

Fueled by an inspired vision to bring equity to marginalized populations, our social impact model works from the **inside out** to break through deep-rooted distrust and to solve the most challenging of all problems—**ENGAGEMENT**.

Centuries of systemic racism and bias have perpetuated inequities. Marginalized populations receive **most of the worst and the least of the best**: 2X diabetes, 3X kidney disease, 4X maternal mortality, 5X COVID-19 hospitalizations and imprisonment, and one-sixth the household wealth and college degrees.

*African Americans generate \$1.4 Trillion in spending; however, those dollars circulate within their community for only 6 hours **versus** 30 days and 20 days for Asian and Jewish communities, respectively.*

Inequitable, inaccessible systems hold back the progress of people, especially people of color, and will only be overcome by a more powerful and sustainable system that provides equitable access to help, knowledge, and opportunity.

For the first time in the history of any social movement, we arm and equip **trusted** faith-based, nonprofit, and local community organizations with the **BigHeart platform** to scale engagement and create unprecedented improvements in health, education, household wealth, and access to opportunities.

A faith-based case study of our approach is outlined below for deeper understanding:

- During worship services, clergy ask congregants to download their new *private-label* version of the **BigHeart platform**. Within minutes, over 70% of the congregants download their house of prayer's new app suite (e.g., iOS, Android, and web), create an account, and gain access to streamed worship services, interactive bible studies, online ministry support communities, customized daily devotionals, donations, tithes, crowdsource campaigns, chat rooms, video conferencing and webinars.
- Within weeks of launch, clergy introduces handpicked members of the congregation **who have been trained and employed by BigHeart as Community Engagement Specialists (typically referred to as Community Health Workers by the public health sector)** and asks congregants to schedule time with them to complete medical and mental health assessments that, in most cases, have never been done. Health information is loaded in the Electronic Health Record (EHR) module and used by BigHeart physicians, psychiatrists, and other licensed providers to document Telehealth consultations **within** that house of prayer's app.
- Clergy enroll and inspire congregants to participate in chronic disease prevention programs, care coordination, remote patient monitoring, and various digital programs, including parenting, financial literacy, and job training that leverage the Digital Learning module also **within** that house of prayer's app.
- Through collaborations with state governments, congregants will soon access SNAP, WIC, TANF, and LIHEAP social services **within** their house of prayer's app.
- Last, **BigHeart monetizes engagement and outcomes** through commercial contracts with

Insurance, Financial Services, Pharmaceutical, and Retail companies that desire unprecedented results, but find it impossible to produce them at scale themselves. BigHeart shifts and shares earnings to invest directly in people and communities by funding life-changing programs sustainably.

Our Health Equity Results are Unprecedented.

“Tech-empowered trust exponentiates results to usher in a new era of equity possibilities.” Andre Hughes, Founder of BigHeart

Engagement Results per 1,000 Medicaid members called	Traditional	BigHeart
Member sign-ups and downloads	40 (4%)	707 (70.7%)
Active Users (Daily, Weekly, Monthly)	0%, 0.5%, 2%	17%, 44%, 67%+
Health Assessments Completed as % of sign-ups (SDOH, HRS, HRA, PHQ9, GAD7, etc.)	36 (90%)	650 (92%)
One or more Medical and/or Mental Telehealth Visits Completed & HEDIS Gap Closed as a % of sign-ups	16 (40%)	460 (65%)
Transitions of Care for ED and Hospitalization Completed within 7 days as a % of sign-ups	8 (20%)	282 (80%)
Outcome Results per 100 program enrollees (e.g., Care Coordination, Remote Patient Monitoring, Collaborative Care Management)		
Reduction in ED Visits	10 (10%)	32 (32%)
Reduction in Hospitalizations (assumes 10 hospitalizations per 100 enrollees)	1 (10%)	5 (50%)
Reduction in Readmissions (assumes 14% readmission rate)	0.4 (30%)	1.1 (80%)
Members Enrolled in Chronic Disease Prevention Programming (i.e., DPP)	9.4 (9.4%)	86 (86%)
Persons with Well Managed Chronic Conditions	15 (15%)	75 (75%)
Average Healthcare Savings per Enrolled Member with Chronic Conditions and/or that are Pre-Diabetic or Pre-Hypertensive	\$1,256	\$9,340

Our Solution Disrupts the Status Quo.

A white-space solution, the BigHeart platform is the **first-of-its-kind** software platform designed for use by trusted faith-based, nonprofit, and local community organizations to bring them into the Board Room as an equal stakeholder.

On one platform, BigHeart integrates: online community workspaces; contact center tools including voice, SMS, and email campaigns; a global conferencing, webinar and streaming network; secure messaging; digital learning & media; telehealth; electronic health records; remote patient monitoring; calendar & scheduling; user & staff to-dos and reminders; data exchange and custom API interfaces; management dashboards, analytics data lake & reporting; gamification;

store; donations & crowdsourced campaigns: and monetization.

BigHeart integrates industry-specific tech infrastructures (e.g., EMRs, Claims, Benefits, CRMs, Clinical Trials, POS, etc.) using HIPAA-compliant SFTP and APIs to exchange information key to eliminating disparities, achieving desired equity outcomes and sustainable growth for marginalized communities. See Figure 1 below.

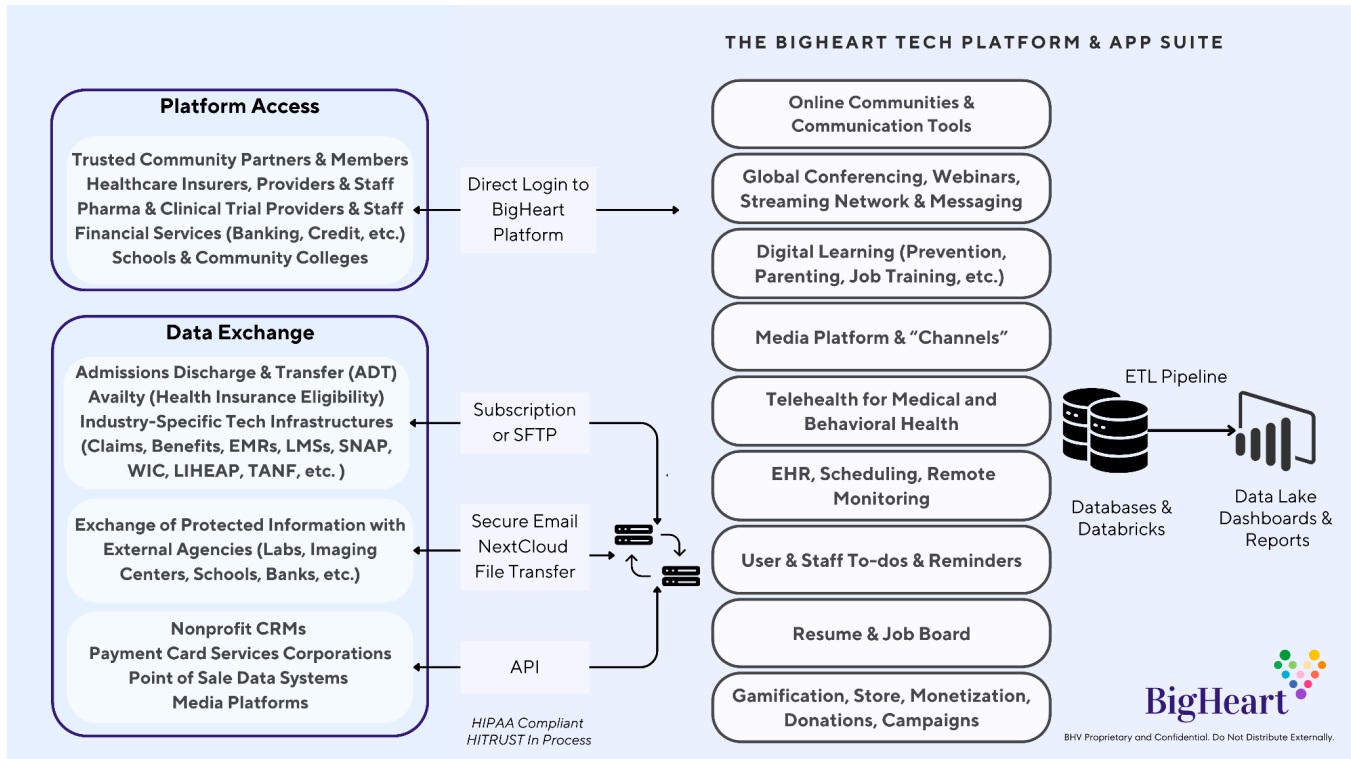


Figure 1

[Become An Equity Partner](#)

When we bring the greatest gifts of our humanity to the table—compassion, generosity, tenacity, creativity, and faith—we can join with kindred spirits to create conditions that lift all boats.