http://www.trfund.com/opportunity-multiplied
The Reinvestment Fund builds wealth and opportunity for low-wealth people and places through the promotion of socially and environmentally responsible development.

- **$1.5 billion** in cumulative investments and loans throughout the mid-Atlantic.

- Currently manage **$787 million** in capital, with more than 850 investors.

- Top AERIS score of AAA+1 (most recent 2014). TRF is 1 of only 5 CDFIs in the country with the top rating.
TRF is a national leader in rebuilding America’s distressed towns and cities, through the innovative use of capital and information. We apply these resources towards:

• residential and commercial real estate development that reclaim and revitalize neighborhoods

• businesses and community facilities that can provide value and opportunity to neighborhood residents
LENDING AND INVESTMENT

TRF finances a variety of projects and activities including:

• Food Access
  – Grocery stores in Low Supermarket Access (LSA) Areas

• Health Care
  – Community Health Centers

• Education
  – Charter school financing
  – Early childhood education

• Housing
  – Affordable housing financing and development
  – Elder care facilities

TRF’s investments in these asset classes build healthy communities in under-invested places.
OUR OUTCOMES

20,650 homes
53,740 education seats
14.1 million sq. ft of commercial space
457,595 patient visits
67,195 jobs
Health outcomes are determined by social and economic factors

- Income
- Educational attainment
- Employment status
- **Access to adequate food**
- Access to housing
- Neighborhood conditions
Case Study: Fresh Food Access

**Targeting Data**

More than 10 studies on food access, including Limited Supermarket Access (LSA) analysis

**Financing Innovation**

Over $85M invested in fresh food through Pennsylvania Fresh Food Financing Initiative

**Crafting Policy**

Advocacy led to federal Healthy Food Financing Initiative modeled on PA FFFI

**Driving Outcomes**

44% drop in LSA population nationally, 56% in Philadelphia where TRF has invested $80M in healthy food retail
TRF AND HEALTHY FOOD ACCESS

TRF is a national leader in financing stores that provide quality fresh food at competitive prices in low-income communities.

TRF works to reduce inequitable access to healthy foods by:

- **Underwriting loans and providing grants** to support viable supermarkets and projects.
- **Advocating** to increase public awareness on food accessibility.
- **Conducting policy research work** related to supermarket development, food systems and free and reduced price lunch programs.
- **Providing technical assistance services** to CDFIs, foundations and other organizations to close the gap in access/knowledge.
HEALTHY FOOD FINANCING

- TRF has financed **143 healthy food** projects across the nation totaling over $200 million

- TRF’s healthy food financing program is designed to attract supermarkets and grocery stores to underserved urban and rural communities
TRF is also a leader in research on issues related to improving access to healthier foods in distressed communities with focus on the economics of the supermarket industry.

- Developed methodology to identify areas with inadequate access to supermarkets and assess potential market viability
- Developed methodology analyzing supermarket competition and barriers to entry
- Examined the economic reasons for the lack of supermarkets in distressed urban areas
- Analyzed economic impact of new supermarket development on surrounding communities
- Reviewed existing programs designed to encourage people to eat and shop for healthier foods
LIMITED SUPERMARKET ACCESS (LSA)

- Nationwide analysis of areas with inadequate and inequitable access to healthy foods.
- LSA areas are where residents must travel significantly farther to reach a supermarket than the “comparative acceptable” distance that residents in well-served areas travel to stores.
- Areas with strongest need for supermarkets based on access, demand, and leakage data.
- According to TRF’s 2014 study, 20 million people (or 7% of the population) nationwide live in LSA areas, a decrease of over 16 million people (or 45%) from 2005, when 36 million people (or 12% of the population) lived in LSA areas.

http://www.policymap.com
BOTTINO’S SHOPRITE – VINELAND, NJ

- **Grocery store anchor** for 79,000 square-foot retail center in a location adjacent to two LSAs
- The store **houses a Federally Qualified Health Center**.
- Total project cost: $25.7 million
  - Project created **75 new FTE jobs** (50% of which went to residents of surrounding community) and retained 135 jobs.
- TRF is also supporting a **Diabetes Resources Coordination Center**
ALIGNMENT FOR HEALTH EQUITY AND DEVELOPMENT (AHEAD)

- TRF is partnering with the Public Health Institute on a 5-year national initiative to:
  - Align the resources of health and community development stakeholders into balanced portfolios of investment in comprehensive health strategies
  - Focus resources in neighborhoods where both health and social inequities are concentrated
  - Build a field of practice that provided the tools, evidence and models to support replication across the country
Sara Vernon Sterman
VP, Strategic Investments
stermans@trfund.com
Kathleen Hopkins
Senior Vice President,
Community Programs
NYU Lutheran Family Health Centers

Kathy Hopkins has been developing educational and supportive service programs for the families and children of Southwest and Central Brooklyn for over 20 years. Kathy has an educational background in both social work and education and her past work experience includes higher education, grassroots community development, and geriatric services.
Impetus for Lutheran’s engagement in community development

• Established in 1883, Lutheran is a safety-net hospital and the primary healthcare provider serving the urban, ethnically diverse and economically disadvantaged communities of SW Brooklyn, NY
• Took the lead role in partnership with residents in community-wide effort to revitalize Sunset Park, Brooklyn in mid-1960’s
• Redefined health as inclusive of economic, social, and educational well-being
• Formed Sunset Park Health Council, Inc. – now one of the nation’s largest and longest standing FQHC’s (10 community health centers, 27 school-based health centers, community medicine program (homeless population), and community-based programs
• Current governing board remains over 75% community residents
NYU LUTHERAN FAMILY HEALTH CENTERS

Lutheran in Partnership: Reviving Community

• Economic Instability/Loss of Jobs on waterfront
  – Lutheran partnered with local government, residents and Business Improvement District to serve as corporate stimulus for community renewal, creating over 3,000 new jobs – now Brooklyn’s 8th largest employer

• One of the highest rates of asthma and chronic obstructive pulmonary disease in city (Priority One neighborhood)
  – Lutheran partnered with city/state government and community based, faith-based organizations to implement the Asthma Education Program (AEP) resulting in an 87% decrease in Emergency Department (ED) visits, a 77% decrease in Walk-In (WI) visits, an 84% decrease in hospital admissions and an estimated annual cost savings of close to $200,000

• Lack of access to pediatric primary care and dental health
  – Piloted one of the first school-based health programs in NY State, now the largest and most comprehensive programs in New York and the nation, partnering with 27 schools to provide more than 40,000 medical, dental and behavioral health services each year
  – Pioneered the concept of community health center (CHC) based post-doctoral dental residency, now the largest program of its kind in the world
### Sunset Park, Brooklyn – Current Demographics

#### Race/Ethnicity

- Asian: 36%
- Hispanic: 45%
- White: 16%
- Other: 1%

#### Age

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Sunset Park</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17 years</td>
<td>24%</td>
<td>22%</td>
</tr>
<tr>
<td>18-24 years</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>25-44 years</td>
<td>34%</td>
<td>31%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>22%</td>
<td>24%</td>
</tr>
<tr>
<td>65+ years</td>
<td>8%</td>
<td>12%</td>
</tr>
</tbody>
</table>
### Educational Attainment

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Sunset Park</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 8th grade</td>
<td>27%</td>
<td>11%</td>
</tr>
<tr>
<td>Some high school</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td>High school/equivalent</td>
<td>22%</td>
<td>25%</td>
</tr>
<tr>
<td>Some college</td>
<td>9%</td>
<td>15%</td>
</tr>
<tr>
<td>Associates degree</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Bachelor’s degree or higher</td>
<td>24%</td>
<td>33%</td>
</tr>
</tbody>
</table>

### Poverty

Individuals or families who have lived below the Federal Poverty Level in the past 12 months:

- Sunset Park: 23%
- NYC: 17%
Sunset Park, Brooklyn – Current Demographics

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>New York City</th>
<th>Sunset Park</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese adults (BMI ≥ 30)</td>
<td>23.7%</td>
<td>17.2%</td>
</tr>
<tr>
<td>Overweight adults (BMI 25.5-29.9)</td>
<td>33.8%</td>
<td>29.6%</td>
</tr>
<tr>
<td>Sugar Sweetened Beverage (SSB) Consumption (1+ per day)</td>
<td>29.9%</td>
<td>38.3%</td>
</tr>
<tr>
<td>Has ever had high blood pressure</td>
<td>28.9%</td>
<td>29.2%</td>
</tr>
<tr>
<td>Has ever had high cholesterol</td>
<td>30.6%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>10.5%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Current smoker</td>
<td>14.8%</td>
<td>29.0%*</td>
</tr>
<tr>
<td>Binge drinking</td>
<td>17.9%</td>
<td>26.8%</td>
</tr>
<tr>
<td>Asthma ever</td>
<td>11.9%</td>
<td>9.6%</td>
</tr>
<tr>
<td>3+ sexual partners in the past 12 months</td>
<td>7.2%</td>
<td>22.9%*</td>
</tr>
<tr>
<td>Had a colonoscopy in the past 10 years (50+)</td>
<td>67.8%</td>
<td>46.7%</td>
</tr>
<tr>
<td>At risk for social isolation</td>
<td>32.2%</td>
<td>60.2%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>18.6%</td>
<td>36.5%</td>
</tr>
<tr>
<td>Teen Pregnancy Rate (15-19) per 1,000</td>
<td>64.7</td>
<td>50.3</td>
</tr>
<tr>
<td>Teen Birth Rate (15-19) per 1,000</td>
<td>23.6</td>
<td>37.8</td>
</tr>
</tbody>
</table>

New York City Department of Health and Mental Hygiene Community Health Survey 2011
Social Determinates of Health

Within the U.S., we have shocking differences in life expectancy based on...

Where we live

- 15 years

Our income

- 10 years

Our education

- 9 years

Our race

- 7 years

Infographic Courtesy of American Public Health Association 2015
The United Nations defines Community Development as “a process where community members come together to take collective action and generate solutions to common problems.”

And inequities in these factors have greater impact on the health of people of color.

Infographic Courtesy of American Public Health Association 2015
Addressing Social Determinates of Health

Department of Community-Based Programs

- Established in 1976 out of Lutheran’s tradition of partnership with community
- Began with focus on education – one of the greatest predictors of health outcomes
- 20,000 program participants each year. Services include:
  • Early Childhood Programs
  • Youth Development
  • Family Strengthening
  • Neighborhood Revitalization
  • Services for Older Adults
Highlights of Best Practices

Collective Impact:

- Promise Neighborhood: Collective Impact Model for Community Revitalization
- Mission: To build and support a continuum of cradle to career solutions that ensures access to effective schools and a strong system of family and community support that prepare children to attain a quality education and successfully transition to college and career.
- LFHC is the lead agency and recipient of US DOE planning grant to anchor and coordinate the process among 30+ community based organizations, schools and residents
- Impact: Improved school readiness among young children (ELN), increased school-based services, inter-agency referral system for youth, community-wide data system
Highlights of Best Practices

Population Specific Interventions:

Early Childhood

- Lack of quality, affordable childcare services:
  - Impacting employment stability
  - Low educational attainment for children
- Established affiliate Sunset Bay Community Services 20 years ago – four full-day, year-round early childhood centers for children, teachers and caregivers create a supportive, stimulating and enriching environment.
- Partnerships are forged with families and community collaborators to support children to reach their social, emotional and academic potential.
- Impact: Over 300 additional affordable childcare slots, coordinated network of providers advocating collectively for additional services and improved quality.
Highlights of Best Practices

Population Specific Interventions:

Disconnected Youth

- High teen pregnancy and birth rates
- Low High School graduation rate
- Over 8,000 Sunset Park youth ages 16 – 24 are not engaged in school or work
- In response, LFHC and 5 other service providers formed the Sunset Park Alliance for Youth
- Impact: additional re-engagement services, ‘no-closed door’ referral system, collaborations to better support youth in foster care and the juvenile justice system, focus on access to sexual health services.
Highlights of Best Practices

Population Specific Interventions: Older Adults

- High poverty among older adults resulting in lack of opportunities to ‘age in place’
- Lutheran sponsored and built three rent subsidized senior citizen apartment complexes serving the residents of Bay Ridge and Sunset Park, Brooklyn.
- Impact: 725 additional rent subsidized units for seniors and a continuum of social service supports for older adults including:
  - Neighborhood centers for older adults
  - adult day care programs
  - transportation services
  - wellness service programs
  - caregiver support
Emerging Lessons – Challenges/Opportunities

Opportunities
- Partnership with community = more accurate assessment of community need, quick response time, leveraging greater resources
- Transformational impact = health, economic, education, and social sectors

Challenges
- Funding/Sustainability
- Bringing projects to scale – how to replicate in other areas and communities
- Longitudinal, intra- and inter-agency data collection to assess impact over time
Edward F. Gerardo
Director,
Community Commitment and Social Investments
Population Health

Community Outreach

- Patient Centered
- Health Conditions
- Primary and Facility Care
- Pharmacology
- Health Education
- Health Screenings
- Program Oriented

Social Determinates Changes

Improving Health Behaviors

Clinical Care

Healthy Community

- Community centered
- Social Conditions
- Education, Housing, Economic development, Transportation
- Multi-organizational
Healthy Community Model

Within a defined neighborhood:

- Recognize and develop assets of the community
- Build relationships, develop community leaders and work from community’s agenda (empowerment)
- Foster collaboration and partnerships across gov’t agencies, organizations and businesses
Integrated Emphasis

Social Determinants Programs

Clinical and Public Health Initiatives

Community Organizing & Leadership
BS Community Works

• Family Resource Center
  – GED preparation
  – Child care services, Maryland Family Network
  – Parenting skills, formerly incarcerated men
• Financial Assistance and Planning
• Job training, readiness
  – Computer skills
  – Clean and Green landscaping services
  – Pipeline for entry level hospital services
west Baltimore

Pulaski Street (before)
Pulaski Street (after)
# Social Impact “Bond” - Asthma Intervention

<table>
<thead>
<tr>
<th>Dollars</th>
<th>Hospital Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 million</td>
<td>5400</td>
</tr>
<tr>
<td>5 million</td>
<td>1800</td>
</tr>
<tr>
<td>2.5 million</td>
<td>900</td>
</tr>
</tbody>
</table>

- **Dollars**
  - 15 million
  - 5 million
  - 2.5 million

- **Hospital Visits**
  - 5400
  - 1800
  - 900