REQUEST FOR PROPOSALS (RFP)

CAPACITY BUILDING TO
SUPPORT COMMUNITY-WIDE PREVENTION & CONTROL
OF HYPERTENSION IN BROOKLYN

SEEKING APPLICATIONS FROM COMMUNITY BASED ORGANIZATIONS/GROUPS
TO IMPLEMENT PREVENTION OF HYPERTENSION
AT A COMMUNITY-LEVEL IN BROOKLYN

ISSUE DATE: MONDAY, OCTOBER 1, 2018
RESPONSE DUE DATE: WEDNESDAY, OCTOBER 24, 2018
REPLY TO: KATHRYN WALLER (KWALLER@FPHNYC.ORG)

RELEASED BY:

Fund for Public Health NYC
Health is everybody's business.
Request for Proposals (RFP) for Capacity Building to Support Community-Wide Prevention and Control of Hypertension in Brooklyn

Project Overview
This project is funded by a Linking Interventions For Total (LIFT) Population Health award to Fund for Public Health in New York City (FPHNYC) through New York State Department of Health and Health Research Inc. There are three components to the LIFT Population Health award: 1) Traditional Clinical Intervention, 2) Innovative Clinical Intervention, and 3) Total Population or Community-wide Prevention. The clinical interventions expand a hypertension Public Health Detailing (PHD) campaign to target primary care providers and pharmacists in the Brooklyn Neighborhood Health Action Center area. This RFP focuses on the third component community-wide prevention, which will be achieved through community subcontracts. This RFP is subject to the availability of funding provided to FPHNYC by this award.

Hypertension, also known as high blood pressure, is one of the leading risk factors for heart disease and stroke, which together make up 22% of deaths among adults less than 65 years of age in New York City.\(^1\) It is also associated with health complications when left uncontrolled, including damaged blood vessels and organs, heart failure, kidney failure, blindness and sexual dysfunction. While we have made substantial progress on smoking, another major risk factor for heart disease and stroke, hypertension prevalence and control rates have not improved. Communities are key to preventing and controlling hypertension.

The intent of the capacity building to support community-wide prevention subcontracts is to provide community groups with funding to either i) promote existing policy and systems change programs, or ii) begin coordination and organizing around larger, specific community or neighborhood initiatives. Subcontractors will be encouraged to take advantage of existing programs (both through the City and other organizations) to maximize the funding. A listing of the potentially relevant City programs can be found in the Appendix at the end of this RFP. Community groups do not need to select a project on this list; it is provided to help organizations generate ideas. Projects should first, respond to the community needs for hypertension prevention as identified by community members and, second, work towards providing neighborhood residents with policies and systems that help educate and support heart healthy lifestyle changes. Subcontractors will each receive up to $40,000 over the course of the project period (December 2018 – January 2020) to plan and implement their activities.

This opportunity aligns with the Citywide High Blood Pressure Initiative. The initiative, supported by DOHMH, is New York City’s first comprehensive, population-wide blood pressure initiative. This initiative is led by a coalition of over 100 stakeholders across 13 sectors and is committed to making NYC a place where all people, organizations and communities work together to prevent and control high blood pressure. The initiative’s work is organized in three key areas that align with the focus of this RFP: awareness of high blood pressure, heart healthy behaviors, and treatment adherence.

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Through previous collaborations, the FPHNYC and the New York City (NYC) Department of Health and Mental Hygiene (DOHMH) have a history of supporting work to address hypertension and reduce health disparities. This body of work includes partnerships to improve care in the clinical setting, innovative leadership in policymaking such as the sodium warning label in chain restaurants and leading the National Salt and Sugar Reduction Initiative, and collaborative efforts with City agencies and community organizations to make Brooklyn more conducive to health through promotion of stair climbing, safe bicycling, and accessible play spaces. This subcontract opportunity furthers these efforts by engaging and empowering organizations working in Brooklyn. The goal is for community organizations, with their understanding of community needs and assets well, to work as change agents toward the City’s goal to prevent and control hypertension.

I. Background
Heart disease is the leading cause of death, and stroke is the fifth leading cause of death in NYC, responsible for nearly 18,000 deaths in 2015.\(^2\) Heart disease and stroke account for 22% of premature deaths (ages 0-64) in NYC.\(^3\) The leading risk factor contributing to many of these premature deaths from heart disease and stroke is hypertension.\(^4\) With more than a quarter of the NYC population reporting they have hypertension (28.0%)\(^5\) and stagnant rates in hypertension control\(^6\) it is necessary to focus efforts on this chronic and widespread contributor to heart disease and stroke.

There are many risk factors that play a role in the development of hypertension. They range from those that can’t be changed such as age, sex, and race or ethnicity to those that can be modified by individuals, communities, and systems. Poor nutrition including high sodium intake and low fruit and vegetable intake, excess weight, and physical inactivity are all risk factors for hypertension.\(^7,8\) Medication adherence is also a risk factor, with less than two thirds of Medicaid enrollees with chronic diseases, including hypertension, adherent to medication regimens\(^9\).

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5 New York City Department of Health and Mental Hygiene. Community Health Survey 2017, internal analyses. All data included in this RFP are age-adjusted unless otherwise stated.


Certain areas of NYC are disproportionately affected by hypertension. In 2016, the prevalence of self-reported hypertension in Brooklyn was 28.0%, with the East New York and Bed-Stuy-Crown Heights neighborhoods having the highest burden of hypertension prevalence (37.2% and 34.5%) in Brooklyn.¹⁰

**Geographic Focus for LIFT Community Awards**

The work of this LIFT project is taking place in Brooklyn and focused on certain areas of Brooklyn with higher burden. Population level estimates show high rates of risk factors for cardiovascular disease and hypertension in Brooklyn. One-third of the Brooklyn population have overweight (32.0 %) and more than a quarter (26.5%) have obesity, and 13.6% report currently smoking.¹¹ In addition, 28.3% of individuals in Brooklyn did not exercise in the past 30 days and more than one in five individuals consumed, on average, one or more sugary drinks a day (22.8%).¹²

Through its comprehensive health policy agenda, *Take Care New York* (TCNY) 2020, DOHMH has worked with communities to identify top health and social issues of concern. Community participants were asked to rank the indicators outlined in TCNY 2020 according to order of importance for their community. Among the five Brooklyn community districts with the highest rates of stroke hospitalizations in NYC, high blood pressure was identified as one of the top five priorities in TCNY 2020 community meetings. Specifically in Brooklyn, TCNY 2020 community meetings revealed that many members ranked uncontrolled high blood pressure as a priority. Nine community districts within Brooklyn have greater health disparities than the other community districts across a number of health and social determinant indicators. Many of these neighborhoods fall within the service area of the Brooklyn Neighborhood Health Action Centers. Data shows that these nine community districts are facing high burdens of hypertension, as outlined in the table below.

<table>
<thead>
<tr>
<th>Community District</th>
<th>Neighborhoods</th>
<th>Avoidable Hypertension Hospitalizations per 100,000</th>
<th>% of Population with Hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>303</td>
<td>Bedford Stuyvesant, Stuyvesant Heights, Tompkins Park North</td>
<td>143.7</td>
<td>39.2%</td>
</tr>
<tr>
<td>304</td>
<td>Bushwick</td>
<td>141.8</td>
<td>29.8%</td>
</tr>
<tr>
<td>305</td>
<td>Broadway Junction, City Line, Cypress Hills, East New York, Highland Park, New Lots, Spring Creek, Starrett City</td>
<td>132.3</td>
<td>33.6%</td>
</tr>
</tbody>
</table>

¹⁰ New York City Department of Health and Mental Hygiene. Community Health Survey 2017, internal analyses.
¹¹ New York City Department of Health and Mental Hygiene. Community Health Survey 2017, internal analyses.
¹² New York City Department of Health and Mental Hygiene. Community Health Survey 2017, internal analyses.
There is a need to prevent and control hypertension and reduce the burden of cardiovascular disease in Brooklyn, and these community contracts will build capacity in Brooklyn community organizations in making policy and systems changes to prevent and control high blood pressure and support heart healthy lifestyles in residents. Policy and systems changes can help to make healthy choices available to all neighborhood residents. Effective policy and systems approaches reach large populations, such as an entire neighborhood and include interventions that are sustainable beyond the funding period. Examples of policy and systems change projects that meet the criteria for this RFP are included within the Description of Award section (below) and the Appendix includes potentially relevant programs, activities, and materials for policy and systems change projects.

II. Description of Award
These capacity-building awards support community groups in addressing a need as identified by the community in the three focus areas listed below. Interested organizations should address hypertension and/or its risk factors through only one of the following areas in their proposal:

- Encouraging and Promoting Physical Activity Opportunities
- Hypertension Prevention and Control
- Promoting Healthy Food Access and Consumption

Up to six organizations will be selected for subcontract awards and each will receive up to $40,000 for the project period (December 2018 – January 2020).

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The Encouraging and Promoting Physical Activity Opportunities subcontracts will enable community groups to support the implementation of projects that increase the number of physical activity opportunities or encourage current, existing opportunities and align with community linkage strategies for heart healthy lifestyle changes. A healthy lifestyle is critical for prevention and control of hypertension yet in NYC, 44% of adults and 79% of youth do not get sufficient physical activity. Building on the Active Design Guide for Community Groups, subcontractors will be encouraged to leverage existing programs for physical activity opportunities such as community gardens, Weekend Walks, or other projects that relate to healthy lifestyle behavior changes. Areas of interest for this community subcontract opportunity include: activating public community spaces for physical activity (i.e., free fitness classes); encouraging use of public open spaces such as streets, underutilized lots, parks, plazas, and other locations to provide more opportunities for physical activity; and supporting equity in bike share to ensure active transportation via bike share is available to all.

The Hypertension Prevention and Control subcontracts will build community-level activation around hypertension, specifically supporting and promoting resources that community members can use to prevent and control hypertension. Subcontractors will be encouraged to raise awareness of hypertension through activities that leverage existing community resources, such as kiosks located in community pharmacies, blood pressure monitoring programs, and materials like the DOHMH’s free hypertension Health Bulletin and Action Kit materials. Options for activities include increasing awareness through community messaging on hypertension; targeted programming implementation, such as a blood pressure self-monitoring program; integration of hypertension into worksite wellness policies and programs, such as increasing hypertension awareness and providing access to on-site blood pressure checks; targeted hypertension prevention work, like development of resources to prevent or address hypertension during pregnancy or for women of reproductive age; increased community linkages, such as connections to local pharmacies or providers to increase community-based blood pressure checks; or development of a protocol for treatment of a patient with hypertension and linkages to care. Community organizations will have the opportunity to define their target population for this project and work with technical assistance providers on how best to implement activities. Ideally, a strong partnership around hypertension will be a model for future work that connects community and clinical efforts.

The Promoting Healthy Food Access and Consumption subcontracts will support community organizations in changing the food system with an emphasis on reducing consumption of sodium and added sugar. Two-thirds of New Yorkers consume higher-than-recommended amounts of sodium and more than one in five consumed, on average, one or more sugary

14 New York City Department of Health and Mental Hygiene. Community Health Survey 2017, internal analyses.
15 New York City Department of Health and Mental Hygiene. Youth Risk Behavior Survey 2017, internal analyses.
drinks a day. For example, organizations could be trained to assist community and faith based organizations in providing healthier food and beverages at meetings and events and in vending machines by providing technical assistance regarding implementation of the NYC Food and Beverage Guidelines, which support offering of healthier options. Additional activities include grassroots efforts to increase the healthy food supply in their local neighborhoods, such as the development or support of farmers markets or food box programs, or working with local corner stores. Policy and systems advancements can be bolstered with nutrition education programming and promotion of diets low in sodium and sugar (for example, the DASH diet).

III. Eligibility Requirements
Community based organizations (CBOs) and groups that seek to implement policy and systems change activities for the prevention and control of hypertension at a community-level in Brooklyn are eligible to apply. Entities that do not have their 501(C)3 status may apply through a fiscal sponsor. Groups may submit a separate application for each focus area, but one organization will receive at most two awards.

Neighborhoods of particular interest because of health disparities include those in target neighborhoods (Community Districts 303, 304, 305, 308, 309, 313, 316, 317, and 318) and all applications should target at least one of these neighborhoods. If appropriate, CBOs and groups may apply in one application for multiple neighborhoods. Multiple groups in each neighborhood may receive funding depending on the quality of proposals received. It is not guaranteed that one group per neighborhood will receive funding.

IV. Scope of Project
The community organizations selected through this RFP will be expected to complete the following activities:
- Sign a contract with FPHNYC for a series of deliverables
- Engage partners in multiple sectors
- Develop a work plan for a policy and/or systems intervention to prevent hypertension
- Implement a project to prevent hypertension in Brooklyn that addresses one of the following:
  - Encouraging and Promoting Physical Activity Opportunities: Tangible place-making projects that promote physical activity opportunities and align with community linkage strategies for heart healthy lifestyle changes
  - Hypertension Prevention and Control: Promote and support community resources for hypertension prevention and control
  - Promoting Healthy Food Access and Consumption: Changes to the food system to decrease access to unhealthy foods/beverages and/or increase access to and consumption of healthy foods

17 New York City Department of Health and Mental Hygiene. Community Health Survey 2017, internal analyses.
• Develop and implement a method to track the number of implemented interventions and related activities
  o Number hypertension awareness activities
  o Number of physical activity opportunities that are developed, promoted, and supported
  o Number of venues that have some criteria for foods and beverages served such that the availability of healthier food and beverage options are increased or the number of new spaces with healthy food access/awareness.
• Develop a mechanism to track the number of people impacted directly by the policy and systems interventions (i.e., those that participate in the interventions), the number of people indirectly impacted (i.e., those that might use the interventions because of proximity or access to the intervention) and report the total people impacted
• Submit monthly reports and quarterly invoices with back-up documentation to show completion of deliverables

V. Technical Assistance for Selected Proposals
FPHNYC will provide technical assistance via consultants hired through the LIFT Population Health award. In addition, DOHMH staff will provide limited technical assistance to selected community groups to support the success of their projects.

VI. Application Review and Selection Criteria
The selection will be based on the strength of the applicant community organization’s proposal with factors such as reach, ability to develop policy and systems improvements with the target population, and overall impact of their proposed work plan. See below for full scoring criteria:

A selection committee comprised of DOHMH and FPHNYC staff will select the community organizations for funding based on the criteria listed below. Each proposal will be scored on a 100 point system using the following breakdown:

1. Applicant Information: Description of the organization’s role and mission; summary of current activities and services of the organization including description of applicant organization’s prior experience working on policy and systems change, prior experience working on hypertension or the prevention of risk factors for hypertension, and prior work experience with neighborhood leaders and institutions as well as other partners including City agencies and other coalitions; and the neighborhood(s) of interest for proposed project including any current or previous work implemented within the neighborhoods of interest and an explanation of the depth of engagement within the neighborhood. Up to 20 points.

2. Project Description: Explanation of the project focus area (Encouraging and Promoting Physical Activity Opportunities, Hypertension Prevention and Control, or Promoting Healthy Food Access and Consumption), why this focus area was selected for the proposed neighborhood, key activities to be implemented as a part of the project, and how these key activities contribute to preventing or controlling hypertension.
Organizations can apply for only one focus area in each proposal. If applicable, applicants should attach examples of previous implementation of a successful project (not to exceed 3 pages total, attachments beyond 3 pages will not be reviewed). A work plan showing the key activities and partnerships for the project should be completed. Up to 30 points.

3. **Participants:** Description of community organization’s target audience and intended population to be reached (i.e., intervention targets high need populations, intervention has the ability to reach a high number of people). Up to 15 points.

4. **Assessment of Success:** Plan for measuring success of implemented project. Metrics for each activity should be included on the work plan. Up to 15 points.

5. **Sustainability:** Plan for sustaining the intervention following the completion of this contract. Up to 10 points.

6. **Budget:** Line item budget showing all costs to be covered with funds provided through this contract and any in-kind resources that will be used to support the interventions. Each item included on the budget should be justified in a budget narrative with a unit cost and how it supports the proposed policy and/or systems intervention. Funds for this project, if awarded, cannot be used for construction, capital improvements, equipment purchases, incentives to individual program participants, or food. Up to 10 points.

Applicants are encouraged to develop their responses before cutting and pasting entries into the proposal form provided. Use regular case (capitalizing only lead words and proper nouns), avoid acronyms unless initially spelled out. Use the spell check and word count feature of your word processing software to check the text before pasting into the forms.

Applicants will **not** be reimbursed for any costs incurred in preparing proposals.

### VII. Application Process and Timeframe

**Submission Instructions**

The deadline for submission is **Wednesday, October 24, 2018 at 11:59 pm EST**. Applications must be submitted via email to **kwaller@fphnyc.org**. All submissions will receive an emailed confirmation of application receipt from FPHNYC within 2 business days of receipt. Below is a detailed timeline of events related to this Request for Proposals process.

#### Timeframe

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Release of Request for Proposals</td>
<td>Monday, October 1, 2018</td>
</tr>
<tr>
<td>Inquiry Period</td>
<td>Monday, October 1 – October 8, 2018</td>
</tr>
<tr>
<td>Last Date/Time for Submission of questions</td>
<td>Monday, October 8, 2018 at 11:59 pm</td>
</tr>
<tr>
<td>RFP Questions and Answers Posted</td>
<td>Friday, October 12, 2018</td>
</tr>
<tr>
<td>Deadline for Receipt of Proposals</td>
<td>Wednesday, October 24, 2018 at 11:59 pm</td>
</tr>
<tr>
<td>Notice of Selection</td>
<td>Friday, November 9, 2018</td>
</tr>
<tr>
<td>Anticipated Contract Start Date</td>
<td>Monday, December 3, 2018</td>
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Submission Requirements
In order to be considered complete each proposal must include all of the six areas outlined above (applicant information, project description, participants, assessment of success, sustainability, and budget). Incomplete proposals will not be considered for funding.

Communications
All questions submitted in writing related to this RFP must be received by Monday, October 8, 2018 at 11:59 pm Eastern Time. Responses to all programmatic and administrative questions will be posted on Friday, October 12, 2018. No other contact with FPHNYC, DOHMH, or personnel regarding this RFP is permitted in the period between the release of this RFP and the notification of selection. Any oral communication shall be considered unofficial and non-binding with regard to this RFP and subsequent award.

Contracting
Any awards made pursuant to this RFP are made contingent upon the availability of such funds and the successful negotiation and execution of a formal contract between FPHNYC and the selected organization. FPHNYC and DOHMH anticipate funding for a first contract period (December 3, 2018 to January 31, 2019) and have submitted for funding for a second contract period (February 1, 2019 to January 31, 2020). The scope of work and contract deliverables for the selected applicant must be approved by New York State Department of Health and the Centers for Medicare and Medicaid Innovation. All contracts entered into pursuant to this RFP shall incorporate all terms and conditions as are necessary to accommodate the grant-related, contract-related, statutory and regulatory restrictions that affect NYC DOHMH and FPHNYC in relation to the funding activities and programs referred to herein. FPHNYC reserves the right to postpone or cancel this RFP, in whole or in part, and to reject all submissions.

Notification
FPHNYC anticipates notification of selected community organizations by Friday, November 9, 2018. All other applicants should be notified by Friday, January 4, 2019.

VIII. Acknowledgement of Federal Support
The funding for the projects in this RFP is 100% Federal funding in the amount of $240,000. The LIFT project described in this RFP and the projects to be funded by this RFP are supported by Funding Opportunity Number CMS 1G1CMS331402 from the U.S. Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services. The contents provided in this RFP are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.
IX. General Disclosures
   A. Right to Reject Proposals
      The Fund for Public Health in New York City may reject any or all proposals received and may ask for further clarification or documentation. Submitted information that does not respond to all items in this RFP may be excluded from further consideration and alternative information packages may not be considered.

   B. The Fund for Public Health in New York City may decline to review an application in the event the respondent submits a response after the submission deadline and/or any disparity is found during the evaluation process.

   C. Costs
      The respondent will be solely responsible for any costs incurred in preparing, delivering, or presenting responses to this RFP. Respondents will not be reimbursed for any costs incurred in preparing proposals.

   D. Fulfillment of Requirements
      By submitting an information package, the respondent acknowledges that the respondent has read and understands this RFP and is capable of fulfilling all requirements.

   E. Submitted Information
      Once submitted, responses will be the property of FPHNYC and will not be returned.

   F. Right to Amend, Cancel this RFP, or Solicit a New RFP
      FPHNYC may amend or cancel this RFP at any time, without any liability to FPHNY, and/or DOHMH. FPHNYC or DOHMH may solicit new requests for information and/or proposals regarding the services addressed in this RFP at any time.

   G. Amount of Business
      FPHNY does not guarantee to any specific amount of business or revenue as a result of this RFP.

   H. Security and Confidentiality
      Respondents should give specific attention to the identification of those portions of their proposals that they deem to be confidential, proprietary information or trade secrets and provide appropriate justification for why such materials, upon request, should not be disclosed by FPHNYC. Such information must be easily separable from the non-confidential sections of the proposal. All information not so identified may be disclosed by FPHNYC.

   I. Insurance Certificate and A-133 Audit Information
      Selected institutions will need to provide proof of liability insurance (including Worker’s Compensation) and its most recent certified financial audit report (reports prior to 2013
will not be accepted for review), including A-133 Audit, if applicable. For audit years beginning after 12/26/14, an A-133 Audit is required if your organization expends $750,000 in federal funds in the year. For prior audit years the requirement for A-133 was $500,000 in federal funds during a given year.
Appendix

New York City Department of Health and Mental Hygiene
Current Policies and Programs Targeting
Community-Wide Prevention & Control of Hypertension

To help organizations in preparing their proposal and analyzing existing programs, the following is a list of potentially relevant programs, activities, and materials. This list was compiled by the NYC Department of Health and Mental Hygiene (DOHMH) in each of the three focus areas of this RFP so as to help organizations maximize the funding available for this opportunity. The work that the organizations responding to this RFP propose should be new work that is distinct from an existing program or in a new community. Community groups need not select a project on this list; it is to help organizations generate ideas.

1. **Encouraging and Promoting Physical Activity Opportunities**
   - **Active Transportation Infrastructure:** Partnership between Department of Health and Mental Hygiene (DOHMH) and the Department of Transportation (DOT) to raise community support for additional areas for bike lanes in Brownsville and East New York as well as activate the current bike lanes. A possible LIFT project to enhance this existing infrastructure could be to educate residents about safe biking and how to promote bike lane use.
   - **Bed-Stuy Historic Walking Trail:** Works with community residents and DOT to identify points of historic and community interest and to establish signage and infrastructure that highlight destinations and promote physical activity through walking in Bed-Stuy. A possible LIFT project could be to lead efforts to map a walking trail (i.e., a digital map highlighting historic sites, points of community interest, and a safe walking route between them) in another area of Brooklyn and innovative ways to educate the community about the walking route.
   - **Better Bike Share Partnership:** A collaboration with Bedford Stuyvesant Restoration Corporation, Department of Transportation, Motivate (Citi Bike’s operator), Woodhull Hospital, Interfaith Medical Center and DOHMH to ensure equity in the bike share program, specifically to residents in high poverty neighborhoods. Activities include Prescribe a Bike and Bike to School Programs, reduced cost bike share memberships for low-income employees through collaborations with their employers, targeted outreach to NYCHA residents, community rides and incorporating bike share into workforce development as well as a Pilot Bike to School program for high school students. A possible LIFT project could be to expand the Better Bike Share Partnership into other areas of Brooklyn with partners in that community to ensure equity in the bike share program and work to educate the community on more affordable options of bike share for low income residents.
   - **Year Round Farmers’ Market:** Working to establish at least one community-based year-round farmers market in Bed-Stuy and one in Brownsville or East New York to ensure that residents of the Brooklyn Action Center Neighborhood are able to use Health Bucks in their communities year round. A possible LIFT project could be to establish the market and to educate the community at the market on nutrition, eating fruits and
vegetables, hypertension, and the importance of regularly checking blood pressure with community resources.

2. **Hypertension Prevention and Control**
   - **Blood Pressure Kiosks**: DOHMH recently installed 55 blood pressure kiosks in independent pharmacies. These kiosks provide individuals with free access to blood pressure monitoring in the community. A possible LIFT project could be to promote this resources and provide supportive services.
   - **HealthyHeartsNYC (HHNYC)**: Builds infrastructure to help smaller primary care practices improve the heart health of their patients by ensuring they have the evidence they need to help patients adopt the ABCS of cardiovascular disease prevention (Aspirin in high-risk individuals, blood pressure control, cholesterol management, and smoking cessation). Evidence has shown that self-measured blood pressure monitoring (SMBP) along with counseling is an effective strategy to reduce high blood pressure. One strategy employed in HHNYC is to encourage and educate those with high blood pressure on SMBP. A possible LIFT project is to implement a blood pressure monitor loaner program.
   - **National Diabetes Prevention Program**: Evidence-based lifestyle change program that provides structured support to help individuals at risk for diabetes change certain aspects of their lifestyle with the goal of weight loss, like healthy eating, stress reduction, and increased physical activity. Reduces risk of developing type 2 diabetes by up to 50%. DOHMH 1) provides technical assistance and funding to community health centers, small practices and community and faith-based organizations to deliver NDPP; 2) supports clinical providers to refer eligible patients to NDPP; and 3) hosts trainings for lifestyle coaches to deliver the program. A potential LIFT project could be to help promote a class, link eligible participants to classes in their area, or host a program at their location.
   - **Self-Management Programs**: There are two programs, Diabetes Self-Management Program and Chronic Disease Self-Management Program, both of which teach self-management skills that can be used for other conditions including HTN. The Programs are approximately 3-hours each week for six weeks. Participants attend the workshop in groups of 12 to 16 and the sessions are facilitated by trained Leaders. A potential LIFT project could be to host a program at their site and enroll eligible participants.

3. **Promoting Healthy Food Access and Consumption**
   - **Food Boxes**: Establishes Fresh Food Box locations in East Harlem and at schools in Brooklyn. Fresh Food Box is a weekly program that distributes roughly $25 worth of fresh, regionally grown fruits and vegetables to community members for a subsidized price. A possible LIFT project could work to promote this program, provide nutrition education in conjunction, or spearhead replication of this program in other areas of Brooklyn. Visit GrowNYC, Corbin Hill Food Project, and Common Market to learn more.
   - **Green Carts**: Mobile vendors who sell fresh fruit and vegetables in high poverty areas with limited access to fresh produce. There are currently more than 300 Green Carts in...
NYC. A possible LIFT project could encourage the public to purchase food at local Green Cart vendors, support them with technical assistance and trainings, and work to encourage and support potential vendors during the application process.

- **Healthy Food Pantries:** [Healthy Food Donation](#) aims to help emergency food programs, such as food pantries and soup kitchens, increase the amount and types of healthy food they distribute to New Yorkers struggling to feed themselves and their families. A possible LIFT project could help the food pantries in their neighborhood to implement systems and policy change to promote healthy items, provide recipes and demonstrations on new ways to prepare healthy foods, and make healthy items more available by working with food companies to donate healthy food options.

- **Institutional Food Systems:** An organization could improve systems in kitchens at institutions (i.e., child care centers, senior centers) to prepare healthier meals for their served populations. [The Teaching Kitchen at Lenox Hill Neighborhood House](#) provides trainings to help organizations serve healthier food. A possible LIFT project could improve the food systems in the applicant organization’s kitchen and encourage other organizations to also change their food systems.

- **NYC Food and Beverage Guidelines:** The Guidelines are a tool to help community and faith-based organizations meet some of the NYC Food Standards. The Food Standards are evidence-based nutrition criteria mandated for all City agencies. With support in the form of trainings, tools, and technical assistance from the DOHMH and consultants hired through the LIFT Population Health award, a possible LIFT project could support voluntary adoption of the Guidelines in other Brooklyn organizations by becoming trainers and technical assistants.

- **Nutrition Education at Farmers’ Markets:** DOHMH provides nutrition education and culinary demonstrations at farmers’ markets that serve low-income communities. DOHMH also provides training and technical assistance to community-based organizations to implement similar programming. A possible LIFT project could provide nutrition education and culinary demonstrations at farmers’ markets, encourage the public to purchase food at farmers’ markets, and build community support for a year-round farmers’ market in their neighborhood.

- **Shop Healthy:** Aims to increase access to healthy food and engage residents and organizations to support sustainable food retail change in their community. A possible LIFT project could lead an initiative to “Adopt A Shop” using DOHMH materials and toolkit.

- **Year Round Farmers’ Market:** Working to establish at least one community-based year-round farmers market in Bed-Stuy and one in Brownsville or East New York to ensure that residents of the Brooklyn Action Center Neighborhood are able to use Health Bucks in their communities year round. A possible LIFT project could be to establish the market and to educate the community at the market on nutrition, eating fruits and vegetables, hypertension, and the importance of regularly checking blood pressure with community resources.