

OUR MISSION

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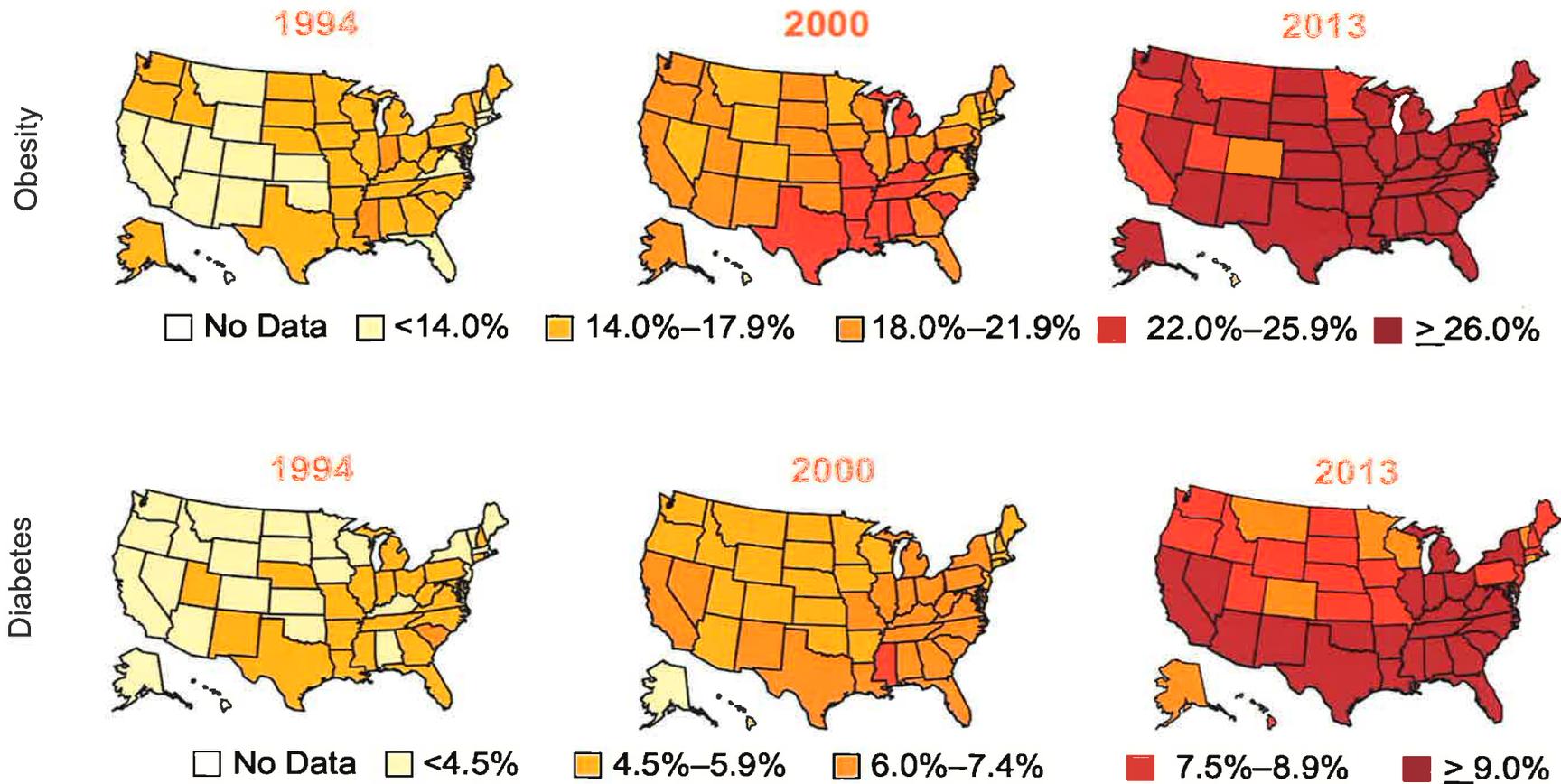
WE INSPIRE AND ENABLE  
PEOPLE EVERYWHERE TO LIVE  
FREE OF CHRONIC DISEASE.



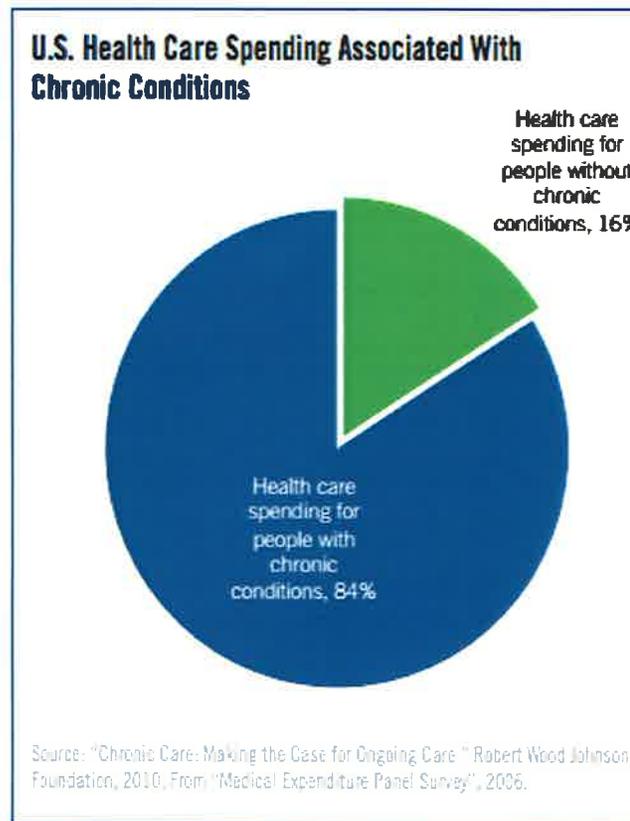
# Our Growing Chronic Disease Problem

68% of adult Americans are overweight or obese

## Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults



# A Chronic Disease Management Challenge



**84%** of total healthcare spend is on chronic conditions<sup>1</sup>

<sup>1</sup> <http://www.healthinnovationcouncil.org/wp-content/uploads/2015/01/BPC-CEO-Council-Health-Innovation.pdf>

Being overweight or obese is a primary risk factor, which is clinically shown to have higher medical cost

- Moderate obese adults are twice as likely as normal weight individuals to be prescribed medication to manage medical conditions<sup>1</sup>
- Obese adults spend 42% more on direct healthcare costs<sup>1</sup> than healthy-weight individuals
- ER visit costs for presenting chest pain compared to normal-weight individuals 22%-41% higher<sup>1</sup>
- Having a body mass index (BMI) in the overweight or obese range increases the risk of traumatic workplace injury<sup>2</sup>

1 <http://stateofobesity.org/facts-economic-costs-of-obesity/>

2. <http://www.jhsph.edu/news/news-releases/2007/pollack-bmi-injury.html>.

An illustration of an iceberg floating in water. The tip of the iceberg is above the water line, and the much larger submerged part is below. The water is represented by a dark blue gradient background.

AMERICANS WITH TYPE-2 DIABETES

27 million

AMERICANS WITH PREDIABETES (37%)

87 million

PEOPLE WITH PREDIABETES CONVERT TO TYPE 2 DIABETES 5-  
per year

10%

INCREMENTAL YEARLY MEDICAL COSTS FOR A PERSON WHO CONVERTS  
TO TYPE 2

\$7,300

# The Financial Cost

**40,000**

Members

Avg Age: 47/Male: 40% /Avg BMI: 29 )

**16,000**

Members At-Risk

**\$5.8M to \$11.7M**

in Additional Medical Costs in One  
Year

**800 to 1,600**

Convert to Type 2 Diabetes/Year

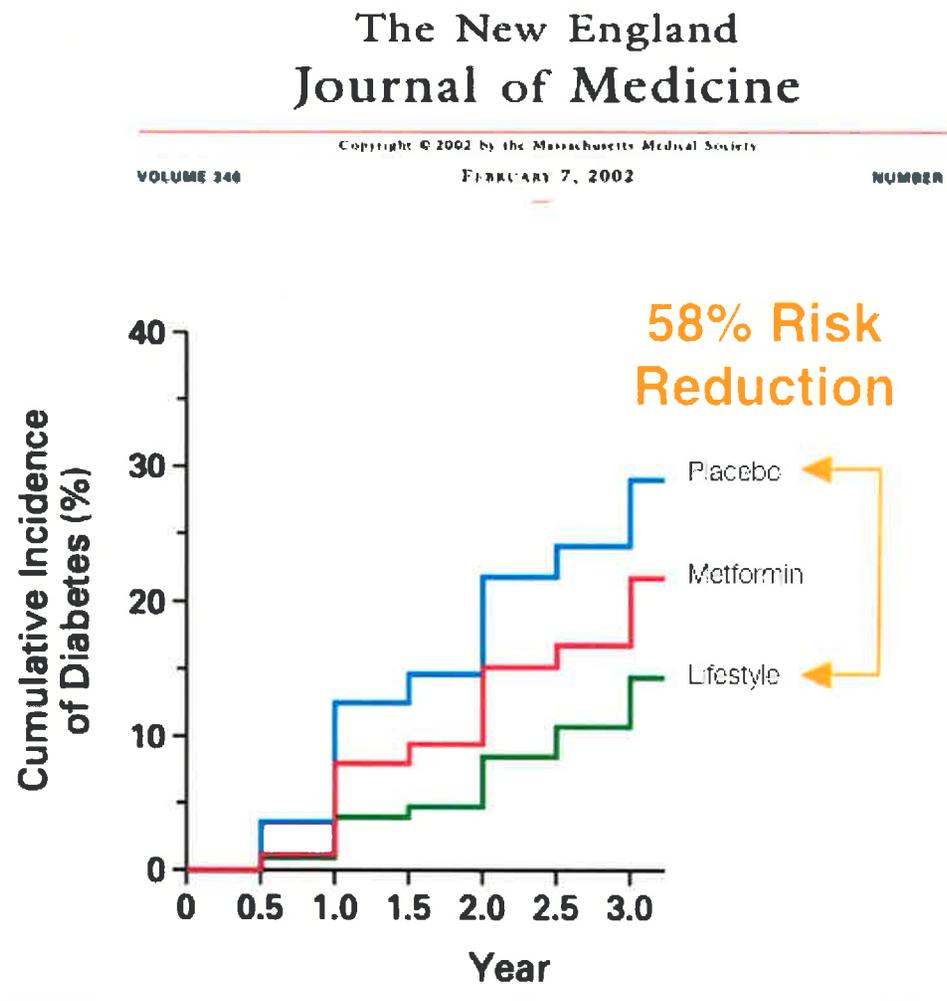
National Prediabetes Prevalence Data from CDC National Diabetes Statistics Report, 2014. <http://www.cdc.gov/diabetes/pubs/statsreport14.htm>. Accessed July 1, 2014.

Gerstein HC, Santaguida P, Raina P, et al. Annual incidence and relative risk of diabetes in people with various categories of dysglycemia: a systematic overview and meta-analysis of prospective studies. *Diabetes Res Clin Pract.* 2007;78(3):305-12

United States of Diabetes. UHG Center of Health Reform and Modernization. <http://www.unitedhealthgroup.com/~media/uhg/pdf/2010/unh-working-paper-5.ashx?> /  
ccessed May 2014

# Intensive Behavioral Counseling Programs are Standard-of-Care

*Based on the Diabetes Prevention Program (DPP) model*



National Institutes  
of Health

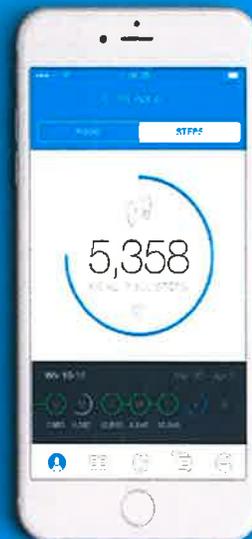


183.2 lb

Prevent

Omada Health's Prevent program brings the CDC's DPP efforts to scale through technology.

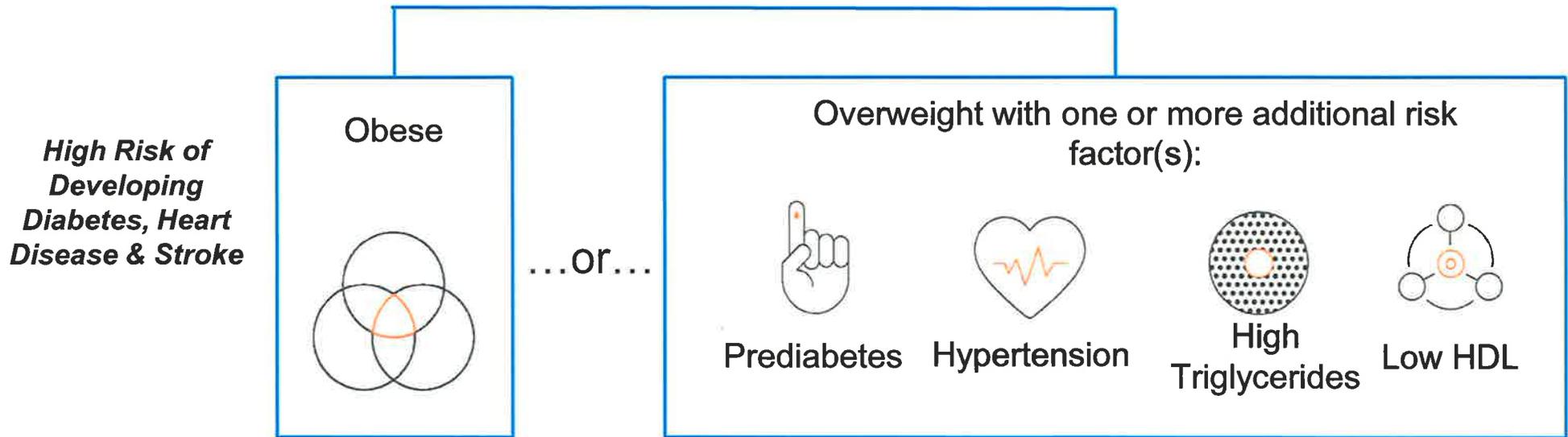
# Prevent



\*pending recognition status from CDC

# Prevent

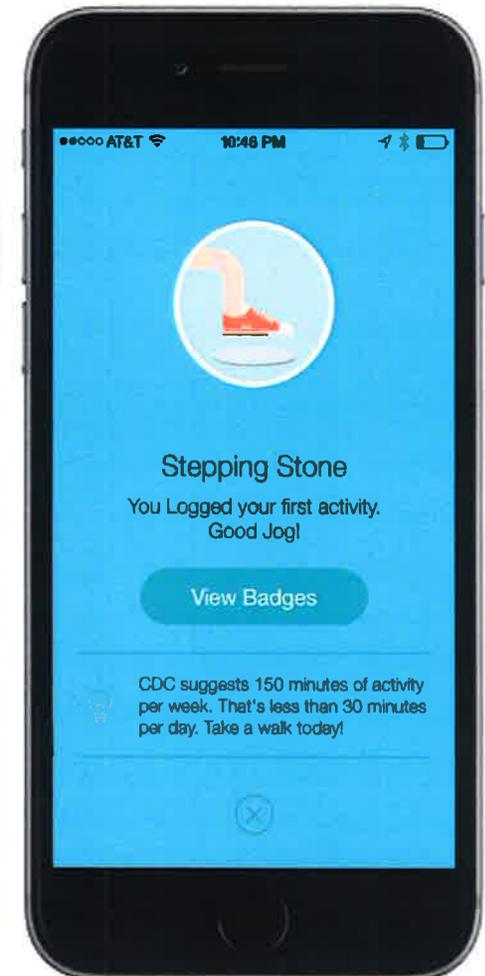
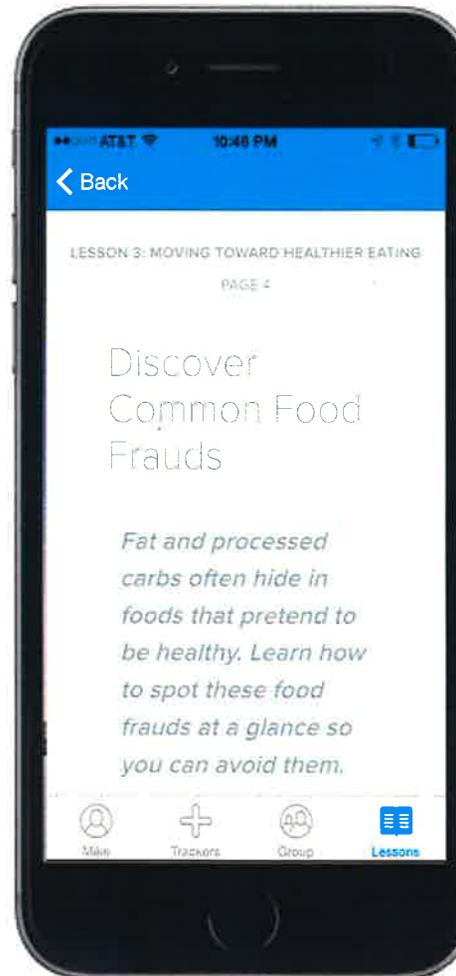
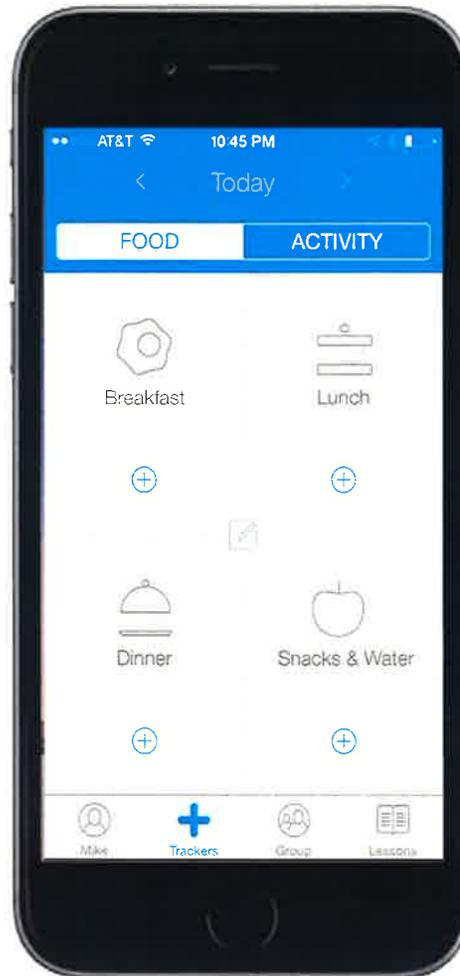
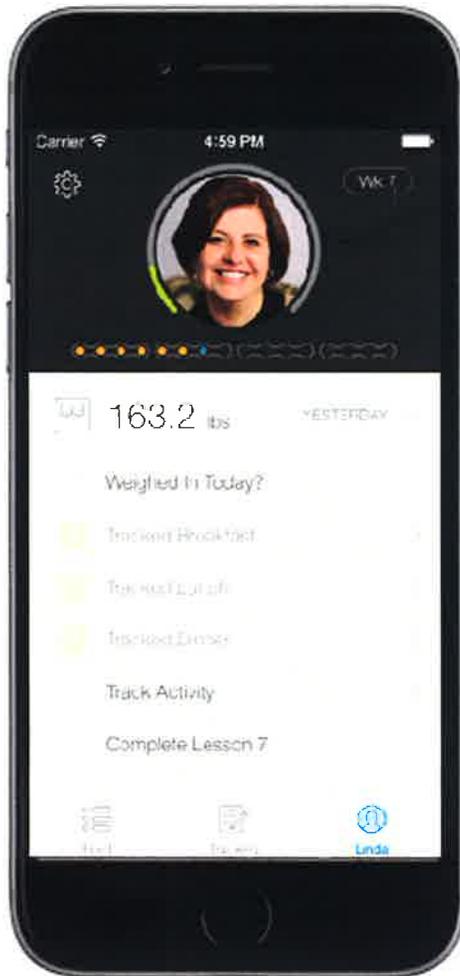
## Targets Multiple High-Risk Populations



Note: Patients with Type 1 or Type 2 diabetes, or with serious complications of cardiovascular disease displayed during the past 12 months will not be admitted to Prevent; we are currently considering the development of Prevent for these more acute cardiometabolic patients.

# Prevent

## Entire Program Available via Mobile App



CORE PHASE

SUSTAIN PHASE

# Prevent

## Coordinated Program Elements for Impact



Dedicated Health Coach

Online Support Group of Peers

Weekly Interactive Lessons

Cellular Weight Scale

Digital Pedometer/Tracker Integration

iOS & Android Mobile Apps

Shared 7% Weight Loss Goal

... And Much More!

ENROLLMENT

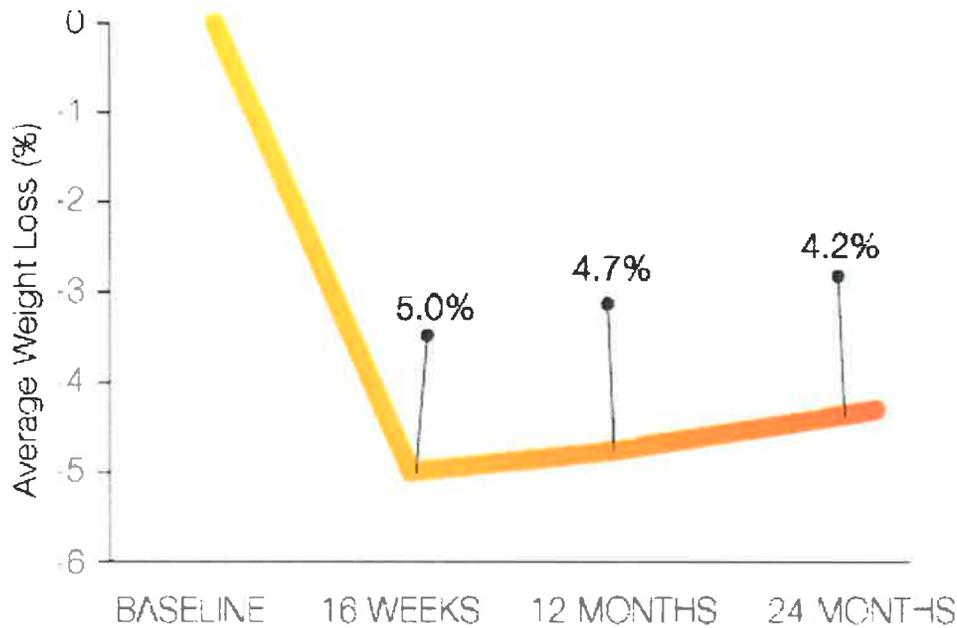
CORE PHASE (16 weeks)

SUSTAIN PHASE

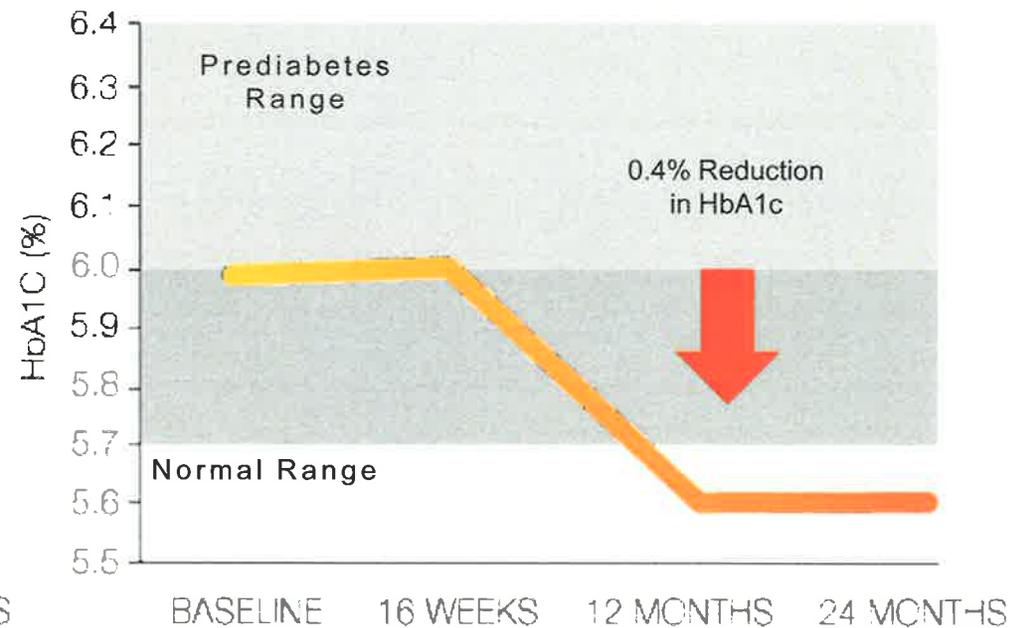
# Prevent

## 1 and 2-Year Clinical Results

### Weight Loss



### HbA1C Reduction



*The non-significant weight loss regression from Year 1 to Year 2 of 11% compares favorably with ~20% regression that was seen in the original DPP clinical trial<sup>3</sup>.*

1. Sepah SC, Jiang L, Peters AL. Translating the diabetes prevention program into an online social network: validation against CDC standards. *The Diabetes Educator*. 2014; DOI: 10.1177/014572174531339
2. Sepah S.C, Jiang L, Peters AL. Long-Term Efficacy of an Internet-Based Diabetes Prevention Program: 2-Year Study Outcomes. *J Med Internet Res* 2015;17(4):e92.
3. Diabetes Prevention Program Research Group: Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med* 346:393-403, 2002.

# Risk Reduction Associated with Weight Loss

Weight Loss Range	Projected 3-Year T2DM Risk Reduction <sup>1</sup>
<5%	<38% <sup>2</sup>
5+%	54%
10+%	85%

1: Yrs 1 - 3: Gerstein HC, Santaguida P, Raina P, et al. Annual incidence and relative risk of diabetes... a systematic overview and meta-analysis of prospective studies. Diabetes Res Clin Pract. 2007;78(3):305-12

2: Interpolated to include those patients who gained weight

THANK YOU