



Center for Health Equity and Social Justice

New England Partnership for Health Equity - Request for Applications

Frequently Asked Questions

Q1: Given the focus on the social determinants of health and equity, do the grantees need to be health organizations or already working on the issue from a health perspective? For example, if there was a group that was working on food access from an equity perspective, but the organization does not necessarily have health in its core mission, would they be eligible?

A1: The Boston Public Health Commission is seeking organizations or coalitions addressing public health to join the Partnership. While applicants are not required to be explicitly public health organizations, the organization or coalition should have experience addressing public health and should have an analysis of how the food and/or built environments impact public health. If the organization is not a public health serving organization, we suggest the proposal reflect a partnership with a public health serving organization or public health department.

Q2: Are proposals to address only the health of people of color? Maine has a small population of color, but we're working to ensure food security in a traditionally poor area in the rural Northeast part of the state.

A2: Yes, as outlined in the RFA, we are seeking organizations or coalitions to address the social determinants of health and improve health outcomes in communities of color. The Center for Health Equity and Social Justice focuses primarily on racial and ethnic health inequities, and we use a racial justice framework to guide our work. Additionally, our federal funding dictates that we focus on improving health outcomes in communities of color.

Q3: Are you interested in funding other health equity work that doesn't fit into the categories of "built environment" and "food environment"? I ask because we are a few years into working with a very large group of stake holders on health care quality, of which there is consensus that racial equity is an important part.

A3: No. For this RFA, we are seeking applicants who are working either to improve either the built environment or access to food.

Q4: We've been engaging with the Tribes on addressing environmental toxics and toxics in consumer products with some pretty good success so far. Do you think the work we have been doing fits with what you're thinking for the "built environment"?

A4: We define the built environment as all of the buildings, spaces, and products created or modified by people, including buildings (housing, schools, workplaces), industrial and residential land, public parks, and transportation systems. Depending on the type of work you are doing about environmental toxics and toxics consumer products, your proposal may or may not be appropriate for this funding opportunity.

Q5: Would it be possible to work with Native American tribes for this grant?

A5: Yes, it would be possible to work with Native American tribes for this grant.

Q6: I with a community organization in Massachusetts. The RFA states that organizations in Massachusetts, Maine, Vermont, New Hampshire, Rhode Island and Connecticut are eligible and encouraged to apply. However, the application also states that preference would be given to organizations in Maine, Vermont and Rhode Island. Is our Massachusetts organization eligible for this RFA?

A6: Organizations in MA, ME, VT, NH, RI and CT are all eligible to apply. We will give priority to organizations in ME, VT, and RI, since we have not yet funded organizations in these states to date. However, we still encourage applications from MA, ME, NH and CT.

Q7: Is food access the only topic this RFA is concerned with?

A7: As the RFA states, the BPHC will fund organizations or coalitions to organize to improve the built environment and/or access to food. We will not fund initiatives that do not address one of these two issues.

Q8: Our organization is interested in applying under the Built Environment track. We are interested specifically in improving indoor air quality in public housing by implementing smoke-free policies. However, the RFA mentions very little about issues of lung health. Would our proposal to address the built environment be appropriate?

A8: The RFA does not limit proposals to specific disease outcomes. We would welcome any application that seeks improve the health outcomes in communities of color by making improvements to housing conditions and/or indoor air quality in public housing units.