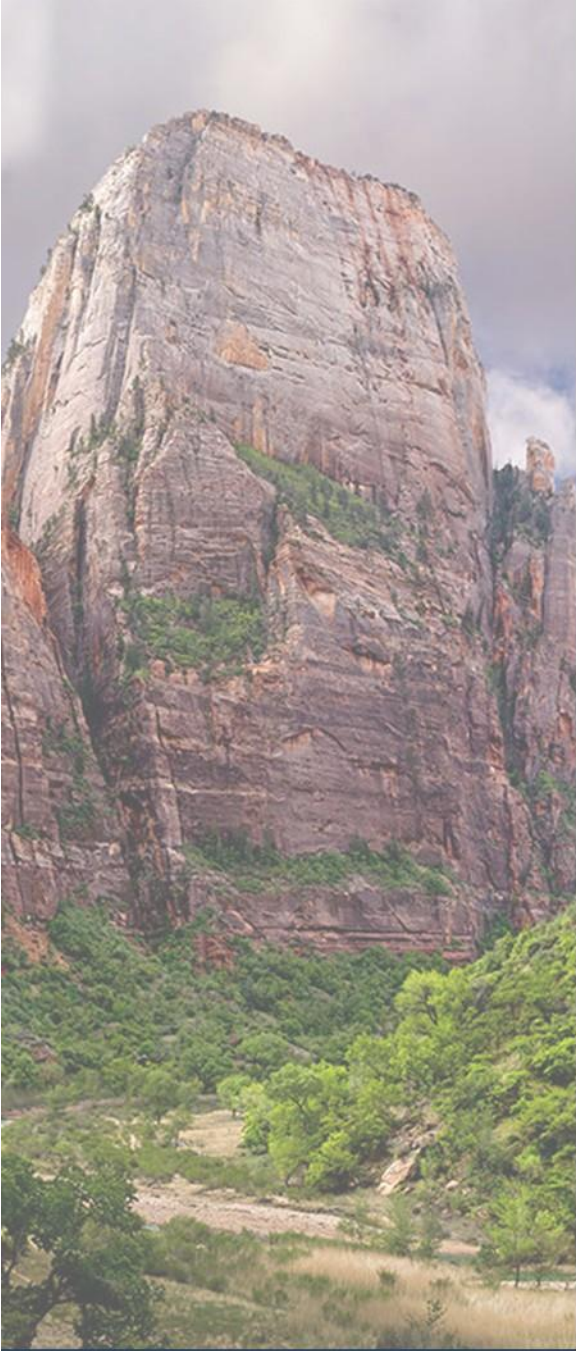




WELCOME!

May 7, 2026



May 2026 Agenda

- 12:00 p.m. Welcome & House Keeping
- 12:05 p.m. **Utah DHHS HEAL (Healthy Environmental Active Living) Program**
- Presented by Pam Chapman & Cassie Cowdell
- 12:25 p.m. HEAL Q&A
- 12:30 p.m. **Canary Speech**
- Presented by Henry O'Connell
- 12:50 p.m. Canary Speech Q&A
- 12:55 p.m. Closing



Building a Healthier Future with DSMES and the National DPP

Pam Chapman, RD, CDCES

Chronic Disease Coordinator



HEAL (Healthy Environment Active Living)

We focus on the following programs:

- Diabetes/Prediabetes support and prevention
- Cardiovascular Health and HTN
- School Health Initiatives
- School Nursing

- ECE and Breastfeeding Support
- Increased Physical Activity through exercise prescriptions
- Eat Well Utah and Farmers Markets

heal.utah.gov

Diabetes in Utah

In 2024, **8.7%** of Utah adults reported being told they had diagnosed diabetes

Demographic Disparities

- **More than twice as many** Black, American Indian, and Pacific Islander Utahns have diabetes than White or Asian Utahns.
- Prevalence is almost **twice as high** for those with less than a high school education.
- Diabetes prevalence **increases** with age.

Regional Impact

10.1%

Prevalence in **Frontier** areas

Rural and frontier regions often face unique healthcare accessibility challenges.

Cost of Diabetes in Utah

Total Annual Cost
\$1.6 Billion

Economic Impact Breakdown

- **\$1.3 Billion:** Direct medical costs
- **\$498 Million:** Indirect costs from lost productivity
- **2-3x higher** medical expenses for individuals with diabetes



National Diabetes Prevention Program

A partnership of public and private organizations working together to prevent type 2 diabetes.

Program Structure

- Year-long program delivered in person, online, or combination.
- Includes 16 weekly sessions followed by 6 monthly sessions.
- Realistic healthy lifestyle changes through continuous support.

Key Goals & Metrics

- Goal of **5-7% weight loss**.
- **150 minutes** of physical activity per week.
- Regular weigh-ins to track and celebrate progress.

DPP & DPPOS Timeline



Even after 10 years, program participants had a **34% lower rate** of type 2 diabetes.

Cost Effectiveness of the National DPP

A Real World, 2-Year Prospective Study: 2024

Study Parameters & Results

- Employer-sponsored health insurance program study
- 575 enrollees
- **~\$4,600 cost savings** per person over 4 years
- **88% probability** of being cost saving

Economic Impact

\$160,000

savings per case of diabetes prevented

"Offering the National DPP at no out-of-pocket cost provides good value for the money."

How to find more DPP information?

Visit our website for comprehensive resources:

[Heal.utah.gov/prediabetes](https://heal.utah.gov/prediabetes)

Available Resources & Tools

- Helpful promotion videos to share
- Detailed insurance coverage information
- Comprehensive resources specifically for providers
- Up-to-date lists of active DPP providers
- Direct sign-up links for several major providers

How to register?

To find a National DPP near you, use the search feature below. For details about National DPP classes offered at **Intermountain Healthcare**, call 801-507-2400. For classes at **the University of Utah**, call 801-213-8720.

To find a National DPP near you, use the search feature below. For details about National DPP classes offered at [Intermountain Healthcare](#), call 801-507-2400. For details about classes offered at [the University of Utah](#), call 801-213-8720.

Workshop Search

Search here to find and enroll in evidence-based health and wellness workshops being offered. Enter your zip code, find the workshop for you and register online!

Zip Code:

30 miles



Delivery Method:



Program:



Search!

Request Information

If you are unable to locate a workshop meeting your needs or would like more information about programs, please click on "Request Information" above and submit your request. We will make every effort to connect you to organizations delivering workshops near you.

Statewide Providers of DPP

Intermountain Health

- Spanish and English
- Online
- Accepts Medicare
- Some scholarship available

[Program Website](#)

University of Utah

- In-person classes
- Partnership with NOOM
- Accepts Medicare
- Some scholarships available

[Program Website](#)

Start your own National DPP

Reasons to start your own DPP

Evidence based program with potential to bill insurance companies

Addresses other **chronic health conditions**

Meets the **needs of your community**

Receive **support from Utah DHHS**

Engage local organizations

Improving access to diabetes education through **DSMES**

Participation Rates

< 5% Medicare
6.8% Privately Insured

Critical Window

**Participated in DSMES in the first
year of diagnosis**

Diabetes Self Management Education and Support (DSMES) can:

Lowers A1c levels

**Prevent or delay
complications**

Improve quality of life

DSMES locations in Utah

Find programs at: heal.utah.gov/dsmes-programs
 Download the [DSMES & MNT Referral Form](#)

DSMES Programs in Utah

| PROGRAM | ADDRESS | CITY | PHONE |
|--------------------------------|-------------------------|----------------|----------------|
| Above Diabetes-Online | ariel@abovediabetes.com | Utah | (801) 702-8143 |
| Alta View Speciality Clinic | 9450 S 1300 E | Sandy | (801) 314-4500 |
| Ashley Regional Medical Center | 150 West 100 North | Vernal | (435) 781-6874 |
| Avenues Specialty Clinic | 324 10th Avenue | Salt Lake City | (801) 314-4500 |

Above Diabetes



Your Expert Partner in Nutrition & Diabetes:

We are a telehealth-based clinical team providing comprehensive diabetes and nutrition care. From labs, prescriptions, and devices to expert nutrition counseling, we simplify care for patients and providers.

Why Choose Above Diabetes?


- Comprehensive Care: Meds, lifestyle, education for Type 1, 2, Prediabetes & GDM.
- Device Support: Expert with pumps & CGMs: Tandem, Medtronic, Omnipod, Twiist, Beta Bionics, Dexcom, Libre, Eversense.
- Proven Results: Lower A1c, better Time in Range, lasting weight management.
- Telehealth: Prescriptions to nutrition consults: flexible virtual visits.
- Easy Insurance: We handle billing, eligibility & PAs for Medicare & major insurers.
- \$0 Nutrition Visits: RD consults often covered under preventive care.
- Medication & Labs: NP-managed prescriptions, labs & authorizations.
- Provider Partner: We reduce your workload with education, tech, and follow-up.
- Clinical Trial Support: Trusted dietary consults for research.

How to Refer to Above Diabetes?

Simply fax a referral (including most recent chart note) to **435-339-0330**.

OUR SERVICES:

| | | | | |
|---------------------------|------------------------|---------------------------|-------------------------|----------------------------|
| DIABETES (DM1, DM2, LADA) | GESTATIONAL DIABETES | PREVENTATIVE DIETARY CARE | WEIGHT MANAGEMENT | GASTROPARESIS & RENAL DIET |
| CERTIFIED PUMP TRAININGS | SELF-MANAGEMENT SKILLS | SPECIALIZED WORKSHOPS | DEAP ACCREDITED PROGRAM | EXERCISE & NUTRITION PLANS |



ADCES DEAP
DIABETES EDUCATION
ACCREDITATION PROGRAM





PROGRAM'S RESULTS:

| | | | |
|---|---|-------------------------------------|----------------------------------|
| WEIGHT LOSS (BODY WEIGHT) -10.2% ↓ | INCREASED TIR (70 - 180 MG/DL) + 22% ↑ | A1C REDUCTION -1.64% ↓ | PT ENGAGEMENT 88% ↑ |
|---|---|-------------------------------------|----------------------------------|

ABOUT US:

A team of RDNs/CDCES partnered with an NP, delivering comprehensive virtual diabetes care. We specialize in insulin management, pump programming, CGM interpretation, medication adherence, and nutrition for Type 1, Type 2, prediabetes, gestational diabetes, and complex cases.

CONTACT US:

-  Site: abovediabetes.com
-  Phone: 435-339-0220
-  Fax: 435-339-0330
-  ariel@abovediabetes.com



WE ACCEPT INSURANCE!

Check out our website

USU Extension Diabetes Cook Along Series

Another option to consider?

Program Overview

4 week hands-on, evidence-based program for Type 2 diabetes or prediabetes. Participants prepare real-time meals with instructors.

Format & Cost

- Offered in-person and virtually
- Cost: \$10-25 depending on location
- Contact: Jenna.dykman@usu.edu

Education Topics Include

- Carbohydrate management
- Weight & health impacts
- Food labels & portion control
- Meal prep and planning
- Diabetes Plate Method
- Fat, protein, and fiber effects

86%

High Satisfaction

92%

Substantial Knowledge Gain

Opportunities for Partnerships

Utah Diabetes Coalition

Meets every other month on the 2nd Tuesday at 10 am

Next meeting April 14th

Contact:

pschapman@utah.gov

Chronic Kidney Disease Workgroup

Meets every other month on the 4th Thursday at 10:30 am

Next meeting May 28th

Contact:

pschapman@utah.gov

Million Hearts Coalition

Meets every other month on the 2nd Wednesday at 1 pm

Next meeting May 13th

Contact:

cacowdell@utah.gov

Supporting Blood Pressure Monitoring Beyond the Clinic

Cassie Cowdell, MPH

Cardiovascular Health Specialist



The challenge we face

Visibility gaps

- We can see who is diagnosed (2023 BRFSS), but we can't see who is controlled.
- Relying on biennial data makes real-time targeting much more difficult.

Funding realities

- Strict CDC restrictions: Federal funds cannot be used for hardware (monitors/cuffs).
- Reliance on limited State of Utah funds to supply equipment.

Infrastructure hurdles

- LHDs have operated without a standardized SMBP roadmap or technical guidance.
- We are shifting our approach today to build the infrastructure that has been missing.

Million Hearts in Utah

National Initiative

A nationwide effort to prevent heart attacks and strokes across the country.

Utah Coalition

Led by DHHS with partners in clinics, public health, and community organizations.

Focus Areas

Hypertension control, SMBP, and connecting clinical services with the community.

Key Populations

Priority on closer BP monitoring for specific populations, including maternal health.



Coming together: the SMBP workgroup

Purpose

Support clinics and community partners in implementing SMBP programs with practical tools and consistent workflows.

Strategy shift

Moving from fragmented, site-specific guides to one comprehensive SMBP Resource Hub.

Leadership

- **Chair:** Cassie Cowdell, DHHS
- **Co-Chair:** Megan Raschke, Tooele County LHD



Building the network: Libraries with Heart

AHA partnership

Solidified foundational partnership with the American Heart Association

Catherine from AHA established the initial 80 Libraries with Heart locations in 2024

LHD mobilization

LHD staff across Utah mobilized to add lending sites in their districts

42 new locations added as of March 2026

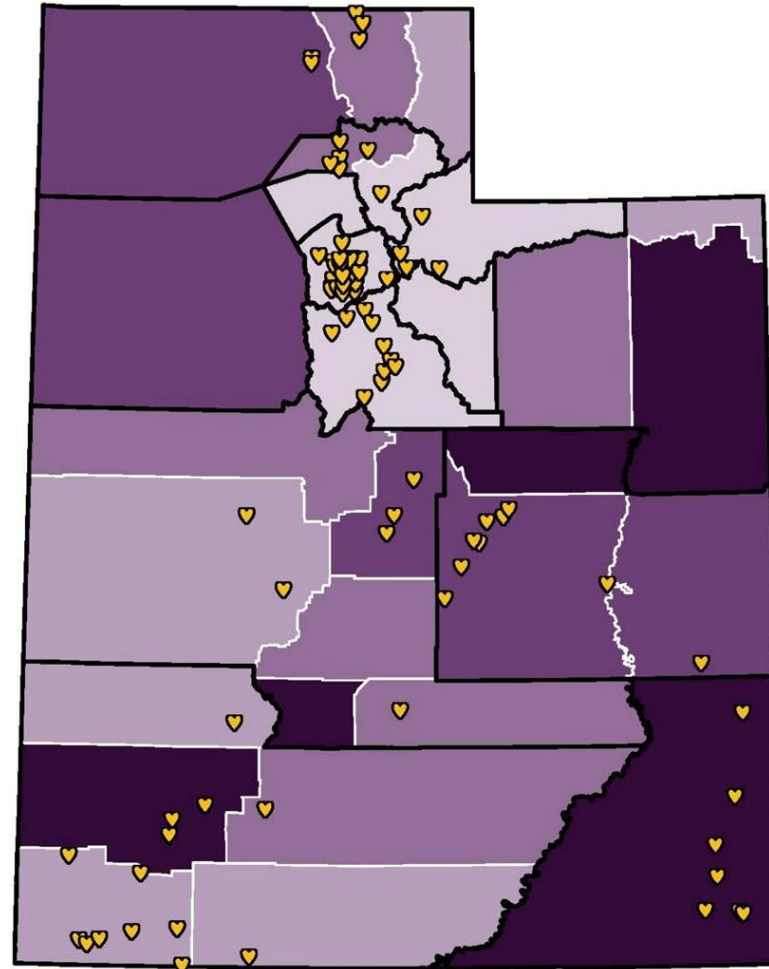
Total: 122 statewide SMBP lending sites

Mapping our progress

Where we started

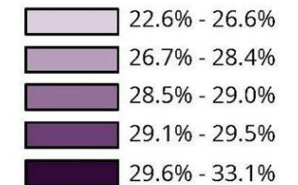
- Static map showing Libraries with Heart locations
- Age-adjusted BP prevalence (22.6% - 33.1%)
- Created by Shannon Robinson and Jamie Anderson

Libraries with Heart programs in Utah counties, 2025



The Libraries with Heart initiative is a collaborative effort between the American Heart Association, Utah-based clinics, and local libraries to increase access to blood pressure monitoring and heart health education. This program enables libraries to offer free blood pressure cuffs for checkout along with educational materials to support community members in managing their blood pressure.

High blood pressure age-adjusted prevalence (%)

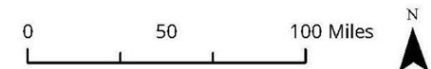


- Libraries with Heart programs
- Local health districts

Created by: Shannon Robinson, MPH (Utah Department of Health and Human Services) & Jamie Anderson (Southwest Local Health Department)

Date: May 2025

Data sources: CDC PLACES, American Heart Association



Mapping our progress

Now: interactive GIS map

- **Live at:** heal.utah.gov/million-hearts/
- **122 locations:** A living referral tool clinics can pull up in the exam room.
- **Patient impact:** Helps patients find the closest free blood pressure cuff.

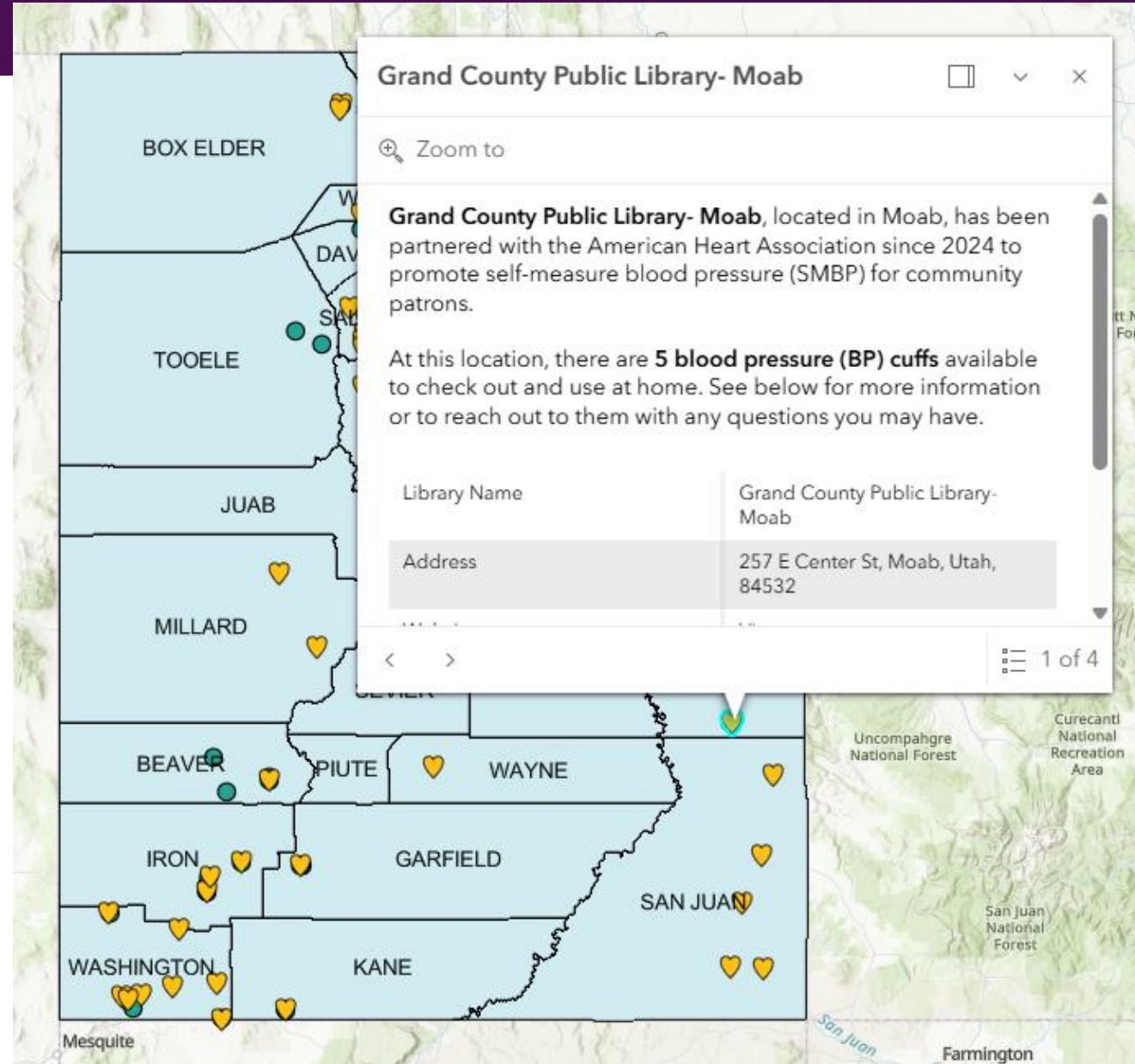
Libraries with Heart Lending Programs



SMBP Lending Libraries



Utah County Boundaries



Insights from other states

What other states are doing

- Iowa, Idaho, Mississippi, Kansas, North Carolina, New Mexico, and Connecticut are not currently using SMBP lending libraries
- Most keep SMBP entirely within the clinic because community tracking is too complex

The Utah difference

- Utah's community-lending model values access equity and is worth keeping
- But it requires formal clinic partnerships and defined referral loops
- Clear clinical support is mandatory to meet CDC grant reporting requirements

SMBP tied to clinical support

Utah definition

Patients measure BP outside the clinic using a validated device and share readings with a care team that reviews and acts on them.

The referral loop

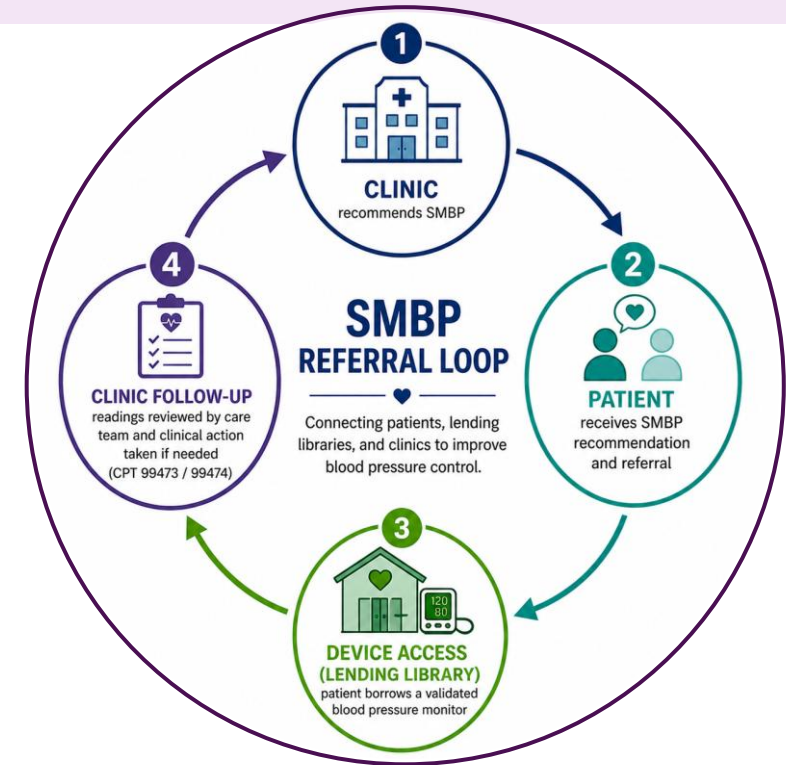
1. Clinic recommends SMBP

2. Patient accesses a validated device

3. Follow-up expectation is set

4. Readings are reviewed by care team

5. Clinical action taken when needed (CPT 99473/99474)



Key point

Access alone is not enough. Clinical follow-up is what drives outcomes.

Our action plan: the resource hub

Centralized Google Drive

One-stop shop for LHDs and clinics, replacing fragmented guidance

4 toolkit pieces in development

1. Patient Education

One-page 'WHY' sheet for patient clarity

2. Visual Workflow Model

Clear mapping of the referral loop process

3. SMBP Policy Template

Device validation, follow-up, and staff roles

4. Referral Language

Standardized language for clinics and LHDs

WORK GROUP MEETINGS



**Let's get
interactive!**

Scan the QR code to explore the live GIS Lending
Library Map

heal.utah.gov/million-hearts/



Questions?

pschapman@utah.gov
cacowdell@utah.gov





Utah DHHS HEAL Program

Q&A



CANARY SPEECH

VOICE AS A VITAL SIGN

Detect health conditions earlier
with AI-powered vocal biomarkers





Canary Speech is advancing the use of vocal biomarkers to improve access to care, referral effectiveness, time to diagnosis, and management of health conditions.

Our technology provides objective, actionable data to power successful outcomes.





SCREENING FOR DISEASE WITH VOICE

Canary Speech uses voice to screen for anxiety and depression from 40 seconds of conversational speech.

We offer a clinically-validated API and app that detects conditions from a simple voice sample or ambient listening and can be trended over time.

WHY VOICE?

Speech is the most complex motor activity that humans do. Our models extract over 12.6 million speech features from each audio sample.

VOCAL BIOMARKERS

Vocal biomarkers are measurable voice characteristics that provide insights into a person's emotional state, health, and other imperceptible factors.

WHAT WE SCREEN

Our technology analyzes these factors to identify cognitive and behavioral conditions such as anxiety, depression, mild cognitive impairment, and more.



Speech is the **most complex motor function of the human body**

Canary Speech algorithms analyze **2,548 distinct elements of speech production.**

Each recording generates more than **12.6 million quantifiable speech features.**

Machine learning models then process these features to identify vocal biomarkers associated with specific diseases.

This approach turns ordinary patient speech into a **rich source of real-time, actionable data.**





How it works

Voice captured on a smart device



Voice sample analyzed by Canary Speech Engines and AI Models



Scoring and reporting in real-time

Our voice models

1. Deliver **clinical-grade screening** for cognitive and behavioral health conditions, providing **objective, actionable insights**.
2. Use **state-of-the-art deep learning** to analyze *how* people speak (and not the words that they say), extracting features from vocal samples across acoustic, prosodic, and linguistic levels.
3. Are optimized for **accuracy, sensitivity, and specificity**, ensuring reliable, real-world results at scale.



Expanding Access to Care with Vocal Biomarkers

Rural communities face unique challenges in accessing timely behavioral and neurological care: limited provider availability, long travel distances, and delayed diagnoses.



Canary Speech addresses these gaps by transforming everyday speech into objective health insights—captured remotely through phone calls, telehealth visits, or smart devices.





No additional hardware required

Works with existing phones and telehealth platforms

Early detection, anywhere

Screens for conditions like anxiety, depression, and cognitive decline from short speech samples

Seamless integration

Fits into current workflows without adding burden to clinicians

Scalable across populations

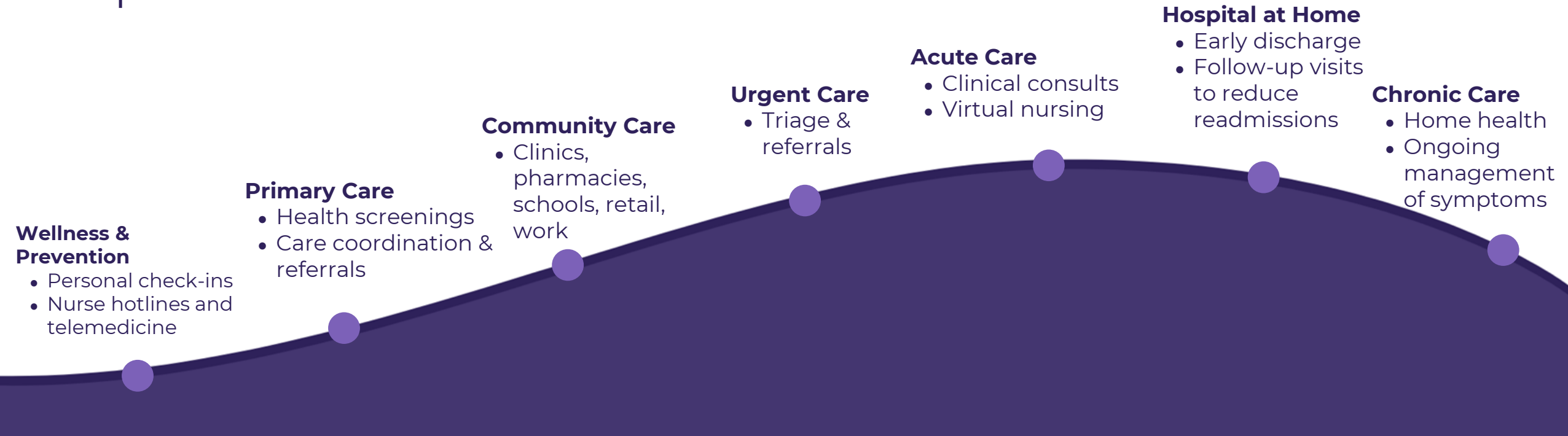
Enables proactive monitoring in hard-to-reach communities



Canary Speech brings **scalable, non-invasive** screening to rural populations, helping clinicians **identify risks earlier** and deliver care without geographic barriers.



Spectrum of care



Seamless voice AI technology that connects clinicians, care teams, and patients throughout the entire care journey, from early screening to ongoing monitoring.

Objective | Scalable | Fast

Canary Models Delivered Through Ambient Tech

Beyond providing clinicians with immediate actionable data, the technology can also longitudinally monitor disease progression by detecting subtle changes in speech over time.

A photograph of a man in a white hospital gown lying in a hospital bed, looking upwards. The bed has white linens and a blue headrest.

Anxiety & Stress

Depression & Mood

Energy Levels

Mild Cognitive Impairment

Alzheimer's Disease

Parkinson's Disease

Aggression & Violence

Huntington's Disease

PTSD (in development)

MS (in development)

Autism (in development)

ADHD (in development)

Pain (in development)

Respiratory Disease (in development)

Congestive Heart Failure (in development)

& More!



Canary Speech continues to lead the industry in peer-reviewed papers

- [Toward a Speech-Based Model of Premanifest Huntington’s Disease](#)
- [Detecting Parkinson’s Disease Using Vocal Biomarkers Based on Speech Foundation Models](#)
- [Developing and Testing AI-Based Voice Biomarker Models to Detect Cognitive Impairment](#)
- [Audio-based Detection of Anxiety and Depression via Vocal Biomarkers](#)
- [Detecting Manifest Huntington’s Disease Using Vocal Data](#)
- [Voice Technology to Identify Fatigue from Japanese Speech](#)

Canary is proud to partner with leading industry, healthcare and research innovators such as the below, and many more



International by design:

Voice biomarkers are language-agnostic and we are proud to have partners across the world, with research partners and sites in Guatemala, Uruguay, Peru, Japan, Scotland, Taiwan, and Abu Dhabi.



Canary Speech has been awarded and has pending patents

US Patent No. 10,311,980

Medical Assessment Based on Voice

US Patent No. 11,348,694

Medical Assessment Based on Voice [continuation I]

US Patent Pending No. 11,756,693

Medical Assessment Based on Voice [continuation II]

US Patent No. 12,051,513

Medical Assessment Based on Voice [continuation III]

US Patent No. 12,444,510

Medical Assessment Based on Voice [continuation IV]

US Patent Pending No. 19/339,702

Medical Assessment Based on Voice [continuation V]

US Patent No. 10,152,988

Selecting Speech Features For Building Models For Detecting Medical Conditions

US Patent No. 10,896,765

Selecting Speech Features for Building Models for Detecting Medical Conditions [continuation I]

US Patent No. 11,749,414

Selecting Speech Features for Building Models for Detecting Medical Conditions [continuation II]

US Patent No. 12,125,497

Paired Neural Networks for Diagnosing Health Conditions Via Speech

US Patent No. 18,796,286

Paired Neural Networks for Diagnosing Health Conditions Via Speech

US Patent Pending No. 19/307,510

Analysis of Ambient Speech for Health Conditions Using Vocal Biomarkers

US Application of Provisional Patent No. 62/614,192

Apparatus, System, and Method For Voice Collection and Medical Assessment

US Patent Pending No. 19/323,735

Multimodal Analysis Using Vocal Biomarkers and Foundation Models For Health

US Patent Pending No. 18/495,588

Techniques For Speech Language Model Training and Application Conditions

EP (European) Patent No. 3618698B1 Issued in the following countries: CH (Switzerland), ES (Spain), GB (United Kingdom), IR (Ireland)

Medical Assessment Based on Voice

European Patent Pending No. 24202331.5

Medical Assessment Based on Voice

European Patent No. 3619657B1 Issued in the following countries: CH (Switzerland), ES (Spain), GB (United Kingdom), IR (Ireland)

Selecting Speech Features For Building Models For Detecting Medical Conditions

European Patent Pending No. 24206768.4

Selecting Speech Features For Building Models For Detecting Medical Conditions

European Patent Pending No. 22194459.8

Paired Neural Networks for Diagnosing Health Conditions Via Speech

European Patent Pending No. PCT/US25/44474

AI Enhanced Analysis of Ambient Speech for Health Conditions Using Vocal Biomarkers

European Patent Pending No. PCT/US25/45581

Multimodal Analysis Using Vocal Biomarkers and Foundation Models For Health Conditions

European Patent Pending No. 24209028.0

Techniques For Speech Language Model Training and Application

Japanese Patent No. JP7208977B2

Medical Assessment Based on Voice

Japanese Patent Pending No. 2022-149805

Medical Assessment Based on Voice

Japanese Patent No. JP7208224B2

Selecting Speech Features For Building Models For Detecting Medical Conditions

Japanese Patent No. JP7566939B2

Selecting Speech Features For Building Models For Detecting Medical Conditions

Japanese Patent Pending No. 2024-173193

Selecting Speech Features For Building Models For Detecting Medical Conditions

Japanese Patent Pending No. 2020-139730

Paired Neural Networks for Diagnosing Health Conditions Via Speech

Japanese Patent Pending No. JP3739.2.3

Techniques for Speech Language Model Training and Application

Hong Kong Patent No. 42023072922 | Pending

Paired Neural Networks for Diagnosing Health Conditions Via Speech

Expanding Access Through Connectivity Partnerships

Emerging connectivity models are unlocking new ways to deliver healthcare in rural and underserved communities.

What's changing:

- New collaborations between tech providers
Microsoft and SpaceX's Starlink are expanding low orbit Earth orbit satellite solutions to previously unreachable areas
- Community-based deployment models and local partnerships accelerating adoption

Why it matters:

- Connectivity gaps remain a barrier to timely diagnosis and behavioral health access
- This enables better remote screening and monitoring, more consistent patient engagement
- A growing ecosystem of connectivity + AI is reshaping how care can be delivered anywhere (I.e. Canary Speech and other clinical tools)

<https://blogs.microsoft.com/on-the-issues/2026/02/24/empowering-communities-to-enable-the-global-ai-economy/>

<https://www.cnbc.com/2026/02/24/microsoft-spacex-starlink-global-internet.html>



LET'S DO SOMETHING GREAT TOGETHER

E-mail

info@canaryspeech.com

Website

CanarySpeech.com



Canary Speech

Q&A



CLOSING

- Next Session is June 4, 2026 at 12:00 p.m.
 - Topics:
 - Global Health Utah Undergrad Projects – BYU Nursing
 - LungLink
- The recordings from today will be available at:
<https://www.rhau.org/rhau-webinar-series>
- The application to request to present can also be found on the RHAU website, we encourage you to apply to present!
- **THANK YOU FOR ATTENDING!!!**



June 2026 RSVP

