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
________________________________________

Q3.3 Last Name
________________________________________

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

Q3.5 Phone
________________________________________

Q3.6 Email
________________________________________

Q3.7 Mailing address
________________________________________

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)
________________________________________
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
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](https://www.census.gov/programs-surveys/popest/tables/2019/interim/total-population/2019-estimate.html), 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

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

Q5.6 If "Other Health Profession" or Undergraduate student, please provide degree program (or major)
Q5.7 If Undergraduate - Academic or Training Year

- Undergraduate Year 3
- Undergraduate Year 4

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

________________________________________________________________

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

________________________________________________________________

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

________________________________________________________________
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.)

________________________________________________________________

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
<table>
<thead>
<tr>
<th>Q6.4 Site Website</th>
<th>Q6.5 Site Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Assisted Living Community</td>
<td>○ FQHC or look-alike</td>
</tr>
<tr>
<td>○ Community-based care programs for elderly mentally challenged individuals</td>
<td>○ Geriatric ambulatory care and comprehensive units</td>
</tr>
<tr>
<td>○ Community Behavioral Health Center</td>
<td>○ Geriatric Behavioral and Mental Health Units</td>
</tr>
<tr>
<td>○ Community Health Center</td>
<td>○ Geriatric consultation services</td>
</tr>
<tr>
<td>○ Community Mental Health Center</td>
<td>○ Hospital</td>
</tr>
<tr>
<td>○ Community-based organization</td>
<td>○ Hospice</td>
</tr>
<tr>
<td>○ Day and home care programs</td>
<td>○ Indian Health Service Site</td>
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<tr>
<td>○ Dentist Office</td>
<td>○ Independent Living Facility</td>
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<tr>
<td>○ Dental Services</td>
<td>○ Local health department</td>
</tr>
<tr>
<td>○ Emergency Room</td>
<td>○ Long-term Care Facility</td>
</tr>
<tr>
<td>○ Extended care facilities</td>
<td>○ Local Government Office or Agency</td>
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<td></td>
<td>○ Mobile Clinic/Site</td>
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<tr>
<td></td>
<td>○ National health association or affiliate</td>
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<tr>
<td></td>
<td>○ Other community health center</td>
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<td></td>
<td>○ Other Oral Health Facility</td>
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<td></td>
<td>○ Program of All Inclusive Care for the Elderly</td>
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<td></td>
<td>○ Physician Office</td>
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<td></td>
<td>○ School-based clinic</td>
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<td></td>
<td>○ State Government Office or Agency</td>
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<td></td>
<td>○ State Health Department</td>
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<td>○ Tribal Health Department</td>
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<td></td>
<td>○ Tribal Organization</td>
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<td></td>
<td>○ Veterans Affairs Hospital or clinic</td>
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<td></td>
<td>○ Other (please specify)</td>
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</tbody>
</table>
Q6.6 City

Q6.7 State

- Connecticut
- Maine
- Massachusetts
- New Hampshire
- Rhode Island
- 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.

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.
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

____________________________________________________________

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)

____________________________________________________________

Q7.13 Community Partner Organization

____________________________________________________________

Q7.14 Community Partner Contact Position/Title

____________________________________________________________

Q7.15 Community Partner Contact Phone Number

____________________________________________________________
Q7.16 Community Partner Contact Email

____________________________________________________________

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)

____________________________________________________________

Q7.21 Supervisor Department

____________________________________________________________

Q7.22 Supervisor Phone Number

____________________________________________________________

Q7.23 Supervisor Email

____________________________________________________________

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)

____________________________________________________________

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

____________________________________________________________

Q7.27 What is the name of your project?

____________________________________________________________
Q7.28 What is your title/position?

________________________________________________________________

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

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

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

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

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

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

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

________________________________________________________________
________________________________________________________________
Q7.33 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) _________

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)

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

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

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.