

Gulf Coast Health Sciences Corridor – Overarching Narrative

Transforming South Louisiana with strategic investments to grow our health sciences economy with a focus on high-wage, inclusive, and equitable job creation

Project Synopsis

The Gulf Coast Health Sciences Corridor (GCHSC) is primed to be the next robust U.S. health sciences industry cluster and a key driver of a more equitable and resilient economy in the heart of the Deep South. Build Back Better Regional Challenge investment will transform the South Louisiana (SoLA) regional economy, driving growth, providing good-paying jobs for people of color, women, LBGTQI and other under-represented people, and advancing healthcare solutions for a large patient population with chronic illnesses. Our vision is to transform the super region, stretching from New Orleans to Baton Rouge, into a national leader in health sciences R&D, commercialization, and treatment, with a focus on addressing chronic and neurodegenerative disease, two challenges that plague our community at some of the worst rates in the nation. We will do so by:

1. **Becoming a national leader in workforce equity**, preparing our region’s diverse talent for roles at all levels, from middle-skill jobs to specialized research and leadership roles, with an intersectional focus on people of color, women, LBGTQI people, and residents in rural areas who have been excluded from generational wealth creation opportunities.
2. **Strengthening the region’s R&D and commercialization pipelines** through new infrastructure development and cross-sector collaboration to leverage industry expertise and promote startup creation and investment, with a focus on products and treatments that address chronic and neurodegenerative disease and widespread health disparities.
3. **Growing our entrepreneurial ecosystem** through the development of essential space for innovation and growth, capitalizing on local talent and R&D capacity, and building a collaborative network to retain and scale promising companies.

South Louisiana Super-Region

Together, New Orleans’ and Baton Rouge’s complementary assets can create a globally leading health sciences cluster, to the benefit of both cities and the communities in between.



The SoLA super region, spanning approximately 80 miles from New Orleans to Baton Rouge, represents over 55% of Louisiana’s population, 68% of the state’s jobs, 62% of the state’s largest employers, and 55% of Louisiana’s GDP (GNO, Inc., Baton Rouge Area Chamber). The region, despite its economic importance, has wide economic and health disparities that are driven by and reinforce an economy that is not sustainable. Louisiana has the second highest poverty rate and the second highest percentage of workers at or below the federal minimum wage of any state in the nation (LA Budget Project). Black households earn 54% less than white households (City of New Orleans). Meanwhile, the regional economy, which has relied heavily on the energy, trade, and tourism sectors, has experienced some of the worst economic impacts in the nation from the COVID-19 pandemic, losing over 6.4% of its jobs (GNO, Inc.), a significant portion of which have not returned. Half of the region’s jobs were vulnerable due to COVID-19, including 60% of tourism industry jobs,

most of which are held by Black workers (GNO, Inc.) At the pandemic's peak, nearly 60% of unemployed Louisianans were Black, despite Black residents making up 32% of the state's population (The Advocate).

These racial and economic inequities contribute to and are reinforced by SoLA's health inequities. The zip code in which a child is born in SoLA can reduce their life expectancy by 25 years (Robert Wood Johnson Foundation). Louisiana is ranked 3rd in the nation for childhood obesity with 22% of children considered obese and 4th for adult obesity with 38% of adults considered obese (stateofchildhoodobesity.org). This creates an enormous burden of downstream chronic diseases, including diabetes, heart disease, hypertension, and cancer. These factors contribute to crushing healthcare costs and significant drags on workforce development and economic productivity. These are among the reasons that Black Louisianans have died from COVID at twice the rate of white residents (PAR Louisiana).

Yet, amid this context, the Gulf Coast super region is uniquely positioned to emerge as a global leader in health sciences R&D, commercialization, and talent development, as noted in the region's two regional Comprehensive Economic Development Strategies (CEDS). The region's health sciences industry is the fastest growing in the nation, with a 12% increase in employment and more than \$3B in recent public and private investments pre-pandemic. Today, the cluster consists of more than 3,100 businesses and 66,400 jobs with average annual earnings of \$64,600 (GNO, Inc.) in a state with a median household income of less than \$50,000 (U.S. Census). Investing in this sector creates the opportunity to both create a more resilient economy and to address the region's racial, economic, and health disparities.

Recent cluster growth is underpinned by several foundational assets:

- **Institutional Base:** The region benefits from a concentration of healthcare, academic, and research institutions with related expertise in chronic and neurodegenerative disease. This includes 14 major medical centers, specialty hospitals, and research hospitals, with more than 7,000 staffed hospital beds, and 17 higher education institutions, including two medical schools, a top-ranked pharmacy school that produces more Black pharmacists than almost any other school in the nation, four of the nation's leading Historically Black Colleges and Universities (HBCUs), including the number-one producer of Black college graduates who go on to complete medical school, a dental school, six accredited nursing schools, two veterinary schools, the world's largest academic nutrition research center, one of only seven NIH-funded National Primate Research Centers in the country, and multiple centers of research excellence. The region attracts and trains the 10th most graduate medical students in the country (Association of American Medical Colleges).
- **R&D Infrastructure:** Recent efforts lay the groundwork to support the commercialization of regional health sciences research. These include the Louisiana Clinical and Translational Science Center (LA CaTS), which combines 10 major Louisiana academic, research and healthcare delivery institutions into a unified research infrastructure with community advisory boards across the region to address health disparities and improve health outcomes among underserved populations with chronic diseases; Pennington Biomedical Research Center (PBRC), with 44 laboratories and 13 highly specialized core service facilities; LSUHSC's Leveraging Innovation for Technology Transfer (LIFT2) Proof-of-Concept Fund; BRHD's Baton Rouge Health Tech Catalyst; one of the nation's only proton therapy cancer treatment centers currently under development in Baton Rouge with investment of \$40M+; the University of New Orleans Research & Technology Park; the Louisiana Cancer Research Center; and the New Orleans BioInnovation Center (NOBIC), GCHSC's lead applicant and one of

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only 13 incubators in the country designated by the Biomedical Advanced Research & Development Authority (BARDA) as a Division of Research, Innovation, and Ventures (DRIVE) accelerator.

- **Entrepreneurship Ecosystem:** The region has been investing for more than a decade to create one of the South's leading entrepreneurial ecosystems. Since its opening in 2012, NOBIC has supported over 650 entrepreneurs in creating over 750 full-time jobs, and attracting \$25M in public investment and \$175M in private investment. Sister incubators including Idea Village and Propeller have helped launch more than 200 additional startups, attract \$700+ million in follow-on funding, and create hundreds of additional quality jobs. The recently launched Tulane Innovation Institute doubles down on the university's commitment to commercializing emerging research and leveraging the deep bench of student and faculty talent.
- **Governance:** The Corridor is anchored by the BioDistrict New Orleans (BioDistrict) and the Baton Rouge Health District (BRHD), two parallel state-enabled public-private partnerships created to catalyze economic development through the health sciences. The leaders of the region's two major community foundations, the Greater New Orleans Foundation (GNOF) and Baton Rouge Area Foundation (BRAAF), chair these respective boards, which are rounded out with partners in industry, government, university, labor, and community. The GCHSC coalition is led by NOBIC, a core BioDistrict anchor, in partnership with BRHD, GNOF, Greater New Orleans, Inc. (GNO, Inc.), LSU Health Sciences Center New Orleans, PBRC, Tulane University, and Xavier University of Louisiana.

Yet the super region faces several challenges as it seeks to supercharge cluster growth and ensure that growth benefits communities across the region equitably. Despite recent efforts to facilitate information sharing, significant regional R&D remains untapped. Louisiana lags 37% behind the national average in the number of startups (Kauffman) and has seen the average length of time it takes for a startup to hire its first employee grow from 17 months to over two years in the past decade (Louisiana Workforce Commission). A lack of available space for ventures to scale and advance research and a lack of regional talent to support growth-stage companies has led accomplished entrepreneurs to relocate. Existing leadership in the health sciences industry is under-representative in terms of both race and gender. Finally, with one-fifth of health sciences employees nearing retirement and 19% projected job growth by 2026 (more than twice the national average), there is a need to prepare the regional workforce for jobs in the industry. This latter challenge is also an opportunity, as 55% of jobs are middle-skill and hold potential to connect the region's diverse workforce to quality jobs and economic mobility.

The GCHSC proposal seeks EDA support for 8 complementary projects, described below, that are designed to drive growth and achieve greater health and economic equity and:



Invest in an **equitable workforce pipeline**, from entry-level roles to PhDs



Deepen **R&D and commercialization capacity** in chronic and neurodegenerative disease



Grow our **startup ecosystem** to retain talent and spur future cluster growth

Project details, including requested EDA funds and local matches, are summarized in the following table:

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Description	EDA Request	Committed Match	Goal Focus
<p>1. South Louisiana Works Lead: GNOF A regional effort to leverage GNOF's NOW program to expand and broaden its training for in-demand health care industry positions in partnership with the region's health care employers and community colleges.</p>	\$8 M	\$ 2.5 M	
<p>2. R&D Career Access Joint Degree Programs Xavier A national model for preparing and transitioning historically underrepresented students from HBCUs into degree programs in engineering and biomedical sciences with partner institutions.</p>	\$5 M	\$ 1.6 M	 
<p>3. Diverse Leaders Business Development Fellowship Program Tulane A two-year leadership fellowship program focused on developing and retaining high-level business management talent in the health sciences industry, focusing on women, LGBTQI+, and researchers of color.</p>	\$3 M	\$ 0.6 M	 
<p>4. Shared Biotechnology Research & Commercialization Facility NOBIC A 60,000-square-foot expansion of NOBIC's successful wet lab and incubation facility in Downtown New Orleans with wet labs, co-working offices, a shared hurricane proof cell line "vault", and a data visualization lab.</p>	\$25 M	\$11.5 M	 
<p>5. Health Equity Accelerator Hub NOBIC Coordinated programming designed to advance a stronger and more inclusive SoLA entrepreneurship ecosystem by scaling businesses that catalyze health innovation and enhance equitable outcomes.</p>	\$3 M	\$ 1.5 M	 
<p>6. Center for Innovation & Commercialization in Implementation Science PBRC A new research, treatment, and data hub within the Baton Rouge Health District that will house the region's only super obesity bariatric clinic and an implementation science center to operationalize data and research on chronic disease.</p>	\$25 M	\$ 6.2 M	 
<p>7. Regional Economic Accelerator through Coordinated Health (REACH) BRHD A package of catalytic infrastructure improvements that will position the Baton Rouge Health District as a cohesive and transit accessible destination health care campus and lay the groundwork for institutional expansion and investment.</p>	\$5 M	\$ 1.6 M	
<p>8. NeuroNOLA Institute GNO, Inc. A coordinated planning effort to develop and implement a multi-year strategy to further establish SoLA as a leading destination for research, innovation, and treatment of neurodegenerative diseases.</p>	\$1 M	\$ 0.2 M	 
TOTAL	\$75 M	\$25.7 M	25.5% match

The proposed projects align with the two CEDS for the SoLA region. The Southeast Louisiana Economic Development District's 2019 CEDS identifies the health sciences as a priority cluster to diversify the economy and outlines three strategies that align with those of the GCHSC: workforce & talent development, collaborative entrepreneurship ecosystem, and economic equity. The Capital Region Planning Commission's 2019 CEDS identifies the biomedical/life sciences as the top regional growth cluster and three goals that align with the GCHSC: improving infrastructure, enhancing regional collaboration, and improving education and workforce development.

These eight projects will be leveraged with more than \$200M in investments from partners and a direct investment of \$18.75M in matching funds from the State of Louisiana. The Mayor of New Orleans has pledged an additional \$500,000 to the BioDistrict in direct support of the initiative and as representation of her

commitment to advancing the creation of a Tax Increment Financing (TIF) District that could create \$81M for the BioDistrict over 20 years to sustain this work and lay the groundwork for a TIF in the BRHD. GNOF and BRAF have also pledged a combined \$600,000 to sustain coordination and impact across the Corridor, including continued funding for the RECO, as described below.

Collectively, we anticipate the regional health sciences industry cluster will, at a minimum, train and place 1,840 new under-represented middle-skill workers in employment; create 2,500 new jobs—at least 80% of which will be held by women, people of color, people who identify as LGBTQI or residents of low-income or rural communities; and generate \$500M in new investment capital for GCHSC-affiliated enterprises by the end of the grant period.

The Southeast Louisiana Super Region

The GCHSC focuses on 19 contiguous South Louisiana parishes (counties) that make up the entirety of both the Capital Region Planning District and the Southeast Louisiana Economic Development District, as shown in Figure 3. These include the parishes of Ascension, East Baton Rouge, East Feliciana, Iberville, Jefferson, Livingston, Orleans, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Tammany, Tangipahoa, Washington, West Baton Rouge, and West Feliciana. More than 2.2M people live in the region; nearly half are people of color. Approximately one-fifth live in poverty.



This region includes the four most populated parishes in Louisiana (East Baton Rouge, Jefferson, Orleans and St. Tammany) as well as some of its least populated and most rural (Plaquemines, Pointe Coupee, St. Helena, St. James and West Feliciana). Yet, no community is more than 40 miles away from one of the region’s two major metropolitan areas. In addition to the myriad of health sciences assets in the super region named above, the region has two airports and is connected by I-10 and the Mississippi River. A planned commuter rail between New Orleans and Baton Rouge, with major terminals in both cities’ health districts, will increase the region’s connectivity even

further (Southern Rail Commission). While all projects are headquartered in Orleans or East Baton Rouge Parish, activities will directly reach participants in every parish. In some instances, like with South Louisiana Works, programming will be delivered at community colleges in rural communities in the river parishes between New Orleans and Baton Rouge. In other instances, like with BRHD’s REACH project, assets will be developed to make health sciences resources more accessible to residents across the region, particularly those in rural areas, leveraging our community college and industry partners operating rural health centers.

Private Sector Participation

As noted in our Phase 1 and 2 letters of commitment, the coalition has deep relationships and support from the private sector, from major medical centers to emerging startups to related industries with a stake in health outcomes, such as construction. Private employers will participate in GCHSC governance; inform program design and hire graduates of all workforce and talent development initiatives; invest in innovation and commercialization activities; expand their facilities; and create sustainable, well-paying jobs. The GCHSC has continued to secure commitments from regional industry leaders and philanthropy since the submission

of our Phase 1 proposal. Key commitments include: (1) **More than \$500M in private sector investment from health care institutions**, including Baton Rouge General Medical Center, Ochsner, LCMC Health, Provident Resources Group, Humana, and others into health services, workforce development programs, and the construction of new specialized healthcare facilities. (2) **\$165M in direct investment from Tulane University**, as well as an additional \$25M in philanthropic funds they raise into activities in the BioDistrict as an anchor of the GCHSC. This includes a new School of Public Health & Tropical Medicine and state-of-the-art research labs for 600 researchers and other research staff in the former Charity Hospital building as well as the Innovation Institute which includes an innovation lab, gap fund and community accelerator. (3) **Philanthropic support** of \$850,000 to support GCHSC operations and two component projects.

Sustainability Plan

The GCHSC coalition has co-developed an organizational structure and funding plan to ensure the sustainable operation and growth of the GCHSC and continued collaboration.

GCHSC activities will be coordinated through a new *strategic partnership* between the BioDistrict and BRHD as the two anchor public-private partnerships at each end of the Corridor, representing the private, public, and institutional organizations essential to the success of the region's economic transformation. Partnership activities will be led by a *steering committee* of approximately 20 members that includes the lead organization for each component project funded by EDA, community organizations that represent regional communities facing significant health and economic disparities, and private industry and labor partners. The committee will meet at least quarterly to share best practices and progress, promote collaboration, inform overarching strategy, pursue additional resources, and ensure public accountability toward project goals, and issue an annual progress report available to the public. Within the steering committee, a *leadership council* consisting of the chairs and vice chairs of the BioDistrict and BRHD's Board of Directors, the chair of the SoLA Super Region Committee, and a designee of Louisiana Economic Development will provide oversight and ensure achievement of key equity and inclusion goals related to workforce training, job creation, diverse leadership pipeline, and supplier diversity and procurement. The RECO and a *Chief Equity Officer*, both housed at NOBIC, will manage day-to-day activities of the partnership, working closely with the leadership council and the executive teams of the BioDistrict and BRHD. This organizational structure is designed to leverage existing management capacity while ensuring ongoing coordination and focus across projects; accountability toward equity and inclusion goals; and transparent tracking and reporting of aggregate impact outcomes.

All proposed projects leverage significant public, philanthropic, and private sector investments. In addition to funding strategies to sustain individual projects, outlined in each component application, the coalition has identified resources to ensure continued operation and coordination of the GCHSC over the long term. GNOF and BRHD have committed leadership funding of \$600,000 to fund two new positions - the RECO and the Chief Equity Officer - beyond EDA's Phase 1 funding period and to support operations of the strategic partnership, including convenings, data collection, evaluation, and community engagement activities. This funding represents a bridge preceding the approval of two Tax Increment Financing (TIF) districts—one to support the BioDistrict New Orleans and one to support BRHD—that collectively will generate more than \$120M over 20 years. Plans have already been outlined for both TIFs. The BioDistrict TIF has the support of the New Orleans Mayor and a state matching commitment of \$25M from Louisiana Economic Development (on top of LED's \$18.75M matching commitment for the GCHSC). BRHD recently completed a feasibility study of a Baton Rouge TIF that would use a blueprint similar to the BioDistrict to secure its passage.

Community and Labor Engagement for Good Jobs

The Corridor engages unions (including an endorsement by the Greater New Orleans AFL-CIO) and community organizations that are directly impacted by the Corridor throughout the creation, implementation, and evaluation of all activities. The Coalition has set progressive policies for hiring, procurement, and compensation that reflect policies that have recently been adopted in the City of New Orleans and are among the most progressive in the nation. Leaders of labor and community-based organizations, including Federally Qualified Health Centers across the region, serve in leadership roles, inform project design and outreach strategies, and help ensure the GCHSC achieves its equity goals. (See letters of support.) This has been incorporated into the coalition's overall governance structure as well as the implementation of each component project, as follows:

- **Corridor Governance:** Representatives from community-based organizations and labor unions will serve at all levels of project governance, from their involvement in the component projects to serving on the Corridor steering committee.
- **Supplier Diversity:** The Corridor and all partners have voluntarily agreed to match the [City of New Orleans' ambitious supplier diversity](#) goal of 35% utilization of socially and economically disadvantaged businesses for all projects using EDA funding. This goal will prioritize the engagement of disadvantaged businesses, including those led by women and people of color, in procurement of all projects—construction or non-construction. Compliance will be monitored by the GCHSC's Chief Equity Officer and reviewed by both the leadership council.
- **Local Hire and Labor and Wage Standards:** All construction projects will follow Davis-Bacon Act regulations and all federal and EDA regulations governing construction projects. Priority will be given to union construction contractors as well as those who commit to meet local hiring and living wage standards. We will seek to follow the City of New Orleans' [HireNOLA](#) and [Living Wage Ordinance](#), which sets progressive minimum standards for hiring, compensation and time off for city contractors. While this is not legally required for GCHSC projects that do not contract with the City of New Orleans, we seek to ensure local residents benefit from all investments and earn livable wages.
- **Outreach:** A core focus of all Corridor activity is on people living in poverty, people with chronic disease, and people who are under-represented in the health sciences, including people of color, women, LGBTQI residents, and rural residents. Community organizations will play a critical role in ensuring we reach these residents in a manner that is inclusive and culturally appropriate. Community organizations will aid recruitment for and delivery of workforce and entrepreneurship programs and provide supportive services for participants during training. We will build on existing networks, including LA CaTS' community advisory boards that participate in the design and implementation of its programs; Propeller, a women-of-color led, non-profit, community-based social venture accelerator that is co-lead of the Health Equity Accelerator Hub; and community health groups that will help design and deliver programming for CICIS.
- **Community Benefit Agreements:** Previously, the BioDistrict and BRHD have committed to developing community benefit agreements for projects within their districts as needed. This commitment was most recently demonstrated in the development of plans for the adaptive reuse of the historic 1M-square-foot former Charity Hospital, in which Tulane University and LSUHSC will be anchor tenants. This effort was guided by a multi-year strategic planning process for the Spirit of Charity Innovation District led by GNOF and local stakeholders to ensure robust community input into a comprehensive

strategy for robust job growth and equitable development in the neighborhood surrounding the former Charity Hospital. It has informed the design and use of the facility, hiring priorities, and community input into the proposed TIF. We will continue to work with community partners to establish community benefit agreements as feasible for EDA-funded projects and aligned projects in the Corridor.

Equity

The GCHSC was designed with equity at the center. Regional health disparities tied to race, economic status, and geography are a primary driver of our health sciences focus. We also recognize that, absent intentional investments and commitments by our coalition partners, the growth of the region's health sciences cluster will not benefit all communities equitably. Too often, women, people of color, LGBTQI people, and residents of low-income and rural communities are left out in our economic growth. As outlined in our Phase 1 proposal, the Corridor seeks to prioritize the empowerment of BIPOC communities, increase female leadership across the industry, and increase the involvement of BIPOC and rural residents in GCHSC activities. These goals are evident across component projects, such as through the Joint Degrees and Business Development Fellowship programs, which seek to train a new corps of BIPOC, women, and LGBTQI leaders in the health sciences industry, and through Center for Innovation and Commercialization in Implementation Sciences and South Louisiana Works, which together will train a cohort of Community Health Workers to improve health outcomes in affected communities across the region, among others. Further, the Coalition will work to ensure equity throughout the Corridor through three strategies that focus on five priority populations (people who are BIPOC, women, rural, LGBTQI, or low-income) across all component projects:

- **Leadership and Decision Making:** Achieving equity requires ensuring under-represented groups have decision-making power. Our governance model is designed to do this in two ways: by ensuring robust representation of under-represented groups at every level, and ensuring equity is a key factor for every decision-making body for every decision that they make. All new staff members (including the RECO) who have been identified for the project to date are people of color. We will build on recent progress to ensure the boards and leadership teams of all coalition members look like the communities we serve. We recognize that this will require investments in training and other efforts to ensure all steering committee members develop a deeper understanding of the historical advantages and disadvantages facing these populations, how to consider these throughout our decision-making through impact assessments and other strategies, and how and why to be an ally and share power. This will build on the Campaign for Equity New Orleans coalition's efforts in which GNOF hosted two-day in-depth racial equity trainings for more than 1,000 regional leaders.
- **Resource Allocation and Staffing:** Achieving equity requires shifting how and to whom we allocate resources with a focus on those who have been most marginalized in our economy and communities. First, we ensure all project leads and partners are either BIPOC-led or focus resources directly on supporting BIPOC communities and participants or other underrepresented groups. Second, we prioritize under-represented groups in our hiring and procurement through policy and practice, which is why we have voluntarily committed to pursuing local hire, supplier diversity, and living wage goals, as described in greater detail above. Third, we dedicate staff, resources, and power to leaders whose job is to advance equity. This is why we are creating a Chief Equity Officer and a Super Region Diversity Equity & Inclusion Committee within our leadership council and steering committee at the highest levels of our governance structure.

- **Engagement and Outcomes:** Achieving equity requires rigorous attention to the engagement of and outcomes among marginalized groups. Each component project prioritizes the engagement of underrepresented groups. We will track equity in all of our outputs and outcomes by establishing goals and examining data by demographic sub group collectively and for each component project. Collectively, these projects will increase wages, promotions, procurement, and wealth-building, and improve health outcomes that close equity gaps.

Impact

The GCHSC will create aggregate impacts in three overarching areas that are greater than the sum of each of its eight component projects:

1. **Equitable and inclusive job training and advancement:** GCHSC will deliver three new inclusive talent development programs to fill key gaps in the health sciences workforce, with at least 1,840 people completing middle-skill and above health sciences training programs; participation in career pipeline programs by over 125 students (90% of whom will be Black and 70% of whom will be female), including approximately 50 pursuing advanced degrees in health sciences fields; and 12 recent graduates completing specialized innovation fellowships (at least 75% of whom will be from underrepresented groups). Impact measures include: the number of placements of underrepresented middle-skill workers in employment above median income (target: 1,840) and an increase of BIPOC and women representation in senior industry roles (25% increase).
2. **Equitable and inclusive job creation and business growth:** GCHSC investments will add space and resources to increase capacity for 80+ startup or growth-stage companies, 7,500 participants in entrepreneurship programs, and \$500M+ in commercialization activity across the region. In addition, at least 300 BIPOC- and/or women-led startups will receive programming or support through the Health Equity Accelerator Program. Impact measures include: the number of regional health sciences startups (target: 10% increase); total startup and growth funding received by BIPOC- and women-owned health sciences businesses; the amount of time it takes for startups in the region to hire their first employee (33% decrease); and job creation by regionally based startup and growth-stage companies (1,000).
3. **Additional investment attracted and generated:** GCHSC will further develop the region's innovation ecosystem to attract private investment and spinoff effects. Impact measures include new revenue by growth-stage companies (target: at least \$300M); private capital invested in the Corridor (\$500M); non-dilutive funding awarded to health science startups in the region (at least \$250M); increase in health sciences research funding attracted to the region (20%); and the creation of two new TIFs (or similar dedicated funding mechanisms) that generate more than \$100M for the Corridor.

In addition, several measures will demonstrate progress toward our vision of transforming SoLA into a national leader in health sciences with a focus on addressing obesity and chronic disease. These include: (1) **Reductions in cost and mortality associated with chronic disease**, reducing Louisiana's chronic disease health burden by 10%, which would save \$128B annually, and increasing the number of people receiving evidence-based treatments for obesity and diabetes 500%; (2) **Business and talent attraction and retention** that increases the rate at which graduate medical students stay in the region, and health sciences businesses start, move to, or stay in SoLA; (3) **Public recognition** through new and expanded awards, media, publications, and major events that highlight the SoLA region and the GCHSC for its

innovation, focus on equity, and impact; (4) **Establishing the region as a healthcare destination**, as evidenced by increased rates of patients served from outside SoLA; and (5) **Greater resilience through natural disasters and other economic shocks** as shown by the SoLA super region's employment rates remaining higher than similarly impacted areas in future disasters.

Progress Since Phase 1

EDA's Phase 1 award, and the Build Back Better Regional Challenge more broadly, has enabled our coalition to make meaningful progress in key areas since submitting our Phase 1 proposal, including:

- **Hiring a RECO**, a new position housed at NOBIC. Korey Patty, a Baton Rouge resident, has spent the past decade working on economic development and partnerships in South Louisiana. He served for the past five years as the Executive Director of Feeding Louisiana, the state chapter of the nation's largest hunger relief organization, where he led statewide collaboration, partnerships, fundraising, and advocacy for five food banks during a period of significant growth in hunger as a result of COVID-19 and associated food bank operations. He previously worked with the Southern Strategy Group and managed business development for Louisiana Economic Development. He completed his MBA with a concentration in Marketing at LSU and a BA from the University of Tulsa.
- **Building plans and partnerships to implement each component project** and forge strong connections across component projects toward a more cohesive regional strategy. This work, supported by EDA's Phase 1 grant, included planning, costing, engineering, and feasibility studies for individual projects, as well as weekly meetings across component project partners to develop the project's overarching vision, goals and structure; develop a shared strategic framework for investment; build consensus around equity commitments across all projects; and secure additional funding and partnership commitments to support the GCHSC.
- **Developing an organizational structure for the Corridor** that builds on existing governance assets across the SoLA region and centers equity and inclusion without recreating the wheel. This structure is described in greater detail above.
- **Forging new partnerships across component projects**, including links among synergistic activities in the New Orleans and Baton Rouge hubs. As two cases in point, PBRC's effort to establish a network of Community Health Workers led GNOF to broaden its South Louisiana Works proposal to include training for CHWs (training which it had supported previously in the New Orleans market). Similarly, NOBIC modified the marketing plan for its proposed shared commercialization facility to include spinoffs from Baton Rouge-based research and medical institutions.
- **Confirming significant matching and leveraged investments**, including \$18.75M from the State of Louisiana, \$500,000 from the City of New Orleans, \$850,000 from philanthropic partners to support the RECO and ongoing coordination, and leveraged funds of \$190M+ from Tulane University, and \$450M+ from BRHD partners.

With EDA's continued support, the Gulf Coast Health Sciences Corridor coalition is poised to make critical investments in human capital, physical infrastructure, and ecosystem support to establish the super region as a global leader in health sciences, create a more resilient and equitable regional economy, and address the region's racial, economic, and health disparities to create a better South Louisiana.