

# Future of Diabetes

13

**"If you have a family history of autoimmune disease, you should talk to your doctor about being screened for type 1 diabetes."**

The American Diabetes Association

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**"Knowing about the body's interconnectivity helps spot health risks early to prevent heart disease, kidney failure, or stroke."**

Stacey E. Rosen, M.D., FAHA, National Volunteer President, American Heart Association

## NICK JONAS

**The singer discusses balancing type 1 diabetes and glucose monitoring with a superstar life on the road**

Read more on Page 10



# Obesity and Heart Health: A Team Approach to Reducing Stroke and Cardiovascular Disease

As obesity remains prevalent, it is important for patients and clinicians to understand its impact on cardiovascular health. Discussions about weight management can guide prevention and treatment strategies.



**O**besity is a well-established risk factor for heart disease and stroke. Obesity affects cardiovascular health in numerous ways, including increased blood pressure, cholesterol, and inflammation. Excess weight contributes to insulin resistance, raising the risk of type 2 diabetes, which further elevates cardiovascular risk. Obesity also promotes chronic inflammation and arterial stiffness, both of which make heart attacks and strokes more likely.

Weight loss alone can significantly lower heart risks, especially with a 5-10% reduction in body weight. This improves blood pressure, cholesterol, and blood sugar. Sustainable heart health also requires proper nutrition, physical activity, and, when necessary, medications.

- **Nutrition:** A diet rich in whole, plant-based foods can lower cholesterol and blood pressure by increasing fiber and healthy fats, reducing sodium, and incorporating potassium-rich foods like leafy greens and beans.
- **Physical activity:** Regular exercise, including aerobic activities and strength training, supports weight loss and

cardiovascular health, with at least 150 minutes of moderate-intensity exercise and two strength training sessions per week is recommended, while even small daily movements offer benefits.

- **Other lifestyle changes:** Good sleep, stress management, and avoiding smoking and excess alcohol support heart health and reduce disease risk.

## The role of your primary doctor

Despite the benefits of lifestyle changes, many patients struggle with implementation due to factors such as time constraints, limited access to healthy foods, cultural influences, emotional eating, and lack of support. Breaking habits can be difficult, and frustration over slow progress may lead to a loss of motivation. Clinicians can help by offering practical strategies and connecting patients with resources like dietitians and behavioral therapy.

Patients should feel empowered to discuss weight and heart health concerns with their doctor. A simple way to initiate the conversation is by saying, “I’m concerned about my weight and how it’s affecting my heart. What

steps can I take to lower my risk?” Mentioning symptoms, family history, or past weight struggles can lead to a more personalized plan.

Healthcare providers should routinely assess weight, BMI, and metabolic risk factors. They can integrate weight management into cardiovascular care, offer structured programs, and refer patients to obesity specialists when needed.

Patients can work with their doctor to create a sustainable plan that includes realistic goals, regular follow-ups, and a combination of personalized nutrition advice, activity recommendations, behavioral support, and medication when needed. A well-rounded approach increases the chances of long-term success and improved cardiovascular health.

## Obesity medications

Obesity medications can be part of a comprehensive treatment plan, especially for individuals with high cardiovascular risk, type 2 diabetes, or hypertension. These medications help patients follow a heart-healthy nutrition plan and physical activity routine.

Recent advancements in obesity medications offer new options for individuals at cardiovascular risk. FDA-approved medications like semaglutide and tirzepatide promote significant weight loss and improve cardiovascular outcomes, reducing heart attack and stroke risk.

By combining lifestyle changes with medical interventions when needed, patients can take a proactive approach to reducing their risk of heart disease and stroke.



WRITTEN BY  
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# Brooke Shields on Embracing Age (and Why You Should, Too)

Aging is a dirty word, but actress, model, and author Brooke Shields says it doesn't have to be that way.

In her new book “Brooke Shields Is Not Allowed to Get Old,” the entrepreneur, actress, model, and mother of two is encouraging women approaching menopause to lean in and embrace this phase of life.

## Offering a fresh perspective

One of the biggest myths about aging, Shields told Mediaplanet, is that it is a signal of the end. “Women at this age are just beginning a new era of life,” said Shields, 59. “This age has a stigma, but I’m so proud I got this far.”

After giving birth to her daughter Rowan in 2003, Shields penned a memoir, “There Was A Little Girl,” about how she overcame postpartum depression. At the time, she realized she couldn’t be the only person experiencing that struggle — and the same understanding struck her when she began perimenopause, a transitional phase where periods become irregular, then eventually stop, signaling the end of menstruation (AKA menopause).

According to The Menopause Society, “Although aging is the primary driver of weight gain, menopause plays a critical role in redistributing fat, often increasing abdominal fat. This combination contributes to higher rates of overweight and obesity in midlife women and raises the risk of

conditions such as heart disease, diabetes, and certain cancers.”

“No one was talking about [these symptoms],” she told WebMD. “So, again, I thought, ‘I cannot be the only female in the world ever to have experienced menopause symptoms.’ The more I looked at it, the more I realized that people are ashamed. And the messaging out there is that we should be.”

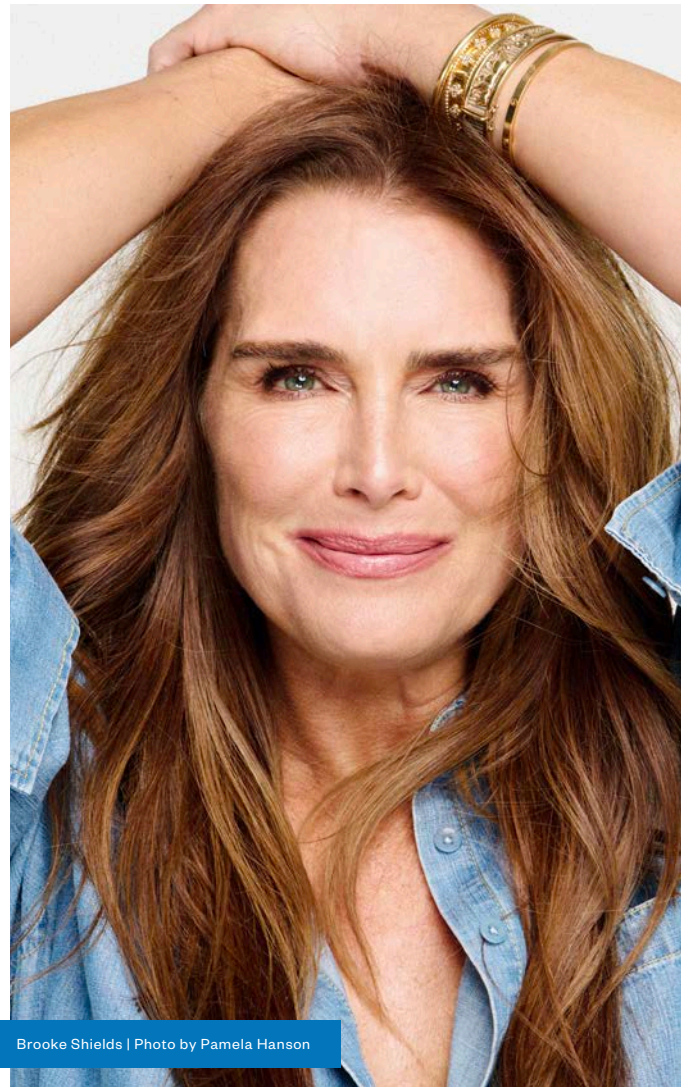
To converse with other women in their 40s, Shields started an online forum called Beginning Is Now, which has garnered millions of followers and eventually evolved into a beauty brand for this demographic. Shields decided to call it Commence.

“In French, ‘commence’ means ‘to begin,’” Shields told WebMD. “To me, it’s a word of incredible promise because it allows more to happen. That’s what we want to ask women in this phase of life. What are you beginning? There’s growth, there’s excitement, there’s change in beginnings.”

## Galvanizing women

One of the worst age-related biases Shields has faced is that “somehow in the eyes of the public, my worth has diminished — when in reality, it has tripled,” she said.

That’s not to say perimenopause is easy. As Shields has shared on social media, per Prevention, being a woman — no



Brooke Shields | Photo by Pamela Hanson

matter the phase — can be tiring. Declining estrogen and several other hormonal imbalances can lead to weight gain and many other tiring symptoms, according to the Endocrine Society.

Shields acknowledged these challenges with Mediaplanet, but offered some reassurance to women at this stage of life: “Puberty sucked, but you got through it,” she said. “This age has challenges, too (different ones), and you will get through it as well. Handle them with as much grace as you can, and look ahead.”

Written by **Melinda Carter**

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This combination contributes to higher rates of overweight and obesity in midlife women and **raises the risk of conditions such as heart disease, diabetes, and certain cancers.**

# A Thorough, Personalized Approach to Weight Loss With Mental Health Support

One in eight Americans has taken a GLP-1 medication, according to a KFF Health Tracking poll. Formally known as glucagon-like peptide-1, GLP-1s are injectable prescription drugs that can be used to control diabetes and manage weight.

**W**hile online providers have been offering prescription weight loss drugs, like GLP-1s, to consumers for years, they haven't provided any support. There was a gap in the market — until recently.

Enter OrderlyMeds, a telehealth platform specializing in personalized weight loss solutions.

When Chris Spears was hospitalized with multiple conditions in 2022, he was in the ICU. His primary care doctor recommended Spears lose weight and was prescribed a leading, brand-name GLP-1 medication to help with weight loss.

When the drug wasn't available at his local pharmacy due to shortages, Spears ended up buying the compounded GLP-1 online through a telemedicine website. While Spears lost 50 pounds, he found the customer service experience very transactional. The company filled his monthly prescription, but offered no additional support.

Spears, a Georgia Tech computer science graduate who ran a customer experience consulting company for 20 years, knew he could provide a better user experience. That's why he started OrderlyMeds, which launched Jan. 1, 2024. The service included not only prescription medications, but personal trainers, nutritionists, mental health support, and a robust online community of support.

"I think the most important piece is that we built out a very



robust online community for customers, where they're sharing stories, they're asking questions, they're doing the tips and tricks to help them along with this journey," said Spears, founder and CEO of the company. "We do a weekly content webinar where we'll have a therapist come in and talk about the mental health side of things."

## Personalized approach

Every OrderlyMeds medication is made with FDA-approved ingredients that are similar to brand name offerings, but are customized to the individual purchaser.

With OrderlyMeds, customers fill out a health survey online. A health provider reviews the responses and can prescribe a personalized compounded prescription for a GLP-1.

Spears says there are different additive combinations that a doctor can order to personalize a weight loss drug for a customer. It's a comprehensive and personalized approach to weight management.

"An audience of one, this medication is specific," said Spears, explaining that these medicines are tailored to help people in their 30s, 40s, and 50s reach their health goals.

Customers receive a certificate of analysis (COA) showing the prescription's contents. "The COA shows its efficacy, its purity, its potency," Spears explained. "I think that level of transparency is helpful."

Serving more than 40,000 customers each month, Spears says people appreciate their overall experience with OrderlyMeds because they don't need to sign up for a monthly subscription, there are no hidden fees, and appointments are virtual.

## Mental health support

While losing weight is one piece of the health puzzle, there's a

mental health component that can go overlooked. OrderlyMeds is changing that by making mental health a priority for its customers. With this aim in mind, the company hired clinical psychologist Katie Rickel earlier this year.

"I'm a big believer that giving and getting support during a weight management journey is key," said Dr. Rickel, who has spent her career focused on mental health and obesity management and now hosts mental health webinars for OrderlyMeds.

She highlights four types of support that patients on a GLP-1 weight-loss journey need: emotional support from their peers and providers, informational support from experts, companionship so they don't feel alone, and tangible support like resources to keep them on track.

Dr. Rickel created a "30/60/90 Day Mindset Workbook," which can help patients during the critical stages of weight loss, including times when their weight may plateau. One common concern is that as patients hit their goal weight, they may have a "now what?" mentality.

"A lot of people find that they have the same problems at 300 pounds as they have at 150 pounds if they're not really paying attention to changing some of the contextual factors of their life," Dr. Rickel said. "I like to get in touch with people, to understand why they want to lose this weight in the first place, and really get them to envision, 'How is my life going to be different?'"

She encourages people on weight-loss journeys to develop coping strategies and emotional outlets that can work for them long-term. Specifically, she focuses on four areas, including how weight loss can affect social relationships, a patient's motivation to lose weight and why they want to do it, helping

patients develop good habits, and breaking patterns that don't work for them anymore, as well as assessing their emotional eating and other relationships with food.

Patients need to see their whole self, beyond the number on the scale. "There are lots of different things that can influence the scale on any one day," Dr. Rickel said, "but if they can see themselves getting closer to a goal that is meaningful for them, then in some ways, it doesn't matter what the scale says, because they're getting closer to the life that they want to live."

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I'm a big believer that giving and **getting support during a weight management journey** is key.

#### A health transformation

Interest in weight loss drugs continues to be strong, and Spears says it's the start of a health transformation.

"I think people have started to feel better. They're like, 'what else is out there that I could be doing to feel better?'" Spears noted.

For its part, OrderlyMeds looks to continue shifting the paradigm in weight loss through its whole-person approach to health management. Helping its customers access better fitness routines, nutrition, and mental health support underscores that wellness is about far more than the number on a scale.

Written by **Kristen Castillo**



INTERVIEW WITH  
**Chris Spears**  
Founder and CEO,  
OrderlyMeds



INTERVIEW WITH  
**Dr. Katie Rickel**  
Clinical Psychologist,  
Mental Health Expert,  
OrderlyMeds



Find out how OrderlyMeds can help you on your weight loss journey at [orderlymeds.com/usatoday](https://orderlymeds.com/usatoday)

 **OrderlyMeds™**



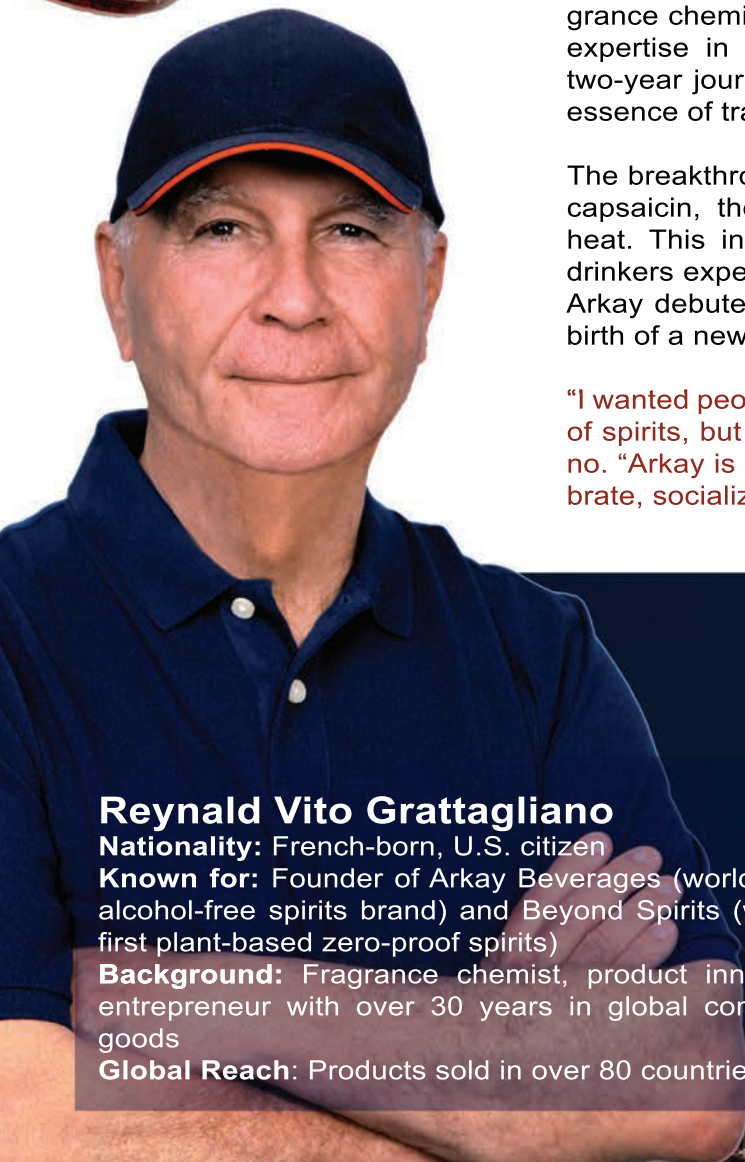
# BURN WITHOUT THE BUZZ: HOW ARKAY AND BEYOND SPIRITS ARE REDEFINING THE WAY THE WORLD DRINKS

When **Reynald Vito Grattagliano** launched Arkay Beverages in 2011, alcohol-free spirits simply did not exist. At the time, non-alcoholic options in bars and restaurants were limited to sugary sodas, juices, or basic mocktails. There was nothing that delivered the taste, aroma, and mouthfeel of real spirits — nothing that could make someone feel part of the celebration without the alcohol.

Grattagliano, a French-born U.S. entrepreneur and trained fragrance chemist, saw the gap and decided to fill it. Drawing on his expertise in creating sensory experiences, he embarked on a two-year journey of research and experimentation to capture the essence of traditional spirits — without a drop of alcohol.

The breakthrough came in the form of a proprietary formula using capsaicin, the natural compound that gives chili peppers their heat. This innovation recreated the familiar “burn” that alcohol drinkers expect, while remaining completely alcohol-free. In 2011, Arkay debuted its first zero-proof whisky alternative, marking the birth of a new category in the beverage world.

“I wanted people to enjoy the same ritual, flavor, and sophistication of spirits, but without the side effects of alcohol,” says Grattagliano. “Arkay is about giving people freedom — the freedom to celebrate, socialize, and wake up clear-headed the next day.”



## Reynald Vito Grattagliano

**Nationality:** French-born, U.S. citizen

**Known for:** Founder of Arkay Beverages (world's first alcohol-free spirits brand) and Beyond Spirits (world's first plant-based zero-proof spirits)

**Background:** Fragrance chemist, product innovator, entrepreneur with over 30 years in global consumer goods

**Global Reach:** Products sold in over 80 countries



## PIONEERING A MOVEMENT

Arkay's launch was more than a product release; it was the beginning of a cultural shift. At a time when "mindful drinking" and "sober curious" movements were still years away from mainstream attention, Arkay planted the flag for sophisticated alcohol-free alternatives.

The brand's early adoption of clean-label values — 100% natural ingredients, sugar-free, carb-free, vegan — positioned it ahead of health-conscious trends that now dominate the food and beverage industry. Arkay didn't just join the alcohol-free movement; it helped start it.

## VARIETY FOR EVERY PALATE

Between the two brands, consumers can choose from over 50 zero-proof spirits and ready-to-drink mocktails, from smoky whisky and spiced rum to crisp gin and tropical coconut liqueur. Each product is crafted to be enjoyed neat, on the rocks, or mixed into cocktails — giving bartenders and home mixologists endless possibilities.

The brands' bold, colorful bottles have become symbols of quality and innovation, earning a loyal global following from New York and Los Angeles to Dubai, Tokyo, and London.

## CHANGING THE CULTURE, ONE GLASS AT A TIME

Arkay and Beyond Spirits' impact goes beyond taste. By offering legitimate alternatives to alcohol, they are helping reshape social habits, making it easier for people to say "no" to alcohol without feeling left out. Designated drivers, athletes, pregnant women, and those choosing sobriety for personal or health reasons now have a seat at the table — and a drink in their hand that looks, smells, and feels like the real thing.



## BEYOND SPIRITS: A NEW CHAPTER

Not content with creating the world's first alcohol-free spirits brand, Grattagliano went on to develop Beyond Spirits — the first plant-based zero-proof spirits collection. This groundbreaking line uses 100% plant-derived ingredients to recreate the complexity of premium liquors, offering a sustainable and eco-conscious option for the next generation of mindful drinkers.

Together, Arkay and Beyond Spirits form a powerful one-two punch in the zero-proof market, setting standards in quality, innovation, and authenticity that others strive to match.



**100% natural, vegan, sugar-free, carb-free.**

Discover Arkay and Beyond Spirits at [arkaybeverages.com](https://arkaybeverages.com) [beyondspirits.com](https://beyondspirits.com)  
The taste you love. The buzz you don't.

# Know the Risk Factors and Symptoms of Diabetes: Early Diagnosis Helps Improve Outcomes

With nearly 1 in 2 Americans living with diabetes or prediabetes, you probably know someone who is affected. However, many people don't understand the types of diabetes, risk factors, symptoms, and treatments. Here, we break it down for you and let you know how to assess your risk of developing diabetes.

**W**hen someone has diabetes, their blood glucose levels get too high. There are three main types of diabetes:

- **Type 1 diabetes:** This type of diabetes is an autoimmune disease where the immune system mistakenly destroys the beta cells in the pancreas that make insulin, and eventually, the body is no longer able to make its own insulin. The treatment for type 1 diabetes is regularly taking insulin and monitoring blood glucose levels closely.
- **Type 2 diabetes:** In type 2 diabetes, the body does not make enough insulin or does not use the insulin it makes properly. Type 2 diabetes is typically treated with an eating plan, physical activity, monitoring blood glucose levels, and medication.
- **Gestational diabetes (GDM):** This type of diabetes develops during pregnancy. After giving birth, blood

glucose levels may return to normal. If they do not, the individual is considered to have type 2 diabetes. Even if blood glucose levels return to normal, someone who has had GDM has a higher risk of developing type 2 diabetes later in life. Treatment for GDM includes special eating plans, physical activity, daily blood glucose testing, and sometimes insulin injections.

Some people may be diagnosed with prediabetes. With prediabetes, blood glucose levels are higher than normal but not yet high enough to be diagnosed as diabetes. Early treatment includes lifestyle changes, which may prevent or delay the onset of type 2 diabetes.

### Symptoms

People with diabetes won't necessarily have all symptoms, and some people have such mild symptoms that they go unnoticed. Thus, it's important to know what to watch for because



Shutterstock (courtesy of American Diabetes Association)

the early detection and treatment of diabetes can reduce the risk of developing complications. The common symptoms of diabetes include:

- Urinating often
- Feeling very thirsty
- Feeling very hungry, even though you are eating
- Extreme fatigue
- Blurry vision
- Cuts or bruises that are slow to heal
- Weight loss, even though you are eating more (type 1)
- Tingling, pain, or numbness in the hands/feet (type 2)

### Risk factors

The main risk factor for developing type 1 diabetes is a family history of autoimmune diseases, including type 1 diabetes (read our article on Page 13 for more on this). While anyone can develop

type 2 diabetes, there are a few risk factors that could make it more likely, including:

- A family history of type 2 diabetes
- Living with prediabetes
- Living with overweight or obesity
- Limited physical activity
- A history of GDM
- Being over the age of 40
- High blood pressure

While facing diabetes can feel daunting, early detection can help you take steps to treat it, reduce your risk of complications, and improve health outcomes. Only a healthcare professional can diagnose diabetes, so contact your doctor if you are at high risk and/or are experiencing symptoms.

Written by **The American Diabetes Association**

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# A Better Way to Manage Multiple Chronic Conditions

Siloed care and duplicated costs mean we're failing people with multiple chronic conditions. Clinically guided lifestyle-first care is the answer.

**M**ore than half of adults in the United States have multiple chronic conditions (MCC), including cardiometabolic conditions like diabetes, chronic kidney disease (CKD), and cardiovascular disease. Collectively, these conditions account for an estimated \$100 billion annually in avoidable healthcare spending.

A major contributing factor to those costs is that MCCs are treated separately, but often overlap. "The healthcare ecosystem has grown up in silos that rarely, if ever, talk to each other," noted Mark Clermont, CEO of Cecelia Health, a nationally licensed virtual specialty medical practice supporting people with chronic conditions.

## Not one size

This siloed approach is inherently inefficient. Treatments are duplicated, patient adherence to medication and therapies lapses, and day-to-day life creates barriers to care.

"The whole environment is one-size-fits-all, and in no way are people one-size-fits-all," Clermont noted. "For example, in diabetes, obesity, and CKD, the most common overlap is nutrition — they share a need for a registered dietitian to work in a very personalized way. But if you do that only in one condition, then you're not actually treating the whole person. When you have

these kinds of inefficiencies in care, that will inevitably lead to higher costs."

Another way of looking at the problem can be seen in the recent proliferation of GLP-1 medications. "A patient who has a GLP-1 prescription strictly for weight loss, maybe they have pre-diabetes," Clermont explained. "Maybe they are one of 33 million U.S. adults who have undiagnosed CKD. If that prescription is written only for weight management, then you're missing two-thirds of that patient's challenges."

## Lifestyle-first, clinically guided

Clermont believes Cecelia Health's "lifestyle-first, clinically guided" virtual care, leveraging its national network of licensed clinicians and specialty providers, is the solution.

"We have the entirety of a patient's care navigation — informed not just by what they're doing at home, but also by coordination within a medical practice itself," he explained. "We provide clinical support and education, device support, biometric monitoring, labs and medication management, intensive nutrition counseling, lifestyle and behavior interventions. The goal is to build a collaborative care plan, working with external providers, so that we're all in this together."

Working with Cecelia Health enables some level of either

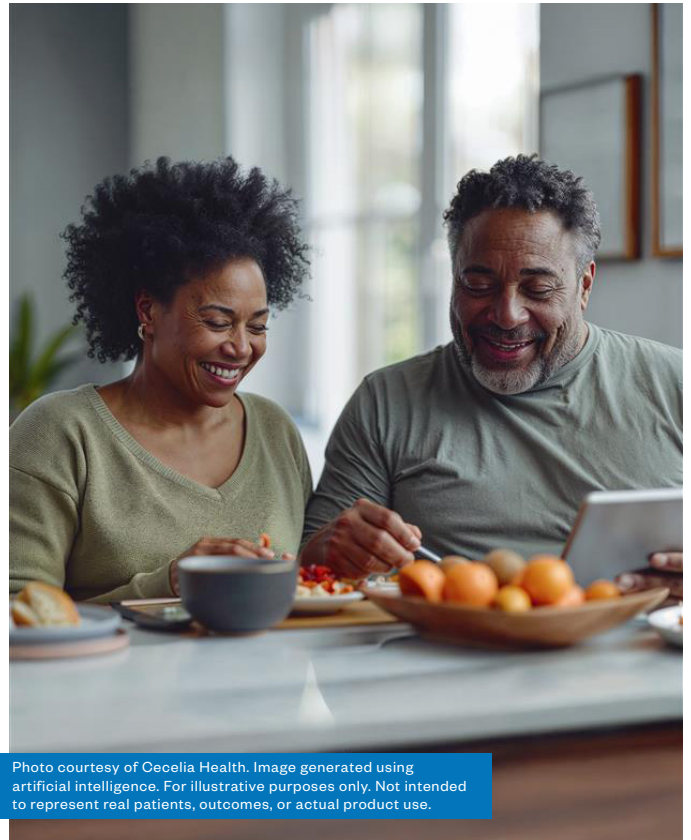


Photo courtesy of Cecelia Health. Image generated using artificial intelligence. For illustrative purposes only. Not intended to represent real patients, outcomes, or actual product use.

video, telephonic, or digital access to a clinician. "That kind of connectedness is something most patients have never seen before, helping them stay accountable and engaged," Clermont noted. "If you fast forward almost a year later from the first touch point with a patient, 83% of them are still with us, showing up at least every 30 days."

Clermont is proud of what Cecelia Health is doing. "When you have coordinated virtual care with this lifestyle-driven clinical oversight, you empower patients and see reduced overall costs through lower utilization and improved clinical outcomes. We're seeing that every day, with up to 16% annual medical cost savings and 26% Rx cost savings."



INTERVIEW WITH  
**Mark Clermont**  
CEO, Cecelia  
Health



To learn more about Cecelia Health and virtual integrated care, visit [ceceliahealth.com](https://ceceliahealth.com)



Written by **Jeff Somers**

# Nick Jonas's 20-Year Journey With Diabetes and the Device That Changed His Life

The singer behind pop hits like “Jealous” and “Chains” relies on Dexcom G7 to get real-time updates about his glucose levels.

**N**ick Jonas is busy. He’s currently promoting the Jonas Brothers’ new album “Greetings from Your Hometown,” and he’s on the road with his two brothers for their “JONAS20: Greetings From Your Hometown” tour. He also has to pay close attention to his glucose levels.

Jonas was diagnosed with type 1 diabetes (T1D) at 13, and over the past couple decades, he has become an outspoken advocate for those with the condition.

“I never set out to be the face of T1D,” Jonas said. “I just wanted to be authentic, share my story, and hope that it would connect with people.”

In honor of his new album, which celebrates Jonas’s past, he recently took a look back at his diabetes journey.

## A diabetes diagnosis reshaped his life

At 13, Jonas was losing weight, irritable, and frequently tired. He

was eventually diagnosed with T1D in 2005.

“My diabetes diagnosis had a major impact on my life and my family’s life,” he said. “It was this shift to the next chapter.”

Jonas said he struggled in the first few years, often feeling frustrated, but he relied on his friends, family, and doctors to guide him through.

“My focus from the beginning was, ‘how do I get back to some version of normalcy?’” Jonas said. “My support system was the key to being able to do that.”

## Turning a diagnosis into advocacy

Jonas knew he wanted to raise awareness about diabetes early on, and he said he’s proud that he did.

“There’s a version of the 13-year-old me sitting in a hospital bed, newly diagnosed, wondering how they were going to live with this and if it was going to disrupt their life,” Jonas said. “I wanted to try to



Nick Jonas | Photo courtesy of Dexcom

be a role model, or an example of the fact that you can live a big, full life while living with this disease.”

In 2015, he started Beyond Type 1, a nonprofit organization that educates people about the disease.

Jonas said the organization’s ultimate goal is to advocate for a cure, but for now, he’s focusing on getting diabetes patients around the world the help they need. He said he wants to focus on underserved communities that have limited access to the life-saving technology he has.

“I’m very proud of what we’ve built so far, but there’s so much more to come,” Jonas said.

## An easier way to manage T1D

For years, Jonas has relied on Dexcom continuous glucose monitoring technology to track his glucose levels. While on tour, Jonas said he relies heavily on his Dexcom G7 readings.

Dexcom G7 is a small wearable that tracks a user’s glucose levels

throughout the day and night, providing real-time readings sent straight to their phones or smartwatches. Jonas also uses Dexcom Follow, which lets him share his levels remotely with his family and team, giving them added peace of mind.

“I truly love this device, and it’s had a major impact on my life,” he said.

The glucose readings provide actionable insights, allowing users to make informed decisions about their diabetes management, diet, exercise, and lifestyle choices.

“[When I’m] performing — either on the Broadway stage or on tour — I can pull up my phone and see where I’m at,” Jonas said. “That’s a game changer. Having unknowns taken out of the equation shifts everything and makes living with this disease a lot easier.”

Written by **Frank James**

# Mytonomy: Bringing Consumer-Oriented Streaming to **Help Educate Americans Living With Diabetes**

Growing up with a father living with type 2 diabetes, I saw firsthand how relentless this condition can be. My parents immigrated to America in 1970, and my father earned his Ph.D. in Statistics from Purdue. His love of numbers served him well as he embarked on the daily grind of testing blood sugar, counting carbs, and tracking exercise.

**M**anaging diabetes was a 24-hour job. There were no breaks or vacations — just constant vigilance over food, activity, and health data. Watching him balance it all while working full time and raising our family left a lasting impression on me. For more than 30 million Americans living with diabetes, managing a chronic condition is an exhausting, everyday reality.

Years later, after leaving Google in 2011, I wanted to apply what I'd learned about consumer engagement to help people live healthier lives. That's when we built Mytonomy, based in Bethesda, Md. My co-founder Anjali Kataria and I built it on a simple idea: Trusted, on-demand video education can capture people's attention and empower them to take better care of their health.

Our platform, Mytonomy Cloud for Healthcare, blends consumer-style streaming with high-quality health content and digital engagement tools. By measuring real-time viewership, we create a learning loop between patients and clinicians — and the results have been remarkable.

## Why streaming works in healthcare

Ninety-three million American households already stream shows and movies at home. Imagine using that same technology to deliver short, engaging videos that explain how to count carbs, prepare diabetes-friendly meals, or understand new treatments.

Unlike brochures or one-time doctor visits, streaming content can be watched anytime, anywhere — and replayed whenever it's needed.

Managing diabetes isn't just about taking medication. It's about choices people make every day — what to eat for breakfast, how to handle stress, how to interpret CGM data. Streaming brings learning directly into the home, modeling real-life situations and offering practical steps for healthier living.

## A hub for diabetes innovation

Right here in the nation's capital, leading health systems are embracing this approach. Inova Health in Fairfax, Va., adopted Mytonomy enterprise-wide to support people with diabetes and many other conditions. Today, an Inova patient can easily access diabetes education through their Epic MyChart portal — on their phone, laptop, or tablet — whether at home or traveling. This is a major improvement over traditional paper handouts.

MedStar Health, another D.C.-based system, along with Sanofi, were early partners in shaping our multicultural library of microlearning: short, 1- to 3-minute videos in plain, respectful language that imparts hope and inspiration. By reflecting patients' diverse experiences and stories, this approach builds trust and inspires action.

## Adding AI to personalize care

Now, artificial intelligence is



taking diabetes care to the next level. What was once a static pamphlet is becoming a digital education journey tailored to each person's lifestyle, culture, and health needs. With tools like ambient listening during doctor visits and inputs from health history, real-time personalized care instructions are becoming possible.

Mytonomy is working at this intersection — consumer-oriented, multilingual health education powered by responsible AI — to deliver guidance that is personal and actionable.

## Building the future of diabetes care

Managing diabetes will never be simple. But by combining streaming, AI, and the leadership of health systems, employers, pharma, and health plans, we are reimagining how education and support can help everyone. Together, we can create a model for diabetes care that is accessible, culturally relevant,

and deeply personal — helping clinicians and patients alike share the burden and live healthier, longer lives.



WRITTEN BY  
**Vinay Bhargava**  
Co-Founder  
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Mytonomy Inc.,  
Former Strategic  
Partnership  
Executive,  
Google



For more info and to bring Mytonomy for Diabetes Care (or any health condition) to your living room, ask your local provider to prescribe it for you — it's free for patients. Or reach out: [info@mytonomy.com](mailto:info@mytonomy.com)

Scan the QR code below to access a custom playlist on diabetes management from Mytonomy:



# Creative Empathy: How Mattel and Breakthrough T1D Joined Forces for Type 1 Diabetes Awareness

She wears a chic blue skirt and crop top with polka dots and powder blue chunky heels. She looks stylish undoubtedly, but most important is her vibrant pink accessory: an insulin pump. Yes, you read that right — one of the latest Barbie releases is Mattel's first doll with type 1 diabetes (aka T1D).

**M**attel came to us," said Emily Mazreku, director of marketing strategy at Breakthrough T1D, a global leader in the T1D advocacy and research space. "They wanted to bring a doll with type 1 diabetes to their Fashionistas line. So, of course, we jumped on that opportunity right away."

The process took about two years, and involved consulting with Breakthrough T1D volunteers, children and adults with T1D, and caregivers of those with T1D.

## New perceptions

This collaboration with Mattel is another way Breakthrough T1D is ensuring that the millions of people living with type 1 diabetes — which is an autoimmune disease that causes the body to attack insulin-producing cells in the pancreas and necessitates lifelong insulin therapy — are seen, heard, and empowered.

According to Breakthrough T1D, there are 1.5 million people with T1D in the United States — and 14% of those Americans are under 20. Giving those people — especially the youngest ones — a way to relate to a toy as popular as the Barbie doll boosts awareness and gives kids with T1D a figure with which they can easily identify.

"She's on the shelves showing everyone how she's living with T1D, from her medical equipment to her dress patterns," noted Mazreku, who was diagnosed with T1D eight years ago. "The blue-circle print is a nod to the global symbol that represents diabetes awareness. And she wears a continuous glucose monitor on her arm that helps her manage her T1D each day."

"Those monitors are small, wearable devices that continuously measure a person's blood-sugar levels. To keep that in place on her arm, she has heart-shaped medical tape that is Barbie-pink, of course. Her phone also displays her blood-sugar readings throughout the day."

## A personal connection

Mazreku's enthusiasm for this project is so palpable because she's not only very pleased



Emily Mazreku | Photo by Jemal Countess (Getty Images for Breakthrough T1D)

with the outcome, but she has a daughter who adores Barbies as well. And while her daughter doesn't have T1D, she's able to better comprehend what her mother may be going through thanks to this new Barbie doll.

"Being able to present that doll to my daughter was an unforgettable experience," Mazreku said. "She looked right at it, and she said it looks like mommy. And that was the most unbelievable moment since not only did that mean that the lived experience of T1D came through, it gave her confidence to see Barbie wearing the same T1D devices her mom wears."

A day in the life of someone living with T1D can be arduous. Anything that bolsters strength and resilience, like seeing a Barbie doll with T1D, can be helpful.

"T1D causes the pancreas to make little insulin or none at all," Mazreku explained. "And it leads to dependence on insulin therapy. There are a lot of short- and long-term complications

that can come from that, because while insulin therapy keeps people with T1D alive every day, it's not a cure."

Still, there is hope for cures, and Mazreku refers to how Breakthrough T1D is tirelessly working toward them with Project ACT: "That's our initiative to speed up the development of cell therapies and allow us to walk away from T1D for good," she said. "That's the future — and we're thrilled to be driving it through research, medical affairs, and patient advocacy."

Written by **Omar Sommereyns**



To learn more, visit  
**[BreakthroughT1D.org/barbie/](https://BreakthroughT1D.org/barbie/)**





## Do You Have Autoimmune Disease in Your Family? **Ask Your Doctor About Type 1 Diabetes Screening**

Early screening for type 1 diabetes can help at-risk individuals detect the disease sooner, delay progression, and prevent life-threatening complications.

**T**ype 1 diabetes is an autoimmune disease where the body attacks the beta cells in the pancreas that produce insulin, ultimately causing the body to stop producing insulin. There is a common misconception that only children develop type 1 diabetes, but it can develop at any age. There is a strong hereditary component to developing type 1 diabetes.

If you and/or your child(ren) have a family history of autoimmune disease, you should talk to your doctor about being screened for type 1 diabetes and to understand your risk of developing it. There are two important reasons for this:

1. It's more likely that type 1 diabetes

will be detected early, before significant complications develop that can result in hospitalization or even be life-threatening.

2. There are new treatments available that can delay the onset and/or progression of type 1 diabetes.

If you are at high risk for developing type 1 diabetes, it also allows you to become familiar with the symptoms so that you know what to watch for.

### **The type 1 diabetes screening process**

Screening is done through a blood test to measure for antibodies associated with type 1 diabetes. If your antibody

test is negative, your doctor may want to test you again in the future. If your antibody test is positive, it does not necessarily mean that you currently have type 1 diabetes or will develop it in the future, but it does indicate a higher risk of developing it. With a positive test, your doctor may order additional testing to determine the next steps.

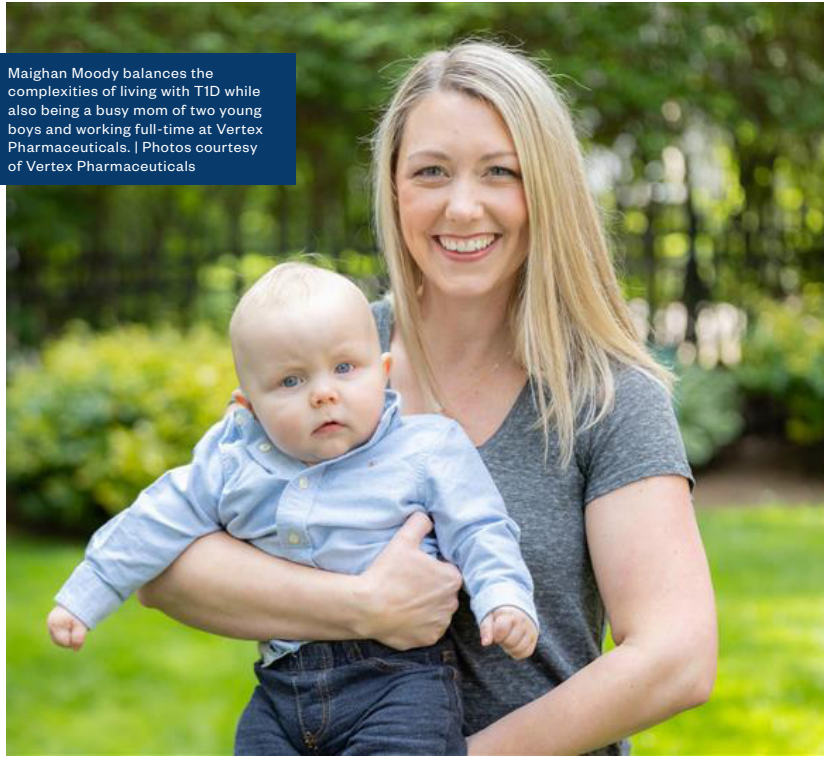
Being diagnosed with type 1 diabetes can be overwhelming and scary, but with early screening and monitoring if you're at risk, you may be able to slow its progression and avoid serious, life-threatening complications.

Written by **The American Diabetes Association**

# Shifting the T1D Conversation: From Daily Struggle to New Possibilities

Living with type 1 diabetes (T1D) is a 24/7 balancing act. Every meal, activity, and decision is shaped by the need to manage blood sugar and avoid dangerous highs and lows. “Staying in range” is only part of the story. Behind it lies a constant mental and physical burden that touches every part of life. Today’s treatments help manage the disease. Could something better be around the corner?

Maighan Moody balances the complexities of living with T1D while also being a busy mom of two young boys and working full-time at Vertex Pharmaceuticals. | Photos courtesy of Vertex Pharmaceuticals



**T**ype 1 Diabetes (T1D) disrupts the flow of daily life. You don’t drive your kids to school because you fear losing control of your car. You plan school and work and socializing around insulin injections and blood sugar monitoring. You post notes around your house so your family knows what to do if they find you passed out. T1D is not just a condition — it’s a constant companion that never takes a day off.

Today, an estimated 9.5 million people around the world — including nearly 2 million children and adolescents — live with T1D, and diagnosis rates are rising, fast. The Type 1 Diabetes Index estimates that by 2040, more than 14.7 million people will have T1D.<sup>i</sup> This means millions more people waking each day to a routine that demands vigilant planning and an ever-present awareness of risk.

For all those living with T1D and their loved ones, the

common care mantra is “staying in range”: injecting insulin to keep your blood glucose within a narrow window to avoid hypoglycemia (too little blood glucose) or hyperglycemia (too much blood glucose). This manual management aims to mimic the normal pancreatic function of someone without T1D. But this daily balancing act barely scratches the surface of the full burden of T1D. Staying in range requires near-constant decision-making — calculating carbohydrates, adjusting insulin for activity, reacting to fluctuations — and even with the latest tools, perfect balance remains elusive.

## What disease management misses

Dr. Marlon Levy, senior vice president of Virginia Commonwealth University (VCU) Health sciences, CEO of VCU Health System, and a career transplant surgeon, has witnessed the burden of T1D up

close in his patients’ lives over decades of practice. “A diabetic patient can live a very full, active life, but there is no doubt diabetes is a cruel disease,” he shared. “It is extremely difficult, even with the most careful management, to stay in range all the time.”

Even with hypervigilance and dedicated daily management using existing glucose self-monitoring tools, such as continuous glucose monitoring and automated insulin delivery systems, life-altering dangers loom daily for those living with T1D. One of the more frightening complications for T1D are severe hypoglycemic events (SHEs). SHEs can occur for anyone living with T1D and may be sudden. Those who have lived with T1D for a long time or who cannot sense that their blood sugar is falling dangerously low (impaired awareness of hypoglycemia, or IAH) may be at an increased risk for SHEs. Untreated, such episodes can lead

to unconsciousness, seizures, and, in some cases, death.

Despite advancements in care, those with T1D remain at higher risk for kidney disease, vision loss, cardiovascular disease, nerve problems, and other serious complications.<sup>ii,iii,iv</sup> Given the high risk of such long-term complications and co-occurring health challenges, global studies indicate that premature death for those living with T1D is still significantly higher than for those without it, despite significant advancements in care.<sup>v</sup> The Type 1 Diabetes Index estimates that more than 173,000 people worldwide lost their lives to diagnosed and undiagnosed T1D in 2025 alone.<sup>i</sup>

The burden is not just physical. Unsurprisingly, researchers have found a connection between the daily demands of T1D and mental health challenges. T1D can interrupt schooling, interfere with career ambitions, and strain relationships.<sup>vi</sup>

## Envisioning an evolution in T1D treatment

What if care could evolve beyond just management and move toward redefining what is possible? “The Holy Grail for a chronic condition,” explained Dr. Levy, “is being able to live one’s life as if the disease didn’t exist or was part of the past, not part of the present.”

In 30 years of practice, Dr. Levy has performed pancreas transplants for people living with T1D and has seen the difference such treatments can provide. He shared, “Patients describe it as miraculous. To have a life restored, to have promise restored, to have hope restored, there’s no other way to describe it.” But pancreas transplants are not widely accessible and carry the risks that may be associated with other forms of organ transplant, leaving such life-changing outcomes in limited supply.

The team at Vertex Pharmaceuticals is working toward advancements in T1D treatment with the hopes of having a transformative impact. And that starts by thinking bigger and focusing on the underlying biology of the disease.

There is inspiration to be found in recent decades of medical research, marked by transformational breakthroughs in the way we treat other chronic conditions. Consider hepatitis C, a virus that

attacks the liver. Around 50 million people globally have chronic hepatitis C virus infection, which carries the risk of chronic liver disease that can lead to death. Today, direct-acting antiviral medicines can cure more than 95% of people with hepatitis C.<sup>viii</sup>

“In hepatitis C, we’ve seen a transformation,” Dr. Levy noted, “the ability to eradicate the virus and restore life to what it was before illness struck.”

Similarly, advances in HIV treatment have turned a once-fatal illness into a manageable condition, allowing people to live long, healthy lives.

## Looking forward

Building upon learnings from patients who received pancreatic transplants, the focus of future T1D treatments is aimed at harnessing and applying developments in cell therapy research. This work is being done in the hopes of progressing innovative changes in the treatment of T1D, like moving beyond just managing the disease.

Researchers are exploring ways to replace the insulin-producing beta cells destroyed in T1D, protect them from immune attack, and avoid the need for life-long immunosuppressive drugs. If successful, such approaches could make the automatic glucose regulation of a healthy pancreas



A continuous glucose monitor (CGM), which tracks a person's blood sugar levels and provides real-time data to help manage T1D throughout the day and night.

possible again, easing both the physical and emotional burden of the disease.

Dr. Levy does not hesitate to share his optimism for a paradigm shift in T1D treatment. “It’s a real blessing to be living in this moment and to work in this area where the pace of understanding how to improve the lives of T1D patients is multiplying rapidly.”

Written by **Emily Rose**

*This article was sponsored by Vertex Pharmaceuticals.*

*Dr. Marlon Levy has not received compensation for this interview. Virginia Commonwealth University is a Vertex Pharmaceutical clinical trial site.*



INTERVIEW WITH  
**Dr. Marlon Levy**  
Senior Vice  
President, VCU  
Health Sciences;  
CEO, VCU Health  
System

## REFERENCES

- i. Breakthrough T1D, Life for a Child, International Diabetes Federation, ISPAD, & Beyond Type 1. (2022). Type 1 Diabetes Index [Data simulation tool]. Retrieved July 31, 2025, from <https://www.t1dindex.org/>
- ii. Jansson Sigfrids, F., & Groop, P. H. (2023). Progression and regression of kidney disease in type 1 diabetes. *Frontiers in nephrology*, 3, 1282818. <https://doi.org/10.3389/fneph.2023.1282818>
- iii. Sheehy, D. F., Quinell, S. P., Vegas, A. J. (2019). Targeting Type 1 Diabetes: Selective Approaches for New Therapies. *Biochemistry*, 58, 4, 214–233. <https://doi.org/10.1021/acs.biochem.8b01118>
- iv. American Diabetes Association. Diagnosis and classification of diabetes mellitus. *Diabetes Care*. 2014 Jan;37 Suppl 1:S81-90. doi: 10.2337/dcl4-S081. PMID: 24357215.
- v. Secrest, A. M., Washington, R. E., & Orchard, T. J. (2018). Mortality in Type 1 Diabetes. In C. C. Cowie (Eds.) et. al., *Diabetes in America*. (3rd ed.). National Institute of Diabetes and Digestive and Kidney Diseases (US).
- vi. van Duinkerken, E., Snoek, F. J., & de Wit, M. (2020). The cognitive and psychological effects of living with type 1 diabetes: a narrative review. *Diabetic medicine : a journal of the British Diabetic Association*, 37(4), 555–563. <https://doi.org/10.1111/dme.14216>
- vii. World Health Organization. Hepatitis C Fact Sheet. Updated July 2023. <https://www.who.int/news-room/fact-sheets/detail/hepatitis-c>
- viii. U.S. Department of Health & Human Services. HIV Treatment Overview. <https://www.hiv.gov/hiv-basics/staying-in-hiv-care/hiv-treatment/hiv-treatment-overview>



Akila Shanmugaraj (left) and Reece Parkinson are both living with T1D and are colleagues at Vertex Pharmaceuticals who have learned from each other about the mental burden of T1D, the fears of long-term complications and the challenges of day-to-day management.



Visit [vrtx.com/what-its-like-t1d](https://www.vrtx.com/what-its-like-t1d) to learn more about Vertex’s work to innovate in T1D and about the experiences of those living with T1D.



# Must-Know Lifestyle and Treatment Strategies for Diabetes and Kidney Disease

Type 2 diabetes is a leading cause of kidney disease, according to the National Kidney Foundation. Chances are, if you've been diagnosed with one of these conditions, you're familiar with the other from conversations in your doctor's office.



If you're not familiar, in diabetes, the body can't process glucose (blood sugar) effectively, either because it uses the hormone insulin inappropriately or does not make enough insulin. The majority of people with diabetes have type 2 diabetes, which happens when cells are resistant to insulin (called insulin resistance), leading to hypoglycemia (high blood sugar). Complications of high blood sugar include problems with the nerves, eyes, heart, and, as the National Kidney Foundation points out, the kidneys.

Diabetes can damage nephrons, or filtering units, in the kidneys if blood sugar is poorly managed. Protein then spills into the urine and the kidneys can't filter blood efficiently. As a result, kidney disease can develop.

## Staying informed

Because diabetes is the leading cause of kidney disease — one-third of people with diabetes develop it — getting screened is imperative.

While your healthcare team should be your first stop for screenings and personalized health advice, you can turn to digital health information platforms — such as the National Kidney Foundation's website — for tips.

## Guarding your health

Diet-wise, adopting a balanced menu rich in whole foods including fruits and vegetables, and limiting more processed, packaged foods high in refined carbohydrates, can help promote healthy blood sugar levels.

Because heart disease is linked with both diabetes and kidney disease, be sure to manage high blood pressure by taking medication if necessary and regulating salt intake.

Also, don't discount the importance of exercise for healthy blood sugar levels and kidneys.

## Seeking treatment

Although everyone's situation will be different, ask your doctor about treatment options for diabetes and kidney health, including metformin, SGLT2 inhibitors, and GLP-1 receptor agonists. ACE inhibitors or ARBs can be used to treat some cases of high blood pressure or protein in the urine. They can delay the loss of kidney function in individuals living with kidney disease and diabetes. Research exploring a combined treatment approach between ACE inhibitors and SGLT2 inhibitors for the same purpose is underway.

Finally, beware of treatments marketed as herbal remedies, which have the potential

to harm the kidneys, and limit your use of NSAIDs like ibuprofen and naproxen, as these medicines can cause kidney damage when used in excess.



Because **diabetes is the leading cause of kidney disease** — one-third of people with diabetes develop it — getting screened is imperative.

Even if you're at risk for diabetes or kidney disease, or are living with these diseases already, know that you have options and a wealth of information at your fingertips through online resources to support you along the way. You can assess your risk of developing kidney disease by taking the Minute For Your Kidneys quiz on the National Kidney Foundation's website.

Written by **Melinda Carter**

# A Better Way to Monitor Kidney Function



People with type 2 diabetes should be concerned with their kidney function, but current testing is woefully insufficient. A new tool is changing everything.

**C**hronic kidney disease (CKD) affects nearly 36 million people. “CKD is a real public health crisis, and one that’s steadily rising,” said Merlin Thomas, M.B.Ch.B., Ph.D., FRACP, a professor of medicine in the Department of Diabetes at Monash University in Melbourne. “CKD causes more deaths in the United States each year than breast cancer or prostate cancer.”

The danger is even greater for people diagnosed with type 2 diabetes (T2D), because diabetes is one of the main causes of CKD. These patients have traditionally faced two challenges when it comes to defending against CKD: Its silent nature, and the inadequacy of the tests used to detect it.

## Test limitations

People with T2D usually have their kidney function tested via the

estimated glomerular filtration Rate (eGFR), a blood test that checks how well the kidneys are filtering for the body, and urine tests (ACR) that check for the presence of a protein called albumin (a sign of a condition called albuminuria).

“These tests are not ideal for detecting early signs of kidney disease,” Dr. Thomas noted. “By the time your eGFR is in the abnormal range, for example, your kidneys are already fragile, and over half of your kidney function is irreversibly lost.”

The challenge becomes even greater because CKD shows no symptoms until it’s extremely advanced. Declining kidney function often goes undetected until 80% to 90% of all kidney capacity is irreversibly gone.

## Early warning

There’s no cure for CKD, and

depending on healthcare coverage, treatment can be extremely costly and require frequent visits to the hospital.

Recently, however, Proteomics International developed a new test for CKD called Promarker®D. Currently available in California, with other states to follow soon, PromarkerD is an advanced blood test you can obtain through your regular physician or purchase directly online.

“PromarkerD can identify people who are at risk of developing impaired kidney function before they develop an irreversibly low eGFR or have elevated albuminuria,” Dr. Thomas said. “This enables you to slow kidney function decline early enough so that you can reduce your lifetime risk of kidney failure.”

PromarkerD works by detecting proteins in the blood released by kidneys that are in distress,



INTERVIEW WITH  
**Merlin Thomas,**  
M.B.Ch.B., Ph.D.,  
FRACP  
Professor of Medicine,  
Department  
of Diabetes,  
Monash University  
(Melbourne)

but before function is decreased. These results are combined with other factors to provide a “risk score” showing the likelihood of developing kidney disease in the next four years.

A positive result means patients can work with their physician to apply lifestyle adjustments and medications that can slow down the progression of kidney disease significantly, delaying the onset of CKD by years.

## Easy to use

Considering the benefits, PromarkerD represents a low-cost and easy to use option for people living with T2D. After answering some basic eligibility questions, the test is ordered online, a requisition form is downloaded, and an appointment is made at a participating collection center where blood is taken. The results are then sent to both the individual and the referring doctor.

For Dr. Thomas, this is an incredible opportunity. “As a nephrologist, I always say what I would love to happen in the future is that a patient never has to see a nephrologist,” he added. “I’d like nephrology completely out of business.”

Written by **Jeff Somers**



**Promarker®D**



Sophia Roesler and Ava Caldwell, members of The Diabetes Link's Columbia University chapter | Photo courtesy of The Diabetes Link

## Young Adults With Diabetes: A Generation at a Crossroads

From aging out of your parents' health plan to navigating life's first big transitions, the future of diabetes care will shape an entire generation's health.

**Y**ou are 22 years old. You finished school last June. You are sharing a room in Queens and just landed your first full-time job in Manhattan. After you finish your coffee each morning, you squeeze onto the 7 train, checking your phone to keep tabs on your continuous glucose monitor. You're learning to manage blood sugars alongside deadlines, rent, and your endless commute. You're also juggling prescriptions, insurance forms, and appointments — things your parents once managed for you (if you were lucky).

You are one of the more than 750,000 young adults (age 18-30) living with diabetes in the United States. It's a stage full of firsts: first apartment, first job, first serious relationship. It is also your first exposure to the fragility of

healthcare access. You have less than four years to figure out your next move before losing coverage under your parents' plan at age 26.

In New York City, you might be close to world-class hospitals, hundreds of pharmacies that carry advanced devices, and your doctor-prescribed insulin. However, cost is still a major roadblock: It's not uncommon to stand at the pharmacy counter, knowing that the medications or supplies you need are within reach but may not be within your budget.

Now, let's head south. You are starting adulthood in Holmes County, in the Mississippi Delta, a rural county two hours from the nearest endocrinologist. Being on Medicaid, you often rely on discounted, sometimes expired insulin to get by. It's been over a year since you last saw an

endocrinologist, and you cannot remember your last eye checkup. Your safety net is razor-thin, and the consequences can be devastating when it frays.

### Closing the care gap

Young adults with diabetes face unique challenges that both pediatric and older adult patients often avoid. Children usually have parents advocating and coordinating care. Many older adults have more stable insurance and established routines from years of experience. However, in your 20s, you're trying to make ends meet, building a career if you can, juggling jobs if you must, while finding your place in the world — all while managing a condition that demands constant attention.

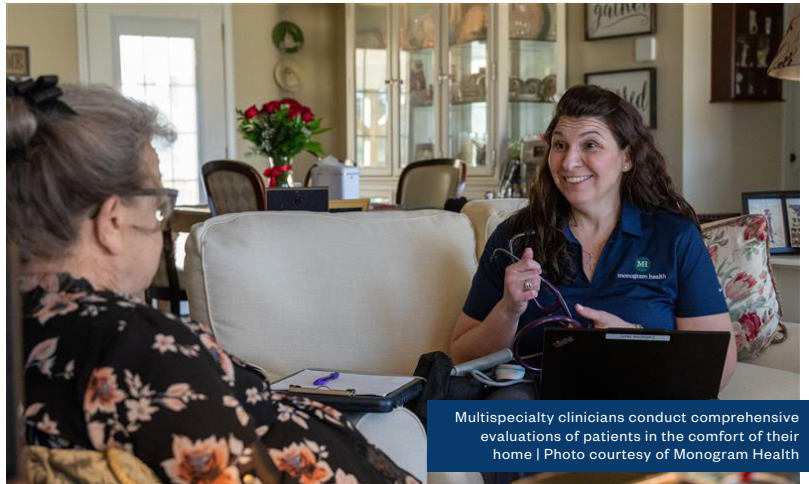
The future of diabetes care for young adults depends on closing

the gaps between pediatric and adult care, coverage, and affordability. The Diabetes Link (formerly College Diabetes Network) is the only national nonprofit focused exclusively on young adults with diabetes. We connect them to the resources, peer networks, and expert guidance they need to thrive during the often-overlooked transition from pediatric to adult care. We help ensure that no young adult has to navigate diabetes alone, whether during college, at their first job, or in a small town far from specialist care. When all young adults have the tools, resources, and community they need, they won't just manage diabetes — they'll thrive.

Written by **Manuel Hernandez, CEO, The Diabetes Link**

# Combating Specialist Fatigue With a Holistic Approach to Care

As Americans age, they're increasingly dealing with multiple chronic conditions like diabetes. The best treatment plan sees the big picture.



Multispecialty clinicians conduct comprehensive evaluations of patients in the comfort of their home | Photo courtesy of Monogram Health



INTERVIEW WITH  
**Mike Uchirin**  
CEO and  
co-founder,  
Monogram  
Health



INTERVIEW WITH  
**Shaminder Gupta, M.D.**  
CMO,  
Monogram  
Health

**A**lmost 40 million Americans have diabetes — and as a result are at risk of developing a long list of other chronic conditions. That's straining the traditional healthcare system in this country.

"As adults are living longer, they're dealing with more and more chronic conditions," noted Mike Uchirin, CEO and co-founder of Monogram Health, a provider of in-home, multi-specialty treatment and benefit management services. "But that's not really how the U.S. healthcare system was originally set up — it's set up for specialists and sub-specialists focusing on a single organ."

## Specialist fatigue

For patients — especially seniors — dealing with multiple chronic conditions, this can lead to what Uchirin terms "specialist fatigue." "Our average patient has upwards of eight chronic conditions," Uchirin noted. "They're seeing seven specialists. They're taking 12 prescriptions, and those 12 prescriptions were prescribed by about four and a half physicians. Their entire lives are about going to multiple physicians."

This is especially true for patients living in rural areas, where social determinants of health define crucial barriers to healthcare, including a lack of specialists, transportation, food security, and internet access.

## Taking care to patients

Part of the solution is to shift the overall approach. "We're treating those patients where they're most comfortable," Uchirin explained. "In their own home."

Shaminder Gupta, M.D., CMO of Monogram Health and a practicing internist and nephrologist, calls this "taking care to them" — "Our model deploys nurse practitioners, physicians, pharmacists, social workers, and others. They approach the patient holistically to address those primary illnesses and help prevent further progression, while also addressing the acute flare-ups of those chronic conditions."

Gupta notes that this holistic approach results in a much better patient experience. Two crucial aspects of this are the fact that patients and their caregivers have 24/7 access to Monogram, and the inclusion of social workers as part of these care teams.

"In traditional medicine," Gupta noted, "the social workers are an 'add-on' — if the doctor identifies a problem, they outsource that to a social worker that the patient has to find. We're already solving for this by going into the home and seeing with our own eyes what the hurdles are, and the social worker can lead that interaction."

## Better outcomes, lower costs

Combined with a fully digitized system that ensures uniform, standardized, and optimized treatment, this approach leads to better outcomes, better adherence to

medications and therapies — and lower costs. "We're able to bring down hospitalizations by 20%," Uchirin noted. "We're able to bring down the overall total cost of care by about 30% for each enrolled patient, and by 8% to 10% on a population basis. We really move the needle."

Monogram Health is already serving more than 200,000 patients across 36 states, in both urban and rural markets — the latter is critical in today's healthcare landscape as quality care becomes harder to access in remote locations.

As a value-based company, Monogram Health partners with the leading health plans and providers to offer this benefit through the patient's existing health plan coverage, at no additional cost to the patient. By reducing the number of ER visits and hospitalizations, as well as copays and out of pocket expenses, Monogram Health is lowering the cost of care for health plans, providers, and patients alike.

In general, Monogram is making a difference in people's lives. "We believe that healthcare is about people taking care of people," Uchirin said. "We look to become an extension of our patients' families."

Written by **Jeff Somers**



To learn more, visit  
**monogramhealth.com**





(From left to right) J.B. Starks, Mitzi Franklin, Claudia Mercado, Amy Bies, and George Franklin, members of the patient advisory group for the American Heart Association's Cardiovascular-Kidney-Metabolic Health Initiative™ | Photo courtesy of the American Heart Association

## Your Health, All Connected: Protecting Heart, Kidney, and Metabolic Wellness Together

Your body's systems are connected and affect each other. This truth is behind a new concept called cardiovascular-kidney-metabolic health, or CKM health.

**C**CKM health is about looking at your overall health, not just one condition at a time. Knowing about the body's interconnectivity helps spot health risks early to prevent heart disease, kidney failure, or stroke. This is especially important when you are living with a metabolic disease like diabetes, which significantly increases the risk of chronic kidney disease and cardiovascular complications.

Metabolic health is how well your body maintains blood sugar levels and balances processes like creating, using, and storing energy. It is connected to your heart health — which includes blood pressure, cholesterol, and the heart's pumping ability — and to kidney health, which is how well kidneys filter waste from the blood. High levels of blood sugar can damage blood vessels, increasing the risk for heart and kidney disease.

### Better understanding CKM health

With CKM health, the American Heart Association is helping people understand how heart, kidney, and metabolic health are connected. The American Heart Association is also working with healthcare staff across the

country to share information about the best way to care for patients living with multiple health conditions.

Only about 10% of U.S. adults have excellent CKM health. The rest of us have at least one heart, kidney, or metabolic problem. According to the latest data, nearly 1 in 2 U.S. adults has high blood pressure, almost 6 in 10 have been diagnosed with type 2 diabetes or prediabetes, around 3 in 10 have high cholesterol, and about 7 in 10 have an unhealthy weight. Chronic kidney disease rates increase substantially with age, affecting 1 in 10 adults younger than age 65, and 3 in 10 adults age 65 and older.

The good news is that these connected systems can improve together. For example, when you take steps to improve blood sugar control, your blood pressure and heart disease risk may also improve, and less kidney damage occurs.

Knowing the connection between your heart, kidney, and metabolic health is the first step. Next, you can take care of your overall health with regular checks of your blood pressure, cholesterol, weight, blood sugar, and kidney function.

When you know these numbers, you know which areas need help and which can be maintained.

### Working with your healthcare team

No matter your numbers, you don't have to manage your CKM health alone. Managing CKM health is a team effort.

A healthcare professional can identify your CKM health status and address health factors that are outside of a healthy range. You may receive a referral to a specialist, like a cardiologist, nephrologist (kidney doctor), dietician, or exercise physiologist, who can help with specific risks and treatment. Medications that treat diabetes may also protect your heart and kidneys. Working together, a healthcare team can determine the best protection for your connected systems.

Learn more about CKM health by visiting [www.heart.org/myCKMhealth](http://www.heart.org/myCKMhealth).

Written by **Stacey E. Rosen, M.D., FAHA, National Volunteer President, American Heart Association; Senior Vice President of Women's Health and Executive Director, Katz Institute for Women's Health of Northwell Health**

# Connecting the Dots: **Why a Kidney Care Leader Is Tackling Diabetes Head-On**

It's no secret that the U.S. healthcare system is fragmented and often frustrating. But progress is underway. Breakthroughs like GLP-1 medications are reshaping how obesity is treated. Artificial intelligence is helping to accelerate diagnoses and medical intervention. We're moving toward outcomes-based care. Yet, despite this progress, the prevalence of chronic disease continues to rise.

**T**oday, 60% of U.S. adults live with at least one chronic condition — and nearly 40% live

with two or more. Diabetes alone affects more than 38 million Americans, and one in three of them will develop kidney disease.

This trajectory demands more than innovation — it requires deep collaboration between healthcare systems, policymakers, and society. As a kidney care company, we've advanced transformative solutions — but many remain specialized, in many cases only reaching patients after disease has progressed. Diabetes offers a powerful upstream opportunity. When addressed early through culturally competent care, community engagement, and coordinated policy, we can slow progression, reduce disparities, and reshape chronic care. It's time to move from reactive treatment to proactive, collaborative prevention.

## Reimagining care for chronic conditions

After decades in healthcare, I've seen how integrated care empowers patients, supports providers and eases system burdens. At DaVita, we're building a future where a diagnosis doesn't define a life — and where prevention is just as powerful as treatment.

With more than 25 years of clinical leadership, we've developed a connected ecosystem that brings

together diabetes management, cardiac care, kidney health, mental health support, education and more.

Our collaboration with the American Diabetes Association is a prime example: Through localized health screenings and education, we're reaching underserved communities and identifying risks often before symptoms appear. Our work with organizations like the YMCA help patients receive care directly to neighborhoods where access is limited.

We're also proud to work alongside the American Heart Association, advancing cardiovascular health through joint initiatives that address the critical link between heart disease, diabetes and kidney health. Together, we're expanding awareness, prevention and care strategies that reflect the interconnected nature of chronic conditions.

## Turning data into action

DaVita's integrated care efforts harness artificial intelligence to assist in predicting kidney disease risk years before symptoms or indicators like diabetes emerge. By analyzing patterns across our network — from dialysis centers to community health initiatives — we can help identify patients who may need intervention faster and earlier.

This transformation extends beyond the walls of our clinics.



Photo courtesy of DaVita, Inc.

We continue to invest in solutions across the total kidney health experience — from educating and intervening earlier, to improving access to transplant. And those investments continue to center on the importance of collaboration. The Medsleuth BREEZE platform, now live in every DaVita center in the U.S., streamlines health information exchanges between providers, transplant centers and patients. When primary care doctors can instantly access kidney function data, when cardiologists and nephrologists can coordinate seamlessly, and when patients receive unified care plans — that's when lives change.

## The path forward

Behind every data point is a person — a parent, a child, a friend. Our 70,000+ teammates understand that deeply. But to truly change outcomes, we need bold leadership from policymakers, providers and payors. We must prioritize collaboration over

silos, prevention over reaction, and outcomes over process.

The tools are here: AI-powered risk prediction, seamless data exchange, community-based care. Now, we must scale them.

America's healthcare future depends on our ability to connect the dots between chronic conditions. Integrated care isn't a question of possibility — it's a question of will. Let's build a system worthy of the people it serves.



WRITTEN BY  
**Javier Rodriguez**  
Chief Executive  
Officer, DaVita



To learn more about DaVita,  
visit [davita.com](https://davita.com)



# Removing Barriers to Healthcare and Promoting Equity and Access Are Key to Community Health

Recently, a patient of mine was late for her appointment, and was asked to reschedule. She began crying. She told me she woke up at 5 a.m. to make her appointment at 8 — but she missed her bus. Here in the United States, these sorts of barriers are far too common.

**W**e must meet our patients where they are — to educate, foster trust, and bring healthcare to them.

Our “CATCH 5 in 5” initiative (Collaborative Actions Toward Community Health), aims to add five years to the lives of our community members over the next five years by addressing the factors that influence life expectancy. To accomplish this goal, we must connect individuals to the care that will enhance their lives and longevity.

## Social drivers of health

Just because something is available does not mean it is accessible. Thousands of my patients have no way to access healthcare. The bus routes do not go everywhere. They may not have refrigerators in their homes for insulin — or homes at all. The actual care provided influences just 20% of healthcare outcomes. Transportation, food security, housing, community support — the social determinants of health (SDOH) — are far more impactful.

Overcoming these barriers requires trust. You can’t build trust over the phone. You have to go where your patients are and bring healthcare to them.

## Mobile healthcare

Our mobile screenings are about treating the whole person — not just a symptom or disease. We ask people, “Do you have food to eat at home? Do you have a house to live in? Do you have a cell phone? Do you have broadband?”



Photo courtesy of Abbott

Mobile screening vans allow us not only a place to see patients, but also to perform blood pressure screening, blood sugar checks, cholesterol testing and patient education. Point-of-care tests enable early detection of risk factors and intervention for health conditions such as diabetes, cardiovascular diseases and metabolic disorders on the spot. For example, if we see a patient at risk for developing diabetic ketoacidosis (DKA), which can be potentially life-threatening, we can offer them a continuous glucose monitor (CGM).

Now they have more control over their health because they know their glucose numbers, and have more trust in their provider because it’s shared decision-making.

The second key is education. People don’t know that they

have resources available for quality care even if they don’t have insurance. We can educate on smoking cessation, exercise, and chronic diseases such as diabetes, empowering them to better manage their health. We can even organize group visits, where people can learn from each other.

## Know your numbers

In the end, this is about building trust. It’s not about what’s the matter with them, it’s about what matters to them. People are very busy. One appointment with a doctor might mean a whole day, maybe missing work, and so many people do not even know they have diabetes, pre-diabetes, or high cholesterol. That’s why you must know what matters to them, so you can identify the barrier and bring healthcare to them in a way

they can access, in an environment they trust.

That’s my mission. I want everyone to live a long, healthy life. If we can bring healthcare to where people are, we can bridge those gaps and bring true healthcare equity everywhere.



WRITTEN BY  
**Olugbemiga E. Jegede, M.D.**  
Senior Vice President and Chief Health Equity and Community Impact Officer, Cone Health

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 **Abbott**



# Check. Know. Manage.

Take control of  
your health.



Cardiovascular-kidney-metabolic (CKM) syndrome is a health condition that combines the risk factors of obesity, diabetes, chronic kidney disease, and cardiovascular disease.

If you have any of these conditions, or if they run in your family, talk to your doctor, pharmacist, or community health center about Afinion™ 2 HbA1c and ACR, and the Cholestech LDX™ lipid profile. Results are available in 5 minutes or less, so you can know your numbers and take action to prevent or combat CKM.

**Your health matters. Know your numbers.**  
**Scan to learn more.**



# DON'T BE LEFT IN THE DARK

**SPOTLIGHT**  
**SEVERE HYPOS**

**Talk to your patients with type 1 diabetes (T1D)  
about severe hypoglycemic events**

IN PEOPLE LIVING WITH T1D

**~1 in 5**

reported having  $\geq 1$  severe hypoglycemic event in the past year, despite the use of diabetes tech<sup>1\*</sup>

**~50%**

did not discuss their most recent severe hypoglycemic event with their healthcare professional<sup>2†</sup>



**Empower your patients to report their events  
by discussing severe hypoglycemia at every visit.  
Learn more at [spotlightseverehypos.com](https://spotlightseverehypos.com)**

<sup>1</sup>Based on an observational, retrospective study with cross-sectional elements. An online survey was used for the description of glycemic metrics, severe hypoglycemic events, and impaired awareness of hypoglycemia in adults with type 1 diabetes, with stratification by use of diabetes technologies (continuous glucose monitor [CGM] vs non-CGM, and insulin delivery methods such as multiple daily injections, conventional pump, or automated insulin delivery systems) (N=2044).<sup>1</sup>

<sup>†</sup>Based on the Conversations and Reactions Around Severe Hypoglycemia (CRASH) study, a cross-sectional, online, 30-minute survey conducted among patients with T1D or type 2 diabetes treated with insulin via injection or pump at the time of the study and who had  $\geq 1$  self-reported severe hypoglycemic event in the previous 3 years while treated with insulin, and caregivers of patients with diabetes (n=184 and n=140, respectively).<sup>2</sup>

**References:** 1. Sherr JL, Laffel LM, Liu J, et al. Severe hypoglycemia and impaired awareness of hypoglycemia persist in people with type 1 diabetes despite use of diabetes technology: results from a cross-sectional survey. *Diabetes Care*. 2024;47(6):941-947. 2. Mojdam D, Mitchell BD, Spaepen E, et al. Conversations and Reactions Around Severe Hypoglycemia Study: results of hypoglycemia experiences in Canadian adults with insulin-treated diabetes and their caregivers. *Can J Diabetes*. 2021;45(3):236-242. doi:10.1016/j.jcjd.2020.08.104



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