



Overview

Bulleri Foundation

Childhood Obesity Prevention Project

"Helping our Kids help Themselves"TM

"BeFitKids"

Introduction

The problem of childhood and adolescent obesity in the United States has grown dramatically in the past two decades. Today approximately one third of this population can be considered overweight or obese. Many epidemiologists consider this to be an epidemic.

Twenty years ago the onset of type II diabetes before age forty was rare. Now this diagnosis and the related diagnosis of metabolic syndrome are being made at an alarming rate in young men and women under the age of twenty.

Obesity in childhood can be related to the following:

- Low self esteem
- Depression
- Anxiety
- Suicidal ideation
- Dysfunctional social interaction with peers
- Poor scholastic performance in school
- Lower future education levels
- Decreased incidence of successful marriage
- Increased incidence of serious medical illnesses including type II diabetes, hypertension and high cholesterol

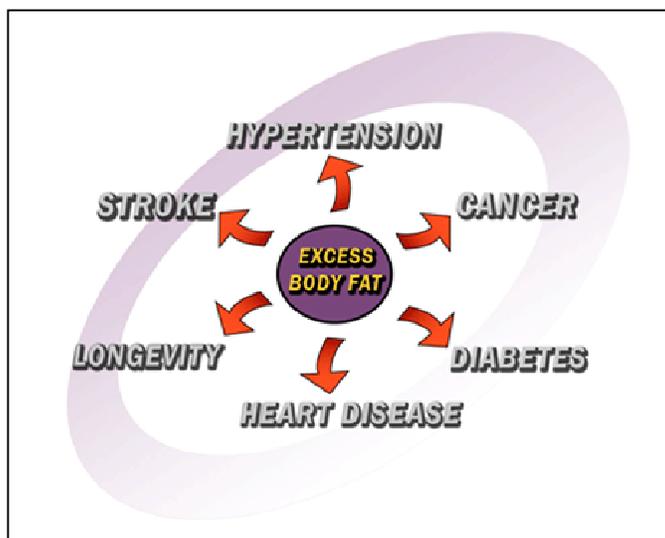
Overweight children and adolescents have a much higher likelihood of becoming overweight and obese adults. A child who is obese between the ages of ten and thirteen has an 80% chance of becoming an obese adult. Obesity in the adult population is directly linked to the following diseases:

- Type II diabetes and the metabolic syndrome
- High blood pressure
- High cholesterol and blood lipid dysfunction
- Increased risk of heart attack
- Increased risk of stroke
- Gallbladder disease and renal disease
- certain cancers
- Pulmonary dysfunction
- Traumatic and inflammatory arthritis
- Depression
- Increased sick days and on the job decreased productivity
- Psycho-social dysfunction
- Poverty

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It is now estimated that the direct costs of adult obesity in the U.S. exceed \$100 billion dollars and this estimate may well be low. Health care costs are increasing at a rate two to four times the U.S. rate of productivity growth. Top CEOs of Fortune 500 companies surveyed state the health care cost containment is the number one business priority. It now is obvious that the primary driver of these health care costs are diseases associated with obesity.



The U.S. now faces an epidemic of obesity and associated diseases. With the dramatic increase in childhood and adult obesity, there has been and will be an equally dramatic increase in the associated illnesses in adults. Barring dramatic changes in the U.S. culture, especially in the delivery of childhood and adolescent preventive care, this trend will accelerate. Unless obesity is identified and managed with a new and vigorous commitment beginning in childhood, the social, medical and economic implications for the U.S. are dire and unsustainable.

A recent article in the Wall Street Journal highlights this issue: Chronic Disease Battle Requires Better Tools 9-04-2008 (edited below).

"The chronic disease epidemic is upon us. Patients with health problems are younger and fatter. I had to buy a heavy-duty scale last year to replace the one I started in practice with a decade ago. I have more obese patients now and needed something accurate up to 400 lbs.

When I was growing up, nearly half the kids in this country walked or rode their bikes to school. By the early part of this decade, the figure had dropped to about 15%. Meanwhile, the proportion of kids who are seriously overweight has climbed, with 16% of kids in the 95th percentile or higher on a measure of body mass, according to the Centers for Disease Control and Prevention.

*Certainly there is more we can do to help ourselves. We can be active with our kids. We can exercise more and eat less. **The biggest challenge in primary-care medicine now is dealing with the complications of obesity, diabetes and hypertension. All of these diseases are related to obesity.***

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We have drugs to treat the conditions. But we don't have potent enough public health measures, patient education and follow-up monitoring to avoid the heart attacks, strokes and chronic kidney problems that come with the modern disease territory.

Teaching patients to take care of themselves effectively should be paramount because it works. It's also cheap compared with a lifetime of drugs. Self-management makes all the difference in preventing long-term complications or avoiding a disease in the first place.

Most people have major gaps in their personal health knowledge and lack confidence in managing aspects of their own care. Tools to help patients are scattered, incomplete and often lack relevant details".

A Small but Real Start - "BeFitKids"

As a result of the impending obesity and chronic disease epidemic, the **Bulleri Foundation** and **HealthPORT** Corporation have entered into a initial joint agreement to develop and test a new preventive medicine technology system with a focus on obesity diagnosis and management for kids 12 to 17. This project is called BeFitKids™. This project will modify existing proprietary HealthPORT state-of-the-art medical obesity management technology for use in the childhood and adolescent scholastic environments.

The goal of this project is to develop and test a scientifically valid technology System that can provide scholastic organizations such as schools and YMCAs with practical, efficient, low cost and flexible interactive technology tools to accurately screen for overweight and obese kids and enhance the fitness levels of all kids in real world settings.

HealthPORT Technology Contribution

The HealthPORT preventive medicine technology represents approximately \$5 million of developed and tested medical obesity management technologies (www.cybercareplan.md and www.phc1000.com). This technology has been successfully vetted by Microsoft and HealthPORT was selected as a launch partner of Microsoft's new HealthVault® project.



BeFitKids Mission Statement

BeFitKids will use new technology to develop, test and help implement a practical, flexible, low cost and efficient Obesity Screening & Prevention System for use by institutions like schools and YMCAs to promote and support best practices focused on improving the current and future wellness and health for our kids.

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For the initial stage of this project, HealthPORT will provide the existing technology as the basis for the new BeFitKids™ Website development and beta testing. HealthPORT will license the technology for use through beta testing at no cost above the development and testing costs described below. HealthPORT will retain rights of ownership of the current and developed technology. After beta testing phase and evaluation of outcomes of the testing, the Bulleri Foundation and HealthPORT plan to enter into a more formal discussion and agreement for future implementation of the developed BeFitKids technology as is deemed appropriate by the two parties.



HealthPort U.S. and International Patents

Bulleri Foundation Contribution

The Foundation will provide grants staged to certain milestones to initiate this project.

Timelines - Initial BeFitKids™ Website Development and Beta Testing

The first beta test version of the BeFitKids technology system is ready for preliminary beta testing.

This modified HealthPORT technology will be subjected to limited beta testing in a number of cooperating school systems and YMCAs in the Pacific Northwest. HealthPORT will contact and manage these test sites.

Current projected beta test sites include the Wenatchee YMCA, Wenatchee High School, Quincy High School, an Oregon based YMCA to be selected and an Oregon school to be selected. Tests will be done at no cost to the school systems or YMCA and HealthPORT will provide stipends where necessary to appropriate on site personnel to manage and coordinate the beta testing.

HealthPORT will manage the technology development and beta testing process and provide appropriate insurance for the development and beta testing process that will indemnify the Bulleri Foundation.

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The working name for this project is currently "BeFitKids™".

Step One in this project will be to develop the basic turnkey and flexible Fitness Screening System.

This System is designed specifically for use in screening children and adolescents in settings such as schools and YMCAs. The focus of this screening is to identify and help kids who are overweight and obese using a proven, efficient, scientifically valid and non-threatening - supportive methodology. The hardware component of this screening System will be the patented and scientifically valid HealthPORT ELGIII® Metabolic Analyzer. The software component of this technology System will be the new BeFitKids™ website.

HealthPORT's current customer and user base includes installations of the company's technology into more than 700 YMCA's and hundreds of school districts across the Country. These institutions already have the ELG III® Metabolic Analyzer. Once the beta test phase of the new BeFitKids™ Website is finalized, the Bulleri Foundation and HealthPort will enter into discussions about the options for offering the new Website to some or all of these existing installations.



HealthPort ELG® III Metabolic Analyzer

While BMI (Body Mass Index) is a useful statistical measure of obesity in populations, body composition analysis using scientifically valid electrical bio-impedance has been demonstrated to be a significantly superior method for diagnosing obesity on an individual basis and for setting realistic weight goals based on lean body mass.

The HealthPORT ELG® III Metabolic Analyzer is patented in the United States and abroad. It is an FDA registered, Class II Medical Device. The patented accuracy of the ELG® is backed by a very large study on body composition analyzers which included more than 750 subjects from a wide demographic population. HealthPort is not aware of any similar study that includes more than ten percent (75) of this HealthPort subject base.

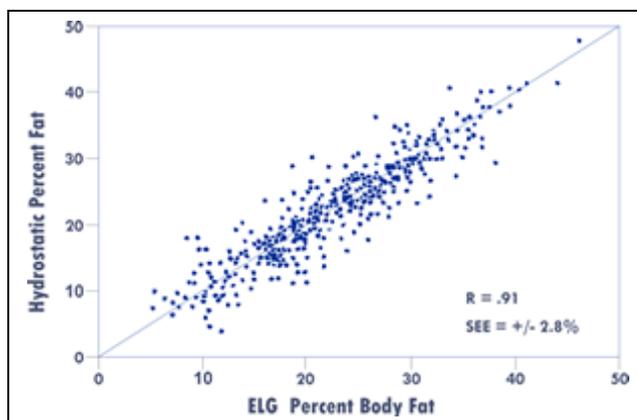
In addition the use of BMI is not sensitive to actual changes in adiposity or weight loss that comes from Lean Body Mass. Most nutrition therapy's fail because the subject is under-fed and under nourished and thus weight that is lost from lean mass. The use of an accurate lean body mass allows the personalization of nutrition and exercise programs for overweight - obese individuals and maximizes their chances of successful loss of excess body fat.

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The ELG® technology underwent years of rigorous comparisons to the gold standard hydrostatic tank at the University of Southern California, Department of Exercise Science. The ELG technology is scientifically accurate to $\pm 2.8\%$ (SEE) when compared to the hydrostatic tank, with a correlation coefficient of 0.91 (r-value). Extremely important for screening technology is test /retest reliability that remains constant for different users. The ELG® III is accurate to within $\pm 0.5\%$ on a test/retest basis.

The patented population-specific algorithms developed for the ELG® were endorsed by the National Institutes of Health as the standard for predicting body composition using electrical bio-impedance. The ELG® has been used in medical research at such institutions Johns Hopkins University, MIT, and the Harvard Center for Nutritional Research.



Step Two of the project is to develop a scholastic online website (www.befitkids.org) designed for the individualized and interactive education for all children and adolescents with an emphasis on identifying overweight and obese kids and providing them with new and personalized tools for personal health management.

Course Curriculum - Flexible Education Tool

The current HealthPORT Personal Health Center includes a 12 week educational program. Currently the 12 week program is hard coded to specific plans. These plans will be removed and replaced by easily edited course content that is age adjusted. The new modular design will allow teachers, groups of students under a teacher's supervision and students themselves to develop and augment the educational content.

General Curriculum Changes

In order to create a more dynamic set of courses, HealthPort's programmers will set up database driven coursework which will allow BeFitKids management to edit and create new courses.