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A Life Skills Toolkit: Curriculum Development for Sustainable Public Health Community Engagement

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A Life Skills Toolkit: Curriculum Development for Sustainable Public Health Community Engagement

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Introduction

Committee On Temporary Shelter (COTS) is a community organization that provides gateway housing opportunities to fourteen previously homeless veterans through its Canal Street program in Winooski, VT. Many of the residents struggle with physical fitness, poor nutrition, and mental illness, including PTSD. Research has shown that there is an increasing prevalence of overweight or obese veterans returning from service, and these individuals present a particular challenge to primary care physicians as their mental health issues are closely related to their level of fitness.[1] It has been demonstrated that veterans often suffer from ingrained food insecurity, which negatively influences post-service eating behavior, and readjustment solutions are needed to ease reentry into civilian life.[2] While literature has shown that exercise in a natural environment on veterans,[4] there has been demonstrated that veterans often suffer from particular challenge to primary care physicians as their mental health issues are closely related to their level of fitness.[1] It has been shown that exercise in a natural environment on veterans,[4] there has been demonstrated that veterans often suffer from particular challenge to primary care physicians as their mental health issues are closely related to their level of fitness.[1]

Methods

We met with COTS clients and staff to ascertain community interests and needs related to physical fitness and nutrition through a semi-structured interview process. Findings from this meeting were paired with a literature review, and pertinent topics were identified. Authors reviewed existing physical fitness and nutrition resources, as well as created new documents, to create a Life Skills Toolkit based on the topics identified above. The Life Skills Toolkit consists of resources related to:

• Healthy Eating on a Budget
• Diabetes Nutrition
• MOVE! Program
• Overcoming Barriers to Exercise Initiation
• Local Walking Maps

Staff coordinators were asked to record dissemination and client utilization of Toolkit resources. For a detailed description of the contents of the Life Skills Toolkit, please follow the QR code.

Results

Population Demographics

The Canal Street COTS program currently houses 14 veterans, 12 male and 2 female residents. There are three families—one with a single parent. The average age is 47, and the age range is 27 - 68 years old.

Medical Demographics of Canal Street Residents

- Drug Dependence
- Alcohol Dependence Syndrome
- Depressive Disorders
- PTSD
- General Anxiety Disorder
- Schizophrenia
- Depression
- Type II Diabetes
- Diabetes Self-Management Plan
- Amputee

Map 1: Walking map created through Mapmyrun.com as part of the Life Skills Toolkit [5].

Participation and Use of Life Skills Toolkit

<table>
<thead>
<tr>
<th>Measure</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>14 (100%)</td>
</tr>
<tr>
<td>Attended Initial Interest Meeting</td>
<td>6 (43%)</td>
</tr>
<tr>
<td>Acquired Toolkit</td>
<td>4 (29%)</td>
</tr>
<tr>
<td>Self-Reported Toolkit Use</td>
<td>2 (14%)</td>
</tr>
</tbody>
</table>

Table 1: Data collected as of January 9th, 2015. Of note, 50% of the participants who acquired the toolkit reported self-use. One resident has been using the walking maps, and another has been recording daily exercise.

Discussion

Our goal was to enable COTS residents to improve their quality of life. As residents had expressed interest in obtaining individually-tailored fitness programs, the Life Skills Toolkit allowed us to design and deliver personalized, holistic health interventions through a group-intervention strategy by enabling participants to select individual goals and then improve associated life skills. We believed this strategy would best deliver sustainable, personal solutions in a scalable package capable of benefiting future residents. However, our approach did pose some challenges. Because the toolkit required a level of self-direction, varying degrees of interest and participation could not be addressed, and some residents chose to not participate altogether. It was possible that some residents were not ready for change. A better understanding of individual commitment levels with motivational interviewing could be beneficial in improving participation. Another challenge was an inability to directly record which residents were exposed to the intervention. A more rigorous approach to monitoring each resident’s introduction to the toolkit could address this challenge. Overcoming these challenges could provide a promising future for such an approach to improve the quality of life in this population.

Conclusion

The creation of a Life Skills Toolkit is a potentially viable and sustainable resource to translate population-based public health recommendations into actionable programming on a local level. Personal interventions may be more successful, although time and resource prohibitive.

References

4. Helfrich CA, Peters CY, Chan DV. Trauma symptoms of individuals with mental illness at risk for homelessness participating in a life skills intervention. Health recommendations into actionable programming on a local level. Personal interventions may be more successful, although time and resource prohibitive.