MINORITY HEALTH AND HEALTH DISPARITIES INTERNATIONAL TRAINING (MHIRT) PROGRAM AT THE UNIVERSITY OF HAWAII AT MANOA MHIRT APPLICATION PACKET 2016

Aloha! This informational packet contains all of the required application materials for the 2016 Fellowship. Please read through it carefully. It is your responsibility to see that your complete application (including the completely filled application form, essays, unofficial transcript, and any other supporting materials) is submitted by December 1, 2015.

APPLICATIONS WILL NOT BE PROCESSED IF ANY OF THESE ITEMS ARE LATE OR MISSING.

This informational packet consists of:

Application Form (Applicant information, Essays and Contact information of References)
Health Disparities Information
Checklist Application

Eligibility

This program is open to U.S. citizens and permanent residents from health disparity communities who are currently an undergraduate or graduate student. Students from all academic disciplines are welcome to apply. You must be enrolled in classes for the entire Spring 2016 semester in order to be eligible. For the purposes of this program, the U.S. Government has defined members of health disparity communities as follows: African Americans, Hispanic Americans, Native Americans, Alaskan Natives, Native Hawaiians and Pacific Islanders, and the medically underserved (i.e., socio-economically disadvantaged individuals in rural and urban areas). Students of Filipino and Vietnamese ancestry are also eligible.

Please submit all completed application forms via:

E-Mail: mhirt-l@lists.hawaii.edu (as one PDF file) or

Mail: Attn: MHIRT Program

Department of Tropical Medicine, Microbiology and Pharmacology

John A. Burns School of Medicine

651 Ilalo St. BSB 320 Honolulu, HI 96813

All questions regarding the application process or the fellowship program can be directed to mhirt-l@lists.hawaii.edu. You may also contact Dr. Vivek Nerurkar (nerurkar@hawaii.edu) or Dr. Diane Taylor (dwtaylor@hawaii.edu), MHIRT Principal Investigators.

MHIRT

INTERNATIONAL BIOMEDICAL RESEARCH TRAINING FOR MINORITY STUDENTS National Institute of Minority Health and Health Disparities, NIH (1T37MD008636)

John A. Burns School of Medicine, University of Hawaii at Manoa MHIRT APPLICATION FORM 2016



Please fill the application form below. If you have any questions about the application process, please contact us at mhirt-l@lists.hawaii.edu or (808) 692-1600 The deadline for applications for the 2016 fellowship is **December 1, 2015**.

APPLICANT INFORMATION

Last name	First Name		MI		
Current mailing address					
Permanent mailing address					
Primary Email address	Alternate I	Email address			
Phone number	Alternate phone number				
Birth date (MM/DD/YYYY)	Gender	e Other Student ID No			
Foreign Language proficiency (if y	ves, please specify language and	indicate proficiency			
☐Yes ☐No					
U.S. Citizenship (If No, Resident A	lien card will be requested if sele	ected)			
☐Yes ☐No					
Do you have a passport? (If Yes, p	please provide expiration date)			
Yes No					
ACADEMIC BACKGROUND					
Major field of study	Minor fie	eld, if you have one			
Academic standing (please check	one)				
Second year undergraduate 5+ year undergraduate/Postbaccalaureate					
Third year undergraduate Masters student					
Fourth year undergraduate PhD student					
Current GPA Anticipated graduation date (Semester and year)					
ETHNIC BACKGROUND					
Ethnic category (select all that ap					
Hawaiian	Pacific Islander American	Native American/Alaska	ın		
Hispanic/Latin American	Asian American	Filipino American			
African American	White American	Other (please specify)			

Are	you currently receiving need-based financial support through the Financial Aid Office?
	Yes No
Are	you from a health disparity community as defined below? Yes No
	The US government has defined members of health disparity communities as follows: Blacks and African Americans, Hispanics/Latino Americans, Native Americans, Alaskan Natives, Native Hawaiians and Pacific Islanders Americans, and low-income Americans with annual income thresholds defined by the U.S. census Bureau. Low income applicants must demonstrate they have: 1) qualified for federal disadvantaged assistance or 2) received any of the following student loans: a) HPSL, b) Loans for Disadvantaged Student Program, or c) scholarships from the US department of Health and Human Services under the scholarship for Individuals with Exceptional Financial Need.
Are	you from a rural health disparity community as described below? Yes No Please check the following website to see if you qualify: http://www.raconline.org/amirural If yes, please provide zip code
ESS	AYS
1.	Research Experience(s): Describe your previous research experience(s), if any in the space below (please limit to 200 words)
2.	International Experience(s): Describe any international travel/study experiences you have had and the reason for the travel (please limit to 100 words)

what do you thin Hawaiian, Filipin solve the probler	nk is the biggest health a no, rural area, etc.) and g m (maximum 1,500 word	Based on the definition of Health disparities (see page 7), please write an essay on - is the biggest health disparity in your under-represented group (i.e., Pacific Islander, rural area, etc.) and give a specific example on how biomedical research might help (maximum 1,500 words). Refer to health disparities examples on pages 7-8. If you please include essay as a separate attachment.				

words)			

CONTACT INFORMATION FOR REFERENCES

Please provide the name, email address and/or phone number from 3 references who are familiar with your academic background and/or research interests, e.g., professors, teaching assistants, coaches, or Directors of other Minority programs (e.g., McNair). You **do not** have to ask your references to write the letters. We will contact them directly via email or the telephone.

releience 1		
Name	Title	
Email Address		
Relation of Reference to Applicant		
Reference 2		
Name	Title	
Email Address	Office phone number	
Relation of Reference to Applicant		
Reference 3		
Name	Title	
Email Address	Office phone number	
Relation of Reference to Applicant		

Acknowledgment of commitment

By submitting this application form to the MHIRT 2016 program, you acknowledge that all the above information is complete, factually correct and honestly presented and that, if this representation is not correct, the UH MHIRT Program reserves the right to withdraw your application from consideration.

By submitting this application form you acknowledge that if accepted, you will 1) enroll for two credit in a directed reading course spring 2016, 2) attend a 5-day workshop during the summer, 3) spend ~8 weeks abroad, e.g., Bangkok, Thailand, Yaounde, Cameroon, or another foreign site where you will conduct a directed research project, 4) attend a 3-4 day workshop upon returning and 5) prepare a short written report on your research and/ research experience and give an oral presentation to faculty, friends and family (either at the end of summer or fall semester 2016).

What Are Health Disparities?

In 2000, United States Public Law 106-525, also known as the "Minority Health and Health Disparities Research and Education Act," which authorized the National Center for Minority Health and Health Disparities, provided a legal definition of health disparities:

"Health disparities are gaps in the quality of health and health care that mirror differences in socioeconomic status, racial and ethnic background, and education level. These disparities may stem from many factors, including increased risk of disease from underlying genetic, ethnic, or familial factors, increased risk of disease from occupational exposure, and accessibility of health care."

"Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States." – National Institutes of Health

"A population is a health disparity population if there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates in the population as compared to the health status of the general population."

The following are examples of health disparities related to infectious diseases and diseases of the immune system:

Asthma

- Approximately 2 million Hispanics/Latinos in the United States have asthma, and Puerto Rican Americans have almost three times the asthma rate of the overall Hispanic population.
- African Americans are diagnosed with asthma at a 28-percent higher rate than whites.

HIV/AIDS

- African Americans, more than any other racial/ethnic group, bear the greatest burden of HIV in the United States. In 2010, the overall HIV infection rate among blacks was almost eight times higher than that of whites.
- Hispanics are also disproportionately affected by HIV. In 2010, the HIV infection rate among Hispanics was three times that of whites in the United States.

Organ Transplantation

- African Americans are at greater risk than whites for diabetes, chronic kidney disease, and
 cardiovascular disease, all of which can lead to end-stage organ failure. Although minorities
 donate organs in proportion to their share of the U.S. population, their need for transplants is
 much greater, leading to a shortage of available organs for this group.
- In comparison to other racial and ethnic groups, African Americans experience higher rates of organ rejection and lower survival rates after transplantation.

Health equity refers to the study of differences in the quality of health and healthcare across different populations. Health equity is different from health equality, as it refers only to the absence of disparities in controllable or remediable aspects of health. It is not possible to work towards complete equality in health, as there are some factors of health that are beyond human influence. Inequity implies some kind of social injustice. Thus, if one population dies younger than another because of genetic differences, a non-remediable/controllable factor, we tend to say that there is a health inequality. On the other hand, if a population has a lower life expectancy due to lack of access to medications, the situation would be classified as a health inequity. These inequities may include differences in the "presence of disease, health outcomes, or access to health care" between populations with a different race, ethnicity, sexual orientation or socioeconomic status.

Health equity falls into two major categories: horizontal equity, the equal treatment of
individuals or groups in the same circumstances; and vertical equity, the principle that
individuals who are unequal should be treated differently according to their level of need.
Disparities in the quality of health across populations are well-documented globally in both
developed and developing nations. The importance of equitable access to healthcare has been
cited as crucial to achieving many of the Millennium Development Goals.

MHIRT 2016 APPLICATION CHECKLIST

Thank you for your interest in the Minority Health and Health Disparities
International Research Training Program at the University of Hawaii at Manoa. All application materials MUST be submitted via email or can be mailed to the address listed below.

ALL APPLICATION MATERIALS MUST BE RECEIVED BY TUESDAY, DECEMBER 1st FOR CONSIDERATION. If you have any questions, contact Dr. Nerurkar (nerurkar@hawaii.edu) or Dr. Taylor (dwtaylor@hawaii.edu). All of the following items must be included for your application to be complete:

Complete ALL questions in the application form	
Write personal essays regarding: a) research experience, b) international experience, c) health disparity and d) career choices	
Provide contact information for two (2) academic mentors /references	
Include copies of school transcripts (unofficial copies are accepted)	
For those with low income eligibility, provide documentation	

Please submit all completed application forms via: <u>E-Mail</u>: mhirt-l@lists.hawaii.edu (as one PDF file) or

Mail: Attn: MHIRT Program

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