention Program, a 3-year multi-center, study with some 3200 participants at high risk to type 2 diabetes, showed that modest changes diet and exercise markedly reduced diabetes risk. Subjects who improved their diets and engaged in regular physical activity reduced their risk of developing diabetes by 58%; those 60 years and older reduced their risk by 71%. An effort with comparable impact would appear feasible in Grand Forks, which offers considerable resources that could be mobilized: parks, bikeways and open public spaces comprising about twice the average of American communities; an array of private and public health/fitness centers with a current membership of some 10,000 (18% of the population); a strong public education system; a university

¹ Obesity is defined as having a body mass index (BMI, body weight in kg divided by height in cm²) greater than 25. Healthy body weight is defined as having a BMI between 18.5 and 25.

presence; a federal human nutrition research center; a strong public health department; an engaged business community; and an interested citizenry.

Mobilizing these resources to advance public health would need to address ways to increase opportunities for people to be physically active, to increase the numbers of people being physically active and, to those ends, the numbers of facilities needed to achieve those ends. Case studies will be useful in this regard. For example, of the twenty-five thousand area residents in Dickinson, ND, 1 in 4 are active members of the West River Community Center! To increase physical activity participation in Grand Forks to a comparable level, around 14,000, how many facilities/programs of various types would be needed? What measures should be taken to document the public health impact of such efforts? Answering to these and related questions could make the greater Grand Forks community a model for other communities.