

A lighthouse costs less than shipwrecks.



Prevention costs less than disease.

The National Insulin Resistance Council

A not-for-profit disease prevention organization

P³: Policies, Practices and Prevention

While life is impossible without insulin, it's not easy when one in four of us have too much of it, either. Even the three-quarters of us who genetically duck the personal health impacts of *insulin resistance* cannot avoid paying the tax bill.

The genes that cause *insulin resistance* cannot be changed, at least not yet, so that is not the direct path to disease prevention. However, *early identification* of those with *insulin resistance*, combined with *active prevention* of the illnesses it causes can have an impact we will all appreciate. [Learn more about **Insulin Resistance** [here](#)].

Before we cover government and institutional policies that should change, but which we cannot fix as individuals, we have to accept responsibility for the things we can do. Each of us should strive for better health and fitness. These are no-lose actions, even if you are not *insulin resistant*, but especially if you are. For most of us, that includes weighing less than we do, being more fit, and eating smarter.

- Check your weight and calculate your BMI (body-mass index).
- If your waistline measures greater than your hips; get tested for *insulin resistance*.
- Ask your doctor, and your children's doctors, to test fasting insulin and blood pressure levels no matter how healthy you or they feel.
- Women, ask your doctor to administer metabolic and hormone blood tests to screen for *PCOS*.
- If you believe you have any *metabolic syndrome* and *PCOS* symptoms, consult your doctor without fail as you may have invisible symptoms that are more serious than those you can see.
- Eat smarter to be lean.
- Exercise to be both lean and fit.

For those with *insulin resistance*, the benefits of improved lifestyle earlier are positively compounded over time, like high interest on savings. Such people get to be healthier during far more of their lives, and they add years by staving off diseases that kill. The more years of better lifestyle, the more likely that diabetes or heart disease will not strike as soon, if at all.

Public and institutional policies should satisfy society's needs for the tools that allow its members to act in their own best interests. There is no guarantee that these tools will be used by everyone, or to their maximum potential. But they will be used by many and we will all gain as they do. The environment will evolve in favor of better outcomes even without government rules changes, and faster with some of them. Consider food, for example. Businesses, more than anything else, are money-rational. They follow consumer and investment dollars. If millions of us change our eating habits, other systemic changes will accelerate. Restaurants will

continuously offer more and better menu choices. Packaged foods companies will put their best kitchen and lab people to work on healthier products not just because they are healthier, but because they will create greater revenues. Upstarts and competitors will displace stubborn companies that don't listen to their customers well enough.

NIRC divides policies into those that foster *early identification* of insulin resistance and those that foster *active prevention* of the non-infectious diseases it brings. The benefits of *early identification* are that the sooner people know they are *insulin resistant*:

- The sooner they might be motivated to act, engaging in the *active prevention* of years and even decades of circulatory and nerve tissue corrosion caused by excess insulin.
- The more likely that smarter eating and exercise habits will produce weight management and fitness results that snowball into a longer, healthier lifetimes, *actively preventing* obesity, hypertension and other intermediate consequences of unchecked *insulin resistance*.
- The better society will be as it *actively prevents* and defers millions of cases of diabetes, stroke, and heart disease allowing our medical resources to be focused on the care of non-preventable illness.
- The less our tax burden will be to care for millions of chronically ill people who didn't even have to be so sick.

The nice thing about the following suggested changes by government and the health care establishment s is that they a) all save more than they cost over time, and b) actually buy additional health and lower costs for the majority. Here is NIRC's list of public policies that it believes need to evolve

- PTA's, school boards and town councils should back school nutrition professionals to serve better meals, and to pull the plug on empty-calorie vending machines.
- State and federal legislators need to gain the knowledge and political courage to more readily invest in prevention programs that save many times what they cost.
- Insurance companies should do what they already know is right, to reimburse doctors for the clinical time and tools to provide *early identification* of *insulin resistance* and to counsel patients who are not yet sick about staying healthy.
- Insurance should cover patient lifestyle education and weight management programs before obesity and other visible symptoms of *insulin resistance* take root. With rising numbers of tests, lab companies will find ways to lower costs, too.
- Income tax deductions for medical care should include spending for *active prevention* program participation for even healthy *insulin resistant* individuals.
- In addition to pre-diabetes, active diabetes, and obesity, the CDC should institute tracking of the clinical incidence of *insulin resistance* and *PCOS/metabolic syndrome* cases and its components.
- Starting in elementary school, States should require confidential annual BMI measures to be sent home accompanied by guidance for parents as to its meaning and its health implications. Included should be guidance about how to identify *PCOS* and *metabolic syndrome* symptoms and to consult a doctor when they suspect it.
- Even in the absence of visible symptoms, all sexually mature people should be tested for fasting insulin, fasting glucose and blood pressure at least once every five years. Insurance companies should reimburse for all such testing.
- States should require *insulin resistance* screening for school children and for the schools to report aggregated results, much the same as is done for vaccinations to prevent infectious diseases.

- States should aggressively adopt practices that improve school diets and encourage physical exercise and improved fitness.
- Health education curricula should teach kids that they are the *primary* keepers of their own health, not just the beneficiaries or victims of it.
- Aggregated BMI reporting creates a feedback loop for educators and policy makers about school diet, fitness programs and health education success.
- The Federal Government's FDA should add *glycemic load* measures to food product labels. It should sponsor standardized testing of ever more foods.
- Clinical pediatric practice should include tracking BMI in addition to separate height and weight measures to foster widespread adoption.

Public health care policy has favored treatment and cure over prevention. Add up all the vaccines, checkups, education and screening that we currently do, and it is less than 2% of what we spend on the medicine, hospitals, and research devoted to treating sick people. We talk about prevention all the time, and we all want it, but we don't do nearly as much about it as it seems from the talk. The economics of business impel drug companies to invest in control drugs that keep sick people who will pay over and over to stay alive, or stave off recurring symptoms more than it impels drug companies to invest in prevention drugs that logically undercut future revenue as fewer people get sick. Large, powerful organizations focused on specific diseases are all about sick people and their families, the doctors that treat patients, and the researchers who are funded by them, all of whom are their members and financial supporters. Research and program money they control naturally matches their priorities.

A change in emphasis toward prevention is in order and it is unlikely to come from within. Who is really completely satisfied with our federal and state governments' positions on health care issues? It is possible for us to do much better. There is an overarching need to help society save itself from millions of preventable cases of non-infectious disease.

Modern media brings medical tragedies and breakthroughs into every living room. Finding ways to fix illnesses, even rare and bizarre ones, has become a hallmark of our economy with health care reaching past 15% of all national spending. And we take pride in the accomplishment of having this best-in-the-world system for dealing with sickness. But because we can fix so much illness, it has become easy to delude ourselves into believing that doing so is the best way to approach our society's need for health. Fixing illness is resource constrained. Should we need research, doctors and nurses, hospital beds, dialysis machines, etc., at levels that exceed the supply, then our health care system won't look so good by any measure as we will be neither helping the sick or preventing their occurrence. The sure way to deal with illness is through *active prevention*, and that's where more of the resources must be directed.

The goal of the National Insulin Resistance Council (NIRC) is to *prevent* millions of non-infectious disease cases tied to *insulin resistance* including diabetes, heart failure, stroke and recently-linked Alzheimer's. It sponsors, operates, and collaborates with others on programs that lead to *early identification* of affected individuals and fosters targeted *active prevention* programs.