REVITALIZING BROAD STREET FROM TULANE AVENUE TO BAYOU ROAD AS A VIBRANT COMMERCIAL DISTRICT, BRINGING TOGETHER THE SURROUNDING NEIGHBORHOODS AND PROMOTING THEIR ECONOMIC, RESIDENTIAL, AND CULTURAL DEVELOPMENT

Place-based community development organization focusing on:

• Strategic real estate development and community asset-building
• Program development, convening, and capacity-building
• Small business and community economic development
• Planning and urban design
NEW ORLEANS HEALTH OUTCOMES

CHRONIC AND DIET-RELATED DISEASE

Obesity | Diabetes | HBP
------- | -------- | -----
31.4%   | 27.5%    | 12.3% 8.7%

HEALTH DISPARITIES IN NOLA

Hypertension | Diabetes | Asthma
AA | White | |
43% | 26% | 16% 10% 20% 10% %

FOOD ACCESS AND SECURITY

Food Desert | Insecure | SNAP
------- | -------- | -----
12.5% | 6.3% | 20.6% 16.1% 25.5% 14.5% %

City of New Orleans, 2013
LIFE EXPECTANCY

LIFE EXPECTANCY, IN YEARS

- 55-56
- 57-58
- 69-71
- 72-74
- 75-76
- 77-80

Source: Joint Center for Political and Economic Studies

THE TIMES-PICAYUNE
UNEVEN FOOD GEOGRAPHY

GROCERY REOPENED POST-KATRINA
GROCERY SHUTTERED POST-KATRINA

FPAC, 2008
REFRESH PROJECT | BEFORE
REFRESH PROJECT | AFTER
PROJECT DEVELOPMENT

THE REFRESH PROJECT WAS CO-DEVELOPED BY BROAD COMMUNITY CONNECTIONS AND L+M DEVELOPMENT PARTNERS AS A MISSION-DRIVEN JOINT VENTURE PARTNERSHIP.

BCC: project sponsor, steward, community support, public and philanthropic support, and long-term programming
- Vision
- Site control and Predevelopment
- Tenanting: WFM, Liberty’s Kitchen, Tulane Goldring Center for Culinary Medicine

L+M: financing, guarantor, construction management, capacity
- Large, affordable housing and mixed-use developer
- Executing the vision, “Doing Well While Doing Good”
$21M TOTAL DEVELOPMENT COST ($18M NMTC STRUCTURE)

$3M ADDITIONAL TENANT BUILDOUT

$3M SENIOR DEBT

$1.5M MEZ LIIF

$500K SOFT DEBT

$1M FRESH FOOD RETAIL INITIATIVE (1/2 FORGIVABLE)

$900K COMMERCIAL CORRIDOR REVITALIZATION (1/2 FORGIVABLE)

$5.3M NMTC ($18M QEI/ALLOCATION, 2 CDEs)

$5.375M WFM BUILDOUT

$850K GRANTS/PHILANTHROPY, DEVELOPER CAPITAL CONTRIBUTION + BRIDGE
REFRESH PARTNERSHIP

FRESH FOOD ACCESS ALONE WILL NOT CREATE LONG-TERM POSITIVE HEALTH OUTCOMES, WHICH REQUIRES THE THREE Ps – PRICE, PROXIMITY, PROGRAMMING

REFRESH COLLOCATES A RANGE OF PARTNERS, GOODS, AND SERVICES UNDER THE SAME ROOF, AND BCC COORDINATES AND ALIGNs PROGRAMMING TO CONNECT THE DOTS TO CREATE HEALTHY COMMUNITIES.

PROGRAMMING

FOOD ACCESS
CULINARY AND NUTRITION EDUCATION
YOUTH AND WORKFORCE DEVELOPMENT
HEALTHY LIFESTYLE PROGRAMMING
WIRAPAROUND SERVICES

SHORT-TERM
BEHAVIORAL CHANGES,
IMPROVEMENTS IN
KNOWLEDGE AND
ATTITUDES

LONG-TERM
POSITIVE
HEALTH OUTCOMES
COMMUNITY HEALTH HUB

CREATING HEALTH EQUITY BY LINKING FOOD ACCESS, CULINARY AND NUTRITION EDUCATION, YOUTH AND WORKFORCE DEVELOPMENT, HEALTH CARE ACCESS, HEALTHY LIFESTYLES PROGRAMMING, AND WRAPAROUND SERVICES IN A COMMUNITY HEALTH HUB.
REFRESH PROGRAMMING + COALITION

REFRESH PROJECT PROGRAMMING INCLUDES THE SEVEN TENANT-PARTNERS AS WELL AS THE 35-ORGANIZATION REFRESH COALITION, PARTICIPATING IN JOINT PROGRAMMING DESIGNED TO CREATE COLLECTIVE IMPACT.

INITIAL JOINT PROGRAMMING INCLUDES A COMMUNITY HEALTH OUTREACH PROGRAM LED BY A COORDINATOR AND TWO COMMUNITY HEALTH WORKERS, WHO WILL EXTEND PROGRAMMING OFF-SITE, FURTHER REDUCING BARRIERS TO ACCESS.
EVALUATION + MEASUREMENT

BCC HAS AN EVIDENCE-BASED APPROACH TO ALL REFRESH PROJECT PROGRAMS. EVALUATION IS DESIGNED TO SHOW THE EFFECTIVENESS OF THE PROJECT AND PROGRAMMING ON TWO FRONTS: TENANT-PARTNER OUTCOMES, AS WELL AS HEALTH IMPACTS ON WIDER COMMUNITY.

TULANE PREVENTION RESEARCH CENTER’S MAKIN’ GROCERIES STUDY
• 900 HOUSEHOLD BASELINE SURVEY OF BOTH THE REFRESH COMMUNITY AND A CONTROL COMMUNITY
• PLANNED FOLLOW-UP SURVEYS AT REGULAR INTERVALS

WORKING WITH PRC, LPHI, TUCHC, AND OTHERS TO DEVELOP JOINT METRICS, AS WELL AS JOINT EVALUATION TOOLS, INCLUDING THE PROSPECT OF AN APP

TRACKING BOTH BIOMETRIC AND SURVEY DATA
A spectrum of activities are required to achieve multi-sector, collaborative approaches to improving long-term community health.

Project finance and development should be linked with coordinated, multi-sector programming.

Capacity-building, intermediary organizations connect policies and incentives to programs that achieve long-term outcomes.