Q2 I. NEPHTC Health Equity Stipend Program description

The New England Public Health Training Center (NEPHTC) awards $3,500 in financial support ("the Stipend") to public health and health program students conducting internship projects or faculty-student collaborative projects during the academic year 2022 – 2023.

The Health Equity Stipend Program is designed to allow students to gain practical experience working on health equity projects in public or nonprofit health agencies or organizations, including hospitals, community-based health care facilities, and non-traditional health care settings. Projects must serve medically underserved/rural areas or populations in the six New England state: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

The program is funded through the Health Resources and Services Administration’s (HRSA) New England Public Health Training Center, located at the Boston University School of Public Health (BUSPH). Awards of student stipends are contingent on receipt of notice of award by HRSA to Boston University for the 2022-2023 project year.
Q3 NEPHTC’s Health Equity Stipend Program supports the Diversity & Inclusion Oath of the Boston University School of Public Health, including the shared mission to improve the health of local populations, particularly the disadvantaged, underserved, and vulnerable. Read more about [BUSPH’s statement on diversity and inclusion](#). NEPHTC’s Health Equity Stipend Program aims to increase the supply and diversity of the public health workforce through student field placements, especially placements serving rural or medically underserved communities. As such, we encourage applications from students with underrepresented or disadvantaged backgrounds and/or with project characteristics that include serving medically underserved/rural areas or populations. The Stipend Program application collects data on demographics and lived experience to help the reviewers understand how students’ intersecting identities and experiences offer diverse perspectives that could benefit underserved communities/populations. All applications will be considered.
II. GENERAL PROGRAM REQUIREMENTS

Eligibility: Must be a U.S. citizen or a non-citizen U.S. national or foreign national possessing a visa permitting permanent residence in the U.S. Must be a graduate or doctoral student pursuing a degree in a health profession or a 3rd or 4th-year undergraduate student pursuing a public health degree. Must have an internship project planned in the New England region. Program requirements: Internship projects must address medically underserved communities or populations. Whenever possible, agencies should be in medically underserved communities or rural areas. Students applying for the NEPHTC Health Equity stipend must have their project approved and confirmed by their university (if for school credit) and field placement site before submitting their application. Students are expected to work 200 total hours. If using this project for a school requirement, students can instead work the number of hours that fulfills their degree requirement for an internship/practicum at their academic institution. All internships require a deliverable of 1) a photo, 2) an executive summary, and 3) a report that must include the following sections: abstract, introduction, methodology, findings, conclusions, and discussion. The report will be shared with HRSA, and all three deliverables may be shared publicly on the NEPHTC website. In addition, all interns must provide a signed work plan and complete a mid-point survey response during their internship to keep NEPHTC updated on the status of their project. Students must complete an evaluation at the end of their internship and are responsible for having their agency supervisor complete an evaluation of their work. All internship projects and administrative requirements must be completed no later than June 1, 2023. Students must respond to a follow-up survey one year after completing their project (2023).

* I have read and agree to all the eligibility and program requirements above.

- Yes
- No
Q13 III. IDENTIFICATION

Q14 First and Last name

Q15 Phone

Q16 Email

Q17 Mailing address

Q19 Nationality

- I'm a US citizen or non-citizen US national
- I'm a foreign national with a permanent residence visa
Q20 IV. DEMOGRAPHIC INFORMATION (required by HRSA for reporting and Disparity Impact Statement)

Q21 Date of Birth (MM/DD/YYYY)

Q25 Gender

- Female (including trans women)
- Male (including trans men)
- Non-binary
- Other (specify)

Q28 Ethnicity

- I am NOT of Hispanic, Latino, or Spanish origin
- I am of Hispanic, Latino, or Spanish origin
Q89 Please Specify Origin:

- Mexican, Mexican American, Chicano
- Puerto Rican
- Cuban
- Yes, another Hispanic, Latino, or Spanish origin

Q29 Race (One or more categories may be marked)

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Other (specify) ____________________________________________
Q92 **Educationally/Environmentally disadvantaged** Environmentally disadvantaged: A person’s environment inhibited them from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school. Educationally disadvantaged: A person who comes from a social, cultural, or educational environment that has demonstrably and directly inhibited the person from obtaining the knowledge, skills, and abilities necessary to develop and participate in a health professions education or training program.

Check any of the options below that you wish to identify with:

- [ ] I am from a family that receives or received public assistance (e.g., Aid to Families with Dependent Children, food stamps, Medicaid, public housing), or I receive public assistance
- [ ] I am from a family that lives or lived in an area that is designated as a Health Professional Shortage Area or a Medically Underserved Area
- [ ] I am from a school district where 50% or less of graduates go to college or where a college education is not encouraged
- [ ] I am the first generation in my family to attend college (my parents or guardians did not attend college)
- [ ] I have a diagnosed physical or mental impairment that substantially limits my participation in educational experiences and opportunities offered by a college
- [ ] English is not my primary language
- [ ] None of the above
- [ ] Other(specify) ________________________________________________
Q34 Economically disadvantaged
A person from a family with an annual income below a level based on low-income thresholds, according to family size established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of the U.S. Department of Health and Human Services, for use in all health professions programs. A family is a group of two or more people. The Secretary updates these income levels in the Federal Register annually.

According to the U.S. Census Income Level table, you meet the criteria for the economically disadvantaged.

- Yes
- No

Q35 Rural background (Residence when growing up)
- Rural
- Semi-urban/Semi-rural
- Urban

Q36 Veteran status
- Active-Duty Military
- Not a Veteran
- Reservist
- Veteran - Prior Service
- Veteran - Retired
Q38 V. ACADEMIC BACKGROUND

Q39 Academic Institution

Q41 Enrollment Status

- Full-time
- Part-time

Q45 Enrollees Status (Campus-Based Enrollee are students who take all classes on-campus. Distant-Based Enrollees take all classes online. Hybrid Enrollees take a mixture of online courses and on-campus classes)

- Campus-Based Enrollee
- Distance-Based Enrollee
- Hybrid Enrollee
Q42 Primary discipline

- Doctoral - Public Health
- Graduate - Public Health
- 3rd or 4th Year Undergraduate - Public Health
- Doctoral- Other Health Profession
- Graduate- Other Health Profession
- Click to write Choice 6

Q90 If "Other Health Profession" or Undergraduate student, please provide degree program (or major)

____________________________________________________________________________________

Q43 Academic or Training Year

- Undergraduate Year 3
- Undergraduate Year 4
Q95 Academic or Training Year

- Graduate Year 1
- Graduate Year 2
- Graduate Year 3
- Graduate Year 4
- Graduate Year 5
- Graduate Year 6
- Graduate Year 7

Q47 Internship/Practicum Manager Information
(Please provide the contact information for the individual responsible for practicums or internships at your school)

Q49 Your School's Internship/Practicum Manager Name

Q50 Your School's Internship/Practicum Manager Email

Q52 Career plans

Q53 What Is Your Expected Graduation Date?(MM/YYYY)
Q55 Are you seeking academic credit or meeting an academic requirement with this internship?
- Yes
- No

Q96 Are you receiving any other financial assistance for your internship project?
- Yes
- No

Q56 What are your current post-graduation/completion plans?
- I intend to become employed or pursue further training in a medically underserved community
- I intend to become employed or pursue further training in a primary care setting
- I intend to become employed or pursue further training in a rural setting
- None of the Above
Q59 Site Name
(Please include the agency and specific department you will be working in if applicable ex. Vermont Department of Public Health, Geographic Information Systems.)
Q60 Site Type

- Academic institution
- Acute care services
- Ambulatory practice sites
- Assisted Living Community
- Community-based care programs for elderly mentally challenged individuals
- Community Behavioral Health Center
- Community Health Center
- Community Mental Health Center
- Community-based organization
- Day and home care programs
- Dentist Office
- Dental Services
- Emergency Room
- Extended care facilities
- Federal and State Bureau of Prisons
- Federal Government Office or Agency
- FQHC or look-alike
- Geriatric ambulatory care and comprehensive units
- Geriatric Behavioral and Mental Health Units
- Geriatric consultation services
- Hospital
○ Hospice
○ Indian Health Service Site
○ Independent Living Facility
○ Local health department
○ Long-term Care Facility
○ Local Government Office or Agency
○ Mobile Clinic/Site
○ Nursing Home
○ Nurse Managed Health Clinics
○ National health association or affiliate
○ Other community health center
○ Other Oral Health Facility
○ Program of All Inclusive Care for the Elderly
○ Physician Office
○ School-based clinic
○ State Government Office or Agency
○ State Health Department
○ Tribal Health Department
○ Tribal Organization
○ Veterans Affairs Hospital or clinic
○ Other (please specify) ____________________________________________
Q61 Site Website

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Q62 Site Address

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Q63 City

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Q64 State

○ Connecticut
○ Maine
○ Massachusetts
○ New Hampshire
○ Rhode Island
○ Vermont

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Q65 Zip code with four digits extension
(Format must include five digits, a dash, and four digits ex. 55555-4444) - you can look up the extended zip code here.

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Q66 Is this site a Primary Care Setting (includes medical, dental, preventative, behavioral, and family service agencies)?

- Yes
- No
- Unsure

Q67 Is this site located in a HRSA defined Medically Underserved Area/Population (MAU/P)?

- Yes
- No
- Unsure

Q68 If yes, please provide the HRSA MUA/P Source Identification Number. Click here to find the associated ID number.

Q69 Does your agency serve a HRSA rural area?

- Yes
- No
- Unsure

Q70 Select any HHS Priorities Addressed at this Site

In the event of a high volume of qualified applicants, NEPHTC will give preference to applicants whose proposed placements meet one of the following HHS preference
criteria. However, NEPHTC strongly encourages students to apply regardless of their agency sites meeting these criteria.

☐ This site offers medication-assisted treatment (MAT) for opioid use disorders (OUD)

☐ This site offers opioid use treatment services

☐ This site offers substance use treatment services

☐ This site offers telehealth services

☐ None of the above

☐ Unsure
Q71 **Project type**
(Field Placement: Provides students with structured opportunities and/or experiences to apply their acquired knowledge and skills in a public health practice setting. Faculty-Student Collaborative: Student and faculty advisor(s) collaborate with a specific agency to address specific public health issues among a specified target population.)

- [ ] Field Placement
- [ ] Faculty-Student Collaborative

Q72 **Faculty-Student Collaborative Information** (Projects where the student and faculty advisor(s) collaborate with a specific agency to address specific public health issues among a specified target population)

Q73 How many other students are involved in the project (if any)?

________________________________________________________________

Q74 **Primary faculty advisor contact information**

Q75 Faculty Name (First and Last)

________________________________________________________________

Q76 Faculty Position/Title

________________________________________________________________
Q77 Faculty Phone Number

Q78 Faculty Email

Q91 Have you and your faculty advisor discussed the support they can offer for this project?

- Yes
- No

Q80 Community partner contact information

Q81 Community Partner Contact Name (First Last)

Q82 Community Partner Organization

Q83 Community Partner Contact Position/Title
Q84 Community Partner Contact Phone Number

________________________________________________________________

Q85 Community Partner Contact Email

________________________________________________________________

Q92 Have you and your community partner discussed the support they can offer for this project?

○ Yes
○ No

Q87 Field Placement Information

________________________________________________________________

Q86 Field supervisor contact information

________________________________________________________________

Q87 Supervisor Name (First Last)

________________________________________________________________

Q88 Supervisor Department

________________________________________________________________
Q89 Supervisor Phone Number


Q90 Supervisor Email


Q93 Have you and your supervisor discussed the support they can offer for this project?

- Yes
- No
Q94 VII. PROJECT PROPOSAL

Q95 Estimated Project Start Date(DD/MM/YYYY)

Q96 Estimated Project End Date(DD/MM/YYYY)

Q97 What is the name of your project?

Q98 What is your title/position?

Q99 Please describe your project’s purpose, responsibilities, deliverables, activities benchmarks, and dates as relevant. (maximum: 2000 characters)
Q100 Describe how your project will contribute to addressing public health issues in medically underserved/rural populations. (maximum: 600 characters)
Q101 Select Type(s) of Vulnerable Population(s) Studied and/or Served by your Project

☐ Adolescents
☐ Children
☐ Chronically ill
☐ College students
☐ Homeless individuals
☐ Individuals with HIV/AIDS
☐ Individuals with mental illness or substance use disorders
☐ Lesbian/Gay/Bisexual/Transgender
☐ Low income persons/families
☐ Migrant workers
☐ Military and/or military families
☐ Older adults
☐ People with disabilities
☐ Pregnant women and infants
☐ Refugee Adults
☐ Returning war veterans (Iraq or Afghanistan)
☐ Tribal Population
☐ Undocumented Immigrants
☐ Unemployed
☐ Uninsured/Underinsured persons/families
☐ Veterans
☐ Victims of abuse or trauma
☐ Other(specify) ________________________________________________
Q102  **VIII. Additional open-ended questions**

Q103 Describe how your personal experience brought you to this field and/or this project. (600 characters)

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Q104 If there is anything else you would like us to know, please provide information here. (optional) (600 characters)

________________________________________________________________
________________________________________________________________
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________________________________________________________________
Q105 IX. DELIVERABLE PLANS

Q107 I understand that this project must culminate with a deliverable of a scientific report that must include the following sections: abstract, introduction, methodology, findings, conclusions, and discussion. These deliverables will be shared with HRSA. Both the project and deliverable must be completed by June 1, 2023.

Q109 Photos & Stories
The New England Public Health Training Center (NEPHTC) asks for stories, photos, and work products from your project for use in educational and promotional materials now or in the future. The products are used to publicize the program for funders, public health agencies, and future students. We ask that all students be open to sharing their stories and be responsive to NEPHTC staff attempting to describe your experience. Example of a recent article on student stipend projects: https://nnphi.org/public-health-student-stars-shining-their-light-on-an-organization-near-you/

Q111 I have read the description above and grant NEPHTC rights without compensation to use any photos, videos, stories or other deliverables you provide to us as a part of this project in educational or promotional materials now or in the future.

○ Yes
○ No
Q88 This is the end NEPHTC health equity stipend program application. Once you are ready to submit, press the next button.

End of Block: Default Question Block