



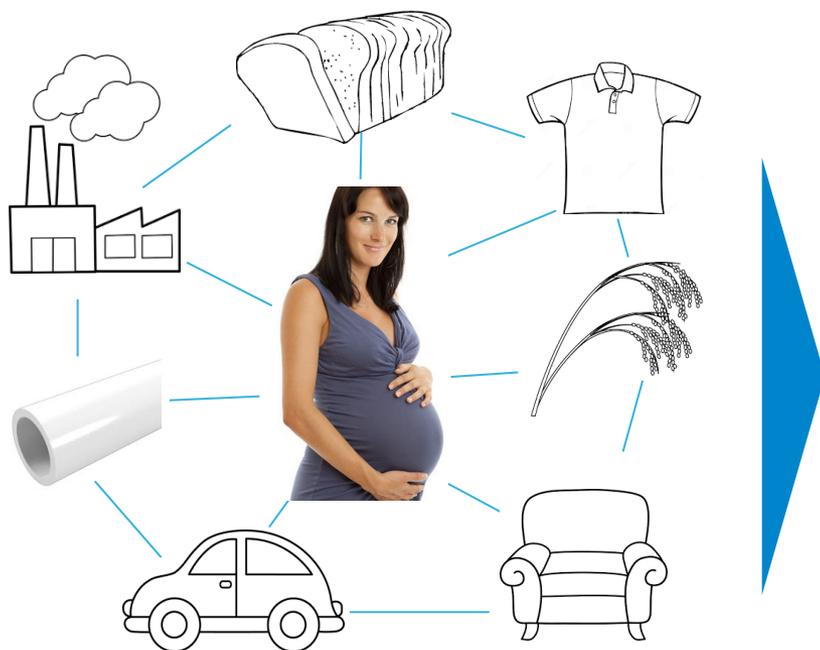
**Preconception 2 Infancy (P2i)**

# **Reducing Childhood Chronic Health Conditions through a New Model of Care for Healthy Pregnancies**

## Executive Summary

- **Mission:** P2i's goal is to pre-empt the development of chronic diseases throughout a child's lifetime through holistic prediction and prevention services
- **Solution:**
  - Center of Excellence: Based in Atlanta, GA, the COE is a clinic to test and counsel 800 patients per year
  - Online Virtual Campus: Scale the reach of P2i's care model and democratize access through educational content, conferences, courses, and online store for clean products
- **Investment:** P2i is seeking \$2.5M in investment, loan or grant
  - Profit break-even in Month 8, investment break-even in Month 12
- **Use of Funds:** COE clinic launch, medical personnel, marketing
- **Revenue:** Year 1 revenue from patient and referral fees (future streams include insurance reimbursement, consulting, data sharing, and protocol training fees)
- **Team:** Experienced team of medical (collaboration with University of Georgia) and business professionals, including the former Assistant Surgeon General of HHS and CDC Director.
- **Legal:** P2i is a program of The Forum Institute, a registered nonprofit
- **Addressable Market:** 1.6M children currently using preventive care with 5.6M seeking care

## Meet Beth: a woman planning the birth of her child, while unknowingly being exposed to toxic chemicals in her environment



287 chemicals found in umbilical cord blood after child's birth:

### Chemical

### What it does

Flame retardant in furniture foam, computers, televisions

Adversely affects brain development and thyroid

Teflon, Scotchgard, fabric and carpet protectors

Linked to cancer and physical birth defects

Pesticides

Linked to cancer and reproductive defects

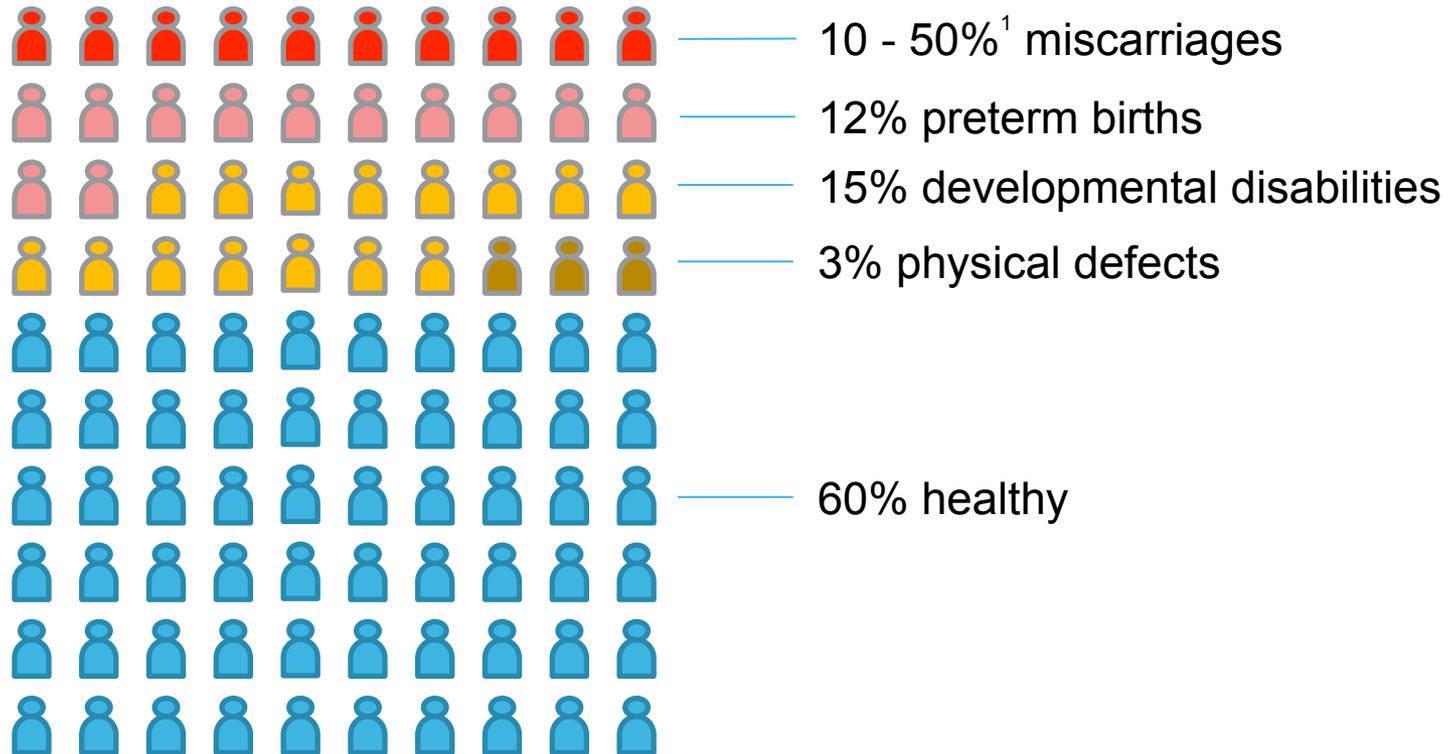
Wood preservatives and varnishes

Causes liver and kidney damage

By-products of PVC production

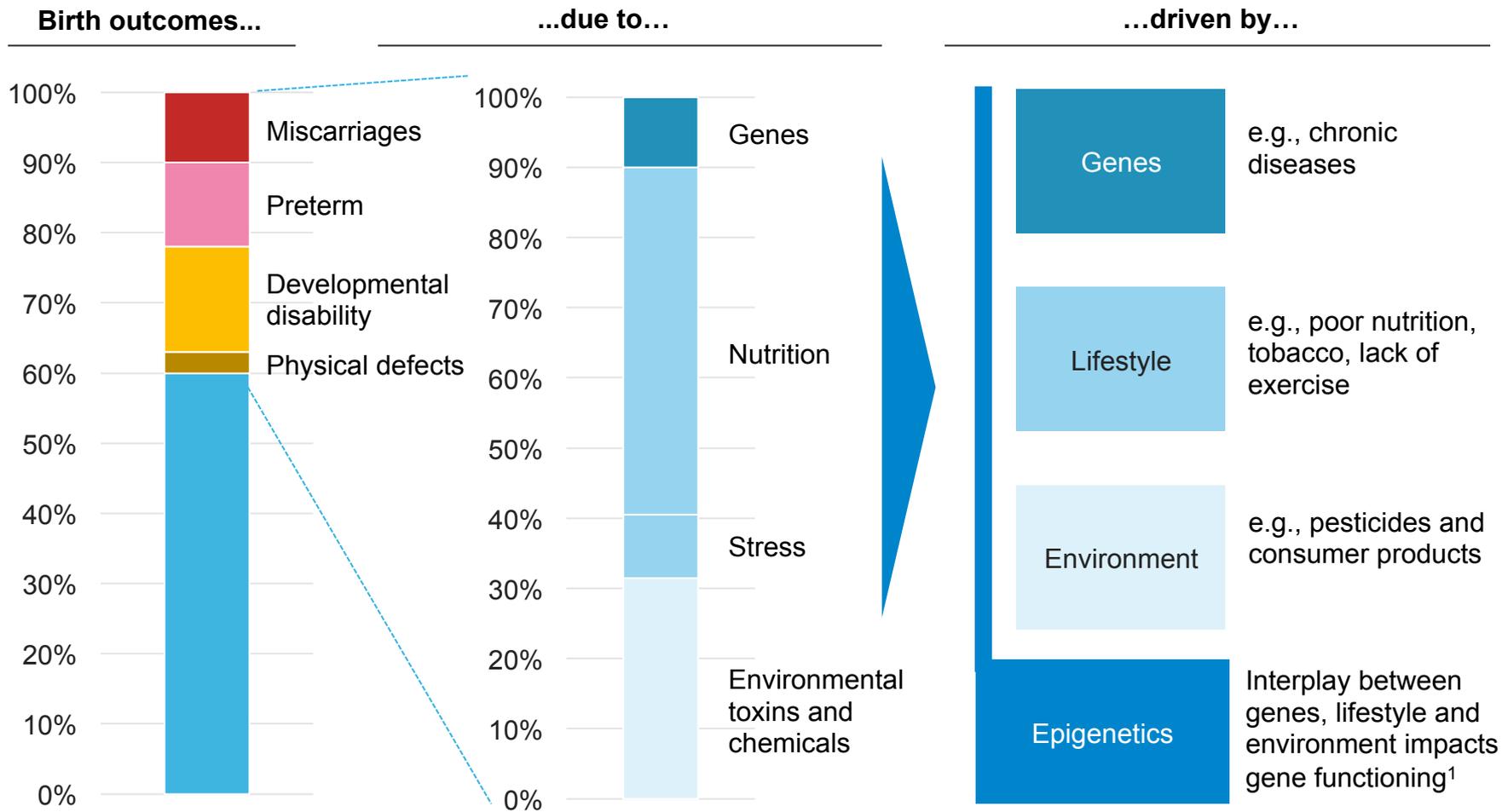
Toxic to developing endocrine (hormone) system

# Current pregnancy and infancy care models have produced a 40% chance of experiencing poor pregnancy outcomes



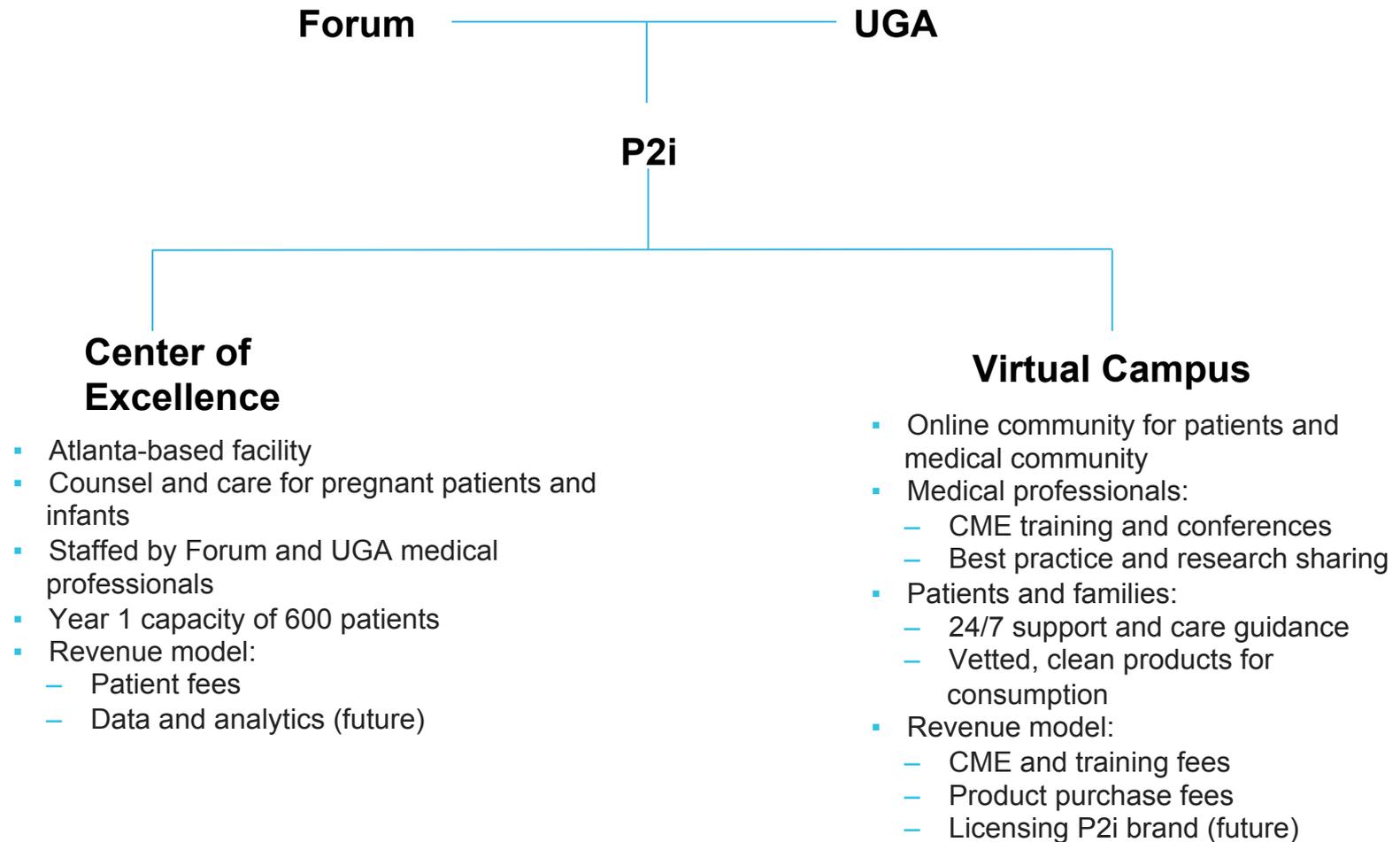
(1) "As many as 50% of pregnancies may end in miscarriage. We don't know the exact number because most happen before a woman knows she's pregnant." – March of Dimes

# Poor birth outcomes are driven primarily by a mix of environmental exposure and lifestyle factors

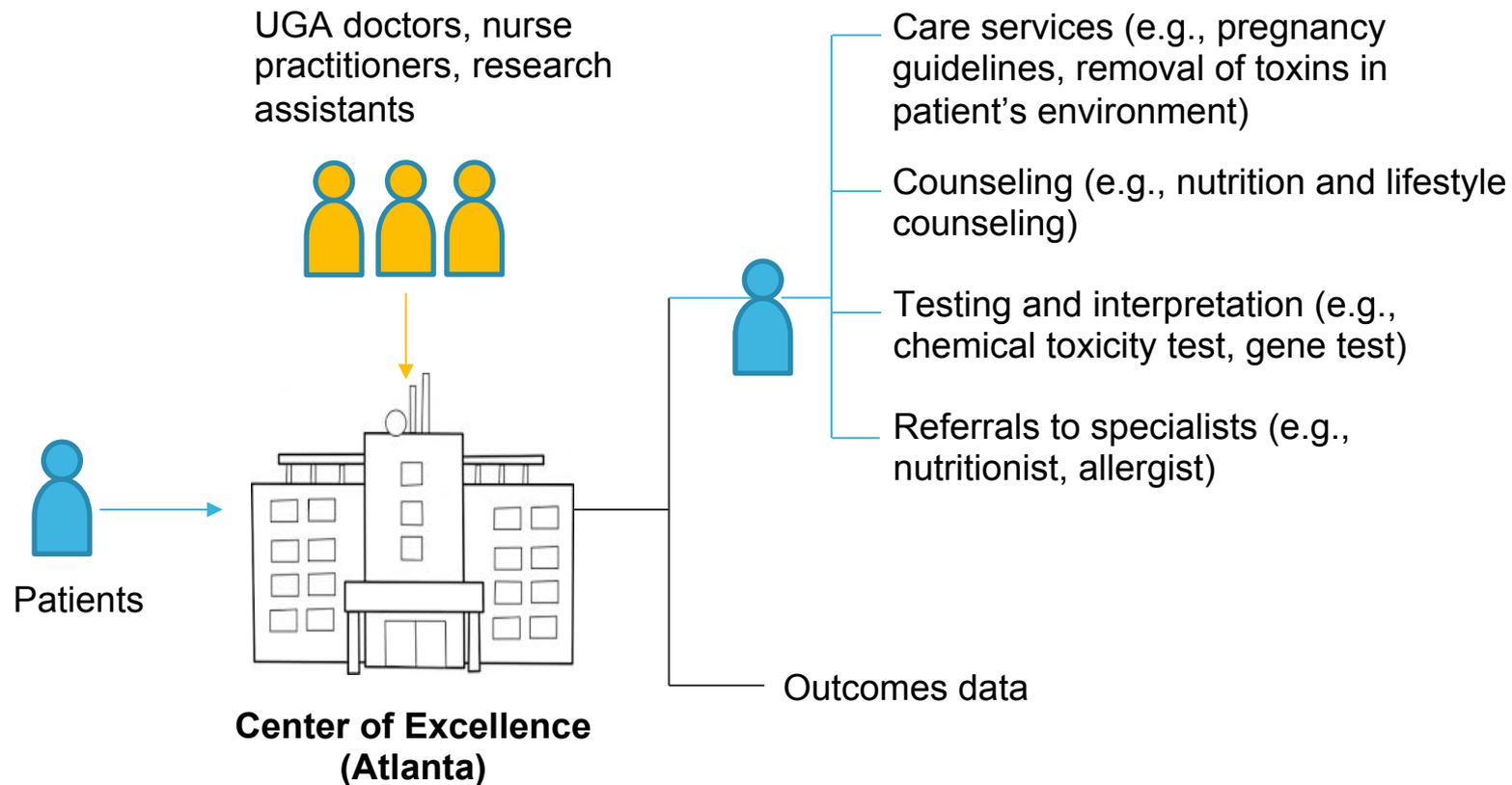


<sup>1</sup>Changes in gene expression (active versus inactive genes) that does not involve changes to the underlying DNA sequence (a change in phenotype without a change in genotype) which in turn affects how cells read the genes. Gene changes can result in diseases within the body.

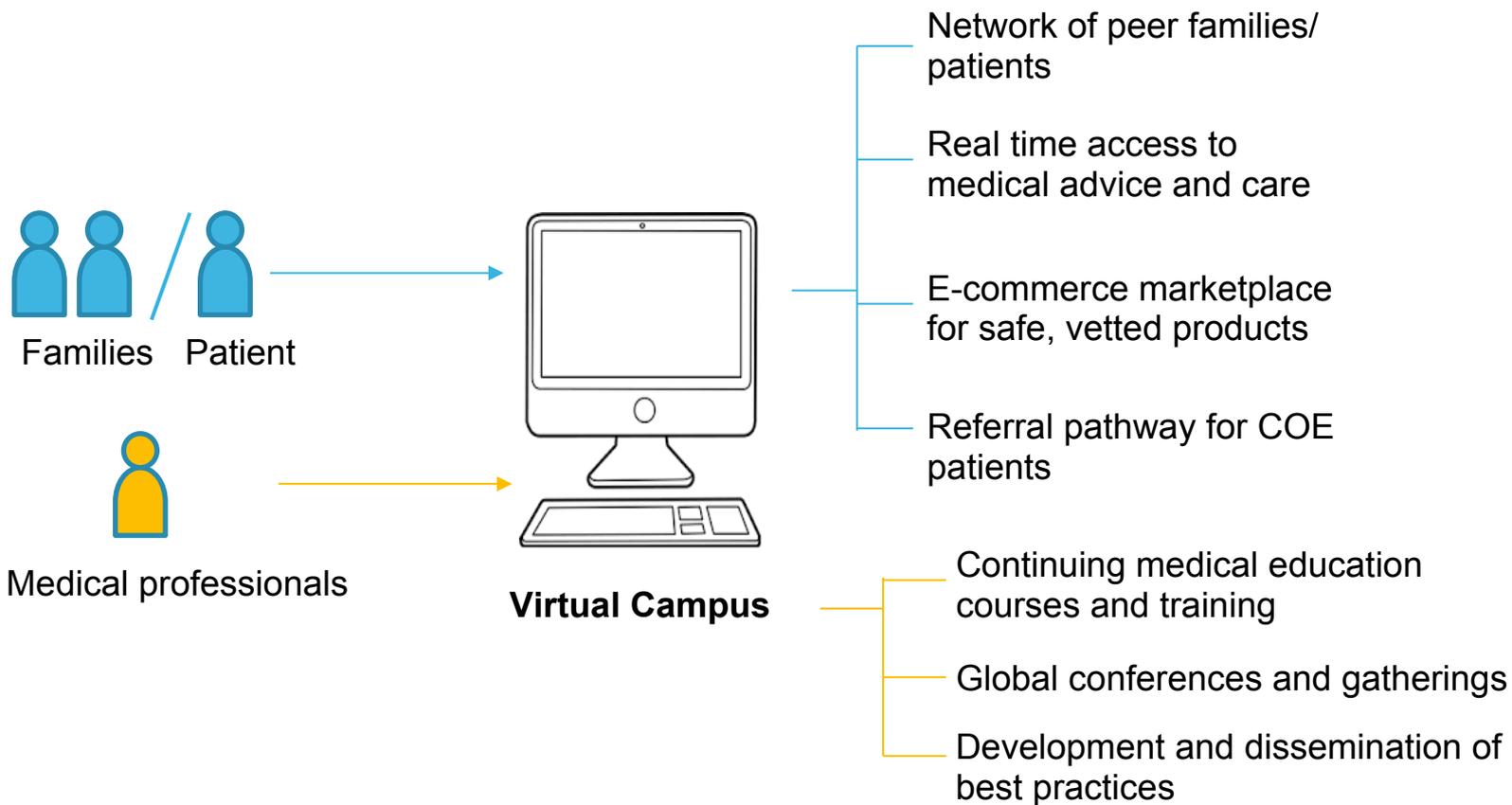
Through a partnership with UGA and Forum Institute, P2i links the best research and guidelines to provide holistic, patient-centered care



## P2i's Center of Excellence (COE) provides in-person counseling to optimize birth outcomes

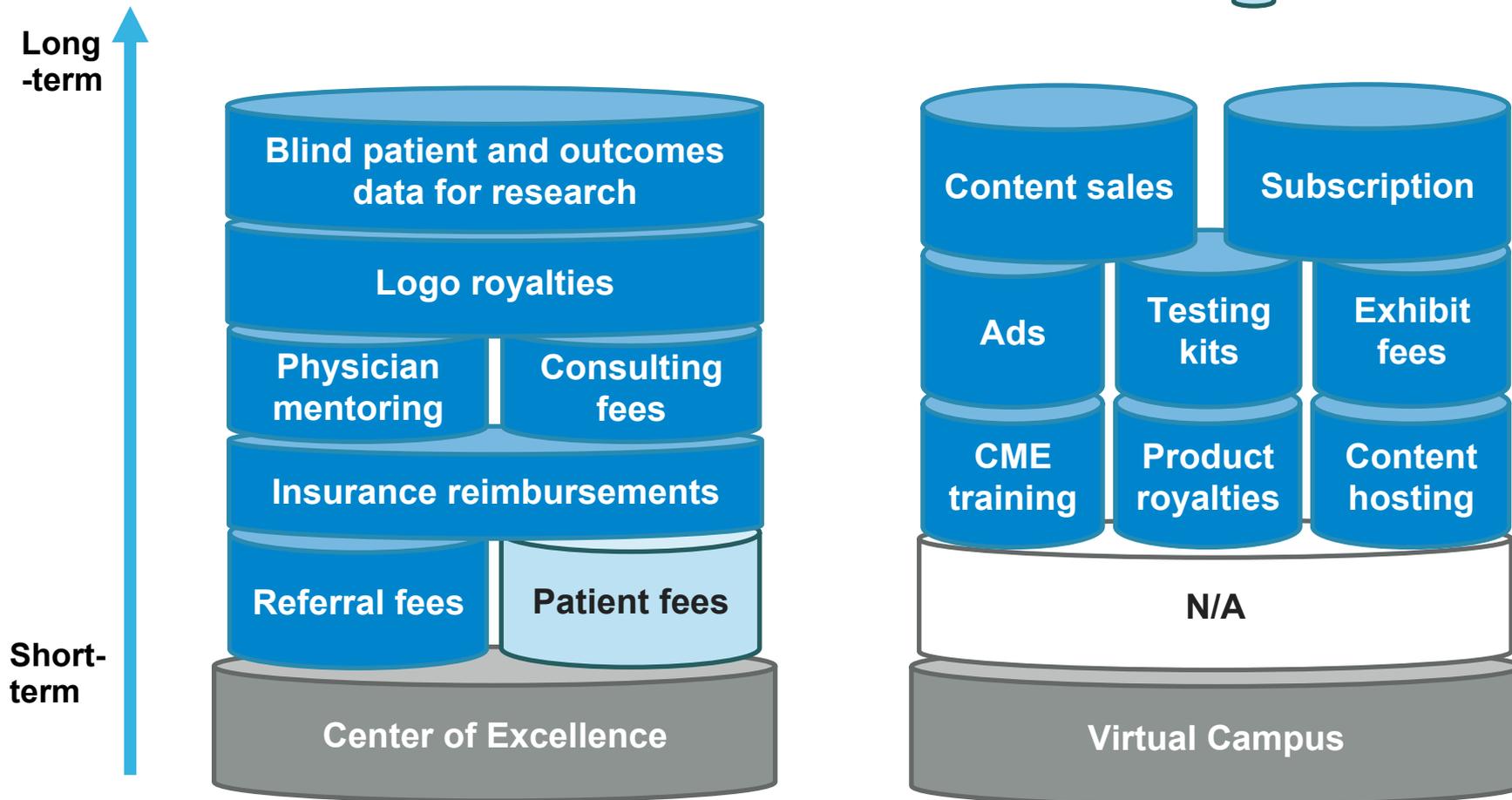


## P2i's Virtual Campus (VC) provides a scalable platform for global patient care and medical training



After establishing a solid foundation for COE and VC revenue, we have the opportunity to build diversified revenue channels with underlying data

 Detailed on next page



P2i offers an expansive list of tests and services to all of their patients for 15% less than if the same services were received elsewhere

Tests and services offered to P2i patients before, during, and after pregnancy	
<b>Nutrition</b>	
Testing for sufficient levels of 32 vitamins and minerals	\$ 300.00
Screening for viruses and anemia	\$ 250.00
Perscribing iron and folic acid supplements	\$ 350.00
Counseling on nutrient-dense diets, exercise, and appropriate supplements	\$ 300.00
<b>Sum of nutrition</b>	<b>\$ 1,200.00</b>
<b>Genes</b>	
Genetic variance testing <sup>(1)</sup>	\$ 3,500.00
Counseling on predisposition to genetic conditions	\$ 500.00
<b>Sum of genes</b>	<b>\$ 4,000.00</b>
<b>Environment</b>	
Mass spec toxicity test for 240 chemicals <sup>(2)</sup>	\$ 1,250.00
Heavy metals test <sup>(3)</sup>	\$ 400.00
Counseling on ways to remove toxic exposure from environment	\$ 500.00
<b>Sum of environment</b>	<b>\$ 2,150.00</b>
<b>Infertility</b>	
Infertility testing	\$ 1,500.00
Counseling on infertility and sub-fertility	\$ 500.00
<b>Sum of infertility</b>	<b>\$ 2,000.00</b>
<b>Chronic conditions</b>	
Testing for chronic health conditions (e.g. heart disease, diabetes)	\$ 2,000.00
Counseling on treating and preventing chronic conditions	\$ 500.00
<b>Sum of chronic conditions</b>	<b>\$ 2,500.00</b>
<b>Sum of preconception tests and services</b>	<b>\$ 11,850.00</b>
<b>P2i price for tests and services</b>	<b>\$ 10,000.00</b>
<b>Savings</b>	<b>15.61%</b>

Cost calculations estimated on one time usage. If tests are used before, during, and after pregnancy, savings can be up to 70%

<sup>1</sup>1,400 genes that cause chronic diseases (e.g. mitochondrial conditions, autoimmune diseases)

<sup>2</sup>240 toxins that damage the fetus (e.g. Benzene, Pyrethroids, Xylenes, Organophosphates)

<sup>3</sup>8 heavy metals that damage the fetus (e.g. Arsenic, Beryllium, Cadmium, Hexavalent Chromium, Cobalt, Iron, Lead, Mercury)

## P2i is led and supported by a “who’s who” list of thought leaders and influencers in pediatrics and chronic diseases (not exhaustive)

### P2i Board of Advisors<sup>1</sup>

- **Hani K Atrash**
  - HRSA (Director of Division of Healthy Start and Perinatal Services)
- **Janis Biermann**
  - March of Dimes (SVP of Education and Health Promotion)
- **Jeanne Ann Conry**
  - Environmental Health Leadership Foundation (President)
  - Prior: American College of OB/GYN (President)
  - Prior: Kaiser Permanente (Assistant Physician-in-Chief)
- **Robert Hendren**
  - Autism & Neurodevelopment Program at UCSF (Director)
  - Prior: American Academy of Child and Adolescent Psychiatry (President)
  - Prior: MIND Institute (Executive Director)

### Center of Excellence

- **Dr. Jose Cordero**
  - UGA (Pediatrician, Epidemiologist)
  - Prior: HHS (Assistant Surgeon General)
  - Prior: CDC (Director of National Center on Birth Defects and Developmental Disabilities)
- **Lee Grossman**
  - Advance Enterprises (President and CEO)
  - Prior: Autism Society, International Dyslexia Association (President)

### Virtual Campus

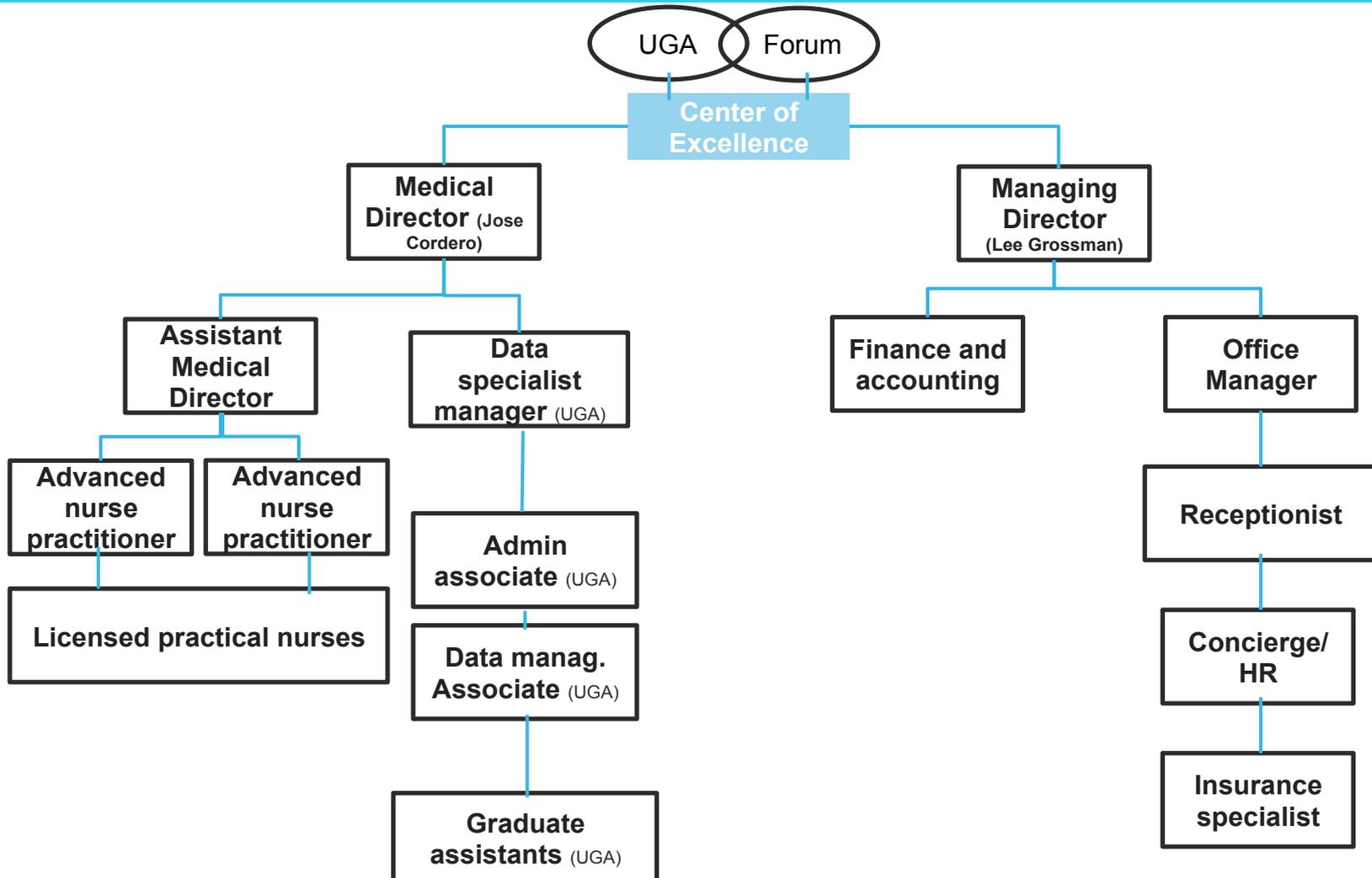
- **Steve Mulhall**
  - Intercall/West Company (Director of Sales)
- **Dave Humphrey**
  - Kirkman and Purity Labs (President)
  - Northwest Autism Foundation (Board)
  - Autism Treatment Network and Medical Academy of Pediatric Special Needs (Co-Founder)

### Forum Institute

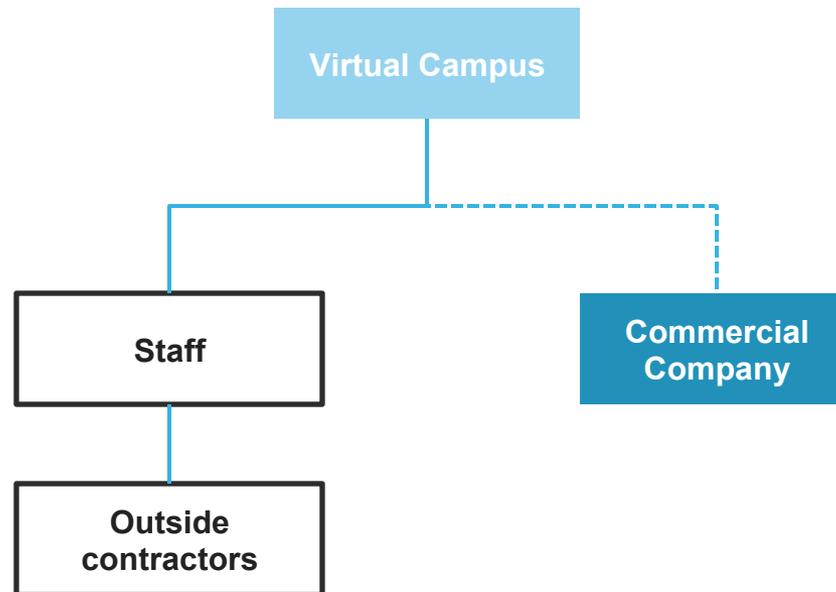
- **John DeHoney**
  - NW Autism Foundation (Executive Director)
  - Prior: CA Economic Development Commission (Executive Director)
- **Gleason Eakin**
  - NW Autism Foundation & Autism Treatment Network (Co-founder)
- **Olin Wethington**
  - Prior: AIG China (Chairman)
  - Prior: Steptoe and Johnson LLP (Partner)
  - Prior: Special Assistant to the President
  - Prior: Economic Policy Council (Executive Secretary)
  - Prior: Secretary of Treasury (Counselor)

<sup>1</sup>Select members listed

# COE staff are well positioned to meet research, clinical, and business needs



## VC has outsourced staff to West Corporation, a leader in online platforms and virtual environments



Through P2i's early traction, we have developed a roster of major organizations that are excited to support and partner with our model

### Academic and Laboratories



### Hospitals and Non-Profits



### Corporations



### Professional Associations



## Building off of the traction and progress to date, we seek \$2.5M in investment to fund setup, launch and operations of COE and VC

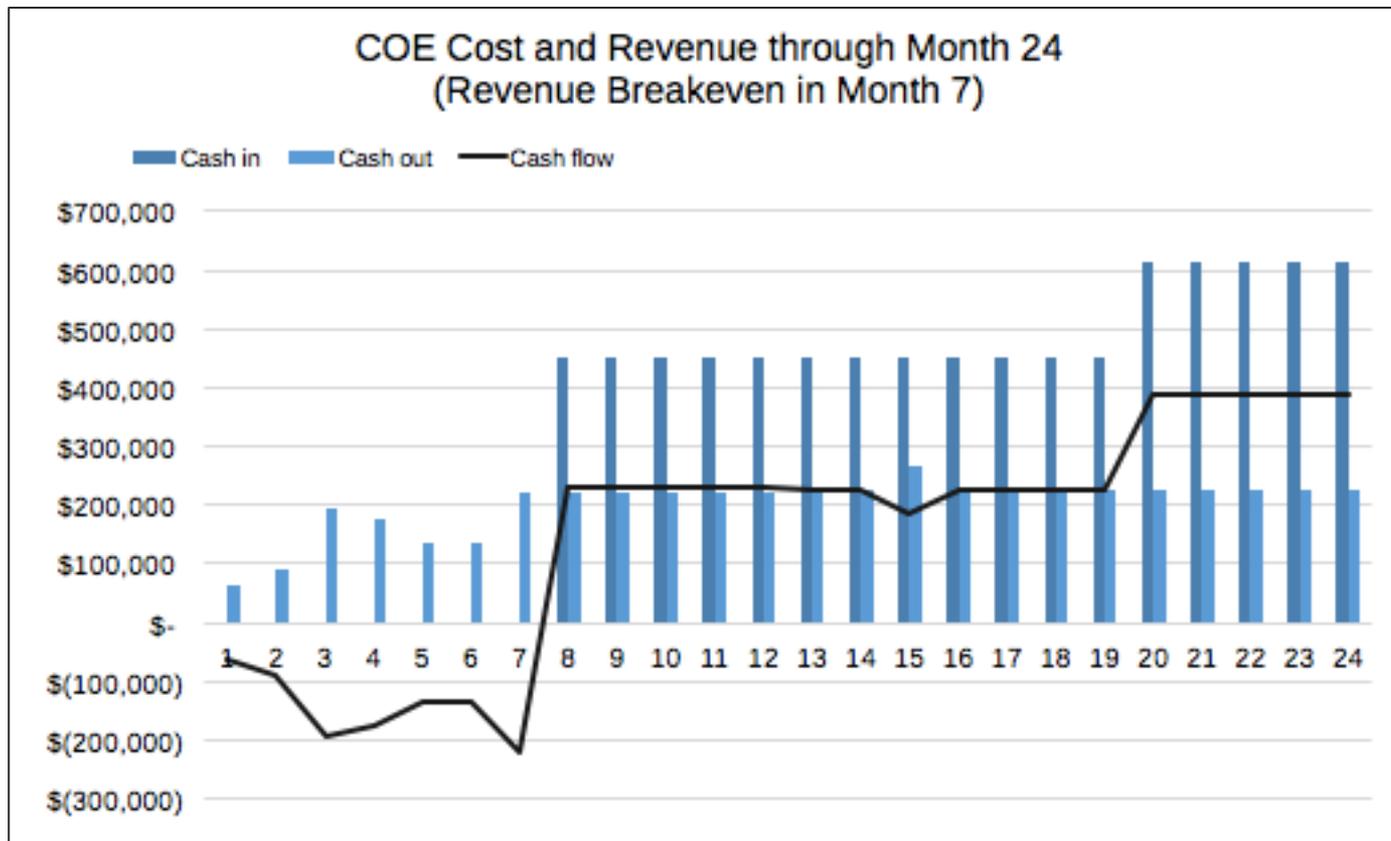
P2i Use of Funds <sup>(1)</sup>	
Clinic site launch & PR	\$ 608,499
Campus site launch	\$ 300,000
Executive leadership	\$ 210,902
Administrative (COE and VC)	\$ 686,509
Consulting/vendors	\$ 270,000
Closing and legal fees	\$ 424,090
<b>Total use of funds</b>	<b>\$ 2,500,000</b>

	COE Financial Projections				
	Year 1	Year 2	Year 3	Year 4	Year 5
Expected patients served	600	1,400	2,200	3,000	3,800
Max patient capacity	800	1,600	2,400	3,200	4,000
<i>Min. patients to breakeven</i>	212	274	277	290	333
Revenue: Patient fees (\$M)	\$ 2.25	\$ 6.21	\$ 7.43	\$ 7.63	\$ 8.50
Total COE Costs (\$M)	\$ 2.12	\$ 2.73	\$ 2.77	\$ 2.89	\$ 3.33
<b>Gross COE Profit (\$M)</b>	<b>\$ 0.13</b>	<b>\$ 3.48</b>	<b>\$ 4.66</b>	<b>\$ 4.74</b>	<b>\$ 5.17</b>
VC reinvestment (\$M) <sup>(2)</sup>	\$ 1.04	\$ 1.82	\$ 1.96	\$ 2.23	\$ 2.53

<sup>1</sup> Use of funds calculated as month 0-6 costs, through COE profit break-even

<sup>2</sup> Represents re-investment opportunity to develop and launch Virtual Campus

COE expects to breakeven in year one, with revenue breakeven by month 8 and investment breakeven by month 12



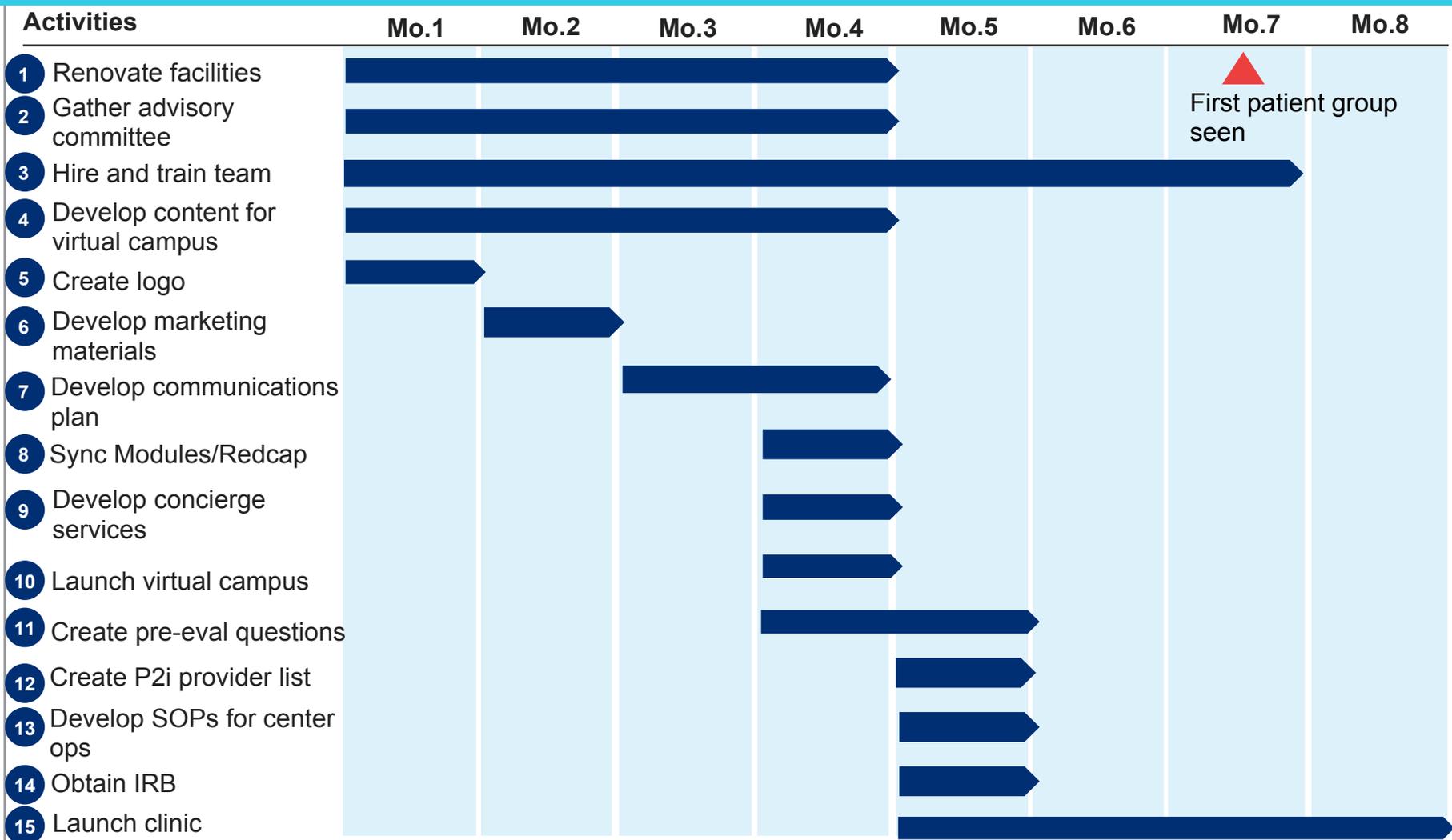
## Sensitivity analyses on number of patients, staff cost, and overall cost reveals that P2i has the ability to be flexible on supply and demand

Sensitivity analysis on overall cost and number of patients						
Cost	Number of patients					
	400	500	600	700	800	
\$2,276,054	\$ 1,323,946	\$ 2,223,946	\$ 3,123,946	\$ 4,023,946	\$ 4,923,946	
\$2,776,054	\$ 823,946	\$ 1,723,946	\$ 2,623,946	\$ 3,523,946	\$ 4,423,946	
\$3,276,054	\$ 323,946	\$ 1,223,946	\$ 2,123,946	\$ 3,023,946	\$ 3,923,946	
\$3,776,054	\$ (176,054)	\$ 723,946	\$ 1,623,946	\$ 2,523,946	\$ 3,423,946	
\$4,276,054	\$ (676,054)	\$ 223,946	\$ 1,123,946	\$ 2,023,946	\$ 2,923,946	

Sensitivity analysis on % of staff cost and number of patients						
Staff cost (% of total)	Number of patients					
	400	500	600	700	800	
60%	\$ (3,659)	\$ 896,341	\$ 1,796,341	\$ 2,696,341	\$ 3,596,341	
55.00%	\$ 160,144	\$ 1,060,144	\$ 1,960,144	\$ 2,860,144	\$ 3,760,144	
50.00%	\$ 323,946	\$ 1,223,946	\$ 2,123,946	\$ 3,023,946	\$ 3,923,946	
45.00%	\$ 487,749	\$ 1,387,749	\$ 2,287,749	\$ 3,187,749	\$ 4,087,749	
40.00%	\$ 651,552	\$ 1,551,552	\$ 2,451,552	\$ 3,351,552	\$ 4,251,552	

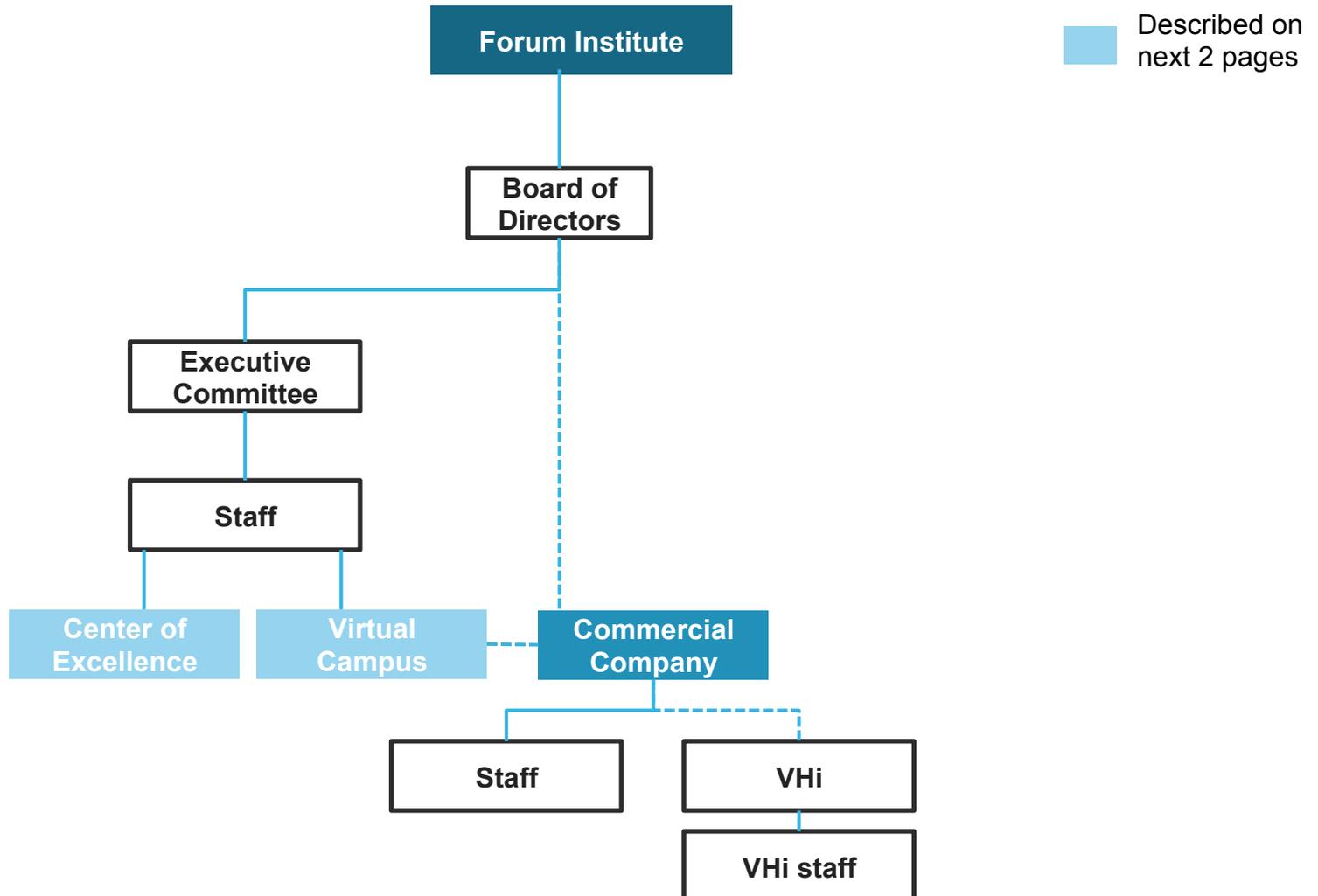
Sensitivity analysis on number of COE patients and price per patient						
Price	Number of patients					
	400	500	600	700	800	
\$8,000	\$ (396,054)	\$ 323,946	\$ 1,043,946	\$ 1,763,946	\$ 2,483,946	
\$9,000	\$ (36,054)	\$ 773,946	\$ 1,583,946	\$ 2,393,946	\$ 3,203,946	
\$10,000	\$ 323,946	\$ 1,223,946	\$ 2,123,946	\$ 3,023,946	\$ 3,923,946	
\$11,000	\$ 683,946	\$ 1,673,946	\$ 2,663,946	\$ 3,653,946	\$ 4,643,946	
\$12,000	\$ 1,043,946	\$ 2,123,946	\$ 3,203,946	\$ 4,283,946	\$ 5,363,946	

## COE and Virtual Campus will take 6 months to renovate, develop, and launch to be fully equipped with staff and technology



# APPENDIX

# The Forum Institute's Board of Directors (registered 501C3) will oversee the COE, VC, and Commercial Company



# We estimate COE to have a large, addressable market validated from an unmet needs analysis and survey results

## Key statistics

## Rationale and takeaways

1

### Total addressable market

- 600k poor birth outcomes p.a. (US), with 21k in Georgia
  - 167k in highest income bracket
- 1.6M children (0-3) seeking preventive care, with 55k in Georgia
  - 472k in highest income bracket

- P2i provides necessary care for children with chronic diseases as well as preventive care for families hoping to avoid poor birth outcomes
- P2i can immediately address high income families in Georgia and the US, growing to all income levels across the US over time

2

### Unmet need

- 5.6M families with unmet need for care during preconception, pregnancy, and/or child's infancy
  - 1,135 of those families are in Georgia

- P2i is the only facility that provides holistic, end-to-end care that would cover preconception through infancy
- Large, addressable market that is currently underserved

3

### Survey results

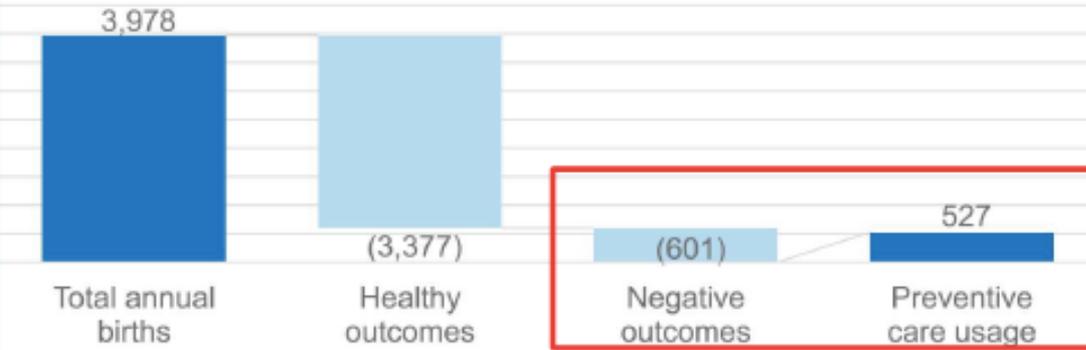
- 82% of survey participants responded positively to P2i services (n=83)
- 75% would be willing to travel to Atlanta, GA to receive this care
- 11% would be willing to pay \$10K or more for these services

- Input from real-world respondents validated the interest in these services as well as willingness to travel to receive care
- Results triangulated the total addressable market

**1** Of the 4 million US births annually, 600K result in negative outcomes and 540K are seeking care similar to P2i

**A** Annual births in the US and utilization of preventive care (1 cohort)

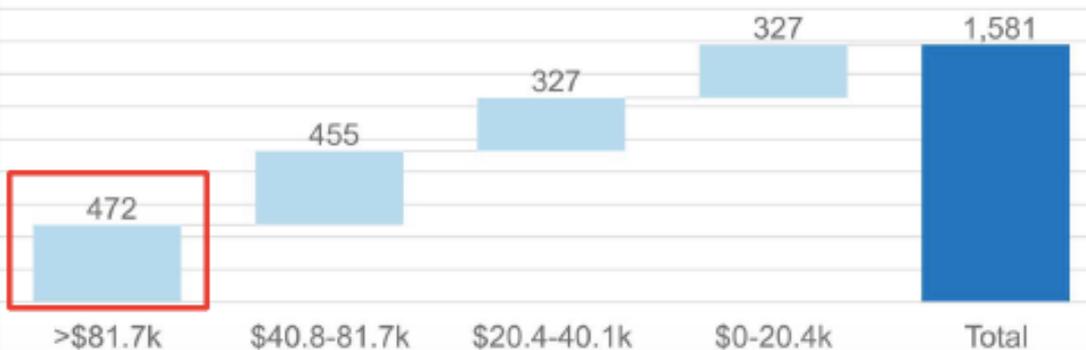
Annual births by outcome, thousands



- ~15% of births in the US result in a negative outcome (e.g., 1 or more chronic conditions)
- Of 601k negative birth outcomes, 90% of families seek preventive care - 21k reside in GA
- Triangulating P2i's addressable market between 500-600k new patients annually

**B** Current usage of preventive care by income levels (ages 0-3)

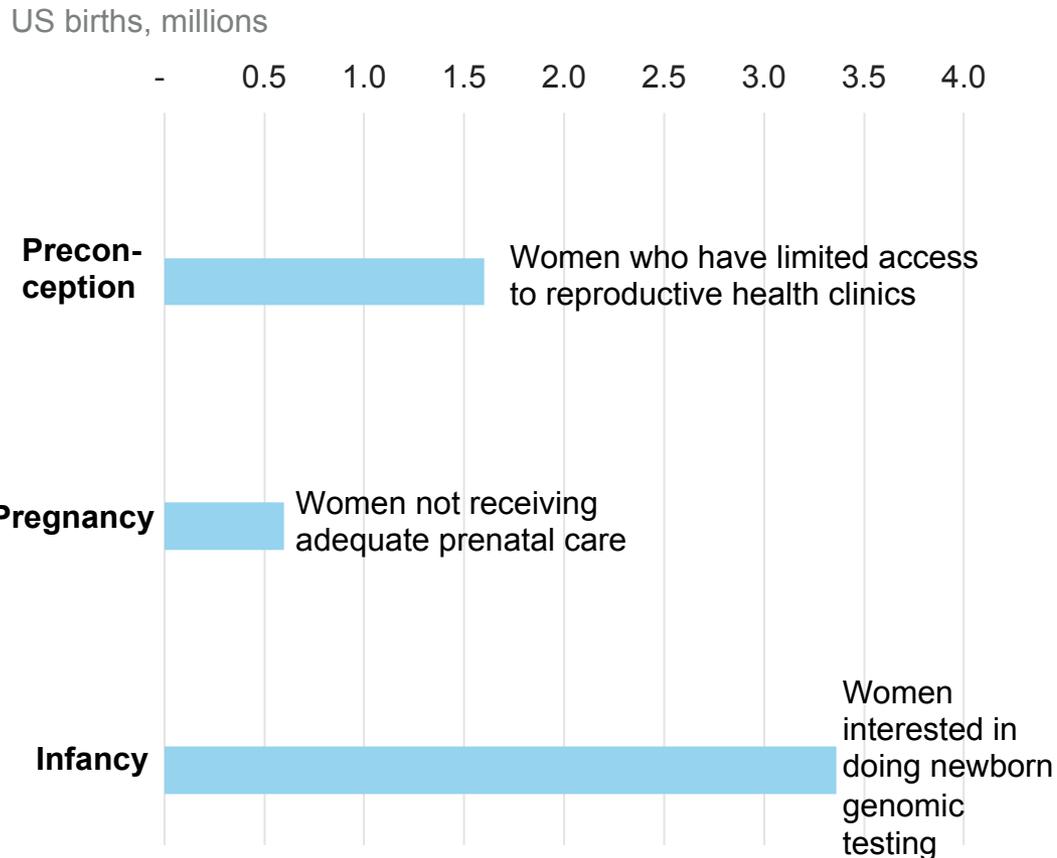
Preventive care sought for births, thousands



- With P2i's care model addressing preconception through infancy (i.e., ages 0-3), implies 3 cohorts of births
- P2i can immediately address higher income families, growing to all income levels over time
  - 472k higher income births
  - 1.6M total births

## 2 Despite the use of preventive care, 5.6M women remain with inadequate access to care before, during, and after pregnancy

### Current supply of preconception, pregnancy and infancy care are insufficient to meet the demand



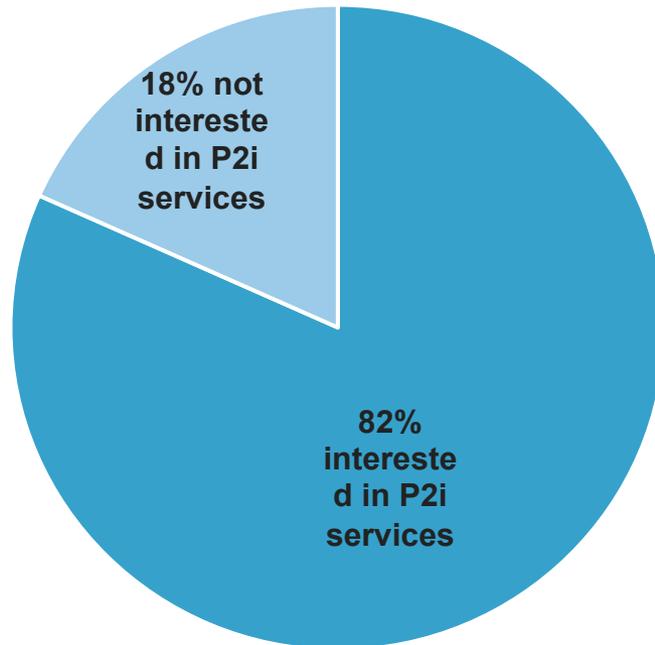
- Care for preconception, pregnancy, and infancy goes unfulfilled for 5.6M births annually in the US
  - 1,135 of those births occur in Georgia
- Many of the care and services sought for during these stages are covered by P2i's Center of Excellence
- No current service or facility exists that provides holistic, end-to-end care that would cover all of these stages

3

Of the 82 people surveyed, a majority were interested in P2i services and were willing to travel to Atlanta, GA to receive care

Of the 82 survey participants, 82% were interested in using P2i services

Survey responses



- 75% of people who reacted positively to P2i services would also be willing to travel to Atlanta, GA to receive care
  - <1% of survey respondents lived in GA
- 11% of people would be willing to pay \$10K or more for services
  - Income level does not affect this decision
  - Race does not affect this decision
  - Having a child with a disability does not affect this decision
  - Parents without children were slightly more willing to pay for services than parents with children
- Average age of interested participants was 31.5, all of which made \$20K or higher and had at least a high school degree

## P2i has developed specific standards for all supplements given out or sold to patients at the COE or VC

### Supplements must:

- Be produced in a cGMP-certified facility;
- Be manufactured in a facility with at least a 5-year history of producing prenatal dietary supplements for pharmacies and/or hospitals;
- Be tested in an ISO 17025 or CLIA-certified lab, using mass spectrometry technology;
- Not contain any ingredients that do not meet USP standards;
- Be shown to be free of all the following prohibited metals<sup>1</sup>:

Aluminum	Palladium	Thallium
Manganese	Cadmium	Lead
Antimony	Platinum	Tin
Mercury	Chromium (beyond nutritional levels)	Tungsten
Arsenic	Selenium (beyond nutritional levels)	Zinc (beyond nutritional levels)
Molybdenum (beyond nutritional levels)	Cobalt	Uranium
Barium	Silver	Vanadium
Nickel	Copper	

- Be shown to be free of all the following allergens, additives, and other substances:

Sucrose	Soy	Gluten
Egg	Gelatin	Peanuts
Sugar	Wheat	Milk
Preservatives	Artificial Flavorings	Tree Nuts
Starch	Casein	
Yeast	Artificial Colorings	

- Be free of all the following microbiological contaminants:

Aerobic Plate Count	Pseudomonas	Coliforms
Yeast and Mold	Aeruginosa	Enterococcus
Bile-Tolerant Gram	Salmonella	Listeria
Negative	Staphylococcus	
E. coli	Aureus	

(1) If any prohibited metal is found to be present, then a second test must be performed to determine the concentration of such prohibited metal in the assay sample. Such concentration may not exceed either Prop 65 Standards or, for a Prohibited Metal to which Prop 65 Standards do not apply, US Pharmacopeia limits.