

# 2023-24 NEPHTC Health Equity Stipend Program Application

## Q1.1 I. NEPHTC Health Equity Stipend Program description

The New England Public Health Training Center (NEPHTC) awards \$3,500 in financial support to public health and health program students conducting field placement projects or faculty-student collaborative projects during the academic year 2023 – 2024.

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 settings. Projects must serve medically underserved and/or rural areas or populations in one of the six New England states: 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).

Q1.2 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 and faculty-student collaboratives, 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. The application data that will also be used with program evaluation data to demonstrate whether all participants demonstrate increased confidence and ability to serve diverse populations and address disparities.

All applications will be considered. Applications will be weighed based on student qualities, project suitability, agency characteristics, and regional representation across the New England states.

## 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 the following deliverables:
  - A photo or image
  - An executive summary
  - 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, 2024.
- Students must respond to a follow-up survey one year after completing their project (2024-2025).

Q2.2 I have read and agree to all the eligibility and program requirements above.

Yes

No

Q2.3 Nationality

I'm a US citizen or non-citizen US national

I'm a foreign national with a permanent residence visa

**Q3.1 III. IDENTIFICATION**

Q3.2 First Name

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Q3.3 Last Name

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Q3.4 What pronouns should we use to refer to you? (examples - she/her, he/him, they/them)

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Q3.5 Phone

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Q3.6 Email

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Q3.7 Mailing address

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**Q4.1 IV. DEMOGRAPHIC INFORMATION**

*We collect a variety of demographic data in order to understand our student cohorts and provide data to our funders.*

Q4.2 **Date of Birth** (MM/DD/YYYY)

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**Q4.3 Gender** *This question is required by our funders. You can select 'Prefer not to report' if you do not wish to share, or if neither option is accurate. We use this information only in our direct report to our funders, and do not publicly share this information.*

- Female
- Male
- Prefer Not to Report

**Q4.4 Gender** *We want to capture a variety of forms of diversity and the breadth of diversity within the public health community. For use of data, we will aggregate data to be able to describe sexual orientation & gender identity minorities as a group as represented within a cohort.*

- Cis Woman
- Cis Man
- Trans Woman
- Trans Man
- Non-Binary/Gender Fluid/Gender Queer
- Other \_\_\_\_\_
- Write in for culturally specific gender identity \_\_\_\_\_
- Prefer not to report

**Q4.5 Sexual Orientation** *We want to capture a variety of forms of diversity and the breadth of diversity within the public health community. For use of data, we will aggregate data to be able to describe sexual orientation & gender identity minorities as a group as represented within a cohort.*

- Straight or Heterosexual
- Lesbian, Gay, or homosexual
- Bisexual / Pansexual
- Queer
- Asexual

Other \_\_\_\_\_

Don't know

Prefer not to report

**Q4.6 Ethnicity**

I am NOT of Hispanic, Latino, or Spanish origin

I am of Hispanic, Latino, or Spanish origin

**Q4.7 Please Specify Origin:**

Mexican, Mexican American, Chicano

Puerto Rican

Cuban

Yes, another Hispanic, Latino, or Spanish origin

**Q4.8 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) \_\_\_\_\_

**Q4.9 Disability Status** For more information on how to define disability status, please look at the ADA National Network's page ["What is the definition of disability under the ADA?"](#)

- I have a disability
- I do not have a disability
- Prefer not to Report

**Q4.10 Educationally/Environmentally disadvantaged**

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) \_\_\_\_\_

**Q4.11 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

**Q4.12 Rural background (Residence when growing up)**

Rural

Semi-urban/Semi-rural

Urban

**Q4.13 Veteran status**

Active-Duty Military

Not a Veteran

Reservist

Veteran - Prior Service

Veteran - Retired

**Q5.1 V. ACADEMIC BACKGROUND**

Q5.2 Academic Institution

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Q5.3 Enrollment Status

- Full-time
- Part-time

Q5.4 **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

Q5.5 Primary discipline

- Doctoral - Public Health
- Graduate - Public Health
- 3rd or 4th Year Undergraduate - Public Health
- Doctoral- Other Health Profession
- Graduate- Other Health Profession

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Q5.6 If "Other Health Profession" or Undergraduate student, please provide degree program (or major)

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Q5.7 If Undergraduate - Academic or Training Year

- Undergraduate Year 3
  - Undergraduate Year 4
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Q5.8 If Graduate - 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

**Q5.9 Internship/Practicum Manager Information**

(Please provide the contact information for the individual responsible for practicums or internships at your school)

Q5.10 Your School's Internship/Practicum Manager Name

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Q5.11 Your School's Internship/Practicum Manager Email

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Q5.12 What Is Your Expected Graduation Date?(MM/YYYY)

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Q5.13 Are you seeking academic credit or meeting an academic requirement with this internship?

Yes

No

Q5.14 Are you receiving any other financial assistance for your internship project?

Yes

No

Q5.15 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

#### Q6.1 VI. FIELD SITE INFORMATION

Q6.2 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.)

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Q6.3 Site Type

Academic institution

Acute care services

Ambulatory practice

Federal and State  
Bureau of Prisons

Federal Government  
Office or Agency

Nursing Home

Nurse Managed Health  
Clinics

sites

- |   |   |   |
|---|---|---|
| <input type="radio"/> Assisted Living Community   | <input type="radio"/> FQHC or look-alike                                | <input type="radio"/> National health association or affiliate      |
| <input type="radio"/> Community-based care programs for elderly mentally challenged individuals | <input type="radio"/> Geriatric ambulatory care and comprehensive units | <input type="radio"/> Other community health center                 |
| <input type="radio"/> Community Behavioral Health Center  | <input type="radio"/> Geriatric Behavioral and Mental Health Units      | <input type="radio"/> Other Oral Health Facility                    |
| <input type="radio"/> Community Health Center   | <input type="radio"/> Geriatric consultation services                   | <input type="radio"/> Program of All Inclusive Care for the Elderly |
| <input type="radio"/> Community Mental Health Center  | <input type="radio"/> Hospital  | <input type="radio"/> Physician Office                              |
| <input type="radio"/> Community-based organization  | <input type="radio"/> Hospice   | <input type="radio"/> School-based clinic                           |
| <input type="radio"/> Day and home care programs  | <input type="radio"/> Indian Health Service Site                        | <input type="radio"/> State Government Office or Agency             |
| <input type="radio"/> Dentist Office  | <input type="radio"/> Independent Living Facility                       | <input type="radio"/> State Health Department                       |
| <input type="radio"/> Dental Services   | <input type="radio"/> Local health department                           | <input type="radio"/> Tribal Health Department                      |
| <input type="radio"/> Emergency Room  | <input type="radio"/> Long-term Care Facility                           | <input type="radio"/> Tribal Organization                           |
| <input type="radio"/> Extended care facilities  | <input type="radio"/> Local Government Office or Agency                 | <input type="radio"/> Veterans Affairs Hospital or clinic           |
|   | <input type="radio"/> Mobile Clinic/Site                                | <input type="radio"/> Other(please specify)                         |
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Q6.4 Site Website

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Q6.5 Site Address

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Q6.6 City

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Q6.7 State

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="radio"/> Connecticut   | <input type="radio"/> New Hampshire |
| <input type="radio"/> Maine         | <input type="radio"/> Rhode Island  |
| <input type="radio"/> Massachusetts | <input type="radio"/> Vermont       |

Q6.8 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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Q6.9 Is this site a Primary Care Setting (includes medical, dental, preventative, behavioral, and family service agencies)?

- Yes
- No
- Unsure

Q6.10 Is this site located in a HRSA defined Medically Underserved Area/Population (MAU/P)?

- Yes
- No
- Unsure

Q6.11 If yes, please provide the HRSA MUA/P Source Identification Number. [Click here](#) to find the associated ID number.

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Q6.12 Does your agency serve a HRSA rural area?

- Yes
- No
- Unsure

Q6.13 **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

Q7.1 **VII. PROJECT PROPOSAL**

Q7.2 **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

**Q7.3 Faculty-Student Collaborative Information** – *only shown if “faculty-student collaborative” is selected*

Q7.4 How many other students are involved in the project (if any)? \_\_\_\_\_

**Q7.5 Primary faculty advisor contact information**

Q7.6 Faculty Name (First and Last)

\_\_\_\_\_

Q7.7 Faculty Position/Title

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Q7.8 Faculty Phone Number

\_\_\_\_\_

Q7.9 Faculty Email

\_\_\_\_\_

Q7.10 Have you and your faculty advisor discussed the support they can offer for this project?

Yes

No

**Q7.11 Community partner contact information**

Q7.12 Community Partner Contact Name (First Last)

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Q7.13 Community Partner Organization

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Q7.14 Community Partner Contact Position/Title

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Q7.15 Community Partner Contact Phone Number

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Q7.16 Community Partner Contact Email

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Q7.17 Have you and your community partner discussed the support they can offer for this project?

Yes

No

**Q7.18 Field Placement Information – only shown if “field placement” is selected**

**Q7.19 Field supervisor contact information**

Q7.20 Supervisor Name (First Last)

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Q7.21 Supervisor Department

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Q7.22 Supervisor Phone Number

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Q7.23 Supervisor Email

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Q7.24 Have you and your supervisor discussed the support they can offer for this project?

Yes

No

Q7.25 Estimated Project Start Date(DD/MM/YYYY)

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Q7.26 Estimated Project End Date(DD/MM/YYYY)

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Q7.27 What is the name of your project?

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Q7.28 What is your title/position?

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Q7.29 Describe your project's purpose. (maximum: 1000 characters)

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Q7.30 Describe your responsibilities, activities, and deliverables for this project. (maximum: 1000 characters)

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Q7.31 What is your timeline for this project? (maximum: 1000 characters)

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Q7.32 Describe how your project will contribute to addressing public health issues in medically underserved/rural populations. (maximum: 1000 characters)

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Q7.33 Select Type(s) of Vulnerable Population(s) Studied and/or Served by your Project

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|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Adolescents  | <input type="checkbox"/> | People with disabilities                     |
| <input type="checkbox"/> | Children   | <input type="checkbox"/> | Pregnant women and infants                   |
| <input type="checkbox"/> | Chronically ill  | <input type="checkbox"/> | Refugee Adults                               |
| <input type="checkbox"/> | College students   | <input type="checkbox"/> | Returning war veterans (Iraq or Afghanistan) |
| <input type="checkbox"/> | Homeless individuals                                       | <input type="checkbox"/> | Tribal Population                            |
| <input type="checkbox"/> | Individuals with HIV/AIDS                                  | <input type="checkbox"/> | Undocumented Immigrants                      |
| <input type="checkbox"/> | Individuals with mental illness or substance use disorders | <input type="checkbox"/> | Unemployed                                   |
| <input type="checkbox"/> | Lesbian/Gay/Bisexual/Transgender                           | <input type="checkbox"/> | Uninsured/Underinsured persons/families      |
| <input type="checkbox"/> | Low income persons/families                                | <input type="checkbox"/> | Veterans                                     |
| <input type="checkbox"/> | Migrant workers  | <input type="checkbox"/> | Victims of abuse or trauma                   |
| <input type="checkbox"/> | Military and/or military families                          | <input type="checkbox"/> | Other(specify) _____                         |
| <input type="checkbox"/> | Older adults   |                          |  |

Q8.1 VIII. Additional open-ended questions

Q8.2 Describe how your personal experience brought you to this field and/or this project. (600 characters)

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Q8.3 If there is anything else you would like us to know, please provide information here. (optional) (600 characters)

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**Q9.1 IX. DELIVERABLE PLANS**

Q9.2 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, 2024.

- Yes
- No

**Q9.3 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. [See examples of how we share our student's work here.](#)

Q9.4 I have read the description above and grant NEPHTC rights without compensation to use any photos, videos, stories or other deliverables I provide to NEPHTC as a part of this project in educational or promotional materials now or in the future.

Yes

No

Q9.5 Consolidated student descriptive data may be used by NEPHTC staff for quality improvement of student field placement processes, evaluation of program effectiveness, and for sharing lessons learned at public health conferences. Individual student names, project descriptions, and student provided photos may be publicly shared for storytelling/marketing.

I agree that data may be used as described above

I do not agree to share my data as described above

Q9.6 This is the end NEPHTC health equity stipend program application. Once you are ready to submit, press the next button.