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ORIGINAL ARTICLE

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A winning combination: Collaborating with stakeholders throughout the process of planning and implementing a type 2 diabetes prevention programme in the community

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Abstract

Translation of efficacious health interventions into the community are often not applied in practice. The gap between research and practice is concerning for community members who can benefit from early access to effective health interventions. Knowledge translation activities and strong community partnerships are demonstrated methods to close the gap, yet there is a need to ensure research findings are implemented into communities in a way that yields quality programming and sustainability through planning, preparation and time to foster the partnership. This paper outlines the collaborative process of translating a successful, evidence-based diet and exercise diabetes prevention programme for improving health and exercise adherence into a community setting through the partnership between the Diabetes Prevention Research Group and YMCA of Okanagan within British Columbia, Canada. Initiated in 2017, the process involved formalised translation events and programme piloting enabling the team to work towards a successful partnership. Lessons learned and next steps in working collaboratively towards programme scale-up and sustainability are outlined.

KEYWORDS

behaviour change, partnership, prediabetes, prevention, sustainability

1 | INTRODUCTION

Prediabetes affects more than six million Canadians (Diabetes Canada, 2017) and increases the risk of developing type 2 diabetes (T2D) by up to 70% (Nathan et al., 2007). Adhering to regular exercise and a healthy diet are cornerstones in the prevention and treatment of T2D, and can consequently reduce healthcare costs and improve the quality of lives for individuals with prediabetes (Bilandzic & Rosella, 2017). Given the economic burden that occurs from individuals developing T2D (i.e. ~$15 billion dollars/year; Diabetes Canada, 2018) and the predicted increase in prevalence to more than 592 million individuals worldwide by 2035 (Guariguata et al., 2014), there is a need to mitigate risk through novel structured lifestyle programmes. Over the past two decades, researchers have put considerable effort into prevention work. Several landmark trials (e.g. Diabetes Prevention Program Research Group, 2002; Lindström et al., 2003; Pan et al., 1997) have highlighted the important roles for exercise and a healthy diet in preventing the progression of prediabetes to T2D. For example the Diabetes Prevention Program demonstrated that a lifestyle intervention, including 150 min of moderate-intensity physical activity per week, reduced the progression of prediabetes to T2D by 58% compared to a non-exercise pharmaceutical intervention (Knowler et al., 2002). However, large trials such as this one have used intensive lab-based interventions difficult to sustain and implement in health care settings due to high costs and time requirements (Glasgow, Lichtenstein, & Marcus, 2003). A more cost-effective, less intensive programme is needed at the

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community level that is effective in long-term maintenance of health behaviours.

2 | SMALL STEPS FOR BIG CHANGES

Small Steps for Big Changes (SSBC) is a brief counselling programme designed to facilitate and empower individuals to make dietary and exercise changes to lower their risk of developing T2D. In 2012, SSBC was developed and piloted in a Canadian university laboratory (University of British Columbia) to test the efficacy and acceptability of the in-person intervention design (Bourne et al., 2018; Jung, Bourne, Beauchamp, Robinson, & Little, 2015). Prediabetes was assessed prior to enrolment in one of two ways: (a) completion of the American Diabetes Association risk questionnaire or (b) through a private medical laboratory that identified potentially eligible participants through routine bloodwork (having HbA1c scores between 5.7% and 6.4%). In the second screening procedure, a monthly newsletter was sent out to all family physicians to inform them of patients who are within the prediabetes range and of SSBC. Physicians, informed about the project, indicated whether their patients were cleared for exercise and could be contacted for participation in SSBC. Mailouts were then sent to these individuals by our research team.

The programme consists of two phases: (a) a three-week training and counselling phase and (b) a 12-month follow-up phase. All participants engage in a baseline appointment and six in-person sessions. Each programme session uses motivational interviewing-informed behavioural (diet and exercise) counselling and a supervised physical activity session. Motivational interviewing is an important overarching component of SSBC, which compassionately enables individual autonomy, assures clients' best interest is always in mind, supports self-management and acknowledges that individuals bring expertise about themselves and their lives (Miller & Rollnick, 2012). Adherence to such tenets have been associated with positive behaviour change outcomes (e.g. Morton et al., 2015). The programme follows a schedule that encourages autonomy and self-management through allowing choice between exercise regimens and independently working towards their physical activity and/or diet goals between sessions. For example participants are given the choice to engage in 75 min of high-intensity interval training per week or moderate intensity continuous training are prescribed 150 min per week (see Bourne et al., 2018). To help support self-management outside of programme engagement, participants were provided with a digital fitness tracker and provided access to a mobile phone-base self-monitoring application that could be used to monitor activity and heart rate, as well as document food intake. Evidence emerged from the laboratory trial for the utility of a 3-week, theory-based counselling programme for improving health and exercise adherence in the daily lives of people at risk of T2D in the long-term (e.g. Bourne et al., 2018; Jung et al., 2015; Locke et al., 2018; Nugent et al., 2018).

What is known about this topic?

- Prediabetes affects more than six million Canadians, resulting in an economic burden on the healthcare system.
- A cost-effective, brief programme is needed at the community level that supports long-term maintenance of health behaviours.

What this paper adds?

- Community-academic partnerships can be valuable in facilitating diabetes prevention programmes in the community.
- The programme has enabled experiential learning and capacity building opportunities for both partners, while also addressing a need in the community.
- Ongoing communication and knowledge translation are imperative to building the foundation for such successful partnerships.

2.1 | Committee development

Coupled with programme development, came the creation of two committees: (a) a stakeholder advisory committee (n = 10) and (b) a participant advisory committee (n = 15) that meet twice annually. The stakeholder advisory committee is comprised of physicians, researchers, industry leaders, health officials and medical laboratory staff that meet to provide updates and feedback and share findings on programme processes and outcomes, as well as next steps. Similarly, the participant advisory committee is comprised of both individuals living with T2D and past SSBC participants. This committee was developed to gain feedback on a variety of topics, including recruitment, implementation, outcomes, budget, logistics, challenges and next steps. Both committees play critical roles in the decision-making processes regarding programme planning and implementation. Specifically, the desire to move from a laboratory into the community, and partnering with such an organisation, emerged from discussions with the participant advisory committee.

3 | PARTNERING WITH THE YMCA OF OKANAGAN

In June 2016, the YMCA of Okanagan inquired if SSBC could be integrated into their facility (note that YMCA of Okanagan waived their right to anonymity for this manuscript). The YMCA of Okanagan is a not-for-profit organisation dedicated to building healthy individuals and communities; a central goal is to support the community through programming that addresses identified needs. Green, Daniel, and Novick (2001) argued that 'academic–community partnerships are essential in programme development

as no one agency has the resources, access and trust relationships to address the wide range of community determinants of public health problems' (p. 21). Individuals living in low-income neighbourhoods are at increased risk of developing T2D (Derks et al., 2017); it is imperative that future programmes cater to this population. At the time, this YMCA had a membership with high incidence of prediabetes, yet no in-house programmes to serve them. The YMCA has strong reach across the region, a history of successful health promotion programme implementation (e.g. Ackermann et al., 2011), and financially supports those unable to afford memberships. Moving the programme to a community setting presented an ideal opportunity for both parties; to minimise accessibility and affordability barriers of such a programme for individuals in the region at risk of developing T2D, while increasing the opportunity for SSBC uptake and sustainability.

Partnering with the YMCA as a means for wide-scale implementation of an evidence-based strategy to reduce the risk of T2D has been attempted before. Ackermann et al. (2011) found that YMCA staff were successfully trained to deliver a group-based lifestyle intervention for people at risk of diabetes and encouraged researchers to consider the YMCA as a promising vector to disseminate lifestyle interventions into the community. Similarly, Merriam et al. (2009) found that successful implementation of a lifestyle intervention for patients at risk of T2D occurred because of a community-academic partnership that took time to establish trust, had talented community leaders, open communication and a collaborative relationship. This partnership included a community advisory committee consisting of staff, community leaders and academic investigators. However, long-term sustainability and scale-up was questionable. The present partnership built off these best practices, while also working towards scale-up and sustainability.

3.1 | Preliminary effectiveness and lessons learned

Thus, a partnership emerged between the YMCA of Okanagan, a leader in community programming, and the University of British Columbia's Diabetes Prevention Research Group, a team of diabetes prevention scientists with an evidence-based programme for improving health and exercise adherence in individuals with prediabetes. In June 2017, SSBC was formally launched in one YMCA of Okanagan site with the goal of reaching more individuals at risk of developing T2D, while maintaining programme effectiveness on important health outcomes. The partners decided to integrate the programme into the YMCA at no cost to participants; participants received a free one-month membership while engaging in SSBC and could stay enrolled at the YMCA post-programme. Moving the programme to a community setting helped minimise barriers of accessibility and cost to such a programme. Further examination of programme reach and efficacy in a community context occurred over the span of the 18 months. Specifically, over 10 000 individuals have been made aware of the programme through various recruitment methods (i.e. letter via medical laboratory, direct doctor referral, media sources) and over 200 participants have completed the programme (Bean, Dineen, Locke, Bouvier, & Jung, 2019). An examination of the programme effectiveness in individuals who have had their 6 month post-intervention thus far has been found to substantially reduce their weight and waist circumference, while improving fitness levels (n = 90; Locke et al., 2019).

During this time, the programme was offered at the YMCA by student researchers, which allowed for experiential learning and capacity building opportunities for these individuals, as they were trained to deliver the programme, which: (a) provided them with motivational interviewing and project management skills, (b) enabled them to foster community partnership and (c) allowed for tangible experience in programme delivery. Students gained first-hand experience through active roles working with a community partner and associated clients. Having the programme run by students also helped to foster interest in the programme from YMCA frontline and managerial staff. Such an interest helped catalyse the next step of further embedding SSBC in the YMCA. It should also be noted that programme delivery required no specialised education or experience to deliver (Cranston, 2019), which is critical for uptake and sustained delivery in community settings. Costs associated with running the programme were met through private donor and grant funding. This model is optimal for determining fidelity and effectiveness outcomes, but is not a sustainable model. To make the programme sustainable, it was necessary to shift the model whereby SSBC was co-led *with* YMCA staff.

4 | TRANSITIONING TOWARDS SUSTAINABILITY: A COLLABORATIVE AND TRANSLATIONAL APPROACH

Knowledge translation activities and community partnerships can help address the gap between research and practice to improve access to innovative health programme (Jansson, Benoit, Casey, Phillips, & Burns, 2010; Kothari, McCutcheon, & Graham, 2017). Once the partnership was well-established and SSBC was fostering positive outcomes (Locke et al., 2019), the team worked to accelerate programme benefit through knowledge translation to relevant community stakeholders. The partners secured a knowledge translation grant, which allowed for important conversations between partners and stakeholders to establish a plan for increasing YMCA ownership over SSBC and creating plans for sustainability.

Knowledge translation activities can include dissemination and uptake of research evidence to further inform programming (Grimshaw, Eccles, Lavis, Hill, & Squires, 2012). However, understanding the conditions needed for the co-creation of knowledge with a not-for profit organisation (the YMCA) requires its own analysis. Recognising that researchers and practitioners work better together as a team, both partners' respective strengths were combined. Researchers contributed valuable evidence from the literature, supported in data collection and analysis and assisted with capacity building of community-based health promotion organisations, whereas the YMCA has the benefit of

being accessible at the frontline in the community with the infrastructure and team of dedicated employees, and can facilitate the required reach for housing and delivering a quality programme. Therefore, co-constructed implementation plans were the best way to ensure the programme entered into the community in a manner that ensured full adoption, sustainability, rigour and quality. Joining forces in knowledge translation, this process illustrates the commitment of the long-term partnership between these two groups.

4.1 | Three valuable meetings

Together, with support from the Michael Smith Foundation for Health Research (Grant #18120), the partners hosted three valuable knowledge translation meetings regarding the planning of this transfer of leadership over the course of a year (see Figure 1 for a detailed timeline of critical milestones in partnership). It should be noted that regular ongoing communication via telephone and emails occurred between the partners, in addition to these three meetings, to continue important discussions around programme planning and implementation.

The first meeting involved key champions from each partner organisation and was used to lay the groundwork for the partnership through discussing goals and priorities. The meeting was facilitated by a neutral meeting facilitator to ensure each partner could have equal weight in discussions. One of the first exercises was to collaboratively develop a vision, mission and set of values for the partnership. The established vision of the partnership is 'to offer an effective and accessible behaviour change programme that is sustainable and scalable to reach people at risk of T2D in our community' (see Table 1 for mission and values). Additionally, terms of reference for communication and decision making were developed, an implementation team was formed, and a proposed timeline for programme roll-out into the YMCA was established.

In addition to working together to translate this programme from a research to a community setting, the partners wanted to highlight the programme and their partnership with key stakeholders. Thus, the second meeting was used to showcase the SSBC and partnership with 55 stakeholders from research, community and clinical settings stakeholders, who are critical in the translational process (e.g. funders, community partners, healthcare professionals, practitioners, YMCA managers and executive team members at provincial and national levels). The presence of such an audience was critical in demonstrating to the YMCA that they were investing in the community by providing an additional service that was not readily available. This meeting was used to: (a) outline the proposed plan of partnership, (b) disseminate findings on the successful partnership and SSBC to date and (c) purposefully outline potential benefits that an evidence-based programme could have at the community level and build enthusiasm in YMCA and community stakeholders. Additional outcomes of this event consisted of the development of three knowledge products: (a) two videos that document the process of the partnership and programme evolution used to promote SSBC that were used to foster programme visibility and stakeholder interest (see https://youtu.be/Cwfj7vs3Wp0 and https://youtu.be/yXT_LKVqZAA) and (b) graphic illustrations that outline the programme, partnerships, and next steps (see Figure 2). Finally, an unanticipated success of this meeting was the involvement of a SSBC alumni, who became a programme ambassador, and shared her lived experiences of programme involvement and the impact the programme had on her life. This success enables us to work toward our mission of building and supporting champions for our partnership and the program.

The third and final knowledge translation meeting involved identified YMCA champions and managerial staff and aimed to establish a plan to initiate the SSBC pilot facilitated by YMCA staff, including the training process. During this meeting, six objectives were achieved: (a) establishment of clear roles and responsibilities for each partner, (b) development of written plan and agreement (e.g. key

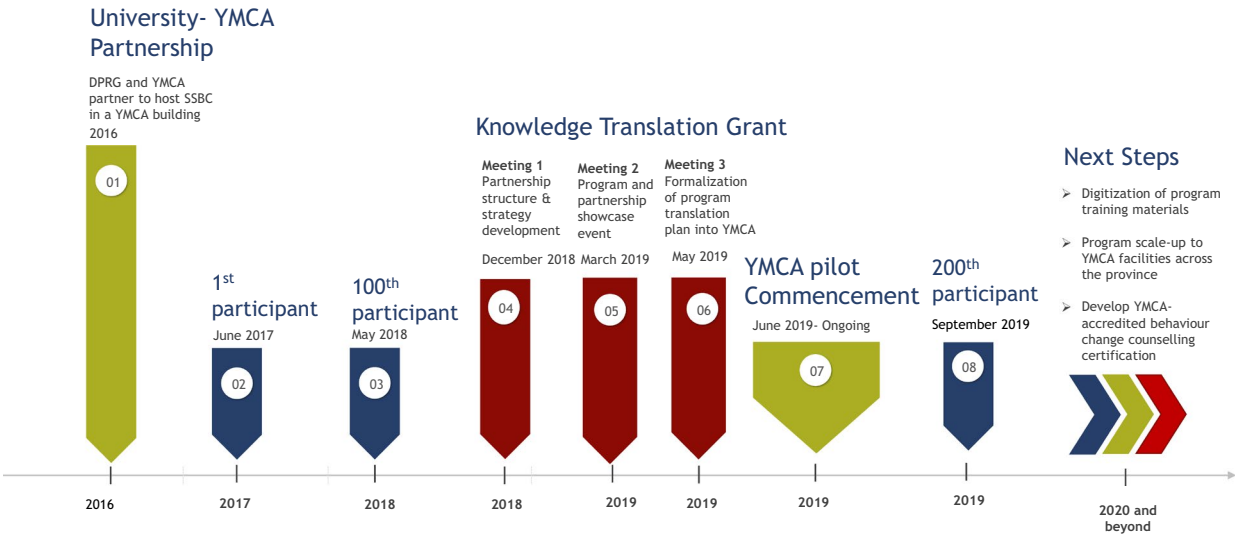


FIGURE 1 Timeline of critical milestones in partnership to date [Colour figure can be viewed at wileyonlinelibrary.com]

TABLE 1 Vision, mission and values of the partnership

Vision of the Partnership	• To offer an effective and accessible behaviour change programme that is sustainable and scalable to reach people at risk of T2D in our community	
Mission	• To increase physicians' awareness, commitment and confidence in the programme as a behaviour change programme • To continue to provide evidence of the effectiveness of the programme to foster support from decision makers • To build and support champions for our partnership and the program • To ensure accessible and quality service for everyone in need within the community	
Values	• Accessible • Client-centred • Collaborative • Evidenced-based • Inclusive	• Quality • Respectful • Responsive • Supportive

dates and timelines), (c) identified YMCA champions and trainers, (d) a training plan and fidelity checks were determined, (e) programme materials were tailored to YMCA staff needs and (f) logistics were finalised (e.g. human and financial resources). These knowledge translation meetings were imperative for two reasons; they: (a) allowed for firsthand experience within the field of health and exercise to understand what is relevant and meaningful evidence to stakeholders and (b) helped to build a strong foundation for working towards a sustainable community diet and exercise behaviour change programme for individuals with prediabetes within the YMCA *championed by YMCA staff*.

4.2 | The pilot

Building upon the aforementioned activities and outcomes that enabled the formalisation of the partnership and co-development of a training and implementation plan for the YMCA to adopt SSBC, the next step has been to pilot the programme in two YMCA locations. The team is working towards three objectives: (a) facilitate a training workshop for YMCA frontline staff and management staff, (b) pilot SSBC delivery in two YMCA sites led by trained YMCA staff, and (c) gather process and outcome evaluation data on this training and delivery process using multiple methods. In co-implementing a plan for staff training and programme delivery, coupled with an assessment of that implementation, the YMCA and its stakeholders benefit, while also addressing a research gap by assessing programme sustainability within a community-academic partnership. To date, 11 YMCA staff have been trained and are delivering SSBC, with more staff scheduled for training in 2020.

Working towards these objectives are helping to support the programme's transition of ownership to be truly collaborative and assess programme implementation by YMCA staff that will aid in improvement and sustainability. Throughout the pilot training and programme delivery, a transition of responsibilities has occurred whereby YMCA staff have taken on increased ownership to aid with programme sustainability. For example having YMCA staff trained to deliver the programme is a long-term investment that is applicable beyond immediate SSBC programme delivery, as existing YMCA staff (e.g. fitness leaders, fitness trainers) develop advanced counselling skills that are transferable to any clients in any situation. The research team still provides ongoing support through participant recruitment and scheduling, training delivery to YMCA staff, and leads the research and evaluation portions of the project (e.g. fidelity checks, conducting interviews, gathering anthropometric measures). Both partners are playing an important role in increasing awareness, building programme interest and participant recruitment through social media avenues (e.g. Twitter, Instagram, newsletters, magazines) and utilising their connections with other collaborative organisations.

Prior to the training, a plan and associated materials (e.g. training manual) were co-developed by the research team and YMCA stakeholders. These materials will also be used in the training of future YMCA frontline staff beyond the pilot. The training of YMCA staff consists of a combination of interactive in-person workshops and a series of online videos of counselling sessions that occurred with real clients. To solidify knowledge learned in the workshop and online videos with practical experience, each trainer is shadowed for their first client by expert master trainers. This process also helped ensure programme fidelity.

Management staff at both YMCA sites have engaged in the training and programme implementation, which has helped with capacity building, reinforcing organisational commitment, fostering buy-in throughout the organisation and enabling ongoing support to the frontline staff to aid with proper implementation. Moreover, having a portion of the training on a digital platform helps move the training towards sustainability; the videos can be used for multiple training iterations, can be accessed by trainers at any time, and allows for flexibility as to when and where trainers can complete this portion of the training. The research team is assessing the effectiveness of the training by deploying a pre-post questionnaire, coupled with a 6-month follow-up, after training completion, to examine trainers' changes in knowledge and skills related to behaviour change counselling techniques (e.g. motivational interviewing).



FIGURE 2 Graphic facilitation illustrations created during the showcase event (second knowledge translation meeting). The illustrations depict an overview of the programme and partnership, programme impact and next steps of the partnership [Colour figure can be viewed at wileyonlinelibrary.com]

Implementation research, which promotes the uptake of research findings and evidence-based practices into routine practice (Eccles & Mittman, 2006), can be used to help understand what, why and how interventions work in community settings. Sustaining implementation is critical to ongoing success. Moore, Mascarenhas, Bain, and Straus (2017) noted that research on sustainability is lacking. Thus, gathering and analysing data related to the fidelity and effectiveness of training and implementation has enabled both partners to be responsive and adaptive towards programme improvement to ensure quality implementation of a behaviour change programme. Process data are being gathered for recruitment, reach and retention (e.g. number of clients who engaged in and completed the programme, number of YMCA memberships purchased by clients, number of referrals); quality and fidelity delivery (e.g. audio-recording sessions, programme checklists); and client satisfaction (e.g. questionnaire). Trainers were also invited to engage in an interview after programme implementation with three clients to further reflect on training and implementation. Interviews are also being conducted with fitness managers to understand their experiences of the training and delivery, as well as perceived facilitators and barriers to programme delivery at a site level.

Finally, to assess implementation effectiveness, a series of metrics are being gathered from two sources: (a) programme data and (b) clients. Programme data including intake forms prior to programme involvement, as well as 1-, 6- and 12-month follow-up questionnaires are used to assess the conversion to membership (i.e. how many clients purchase a YMCA membership after completing the programme), membership retention (i.e. how many clients keep their membership for at least one year), referral rates (i.e. how many clients are referring other individuals to purchase YMCA memberships) and overall programme cost. Data gathered from clients include blood pressure, HbA1c, weight, waist circumference, cardiorespiratory fitness and health-related quality of life at the same time points. This comprehensive data collection process triangulates perspectives from managers, trainers and clients, all of which were approved by the YMCA team and have been used by researchers in initial SSBC evaluation. Findings from the data collected will be used to: (a) improve the training process and content, (b) conduct a cost-benefit analysis and (c) adapt programme delivery for the community context to ensure feasibility and sustainability of programme implementation within both YMCA sites.

The ongoing research and evaluation activities will continue to contribute to an understanding of the processes of engaging community partners and implementing a behaviour change programme into the community through an established community hub using frontline staff. This project will allow future stakeholder-driven decisions to be based on feasibility regarding training, programme implementation and long-term programme adoption.

5 | LESSONS LEARNED

The goal of this project has been to advance knowledge and translate SSBC into a community context in a preventative attempt to improve health systems and health in the region (Graham, Kothari, & McCutcheon, 2018). As iterated throughout the manuscript, ongoing communication and knowledge translation have been critical throughout this programme. During the pilot, both elements have been imperative to programme success; bi-weekly meetings take place with the team to discuss successes, challenges, adaptations and next steps. Knowledge translation of programme implementation and effectiveness continues to be a priority to both partners, as the team continues to showcase the project via various mediums, including media interviews and co-presenting at meetings and international conferences. The team also gives talks at medical clinics and laboratories to raise medical professionals' awareness of prediabetes and influence their commitment and confidence of SSBC as a preventative alternative to medication prescription (a mission of the partnership; see Table 1). Unanticipated outcomes also emerged from the project, including a programme alumni taking on the role of programme ambassador and helping to facilitate a local walking group and monthly meetings at the YMCA (see Bean, Dineen, & Jung, 2019).

The partners continue to reflect on lessons learned from their experiences working together over the last several years. For example from the researchers' perspectives, it has been, and will continue to be, crucial to involve a community partner throughout the entire process and as early as possible in a partnership. Early engagement in this process and utilising each groups' expertise helped the research team learn the culture and operations of the organisation and helped the YMCA administrators and managers justify their positions in their organisation through reaching new clients, generating new members and giving back to community. Similarly, YMCA partners have learned how to work with a team of researchers; this partnership has eliminated preconceived notions that working with a research team would be restrictive and challenging in accommodating and adapting the programme protocol into YMCA operations. Both partners have been able to utilise their expertise to bridge research-to-practice by offering a valuable programme in the community. The YMCA has the opportunity to adopt an evidence-based behaviour change protocol, including motivational interviewing, which has fostered motivation and excitement for trainers and managers to learn and apply these skills within SSBC, as well as other facets of their role at the YMCA. The pooled strengths of each partner has enabled the team to be successful in collaboratively securing grant funding and disseminating information about the programme and partnership in meaningful ways across the region, province and country.

Finally, ongoing monitoring and evaluation is critical in this translation process (Graham et al., 2018). Adapting and improving the programme, and associated training, to meet the needs of all stakeholders has been a main focus throughout the pilot. Because of this, the YMCA team has recognized the importance of evaluation in this programme and their other programming. They have learned that establishing an evaluation plan prior to programme implementation enables structure and proactive preparedness in knowing the programme can be effectively evaluated through a variety of different methods, beyond solely participation rates; a measure often used to assess programme success. Not only have the YMCA staff been supportive and eager to

learn about the evaluation procedures, including multiple methods from multiple sources, they have built their own evaluation capacity and are working to apply this in their day-to-day practices.

6 | NEXT STEPS: SCALING-UP TO ENHANCE PROGRAMME REACH

Sustainability is due to strong collaboration between two partners who are well-established organisations that are investing in this programme as a long-term investment and due to higher education involvement and ongoing experiential learning opportunities. This paper illustrates the commitment each partner has to programme sustainability. Each phase of planning and delivery has acted as a building block toward improvement to ensure programme success in a community context, and has informed future research, partnership and dissemination activities.

This partnership, and associated pilot project, has built a foundation for sustainable community behaviour change counselling programmes for people with prediabetes. Co-leading this programme in YMCA facilities has helped to shift the YMCA's reputation to be a more heath-focused organisation. Continued success from this partnership, coupled with knowledge translation activities, has fostered interest from other YMCA sites across the province and enabled the team the opportunity to shift the programme from the efficacy phase to a growth phase, with the goal of ensuring its sustainability in communities across British Columbia, Canada. Several YMCA sites in the province have expressed interest in hosting SSBC in their facilities. Prevention of T2D is of paramount concern given that it is one of the fastest growing chronic diseases internationally (International Diabetes Federation, 2017) and associated health complications can be prevented, delayed or minimised with early diagnosis and control through diet and exercise (e.g. Lindström et al., 2003; Paul et al., 2013). Continued provision and support of ongoing health programmes, such as SSBC, necessitates the digitisation of such training materials, which involves an incremental development process of programme materials between our research team and the YMCA. Together, we have secured funding to transition the materials and support our ongoing partnership. This funding will be leveraged in future grant and community funding opportunities. Finally, a long-term outcome of this partnership is to develop a nationally accredited behaviour change counselling certification for YMCA trainers; thus, study findings can inform this process.

7 | CONCLUSION

This paper illustrates the process of transitioning a demonstrated efficacious diet and exercise intervention from the laboratory into a community setting via an academic-community partnership, a rarely seen endeavour (Moore et al., 2017). To ensure sustainable quality implementation, open communication, shared decision making, knowledge translation and ongoing research/monitoring and evaluation have been imperative priorities. This case example, coupled with associated research and evaluation, can be used, not only by this team throughout programme expansion, but as an example for other academics to engage in meaningful partnerships to better understand the process of co-facilitating the transition of a behaviour change programme to be sustainable in a community organisation. This partnership has also laid the groundwork for other YMCA sites, or similar not-for-profit organisations, wishing to implement the programme and enable opportunities for future scale-up of the intervention with direct and ongoing support from both the YMCA staff and researchers. Finally, this project represents a critical step towards sustainability for a prediabetes behaviour change counselling programme at the YMCA through offering valuable experiential learning and capacity building opportunities for students, frontline and administrative staff in the community. As the goal of SSBC is to lower the risk of T2D for individuals in the community, this research has and will continue to influence their ability to make lasting dietary and exercise changes to reduce this risk through continued scale-up and sustainability efforts.

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CONFLICT OF INTERESTS

The author have no conflicting interests.

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