

THE VISION: PREVENDIA OFFERS A SIMPLE BLOOD TEST FOR INSULIN RESISTANCE AND A METRIC FOR CHANGE

THE VISION:

A simple score from 1 to 100 not only measures insulin resistance (IR) in kids, but also can serve as the gold standard metric in NYC's fight against diabetes and obesity. IR is a precursor to diabetes. More than half of obese children are insulin resistant. Lowering IR will slow or perhaps even prevent the onset of diabetes. This IR Score comes from a simple blood test, with affordable screenings implemented by schools or available at the local Walgreens. The IR Score is easy to understand and potentially the Tipping Point in the City's effort to fight obesity. The IR Score serves as the key metric – a number for kids, parents and healthcare providers to understand where a child stands on diabetes and cardiovascular disease risk; a metric used to measure wellness program effectiveness and a key behavioral modification tool. Integrated behavioral modification programs work. The IR Score can be an important tool in these integrated programs providing the necessary objective measurement driving change.

THE PROBLEM:

An estimated 33% of young children in NYC will have Type 2 Diabetes in their lifetime (and many during childhood). Often cited problems of sedentary lifestyle and poor food habits are major contributors to this growing obesity pandemic. Current programs are not having an effect as the childhood diabetes trend line continues upward at an alarming rate. Something has to change.

THE SOLUTION:

Prevendia offers a simple blood test for identifying insulin resistance. Our IR Score test could become the key metric used for fighting childhood obesity and diabetes. The IR Score creates a digital pattern of one's blood that can assess initial insulin resistance and trend IR results and response to therapy.

AN EXAMPLE: A SIMPLE METRIC EVERYONE CAN UNDERSTAND

A NYC school nurse administers a simple blood test, a prick of the finger, to all 10-year-old students in a school. A week later, parents receive their child's score, a score from 1 to 100. In all likelihood, many of the children already have had this test since age 5, given annually through their PCP, paid by the student's managed care health plan or the State's Child Health Plus plan. This IR Score now acts as the Benchmark for the city to measure its child-focused administered health programs (through vendors and non-profits) aimed at wellness, exercise, better nutrition and diet.

The IR Score metric is simple to understand and the score is easily trended to spot changes in individuals or student populations over time. The City tests every child, every other year. With 1.2 million children enrolled in public schools, the cost is not insignificant, yet the short-term and long-term benefits are obvious.

POSITIVE RAMIFICATIONS:

1) For obese children, their IR Score would serve as a tangible “reward” metric that MATTERS

Today: A child loses 15 pounds as a result of a mandated after-school program and intense diet/exercise, yet his or her peers still make fun of him or her as the weight loss is not that material, and the child decides to stop his or her effort. The child has no immediate peer reward nor measurable improvement, besides the weight loss, for the program's administrator and parents to stress as a significant improvement.

In 2011 this same child's IR Score decreases from high risk to moderate risk from the previous year, in addition to the 15 pounds weight loss. Now, the child has two metrics to see how much his or her efforts have led to improving his or her health. The City (and associated programs) tracks individual child scoring trends and improvements over time, and creates a rewards program that is commensurate with both metrics too.

2) IR Scores would change the way child wellness and after school programs are measured for effectiveness

A September 2008 Crain's article tells the story: It was subtitled "Programs focus on behavioral change, physical activity, little data available." The article goes on to say that 50% of kids in NY are overweight. "Programs....are backed by more hope than evidence that they really make a difference" and then the article goes on to quote "an independent survey in the program found that 80% got more exercise than usual..." Clearly, the city needs a better metric. (This is a good example!)

3) City, community, school and managed care organizations would have a common measurement tool to work together

In the Bronx Forum event, Dionne Polite stated that "It takes a village to make a difference." The IR Score is simple and can become the effective metric in a coordinated effort by all interested parties to use. For Example, by 2015, Dr. Bedell can state in a chart that the Bronx kids IR Score decreased from 72 in 2010 to 51 in 2015, and the number of new diabetes cases dropped 23% from the previous year, and the # of kids who are obese also decreased as a result.

Please Contact:

Rob Steir

rsteir@mindforceconsulting.com

646-202-9599