REAL CHANGE THROUGH REAL ESTATE



STRENGTHENING COMMUNITIES

Since 2006

RESIDENTIAL AND COMMERCIAL DEVELOPMENTS

84

22 COMMUNITIES

732,699 Square Feet COMMERCIAL & COMMUNITY SPACE \$800 Million INVESTED

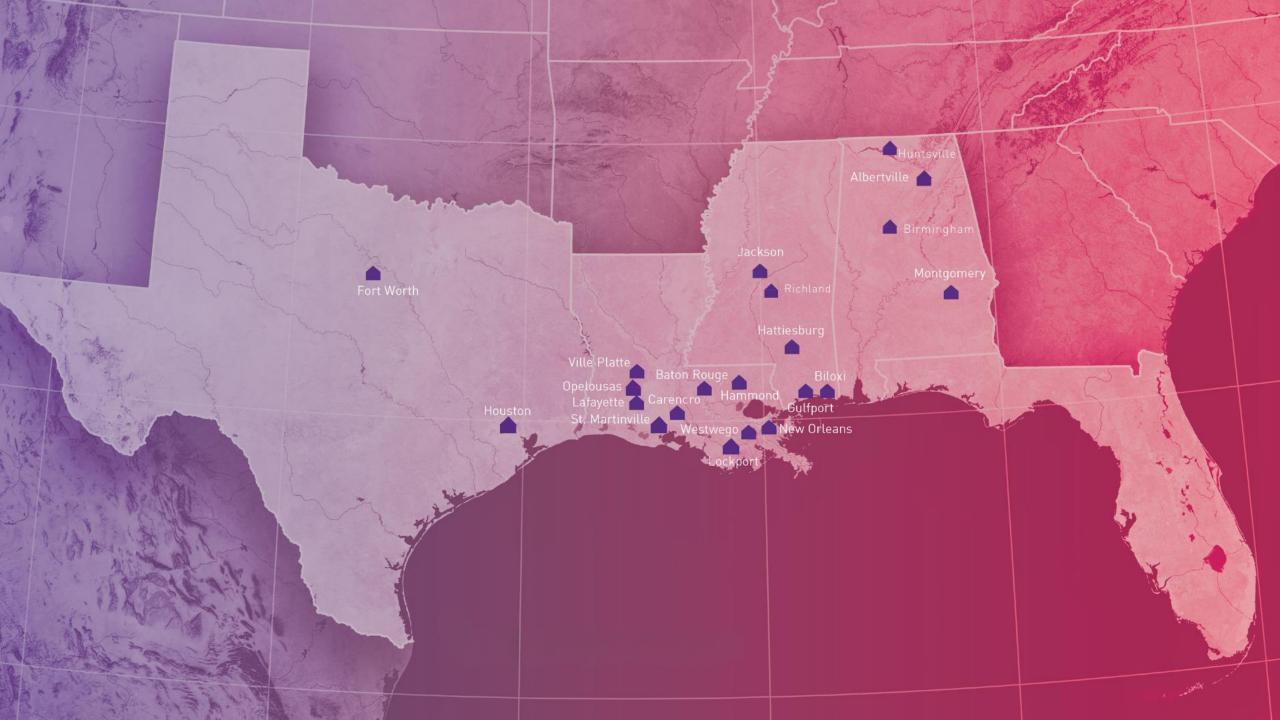
50 % HEALTHCARE FOCUSED

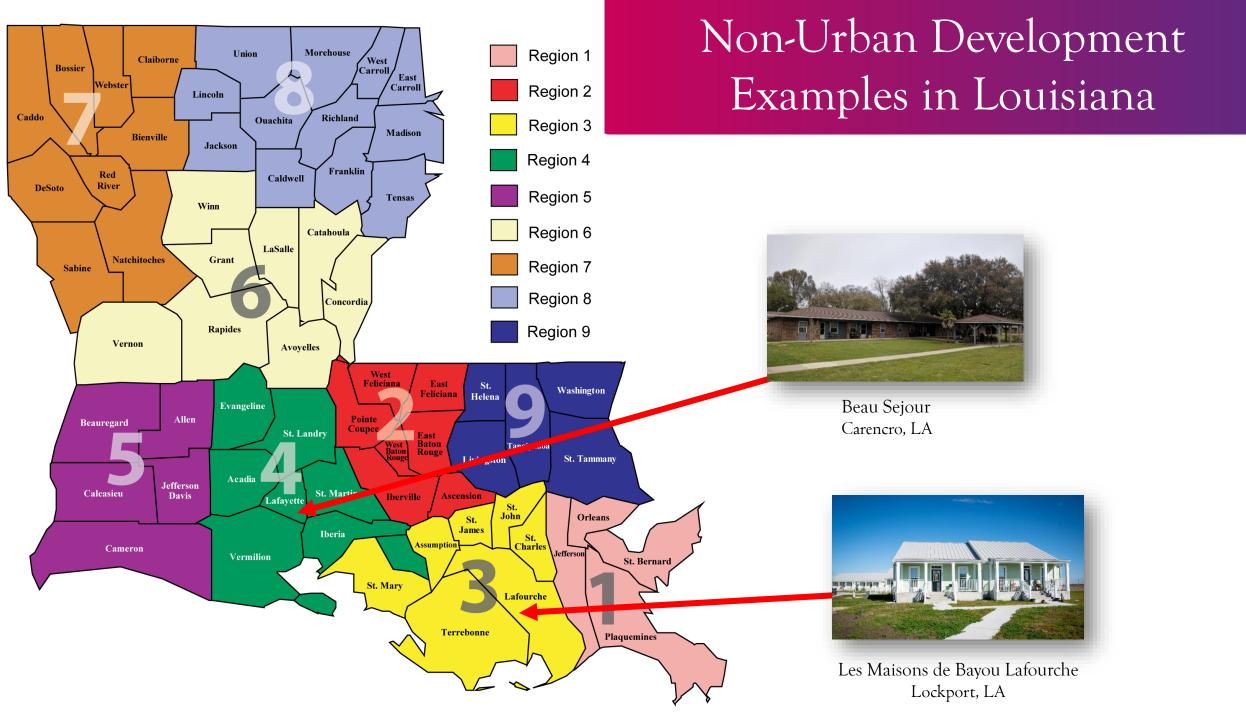
Resident Demographics

- 80% are Extremely Low Income / Very Low Income (30% to 50% AMI)
- 56% are Extremely Low Income (30% AMI)
- 71% are in households with a female head of household
- 22% have a disability in the household
- 93% are racial + ethnic minorities
- 30% are seniors
- 30% are children

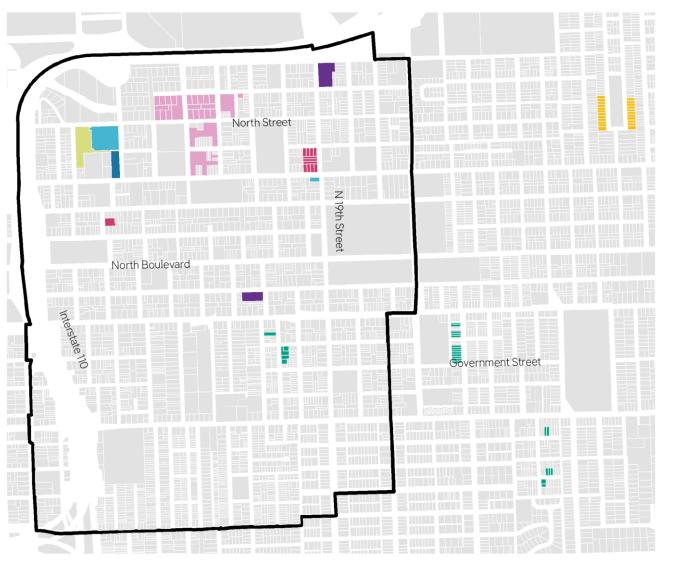
Production in Partnership



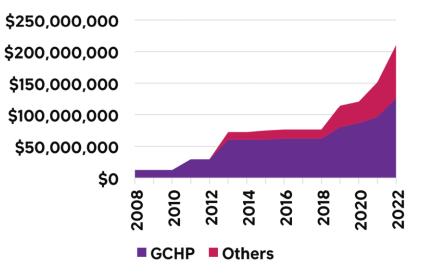




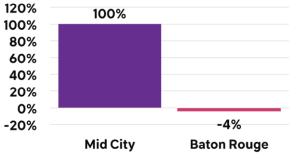
Urban Development Examples: Baton Rouge, LA



Cumulative Investment in Mid City



Job Growth (2010-2019)



2020

2021

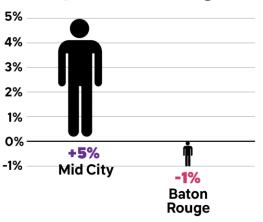
2023

Under Construction

2008

2019

Population Change



Health + Housing

Goal: Address the dual challenges, especially acute in low-income and predominantly BIPOC populations in our service area, of

Lack of access to safe affordable housing and

Poor health outcomes due to social determinants of health and access to healthcare – especially culturally competent healthcare services.

2



Health + Housing

Concessionary Capital

Investment from healthcare payor to bridge affordable housing financing gaps and create more housing for low-income households in and for economically distressed communities



Healthy Buildings

A focus in the design and construction of affordable housing on the impact the built environment can have on health



Healthcare Access & Culturally Competent Healthcare Services

Partnership with healthcare provider to create on-site and/or easily accessible healthcare services and integrated, culturally competent care within a housing community



Data Driven

Intentional focus on data from project conceptualization through ongoing operations, both in the creation of health metric goals (regularity of screenings, etc.) and in support of meeting those goals, as well as in the ongoing evaluation of the effectiveness of the initiative for all stakeholders involved (health outcome impact for residents, financial impact for healthcare investors, etc.).

Health + Housing

Real Estate Developer

to provide development and property management services





Healthcare Providers

typically Federally Qualified Health Centers to provide access to healthcare services and culturally competent connections to care via community health workers and navigators

Social Service Providers

and other community groups to provide additional social and supportive services



Healthcare Payors

typically Medicaid Managed Care Organizations

 provide concessionary capital to fill financing gaps that prevent affordable housing developments from moving forward and
work to support healthcare provider(s) and impact evaluators with data and add-on services



Health Outcome Evaluators

to guide health intervention metric benchmark creation among involved parties and lead ongoing health impact evaluation



Evaluation Questions & Associated Measures

How does living at the H3C improve the clinical health of its residents?

- Oral health screenings
- Diabetic Hemoglobin A1c Control
- Comprehensive Diabetes Care
- Inappropriate emergency department utilization and follow up
- Adult BMI Assessment
- Depression Screening and Follow-Up for Adolescents and Adults
- Appropriate Depression Screening Follow-Up for Adolescents and Adults
- Controlling Blood Pressure
- COVID vaccination status
- Fluoride varnish
- Hepatitis screening and medication
- Well-Child Visits (WCV)
- Child immunizations 0-3 year old; 10-13 year old
- Breast cancer screening
- Cervical cancer screenings
- Colorectal Screening
- Reduction in avoidable in-patient visits

How does living at the H3C reduce the total cost of care and utilization for its residents and overall?

• Total cost of care

How do healthcare costs and utilization compare to similar populations in New Orleans who are not H3C residents?

• Average total cost of care

How does living at H3C improve the overall quality of life for its residents?

- Social isolation measures
- Resident satisfaction/quality of life measures SDOH Screening Assessment and follow-up (closed-loop)
- SDOH Screening Assessment and follow-up (closed-loop)

192 Senior and Family Units + On-site FQHC

New Orleans, LA

Expected to serve over 4,700 patients annually with primary and preventive health care, pediatrics, immunizations, chronic disease management, pre-natal care, behavioral health, optometry, health and wellness training, pharmacy and laboratory services, and social services

H3C



Owner/Developer

Healthcare Provider



Health Outcome Evaluator



Healthcare Payors **aetna**[®] UnitedHealthcare[®]

Social Service Provider





The Pearl

76 Senior Units + On-Site FQHC

Jackson, MS

Expected to serve over 4,100 patients annually providing general primary medical care including prenatal, pediatric, adolescent, and geriatric services

The Pearl

Owner/ Developer



Healthcare Provider



Health Outcome Evaluator



Healthcare Payor UnitedHealthcare

Social Service Provider



Contact Us



Kevin Krejci Chief Capitalization Officer krejci@gchp.net

Bridget Rabun Director of Resource Development rabun@gchp.net