EVALUATION REPORT

South Carolina Public Health Preparedness Student Corps (SCPHPSC)

Benedict College

Claflin University

Clemson University (lead organization)

Coastal Carolina University

Francis Marion University

Medical University of South Carolina

PROGRAM EVALUATORS

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Introduction

Purpose of the Evaluation

This report is an evaluation of the South Carolina Public Health Preparedness Student Corps (SCPHPSC) implemented from April 1, 2022, to June 30, 2024. It was administered by the state's Clemson University (CU) as lead organization along with subrecipients Benedict College (BC), Claflin University (ClfU), Coastal Carolina University (CCU), Francis Marion University (FMU), and the Medical University of South Carolina (MUSC). The purpose of the evaluation is to analyze data about the program to judge its value. It presents answers to four questions: 1) did the project operate as planned, 2) what was the project's impact on student participants, 3) did the project function efficiently without wasted expense, and 4) what was its impact on the public health workforce?

Since the evaluation sought information connoting program worth, this report may be suitable for multiple purposes: Future project implementation guidance and identification of replicable project components. Decisions about the specific roles the report assumes rest with the program's administrators and audience for whom the evaluation was conducted (e.g., project team members, student participants, financial sponsors, and public health officials).

Audience for the Evaluation Report

As leaders of public health and public health education within SC, the director of the SC Department of Public Health (SC DPH) (formerly SC Department of Health and Environmental Control) and statewide project team leaders are the audience and primary recipients of the evaluation report. All evaluation data collected, including information about the evaluation process, will be shared with these designees.

Limitations of the Evaluation

Evaluation limitations existed with the SCPHPSC as with most programs. They were 1) time constraints within which the evaluation was conducted and 2) evaluation elements common to data collection and analysis (i.e., less than 100% of data collected from respondents, limited resources to conduct future impact after the program period). Time constraints also prohibited the inclusion of information about other undergraduate student workforce development initiatives that focus on public health, emergency management, and disaster preparedness. In addition, criteria selected for evaluating the SCPHPSC were based on face validity or consensus by the program evaluators. Neither were the criteria based on pre-established, comparable benchmarks but included elements important to any generic evaluation of a knowledge and skills-based intervention.

Also, the evaluation offers limited capacity for follow-up with program participants and affiliates (i.e., students, subrecipient team leaders, Advisory Board members) to conduct ongoing data collection and analysis. Neither was pilot testing of the project's data collection instruments (i.e., 2-item end-of-project Likert scale, 1-item impact survey) possible. In addition, data were obtained through a one-step process without the opportunity to return to respondents for additional information or clarification of data. However, group interviews (i.e., live monthly and bi-annual conference calls) with project team and Advisory Board members, respectively, offered some opportunity for follow-up through discussions about what was working well concerning the project and what needed adjustments toward improvement.

Although the omission of pilot testing of data collection instruments may have compromised the reliability and validity of measurements, steps were taken to lessen any resulting negative effects. For example, there was heightened attention to the wording of the 2-item end-of-project Likert scale and 1-item impact survey items. In addition, two lead project team members (project director and program coordinator) reviewed historical data (i.e., Work Plan) for comparison and agreement of interpretation. The Reporting Spreadsheet on which required participant activities were documented was also standardized across program sites. In addition, there was ongoing prompting by subrecipient leaders to maximize the number of students who responded to all data collection efforts. Therefore, where possible, corrective strategies served to balance the effects of limitations on the evaluation process.

Finally, generalizability of evaluation findings is limited. Readers of this report should keep in mind that information within the report is applicable only to the SCPHPSC during its program period.

Overview of Report

The remaining elements of this report include the following sections: Focus of the Evaluation; Evaluation Plan, Procedure, and Measurements; Evaluation Measurement Instruments; Implementation and Data Analysis; Presentation of Evaluation; Summary and Evaluation Findings; Conclusions and Recommendations; Dissemination of the Report; and Appendices. Each section (except appendices) is described, along with the process by which it was developed, and where applicable, how limitations were minimized.

The *focus of the evaluation* section presents a succinct description of the SCPHPSC. It highlights the project's background and characteristics, goal and objectives, available resources, target group, and strategies and procedures used for implementation. The *evaluation plan, procedure, and measurements* segment conveys the evaluation process including data collection methods and analyses. The 2-item end-of-project Likert scale and 1-item impact survey statements are also described. The *evaluation*

measurement instruments section presents the type of measures used in relation to four evaluation criteria: 1. adherence to the project Work Plan, 2. enriched student learning, 3. financial accountability of the project, and 4. benefit to the public health workforce. Measures were primarily quantitative (i.e., frequencies) as well as included qualitative data analysis of historical records (e.g., Work Plan, email communications, Quarterly Funder Report). The *implementation and data analysis* section describes how measures were obtained from student participants: Direct report from administration of the 2-item end-of-project Likert scale and 1-item impact survey at the end of each year's end-of-project annual conference. In addition, secondary data from a Reporting Spreadsheet about students' completion status of required project activities were reviewed. The *presentation of evaluation results* segment describes outcomes of the evaluation based on the four designated evaluation criteria. The *summary and evaluation of findings* section presents evaluators' judgements of success and/or nonsuccess in relation to each criterion. *Conclusions and recommendations* aligned with each criterion are presented followed by plans for *dissemination of the report*. Finally, *appendices* (A and B) are included.

Focus of the Evaluation

Description of the SCPHPSC

The SCPHPSC is an initiative within the CU Center for Research on Health Disparities and School of Nursing (SON). It complements the agenda of the Center and advocates for health equity among populations with an emphasis on groups that are traditionally marginalized. Fostering health equity is recognized as a core value of community resilience and public health. The goal of the SCPHPSC is to increase global access to an interdisciplinary, sustainable pipeline of culturally competent students (primarily undergraduates) suitable for public health and emergency response. The students, of diverse academic majors, are guided by faculty teams in the completion of approximately 27-clock hours of educational and clinical experiences. The experiences are designed to augment their academic program of study with public health's emphasis on disaster and emergency management including requirements for service within the SC Medical Reserve Corps (MRC) (formerly SC Public Health Reserve Corps). The SCPHPSC was designed for the long term outcome of community resilience (see Table 1) and it's impetus is lessons learned about public health workforce needs during the Covid-19 pandemic that informed it's design and six program objectives.

Table 1

SCPHPSC Logic Model

			OUTCOMES		
Inputs/Resources	**Activities**	**Outputs**	**Short-term**	**Intermediate**	**Long-term**
• Academic faculty, information tech. & grants management specialists • Higher education (i.e., land grant institution) infrastructure • Statewide collaborators (i.e., four institutions of higher learning) • Project target participant (i.e., undergraduate students) stipend • Project grant funding	• Recruit interdisciplinary undergraduate student population pool • Develop computer-assisted instruction development • Establish project advisory board stakeholders • Convene annual networking conference & recorded proceedings • Initiate project marketing campaign & website • Collect student participant reflections data about project	• 800 annual project student participants • Six evidence-based health equity education modules • One evidence-based public health response & preparedness education curriculum • SC public health response & preparedness workforce pipeline	• Access to an interdisciplinary, sustainable pipeline of emergency preparedness & response trained, culturally competent, public/population health workforce that is deployable by the regional MRC	• Access to a replicable workforce development model accessible to local, statewide, and global communities	• Community resiliency associated with disaster preparedness and response

Student participants were engaged to complete self-paced, online modules that included 1) SC MRC training 2) Federal Emergency Management Agency (FEMA) Incident Command training; 3) contact tracing certification including the natural history of SARS-Cov-2; 4) evidence-based health equity instruction related to population health program management, behavioral health self-care, social determinants of health, human caring, care of marginalized populations, and global/transcultural health; 5) workforce development immersion activities that ranged from STOP THE BLEED® training, Point of Dispensing exercises, and development of region specific emergency management plans to reflection on leadership aims and roles of local and national organizations (e.g., SC Public Health Association, SC Nurses Association, Pre-medical Society, Appalachian American Alliance of Nurse Practitioners, and the CU Center for Research on Health Disparities); and 6) end-of-project conference participation to highlight implications of public health and insights gained from participation in the project.

Faculty and administrative teams that supported students to meet program objectives consisted of 20-24 total personnel. Their areas of expertise encompassed (but were not limited to) healthcare administration; nursing; public health; health, physical education, and recreation; health sciences;

biology; and medicine. There were also at least three instructional technologists and several budget and financial management focused team members who assisted faculty and student participants, as needed. Subrecipients were diverse -- comprising two historically Black colleges/universities (one of which is private, not-for profit and the other is private, co-educational liberal arts) and four public universities (two of which hold high doctoral status).

Students' admission to the SCPHPSC required submitting an application that solicited demographic data (i.e., gender, racial/ethnic identify, class level, academic department, age, overall GPA) and a ≤ 500 word essay crafted in response to the question "*Why are you interested in becoming a SCPHPSC participant and how do you believe it will enhance your understanding of public health emergency preparedness and ability to assist your current and future community?*" Respective school personnel weighed applications based on the substance of the essay and demographics eligibility guidelines. Selection was also influenced by the project goal to engage 800 students, over a 27-month period, by the six participating institutions: BC (150), ClfU (150), CU (150), CCU (100), FMU (150), and the MUSC (100).

Evaluation Plan, Procedures, and Measurements

The evaluation team sought to ensure that ideal questions were posed and answered and that the evaluation criteria complemented the project's Evaluation Plan (see Appendix A: item #1) and logic model. Therefore, the four criteria that focused on planning, implementation, and outcome processes were highlighted to dictate how the evaluation would be judged and measures gathered for each (see Table 2).

Evaluation Measurement Instruments

Quantitative and qualitative measures were used to evaluate the project. Quantitative measures (i.e., frequencies) were applied to assess the degree of adherence to the project's Work Plan (i.e., status of objectives, activities, and outcomes) as indicated by criterion #1 (1.1). Criterion #2 (2.1, 2.2) focused on student learning outcomes and included a 2-item end-of-project Likert scale *(1. My awareness of public health response and preparedness has increased due to participation in the project and 2. My knowledge of marginalize population, as related to the MRC, has improved due to participation in the project)* and a qualitative measure of perceived impact of the project per an 1-item survey [What effect (1-2 words) do you think this experience (as a SCPHPSC participant) will have on you?]

Table 2

Project Evaluation Criteria, Standards, and Measurements

Criteria	Standard	Measurement
1. SCPHPSC Work Plan to direct project implementation	**1.1** 100% of project objectives to be met	**1.1** Proportion (quantitative) of Work Plan objectives realized
2. Student participants' public health emergency management acumen to be enhanced	**2.1** 100% of project completers to attain new insights about public health, emergency management and preparedness **2.2** 100% of students attending end-of-project annual conferences to perceive "positive" impact of the project	**2.1** Proportion (quantitative) of project completers who respond positively on a 2-item end-of-project Likert scale **2.2** Positive perception (qualitative) of project impact on a 1-item impact survey
3. Financial accountability of project to be deemed efficient by funder	**3.1** 100% of Quarterly Funder Reports accepted by funder **3.2** 100% of submitted subrecipients' invoices approved	**3.1** Proportion (quantitative) of reports to funder (i.e., SC DHEC) as scheduled and without revision **3.2** Proportion (quantitative) of subrecipient invoices approved by CU post-award unit
4. Student participants to be eligible to supplement the SC public health workforce	**4.1** 100% of project completers to qualify as MRC volunteer **4.2** At least 30% of project completers to reflect ethnic/racial composition of SC population	**4.1** Proportion (quantitative) of project completers awarded a MRC certificate **4.2** Proportion (quantitative) of project completers that self-identify as SC ethnic/racial minority

Criterion #3 focused on financial accountability of the project and was assessed based on qualitative reviews of primarily email communications with the project's funder (SC DPH) and CU post-award grants management personnel through the submission of and feedback on Quarterly Funder Reports and invoices (3.1). Email communications were most useful due to their real-time use with multiple messengers (3.2). Criterion #4 (4.1, 4.2) was assessed using secondary data (i.e., Reporting Spreadsheet) submitted by subrecipients that displayed student demographics and the completion status of their required project activities including eligibility for SC MRC service.

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Implementation and Data Analysis

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The evaluators performed data analysis on the project's Work Plan (see Appendix A: item #2) to assess the status of planned outcomes related to each program objective. In addition, one evaluator (i.e., CU project director) managed development of all Quarterly Funder Reports (see Appendix A: item #3) based on input from all subrecipients prior to the final report being submitted to SC DPH. In addition to Quarterly Funder Reports, the project director approved (after review) all financial invoices and any related records submitted by subrecipients for adherence to accounting guidelines and complementing Work Plan guidance throughout the program period.

The evaluators periodically reviewed the Reporting Spreadsheet (see Appendix: item #4) to assess students' level of completion of required project activities. The spreadsheet also contained student demographic data (i.e., gender, class level, and ethnicity/race) that facilitated progress toward the project's diverse workforce goal. One evaluator followed-up with subrecipient team leaders, at the end of the program period, to obtain student responses to the 2-item end-of-project Likert scale that reflected the extent of their learning. These data collection responses were summarized mainly through the use of data analysis software (e.g., SPSS). Student impressions of perceived impact from having participated in the project were collected at the end-of-year conferences 2022 and 2023 using a Wordcloud application. Regrettably, no data were collected at the 2024 conference in lieu of a conference specific evaluation that was substituted at this final year project event.

Evaluation data from students who had completed all program requirements versus those who had enrolled and failed to complete were prioritized in this evaluation. The rationale for this decisions is that completers likely held the soundest knowledge about the SCPHPSC and were deemed better judges of the project as a whole. Still, formative evaluation feedback obtained from subrecipients, during monthly team meetings, conveyed that the incidence of project non-completers was an ongoing concern that required focused troubleshooting. While a total of 903 students enrolled in the statewide project, the total number of completers was 681. Team members identified chief reasons for enrollees not completing all project requirements: a) mastery of academic courses and responsibilities to ensure on-time, planned graduation was more of a priority; b) graduation occurred prior to completion of all requirements; and c) in-person project immersion activities were more difficult to incorporate within school schedules in comparison to online modules that could be scheduled and completed at variable times. Due to limited time and resources (e.g., continuation funding), evaluation to further explore these reasons by following-up with non-completers could not be addressed in this report.

Presentation of Evaluation Results

Response to each evaluation criteria is included in this report. Table 3 presents responses to evaluation criteria #1 that focus on adherence to the project's Work Plan (see Appendix A: item #2). There were 13 planned program objectives with associated activities and identified persons responsible for managing outcomes. Objectives focused on development of the Evaluation Plan (see Appendix A: item #1), student learning and skills acquisition, stipend management, project marketing and sustainability, scheduled communications with subrecipients and Advisory Board members, and overall grants management expectations.

Table 3

Evaluation Responses to Evaluation Criterion #1

Criterion	Standard	Measurement
1. SCPHPSC Work Plan to direct project implementation	**1.1** 100% of project objectives to be met	**1.1** Proportion (quantitative) of Work Plan objectives realized
Response: 100% of project objectives was completed as planned with implementation edits to eight (8) activities due primarily to updated timeframes.		

There were limited edits to Work Plan time frames due to a) a small number of students completing project requirements earlier than planned, b) some end-of-project conference agenda topics and supply orders were delayed, and c) a few dates and times of Advisory Board meetings were adjusted to accommodate members' availability to attend.

Evaluation responses to Criteria #2 (see Table 4) represent student learning outcomes. Over eighty-nine percent (89.6%) of project completers responded positively on the 2-item end-of-project Likert scale. This proportion represents the 95% of the 800 student enrollment goal originally set.

Table 4

Evaluation Responses to Evaluation Criterion 2

Criterion	Standard	Measurement
2. Student participants' public health emergency management acumen to be enhanced	**2.1** 100% of project completers to attain new insights about public, health emergency management and preparedness **2.2** 100% of students attending end-of-project annual conferences to perceive "positive" impact of the project	**2.1** Proportion (quantitative) of project completers who respond positively on a 2-item end-of-project Likert scale **2.2** Positive perception (qualitative) of project impact on a 1-item impact survey
Response: 89.6% of students completers completed the 2-item end-of-project Likert scale with report of increased knowledge learned. 100% of students who attended the end-of-project annual conferences (2022, 2023) responded to the 1-item impact survey with report of positive perceived impact as project participant.		

In addition, in-person 2022 end-of-year annual conference attendees (51) provided positive responses of the project's perceived impact on them that ranged from *inspiring, great, educational, prepared*, and *growth* to *inclusive, moving,* and *more involved* (see Figure 1). These views mirrored similar perceptions reported in 2023 that ranged from *eye opening*, *confidence*, *opportunity*, and *new* to *tremendous* and *reflective* (see Figure 2).

Figure 1

2022 Student Perceived Impact (Wordcloud poll): What effect (1-2 words) do you think this experience (as a SCPHPSC participant) will have on you?

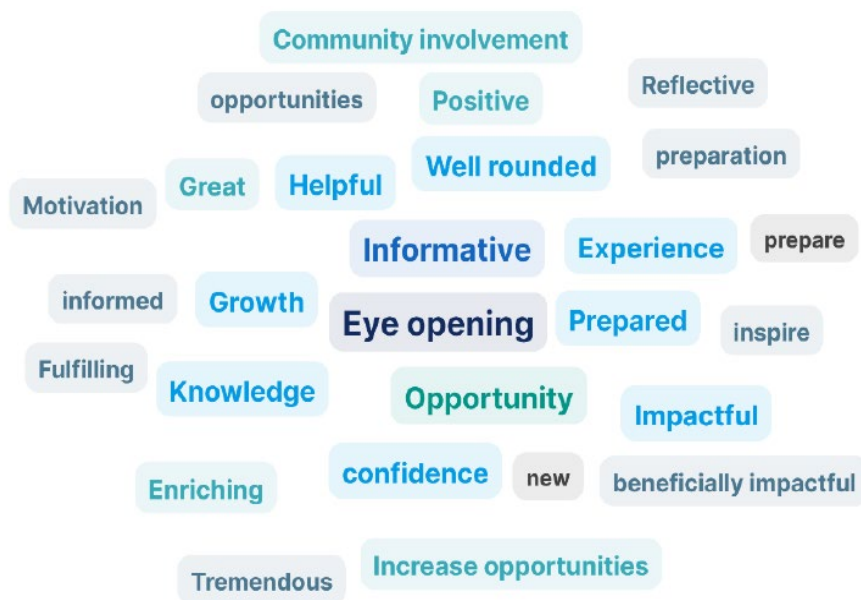**Figure 2**

2023 Student Perceived Impact (Wordcloud poll): What effect (1-2 words) do you think this experience (as a SCPHPSC participant) will have on you?

Responses to Criteria #3 (see Table 5) reflect the status of financial accountability of the project. No revisions to Quarterly Funder Reports (see Appendix A: item #3) were requested by the funder (i.e., SC DPH) during the project period. In addition, each report was submitted within 1-week of the 25th date of the designated month's due date. A total of nine reports was submitted within the following periods: June, September, and December of 2022; March, June, September, and December of 2023; and March and June of 2024. In addition, 100% of subrecipient invoices were approved by the CU post-award grant management personnel with minimal discourse needed among project director, subrecipients, and CU grants management personnel, to finalize budgetary requirements.

Table 5

Evaluation Responses to Evaluation Criterion 3

Criterion	Standard	Measurement
3. efficient financial accountability of project	**3.1** 100% of Quarterly Funder Reports accepted by funder **3.2** 100% of submitted subrecipients' invoices approved	**3.1** Proportion (quantitative) of reports to funder (i.e., SC DHEC) as scheduled and without revision **3.2** Proportion (quantitative) of subrecipient invoices approved by CU post-award unit
Response: 100% of Quarterly Funder Reports was accepted by the funder without revision. 100% of subrecipient invoices was approved by the CU post-award management personnel.		

Finally, responses to criterion #4 (supplement SC public health workforce) reveal that evaluation standards were met. All project completers became eligible as SC MRC volunteers as 100% completed all project requirements (see Table 6). In addition, ethnic/racial demographics of completers mirrored those of the overall SC population (30%).

Table 6

Evaluation Responses to Evaluation Criterion 4

Criterion	Standard	Measurement
4. Student participants to be eligible to supplement the SC public health workforce	**4.1** 100% of project completers to qualify as SC MRC volunteer **4.2** At least 30% of student completers to reflect the ethnic/racial composition of the SC population	**4.1** Proportion (quantitative) of project completers awarded a MRC certificate **4.2** Proportion (quantitative) of project completers that self-identify as SC ethnic/racial minority
Response: 100% of project completers was qualified to volunteer within the SC MRC. Over 30% (i.e., 57.1%) of project completers self-identified as an ethnic minority in SC.		

This project's trained student cohort (i.e., potential public health workforce member) totaled 681 (see Table 7). This total varied per participating institution with FMU having the greatest proportion at 24.2% followed by CU that engaged 22.8% of the total.

Table 7

Student Completers Per Participating Academic Institutions

Institution	Frequency	%
BC	138	20.3
ClfU	68	10.0
CCU	55	8.1
CU	155	22.8
FMU	165	24.2
MUSC	100	14.7
Total	681	100.0

The student group was diverse with regard to academic program of study that consisted largely of nursing and pre-nursing followed by public health and biology focused disciplines. Other concentrations ranged from psychology and healthcare administration and medicine to math, computer science, engineering, social work, chemistry and biochemistry, and language and international health. Students' class levels were primarily junior (33.21%) followed by sophomore and senior (see Table 8) and most students identified as female/Woman (see Table 9).

Table 8

Student Completers Class Level Demographic

Class Level	Frequency	%
-	1	.15
Freshman	20	2.94
Junior	226	33.21
M2	26	3.81
N1, 2, 3, 4	69	10.13
NP	5	.73
Senior	137	20.11
Sophomore	197	28.92
Total	681	100.0

The smallest cohorts were medical and nurse practitioner students at 3.81% and .73%, respectively--an expected outcome since undergraduates versus graduate students were the principal target group based on the belief that their curricula were better suited for the incorporation of adjunct academic content.

Table 9

Student Completers Gender Demographic

Gender	Frequency	%
-	1	.1
Female	147	1.6
Male	17	2.5
man	5	.7
Man	56	8.2
non-binary/non-conforming	1	.1
other	2	.3
prefer not to respond	2	.3
woman	49	7.2
Woman	401	58.9
Total	681	100.0

Summary and Evaluation of Findings

Adherence to the project's Work Plan (criterion #1) resulted in timeline edits to 8 of 26 project outcomes within the total 13 program objectives. Timeline adjustments were related to the stipend disbursement period that was changed to stipends being disbursed after completion of all required project activities versus the original plan to disburse half of the stipend midway of activities being completed and the remainder at full completion. Other timeline adjustments were end-of-project annual conference dates/agendas and procurement of conference supplies as well as changed Advisory Board meeting dates. Still, periodic monitoring of the Work Plan greatly facilitated attaining project outcomes.

Over 89% of project completers acknowledge enhanced awareness and benefit of public health emergency management and disaster preparedness (criterion #2) as evidenced by survey responses (i.e., 2-item end-of-project Likert scale, 1-item impact survey). This finding also facilitates the project's workforce development aim.

Financial accountability was maintained (criterion #2) through timely communications and follow-up among the project director, subrecipient team leaders, SC DPH liaisons, and the CU grants management team. In addition, Quarterly Funder reports helped all relevant persons to maintain awareness of project activities, gauge progress toward outcomes, and identify any financial miscalculations that may have compromised fiscal management.

Finally, while the project did not reach its goal of 800 project completers, 681 students, with an increased awareness of public health, emergency management, and disaster preparedness

(criterion #4) were added to the state's potential public health workforce. This group also possesses added insights and regard for health equity and the ability to positively impact local and global communities in need based on the SCPHPSC experience.

Conclusions and Recommendations

The evaluators have posed recommendations in relation to each project evaluation criterion. A comprehensive and concise Work Plan contributed to the successful attainment of program objectives (criterion #1). Based on this finding, recommendations for replication of the project is that a detailed, written implementation guide should include specific, measurable, achievable, realistic and time-bound objectives. Also, the Work Plan should be shared among all program personnel prior to the project start date and updated periodically with the expectation that flexible timeline dates, for activities to be completed, will likely be needed.

Efforts to enhance public health and emergency management skill and knowledge of undergraduate college students can be achieved through guided engagement in a primarily online, 27-clock hour, learning endeavor (criterion #2). Still, a key recommendation for future implementation is that the intervention be designed to accommodate students' ability to manage demands of their academic courses required for planned graduation along with project requirements to ensure that both obligations can be met.

Efficient fiscal management (criterion #3) of a relatively broad (i.e., statewide) collaborative of diverse academic institutions (i.e., HBCU, public, private) can be maintained while adhering to institutions' respective guidelines and those of state and federal funders (i.e., SC DPH, CDC Covid-19 Crises Response Cooperative Agreement). An essential recommendation for success is that frequent (at least monthly) communications (virtual and in-person) between project teams members (i.e., subrecipients) and lead project personnel (i.e., project director), as well as between project lead personnel, funder, and grants management staff, be emphasized throughout the project period.

Finally, undergraduate students represent community populations that are outside of academia and can be interested and willing candidates to help address public health workforce needs related to emergency management and disaster preparedness (criterion #4). This group can be socialized to recognize health equity and community resilience remedies during their post-secondary education experience. A recommendation for future replication of this project is that participant applications for a public health workforce development initiative should be thoughtfully crafted to identify attributes of applicants that closely align with the project's aim and communities to be served.

Other considerations that complement each recommendation presented in this evaluation report are project sustainability efforts initiated by the SCPHPSC lead organization and subrecipients. These are summarized at Appendix B.

Dissemination of the Report

This SCPHPSC evaluation report will be disseminated via various channels including live, virtual, and print modalities. Findings will be shared with the project funder, lead and subrecipient team and Advisory Board members, and the CU SON leadership. An evaluation executive summary will be drafted and made available to SC public health officials, as needed. The evaluation report will also be publicized at the project's online webpage (SCPHPSC.org or SCPHPSC.com).

Appendix A
Link to Cited Documents

Access the documents below at the following link: https://scphpsc.com/reports/
Item #/Name of Document
#1: Evaluation Plan
#2. Work Plan SCPHPSC

#3. Quarterly Funder Reports (9):
    1. June. 2022
    2. Sept. 2022
    3. Dec. 2022
    4. Mar. 2023
    5. June. 2023
    6. Sept. 2023
    7. Dec. 2023
    8. Mar. 2024
    9. June. 2024

#4. Reporting Spreadsheet

Appendix B

SCPHPSC Sustainability Outcomes

Benedict College
- ✓ A formal partnership was established with Prisma Health (private nonprofit SC health company) to continue STOP THE BLEED® training within student population.
- ✓ Assessing converting project to a campus student organization
- ✓ Aim to collaborate with other partners

Claflin University
- ✓ A new officer (2nd Vice President) was added to the ongoing campus Public Health Student Alliance (PHSA) to continue the SCPHPSC's focus on emergency preparedness
- ✓ A Student Ambassador Program was initiated whereas select SCPHPSC project completers (i.e., ambassadors), who are also members of the campus PHSA, serve as SCPHPSC mentors with the goal to support ongoing community and public health outreach--a non-traditional component of non-health professions majors
- ✓ Integrated emergency preparedness into a BIOL 101 *Improving Community Health* course beginning summer 2024 and to continue to be taught each semester in the future
- ✓ The SCPHPSC website link (scphpsc.org) was included at the NIH Undergraduate Research Initiative for Student Enhancement (URISE) web page. The URISE webpage is currently being added to the Claflin University webpage.

Clemson University
- ✓ An *Introduction to the MRC* instructional PowerPoint (PPT) slide was created and distributed to SCPHPSC participating schools to advocate for its use, by other faculty, as a teaching aid within courses.
- ✓ An *AACN Population Health Domain Nurse Competency* instructional PPT slide was created and distributed to SCPHPSC participating schools with nursing degree programs (i.e., CU, FMU, MUSC) to advocate for its use, as a teaching aid, within relevant courses.
- ✓ The SCPHPSC Social Determinants of Health (SDOH) health equity education module was shared (upon request) with non-project related faculty at the MUSC
- ✓ The SCPHPSC SDOH health equity education module was shared with the Upstate Area Health Education Center for used by students enrolled in its Summer Enrichment Program.
- ✓ The SCPHPSC SDOH health equity education module will be incorporated as a teaching aid within the School of Nursing's (SON) undergraduate honors course beginning fall 2024
- ✓ STOP THE BLEED® training was adopted, by the SON's community health faculty, for use as a credited clinical skill beginning fall 2024
- ✓ Four SON 4 faculty members have now become STB instructors due to association with the SCPHPSC
- ✓ An official Clemson University SCPHPSC Student Organization has been established.
- ✓ All project faculty team members have completed STB training and become instructors
- ✓ The SCPHPSC website has retained a permanent home (linked) at the CU Center for Research on Health Disparities website

Coastal Carolina University
- ✓ To continue the project within the CCU Public Health Club--every new club member will enroll in Better Impact and those interested will complete the SC DHEC Cultural Competency training

Francis Marion University
- ✓ Incorporated emergency management/disease preparedness online modules (e.g., FEMA, CDC) into the Healthcare Administration and Nursing programs.
- ✓ Included an assignment in the *Introduction to Public Health* course that requires students to enroll in the MRC.

Medical University of South Carolina
- ✓ To engage two MUSC and College of Charleston students in resilience-focused research that will investigate curricular needs of health professions students related to a disaster resilience and extreme heat project