



**The Boston Public Health Commission:  
Center for Health Equity and Social Justice**

**Request for Applications, Summer 2010**

**Overview**

The Boston Public Health Commission Center for Health Equity and Social Justice (CHESJ) is pleased to release this Request for Applications (RFA) to organizations or coalitions addressing public health in Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont to participate in a multi-state learning collaborative designed to build regional capacity to address the social determinants of health and improve health outcomes in communities of color.

In October 2007, 18 REACH US Centers of Excellence in the Elimination of Disparities (CEEDs) were established across the US by the Centers for Disease Control to serve as resource centers, providing funding and training in support of health equity. As one of such Centers, the Boston Public Health Commission (BPHC) is charged with providing technical assistance grants and funding to support the development of health equity strategies across New England. In 2008 and 2009, through a competitive RFA process, BPHC funded 15 organizations and coalitions in Connecticut, Massachusetts, and New Hampshire, totaling \$1,144,925 over three years.

To foster shared learning and support, all grantees participate in the New England Partnership for Health Equity, a regional learning collaborative maintained through regional meetings, conference calls, and biannual conferences.

**The Boston Public Health Commission is seeking up to three new grantees to join this interstate learning collaborative. Training, technical assistance and a \$50,000/year award will be provided to help organizations who do public health-related work to organize for health equity policy and systems changes. Specifically, the BPHC will fund organizations or coalitions to organize to improve the built environment and/or access to food.**

**Background and Justification**

The Center for Health Equity and Social Justice (the Center) at the Boston Public Health Commission is committed to advancing health equity strategies in Boston and across New England. The Boston Public Health Commission has a unique opportunity as a local health

department and designated REACH US Center of Excellence in the Elimination of Disparities (CEED) to leverage both city and federal resources to support a regional grantmaking model to promote health equity. This approach is reflective of the Center's health equity framework, which includes an understanding of how racism shapes the social determinants of health.

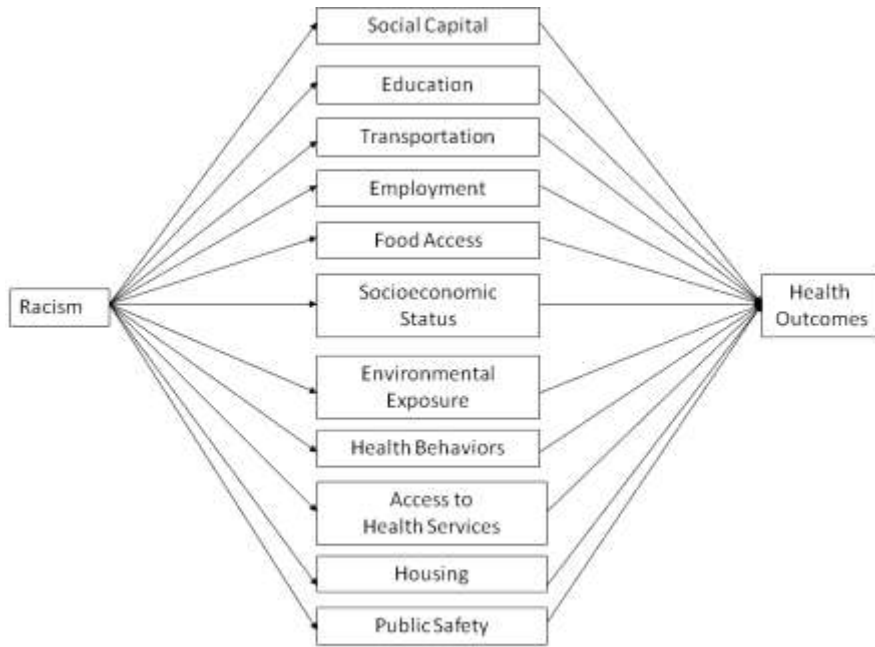
### **A shift in paradigm and practice**

Health disparities that reflect the unjust distribution of resources, power, and opportunities are called health inequities. These inequities are rooted in racism, determined by social conditions, and require new public health approaches to achieve health equity.<sup>1,2</sup> Traditional models of eliminating health disparities have been aimed at changing health behaviors, providing health care, and connecting individuals to services. The presence of persistent health inequities between racial and ethnic populations, however, indicates that these traditional approaches, while potentially benefiting individuals, do not significantly reduce racial and ethnic health disparities at the community and population levels. Given this lack of evidence and a growing body of research demonstrating the strong connections between social determinants of health and health outcomes,<sup>3,4,5,6,7,8</sup> new approaches to address health inequities are emerging.

These new approaches for reducing racial and ethnic health inequities focus on changing social and economic conditions for communities of color through community engagement and policy and systems change work.<sup>9,10</sup> Some public health organizations and local health departments have begun to participate in cross-sector collaborations to address social policies and systems that are not traditionally under the purview of public health, such as housing, transportation, community economic development, and parks and recreation.<sup>9,10,11,12</sup> All of these new approaches aim to address the root causes of inequities to bring about positive, sustainable change for communities of color.

The Boston Public Health Commission's initiatives to reduce racial and ethnic health inequities have evolved over the past ten years to adopt a health equity framework that promotes policy and community-based strategies to address the social determinants of health and achieve health equity. Critical to the successful creation of policies and interventions to combat inequities in health is a comprehensive understanding of the role of social factors in health inequity. Programs and policies that exist in silos, ignoring the social and cultural context of disease, are less effective in disease prevention and public health promotion. This became the framework that continues to lead the Commission's health equity agenda. (See illustration below.)

In 2007, the Commission was designated as one of the Center for Disease Control and Prevention's REACH Centers of Excellence in the Elimination of Disparities. The New England Partnership for Health Equity was born, expanding the Commission's scope to reach across the six New England states. The Center for Health Equity and Social Justice currently provides grants to 15 community-based organizations, institutions, and community coalitions in Massachusetts, Connecticut, and New Hampshire, to implement community-driven policy and systems change strategies that address a variety of social determinants of health.



Source: Boston Public Health Commission

**Specific social factors contributing to health inequities**

**The built environment:**

The built environment encompasses 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.<sup>13</sup>

There is a significant relationship between land use, community design, development, redevelopment, and community health. Decisions about the built environment in cities and towns play a significant role in shaping how and where people live, work and play. The quality, availability, and affordability of housing, transportation, and green space directly affect the “shape and feel of a community,” and the health of those who live there.<sup>14</sup> Poor people and people of color are disproportionately affected by social injustices resulting from built environment policy solutions, and data show that their health and quality of life continue to be impacted by these factors.<sup>15</sup> In order to promote health equity, it is essential to develop policy-based strategies that address built environment policies. Public officials and community advocates are beginning to focus on how cities, towns, and neighborhoods are designed, developed, and function, and what roles these factors play in reducing chronic health conditions such as diabetes and obesity. Efforts to address the built environment require comprehensive cross-sector partnerships and call for unique and sustainable strategies.

**The food environment:**

The term “food environment” is often used to describe the availability, affordability, and quality of food in a specific area. Access to healthy and affordable food options has been identified as a social determinant of health. Many low-income communities of color lack options for healthy

food, but include an abundance of high-fat, high-sugar, high-sodium and processed foods.<sup>16</sup> Studies have documented disparities in the price, quality, and availability of produce and have linked food access to nutrition-related health outcomes such as diabetes, heart disease, and obesity.<sup>17</sup> However, there are scalable strategies to improve the food environment that will not only improve the health of community residents, but reduce health inequities, create job opportunities, support economic development, build social capital, and spur other community investment.<sup>15</sup>

**This funding opportunity announcement seeks to identify organizations or coalitions addressing public health who:**

- **Have done an analysis of how the built environment or the food environment impact the health of their communities of color OR have a partnership with an organization that has done that analysis; and**
- **Are poised to engage the community in a campaign for social policy or systems change.**

### **Funding**

This FY 11 grant cycle aims to offer organizations addressing public health the tools and resources to support upstream efforts and sustainable policy change that improve the built or food environments. It is through this grantmaking model that the Center hopes to support comprehensive and sustainable changes that will eliminate racial and ethnic health inequities in communities across New England. Potential policy or systems change strategies could include (but are not limited to):

- **Built environment:**
  - Improving access to and affordability of public transit;
  - Working towards a “complete streets” policy that fully includes walking and biking in roadway design;
  - Supporting policy for mixed-use developments;
  - Building, improving and maintaining playgrounds, parks, and trails by prioritizing recreational space in zoning policy and prioritizing underserved areas;
  - Using Health Impact Assessments (HIAs) and Racial Equity Impact Assessments (REIAs) to assess the potential effects and consequences of new developments or land use and zoning policies on the health of communities of color; and
  - Establishing joint use agreements that allow use of public schools and facilities for recreation by the public.
- **Food environment:**
  - Improving the availability and affordability of healthy foods in corner stores and other food retailers through incentives, zoning and financial support;
  - Increasing access to supermarkets and farmers’ markets in communities of color;

- Changing zoning codes to limit the number and density of fast food and other unhealthy food outlets; and
- Modifying zoning codes to encourage community gardening and urban agriculture.

The Boston Public Health Commission will award up to three grants of \$50,000/year beginning in October 2010. Although funding cannot be *guaranteed* beyond a 12-month period, the Boston Public Health Commission expects to offer the opportunity for a closed competitive reapplication for a second year of funding based upon performance and the availability of funds. In addition to funding, training and technical assistance will be provided at no cost to participating agencies. Funding may also be contingent on a successful pre-award site visit.

**(A) Who may apply:** Organizations encouraged to apply for this funding include organizations or coalitions addressing public health that would benefit from expanding their public health framework and approaches to include a health equity frame and engaging in social or policy change efforts. **Priority will be given to applicants in Maine, Rhode Island, and Vermont and in communities where there is no REACH US funding. Organizations who are currently receiving funds through any REACH US program are NOT eligible to apply. The strongest applicants will be those who have: a demonstrated ability to engage community residents in identifying problems and solutions; a demonstrated ability and commitment to work with and develop resident leaders from communities of color; the capacity to mobilize a community-led social or policy change campaign; and a commitment to social justice and racial equity.**

**(B) Grantee activities:** The first 12 months of funding is intended to support the development of activities that support change in the following social determinants of health: built environment and food access. Grantees must identify a coordinator to support the following activities.

Grantees will:

- Develop a strategic action plan (Quarter 1, Year 1).
- Identify and convene a Leadership Team of no fewer than 4 members to serve in advisory role for this initiative (Year 1). The Leadership Team should consist of community residents and partner organizations.
- Work closely with a broad base of community organizations and residents to develop and implement a campaign for social or policy change that improves one or more of the following social factors that influence health: food access or the built environment (Years 1-2).
- Participate in trainings on anti-racism, health equity, and public policy (Years 1-2).

- Participate in the New England Health Equity Partnership, a regional learning collaborative designed to build regional capacity and share best practices and strategies (Years 1-2).
- Collaborate with the CEED to identify and support the dissemination of best practices to other communities across New England and the US (Years 1-2).
- Participate in two grantee Learning Summits per year. At least 2 members of your Leadership Team should plan to attend these meetings (Years 1-2).
- Participate in the CHESJ evaluation, including submission of reports, mid-year presentations, and annual site visits (Years 1-2).

**(C) Schedule:**

<i>August 9, 2010</i>	<i>RFA released</i>
<i>September 20, 2010</i>	<i>Responses due by 12PM</i>
<i>September 29, 2010</i>	<i>Awards announced</i>
<i>October 1, 2010</i>	<i>Contracts issued</i>
<i>October 14-15, 2010</i>	<i>Mandatory orientation meeting in Boston*</i>
<i>Summer 2011</i>	<i>Re-application **</i>
<i>September 29, 2011</i>	<i>Contract period 1 ends</i>

*\*All funded grantees must send a Project Coordinator and at least two members of the Leadership Team to the Summit on October 14 at 10am to 3pm on October 15, 2010. Travel expenses should be reflected in the budget submitted with this application.*

*\*\*Opportunity for reapplication is based on performance and the availability of funds.*

**For questions about this RFA, please email Courtney Boen, MPH, Policy Analyst, Center for Health Equity and Social Justice at [cboen@bphc.org](mailto:cboen@bphc.org) (please include in the SUBJECT: FY 2011 RFA). Questions and answers will be shared with all applicants at [www.bphc.org](http://www.bphc.org) under the RFPs and Bids link.**

### **Submitting an application:**

Submit a Project Narrative of no more than 12 pages (double-spaced, 12-point font) responding to the questions below, along with the budget and a cover sheet signed by an authorized signatory of the 501(c)(3) organization. Include a resume or curriculum vitae for the project coordinator. Memoranda of Understanding (MOUs) from Leadership Team members identified in proposal must be included with proposal. Budget, cover sheet, resume/CV and MOUs will not be counted in proposal page limit.

### **Email or mail the proposal:**

RFA Review

Courtney Boen, MPH, Policy Analyst

Boston Public Health Commission

1010 Massachusetts Avenue, 6<sup>th</sup> Fl.

Boston, MA 02118

[cboen@bphc.org](mailto:cboen@bphc.org)

**All proposals must be received by September 20, 2010 at 12:00 P.M. There will be no exceptions to this deadline.** Applicants should scan a copy of a signed cover sheet and send it as a PDF or mail the cover sheet separately with a postmark date the same as the due date. Funds may not be used for direct patient care, facilities construction, major equipment, lobbying, basic research or controlled trials. Funds will be paid on a cost reimbursement basis, and cannot be used for costs incurred before the contract is issued. The Boston Public Health Commission reserves the right to cancel this RFA prior to an official award of grants.

<b><u>Project Narrative (12 pages):</u></b>
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1. *Organization overview* (3 pages):

- Please describe the organization's mission and general scope of work, include the geographic area and major populations served by your organization.
- Describe in detail the organization's commitment to and history of addressing racial and ethnic health inequities. In particular, please describe how this funding would align with organizational priorities or initiatives.
- Describe the organization's commitment to and history of community engagement.
- Describe any previous policy or systems change work in which the organization has played a leadership role.
- Describe how a health equity lens would strengthen current efforts.

2. *Proposal* (4 pages):

- Outline a specific issue related to the built environment or food access and how it has impacted the health of community of color that your organization serves. Use public health and other data to describe the issue of focus and its health impact.

- Explain how the issue was identified. Include the process of community engagement used to identify the issue.
- Describe how the organization plans to engage residents and partners in the community in this effort, including the development community leadership.
- Describe the organization’s proposed process for developing a strategic plan for action in the first quarter of the grant year (analysis of the issue, identifying stakeholders, process for strategic planning, etc.).

3. *Products and outcomes* (3 pages):

- What do you see as the most potentially significant outcomes from your participation in this initiative in both the short and long terms? What is the end goal for addressing this issue in the community and how will the community be impacted at the end of two years? What is the long term vision and how will the community’s health be impacted in ten years if this effort is successful? Please be as specific as you can. We are not asking for an explicit implementation plan – but a direction for possible strategies.
- Outline the type of technical assistance and training the organization would seek from BPHC in support of this effort.

4. *Leadership team* (1 page):

- Identify a coordinator for this initiative and briefly explain her or his qualifications to lead this initiative.
- Who will participate on the leadership team to help guide this initiative? Please tell us who they are, why their participation is significant, and briefly explain their experience related to this initiative (i.e doing policy or systems change work, experience engaging the community).
- Include a curriculum vitae for the coordinator and a memorandum of understanding (MOU) from each identified partner organization or individual on the leadership team.

5. *Other information* (1 page):

- If there is other important information relevant to the organization’s interest in and/or capacity to participate in this project, please provide it here.

**Program Budget (1 page):**

Provide an itemized one-year budget with a justification of the expenses that correspond to proposed program activities, using the allowable expense categories listed below. Please include any in-kind support if appropriate with the proposed budget. The maximum request is \$50,000.

*Salaries and Wages:* Position title, staff member name, annual salary, percentage effort for proposed activity, total months of salary budgeted, and total salary requested. Provide a one-sentence description of responsibilities relating to proposed program activities. If salary is not

budgeted, please explain other funding that supports the designated project coordinator and percent effort on this initiative.

*Fringe Benefits:* State rate and total amount.

*Leadership team:* At least \$5000 of the award must be devoted to support of the leadership team. This could include transportation to leadership team meetings, additional participant travel to Summit, and stipends for community residents, etc.

*Consultant/subcontract Costs:* Provide the consultant's function, name (if known), organizational affiliation, nature of services, proposed rate (e.g., cost per hour) and number of units of service (e.g., total hours), along with the total cost.

*Travel:* Minimum travel budget should include travel (mileage/flight, per diem, and hotel) for at least 2 people to two overnight meetings in the Boston area.

*Supplies:* Individually list each item requested. General office supplies may be shown by an estimated amount per month times the number of months over which they will be expended.

*Other:* Individually list any cost not included in the categories above. This may include educational activities and materials, meeting support, etc.

*Indirect Costs:* The organization may include expenses to cover general indirect costs up to 15% of total direct costs, or approved administrative overhead, whichever is lower.

**Application for the New England Partnership for Health Equity**

**Cover Sheet**

**Name of Organization:** \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Contact for Program Information:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Contact for Fiscal and Contract Information:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Proposal submitted by: (must be authorized signatory)**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount of Funding Requested: \_\_\_\_\_

## Memorandum of Understanding

The purpose of the New England Health Equity Partnership funding is to support the development and implementation of comprehensive health equity strategies. Through the course of this partnership, the [Name of leadership team member/organization], agrees to participate in a leadership capacity for this initiative, supporting [name of applicant] in the following ways:

- Participating in regular meetings and communication with the Team Lead. (Years 1-2).
- Developing a strategic action plan (Quarter 1, Year 1)
- Working closely with a broad base of community organizations and residents to develop and implement a campaign for social or policy change that improves one or more of the following social factors that influence health: food access or land use. (Years 1-2).
- Participating in trainings on anti-racism, health equity, and public policy. (Years 1-2).
- Participating in the New England Health Equity Partnership, a regional learning collaborative designed to build regional capacity and share best practices and strategies (Years 1-2).
- Collaborating with the Boston Public Health Commission to identify and support the dissemination of best practices to other communities across New England and the US (Years 1-2).
- Participating in two grantee Learning Summits per year. At least 2 members of your Leadership Team should plan to attend these meetings (Years 1-2).
- Participating in the Boston Public Health Commission evaluation, including submission of reports, mid-year presentations, and annual site visits (Years 1-2).

As a requirement of this grant, [applicant name] is committed to convening an interdisciplinary leadership team to serve in an advisory capacity to this initiative. A minimum of \$5000 of the grant will be used to support the convening of the leadership team. [Name of leadership team member/organization] will serve as a member of the Leadership Team and is committed to supporting the work of the applicant as an active partner (i.e, attending coalition or advisory meetings, attending New England Health Equity Summits, participating in grant site visits, etc.)

\_\_\_\_\_  
Name of Leadership Team Member

\_\_\_\_\_  
Name of Grant Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Application Checklist**

**DUE 12:00pm, September 20, 2010**

- Signed cover sheet
- Project narrative (no more than 12 pages 12pt font double spaced)
- Budget and justification
- Signed Memoranda of Understanding from identified Leadership Team members
- CV or resume for identified Project Coordinator

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- <sup>1</sup> Kozol, J. *The Shame of the Nation: The Restoration of Apartheid Schooling in America*. New York; 2005. Random House.
- <sup>2</sup> Health Issues in the Black Community, 3rd Edition Ronald L. Braithwaite (Editor), Sandra E. Taylor (Editor), Henrie M. Treadwell (Editor), page 560
- <sup>3</sup> Link BG, Phelan J. Social conditions as fundamental causes of disease. *J of Health Soc Behav*. 1995:80–94
- <sup>4</sup> Marmot M. The influence of income on health: views of an epidemiologist. *Health Affairs*. 2002;21(2): 31–46.
- <sup>5</sup> Adler NE, Newman K. Socioeconomic disparities in health: pathways and policies. *Health Affairs*. 2002;21(2): 60–76.
- <sup>6</sup> Williams DR, Neighbors H, Jackson JS. Racial/ethnic discrimination and health: findings from community studies. *Am J Pub Health*. 2003; 93(2):200–208.
- <sup>7</sup> Krieger N, Chen JT, Waterman PD, Rehkopf DH, Subramanian SV. Painting a truer picture of US socioeconomic and racial/ethnic health inequalities: the public health disparities geocoding project. *Am J Public Health*. 2005; 95:312-323.
- <sup>8</sup> Bravemen P, Egerter S. *Overcoming obstacles to health* Report from the Robert Wood Johnson Foundation to the Commission to Build a Healthier America. 2008. <http://www.commissiononhealth.org/PDF/ObstaclesToHealth-Report.pdf> Accessed May 2010.
- <sup>9</sup> Hofrichter R, ed. *Tackling Health Inequities through Public Health Practice: A Handbook for Action*. Washington, DC: National Association for City and County Health Officials; 2006.
- <sup>10</sup> Koh HK, Oppenheimer SC, Massin-Short SB, Emmons KM, Geller AC, Viswanath K. Translating research evidence into practice to reduce health disparities: a social determinants approach. *Am J Pub Health* 2010 Apr 1;100. Suppl 1:S72-80. Epub 2010 Feb 10. <http://ajph.aphapublications.org/cgi/content/abstract/AJPH.2009.167353v1> Accessed March 8, 2010.
- <sup>11</sup> Williams DR, Costa MV, Odunlami AO, Mohammed SA. Moving upstream: how interventions that address the social determinants of health can improve health and reduce disparities. *J Public Health Manag Pract*. 2008; 14(suppl):S8–S17.
- <sup>12</sup> See programs and initiatives of the Alameda County Health Department: <http://www.acphd.org/healthequity/index.htm>. Accessed March 8, 2010.
- <sup>13</sup> National Institute of Environmental Health Sciences: Obesity and the Built Environment: Improving public health through community design. Website accessed July 29, 2010. <http://www.niehs.nih.gov/news/events/pastmtg/2004/built/>
- <sup>14</sup> PolicyLink webpage on Land Use and Community Health: Accessed July 12, 2010. [http://www.policylink.org/site/c.lkIXLbMNJrE/b.5136685/k.2F85/Land\\_Use\\_and\\_Community\\_Health.htm](http://www.policylink.org/site/c.lkIXLbMNJrE/b.5136685/k.2F85/Land_Use_and_Community_Health.htm)
- <sup>15</sup> NACCHO Factsheet: *Public Health in Land Use Planning & Community Design*, Accessed July 12, 2010. <http://www.naccho.org/topics/environmental/landuseplanning/upload/Land-Use-Fact-Sheet6-19-03.pdf>
- <sup>16</sup> Healthy Food, Healthy Communities: PolicyLink. Website accessed July 12, 2010. [http://www.policylink.org/atf/cf/%7B97c6d565-bb43-406d-a6d5-eca3bbf35af0%7D/HFHC\\_SHORT\\_FINAL.PDF](http://www.policylink.org/atf/cf/%7B97c6d565-bb43-406d-a6d5-eca3bbf35af0%7D/HFHC_SHORT_FINAL.PDF)
- <sup>17</sup> Morland KB, Wing S, Diez Roux A. The contextual effect of the local food environment on residents' diets: the atherosclerosis risk in communities study. *Am J Public Health* 2002 Nov; 92(11): 1761-7.