



Healthier Every Day, Stronger for Life.

FOR TRIBAL COMMUNITIES

Continuous hypertension support shaped around the community it serves.

A BETWEEN-VISIT SUPPORT LAYER, SHAPED WITH THE COMMUNITY

Healthcare happens at certain points in time. Managing your health happens every day.



Illustrative image. Not a specific meeting, NR Heart location or partnership, and does not represent any specific Tribe or community.

BP control

A national IHS performance measure covering IHS, Tribal and urban programs (IHS GPRA).

Native Hearts

An IHS initiative supporting evidence-based cardiovascular care, including hypertension, with federal, Tribal and urban Indian health partners.

1,600+

Community Health Representatives representing more than 250 Tribes (IHS).

TRIBAL COMMUNITIES ALREADY HAVE HEALTHCARE RELATIONSHIPS, PROGRAMS, KNOWLEDGE AND COMMUNITY RESOURCES.

NR Heart is designed to complement them by supporting people with hypertension in the space between healthcare visits.

SO, WHAT IS NR HEART?

NR Heart is a continuous hypertension support system designed around what happens between healthcare visits.

It connects learning, daily action, home blood pressure tracking, personalized human support and Translate™ into one system that can be shaped around the community and its existing healthcare relationships.



Illustrative participant experience

YOUR HEALTHCARE TEAM SETS THE CLINICAL PLAN. NR HEART SUPPORTS WHAT HAPPENS IN BETWEEN.



LET'S TALK.

Jeremy Beavis, Founder & CEO. Scan to save my contact, or email me.

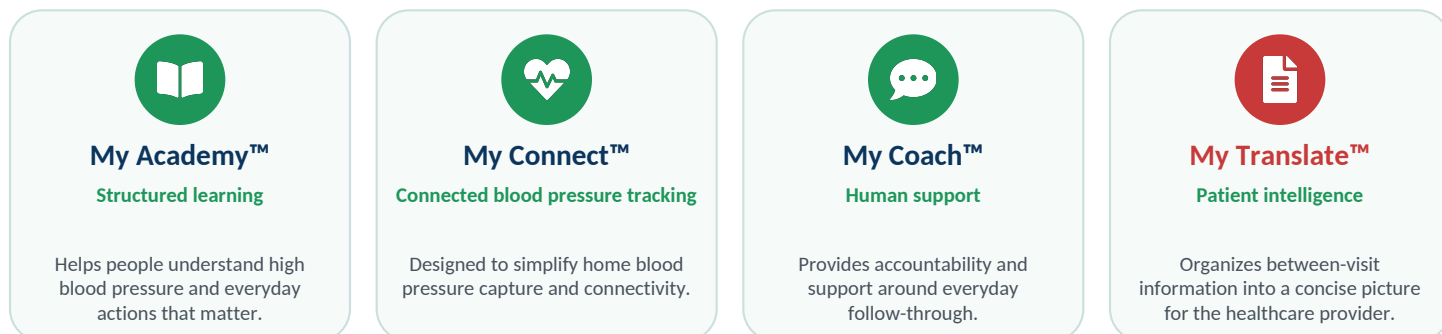
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Sources: IHS (GPRA performance measures; Native Hearts Initiative; Community Health Representative Program). References to IHS programs do not imply IHS endorsement or partnership. Published statistics are not NR Heart results. NR Heart™ is a trademark of Nutrition Revolution, Inc. (DBA NR Heart). NR Heart provides education, coaching and information and does not diagnose or treat medical conditions. Diagnosis and treatment remain with each person's healthcare provider. No NR Heart clinical, quality or cost outcomes are claimed.

One connected system. Shaped around the community.

One model does not fit every Tribe. The system stays consistent; how it is used is agreed with the community.



WE DO NOT GIVE CLINICIANS MORE DATA. WE GIVE THEM BETTER UNDERSTANDING.

THE COMMUNITY ALREADY HAS STRENGTHS TO BUILD ON

95%+

of Community Health Representative programs are directly operated by Tribes.

1,600+

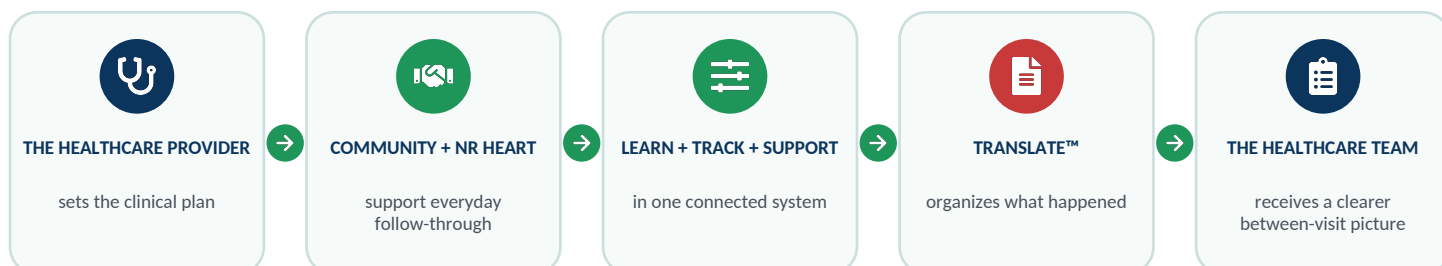
Community Health Representatives, representing more than 250 Tribes in all 12 IHS Areas.

An NR Heart engagement could potentially work alongside existing Tribal healthcare teams, community programs and community-based workforce, rather than replacing them.

Where appropriate, a partnership could be designed to complement existing community-based health resources. No Tribe is expected to use any particular workforce model.

Source: IHS Community Health Representative Program. NR Heart does not currently integrate with any CHR program or Tribal health system. Community strengths shown are published facts, not NR Heart results.

HOW IT FITS AROUND EXISTING CARE



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Designed around your people, priorities and healthcare relationships.

Where a partnership could add support.



FOR PEOPLE

Practical hypertension understanding, structure and support between healthcare visits.



FOR HEALTHCARE TEAMS

A clearer picture of what happened between visits, without transferring diagnosis or treatment away from the provider.



FOR THE COMMUNITY

A program that can be shaped around local priorities, existing resources and the population the organization chooses to serve.



FOR LEADERSHIP

Agreed participation and program measures that help leadership understand how the engagement is being used and whether it is meeting agreed objectives.

WHY THIS COULD FIT YOUR REALITY



DESIGNED FOR VARIABLE CONNECTIVITY

A phone-supported pathway, and a cellular option in validation, designed for use without home Wi-Fi or smartphone pairing.



NUTRITION AND LIFESTYLE ROOTS

Support that can be adapted with the community, including local food priorities and everyday routines.



FOLLOW-THROUGH AROUND EXISTING CARE

Support between visits that works around your care relationships and community workforce, with the provider in charge.

YOUR COMMUNITY. YOUR PRIORITIES.

Before launch, the partner and NR Heart would agree:



WHO

the program is for



HOW

it fits existing care



HOW

support will be delivered



WHAT

will be measured



HOW

success will be evaluated

Data access, use and governance expectations are agreed before an engagement begins.

MY ROI™ models potential value using the organization's own assumptions and economics. Modeled scenarios are not guaranteed outcomes.



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What makes NR Heart different.

Not one feature. A connected hypertension support system designed to work around everyday life, existing care and community priorities.



BETWEEN-VISIT SUPPORT

Designed around what happens between healthcare visits, not just what happens during the appointment.



A CONNECTED SYSTEM

Learning, daily action, home blood pressure tracking, human support and Translate™ work together.



THE PROVIDER STAYS IN CHARGE

NR Heart supports follow-through around the clinical plan. Diagnosis, treatment and clinical decisions stay with the healthcare provider.



UNDERSTANDING, NOT MORE DATA

Translate™ organizes between-visit information into a concise picture for the healthcare team.



SHAPED WITH THE COMMUNITY

The operating model, support approach, measures and governance expectations are agreed with the organization before launch.



DESIGNED FOR REAL-WORLD ACCESS

Phone-supported participation and a cellular option in validation are designed to reduce dependence on home Wi-Fi or smartphone pairing.

HOW IT COMPARES: DIFFERENT WAYS TO SUPPORT PEOPLE WITH HYPERTENSION

	NR Heart	Digital hypertension programs	Remote clinical care programs	Existing community-based support
Hypertension-focused	●	◐	◐	◐
Human support and accountability	●	◐	●	●
Existing provider can retain the clinical plan	●	◐	◐	●
Between-visit information organized for the healthcare team	●	◐	◐	◐
Nutrition and lifestyle context	●	◐	◐	◐
Designed for variable connectivity*	●	◐	◐	●
Can be shaped around local and community priorities	●	◐	◐	●

● Core to the model ◐ Varies by program

*NR Heart's cellular option is in validation; the phone-supported pathway is available.

General structural comparison based on publicly available program information as of September 2026. Individual programs and community-based models differ. No claim of superior clinical, quality or financial outcomes. Existing Tribal and community programs are potential partners, not competitors.

The difference is not one feature. It is how the pieces work together.



DESIGNED TO WORK AROUND EXISTING CARE, NOT REPLACE IT.



LET'S TALK.

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FOR TRIBAL COMMUNITIES

Start by listening. Build together. Measure what matters.

1 LISTEN

Understand the community, healthcare structure, priorities, existing resources and the Tribe's own approval process.

2 DESIGN

Agree the population, operating model, support approach, measures and governance expectations.

3 LAUNCH

NR Heart provides the agreed onboarding, platform, support, home blood pressure tracking and reporting around the existing healthcare relationship.

4 LEARN

Review participation, experience and agreed measures together and decide whether to refine, continue or scale.

NR HEART COMPLEMENTS EXISTING CARE

NR HEART SUPPORTS

- ✓ Education, coaching and information
- ✓ Structured between-visit support
- ✓ Reporting for the healthcare team

NR HEART DOES NOT REPLACE

- ✓ Tribal healthcare or IHS services
- ✓ The healthcare provider or clinical decision-making
- ✓ Existing community programs or workforce

The difference is not one feature. It is how the pieces work together.

Learn

Act

Track

Support

Translate™

Repeat

THE COMMUNITY SETS THE PRIORITIES.

THE HEALTHCARE TEAM SETS THE CLINICAL PLAN.

NR HEART SUPPORTS WHAT HAPPENS IN BETWEEN.



LET'S TALK.

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