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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 recommendations exist outlining the important role of initiating easy-to-use exercise programs [3] and the beneficial impact of exercise in a natural environment on veterans,[4] there has been little research into more holistic approaches to improve the diminished quality of life impacting many individuals with PTSD.[5][6] Recent literature shows decreased PTSD symptoms after a life skills intervention[7] and that short-term nutritional education interventions have the capacity to favorably change eating behaviors in a low income population.[8] Therefore, we decided that a comprehensive, yet personalized intervention was needed.

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

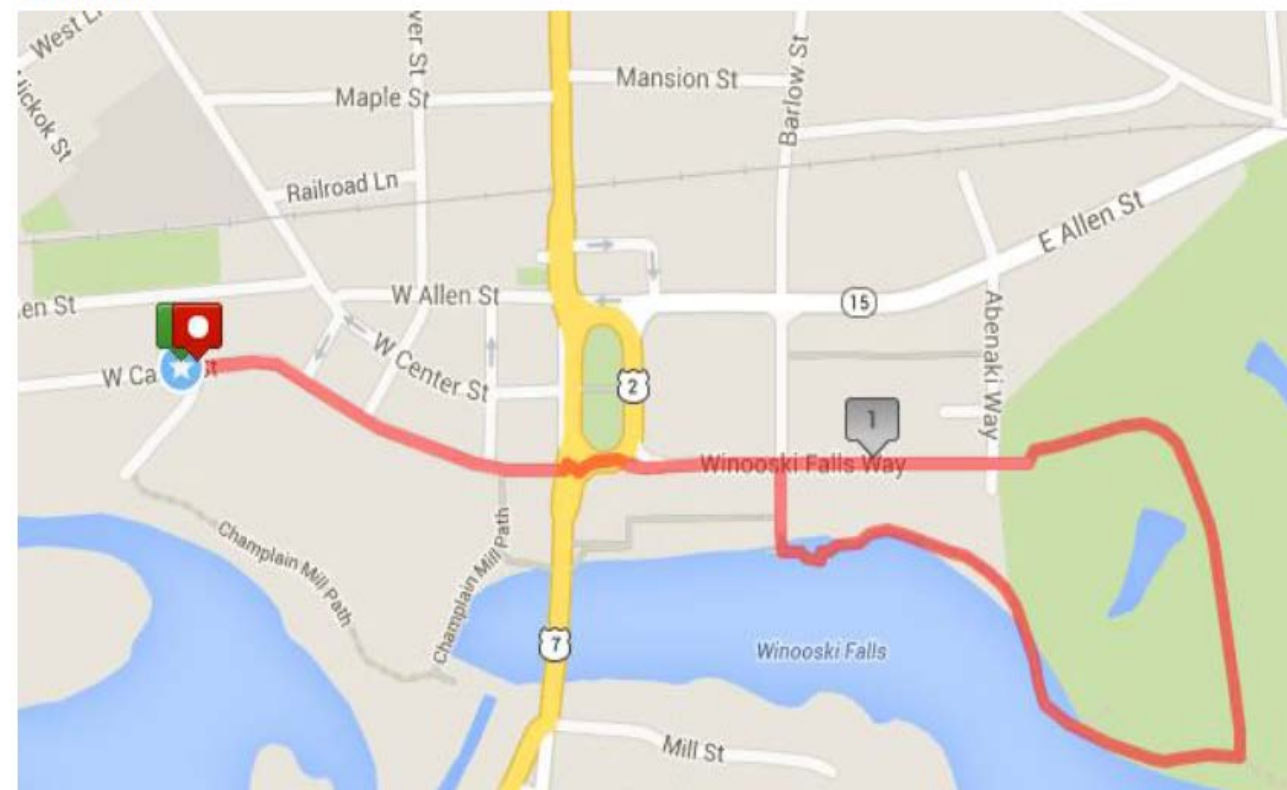


Staff coordinators were asked to record dissemination and client utilization of Toolkit resources. For a detailed description of the contents of the Life Skills Toolkit, please follow the QR code.

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.

Winooski River Trail
1.4 Miles



Map 1: Walking map created through Mapmyrun.com as part of the Life Skills Toolkit [9].

Medical Demographics of Canal Street Residents

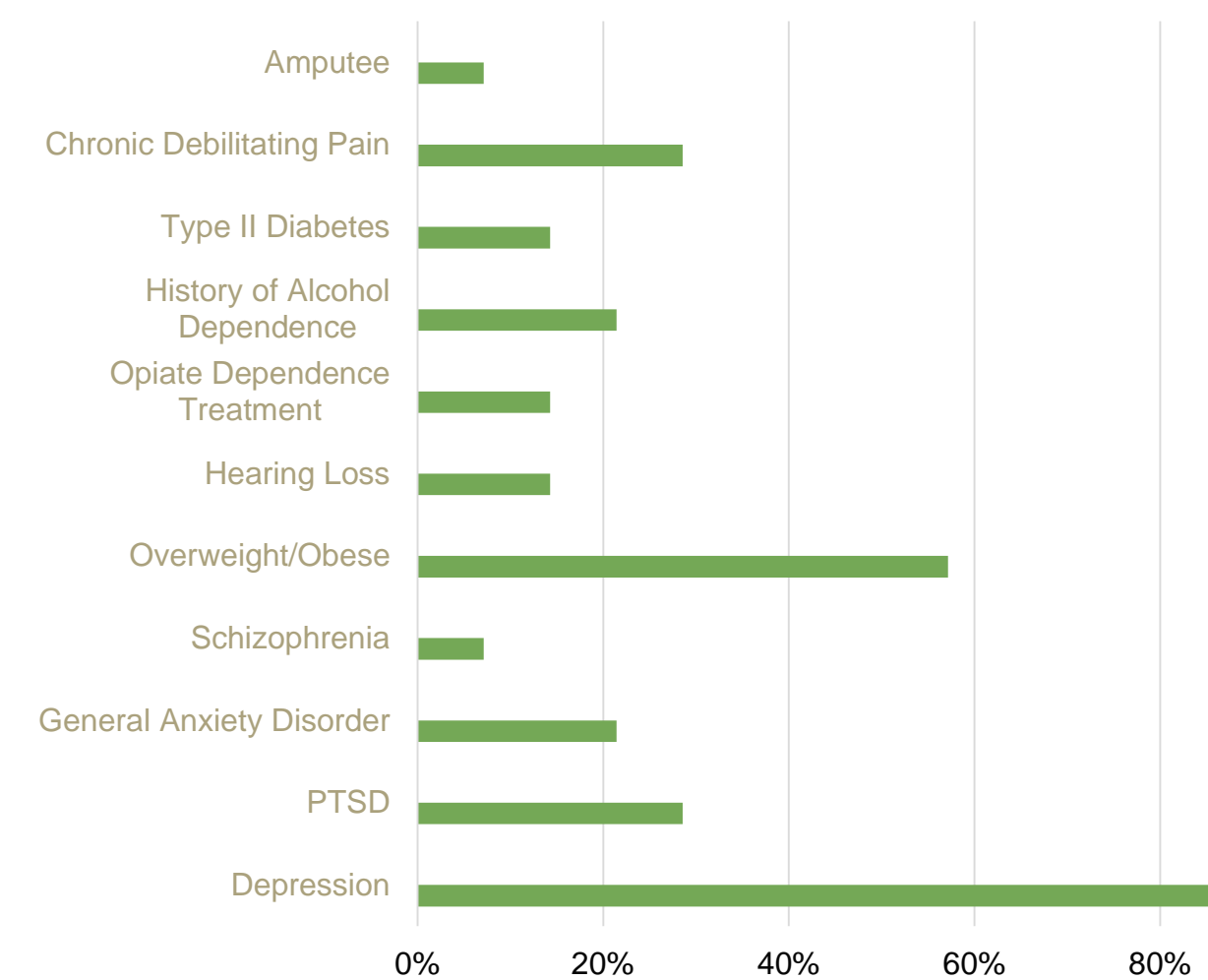


Figure 1: The medical demographics of the Canal Street COTS population organized by condition. Each category refers to the entire Canal Street COTS population, individuals may be represented more than once in the chart.

Results

Participation and Use of Life Skills Toolkit

Measure	Number of Participants
Population	14 (100%)
Attended Initial Interest Meeting	6 (43%)
Acquired Toolkit	4 (29%)
Self-Reported Toolkit Use	2 (14%)

Table 1: Data collected as of January 5th, 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.

"The toolkit motivated me to exercise everyday and keep my mind and body in shape. I discovered how it helped me to clean the cobwebs from my thoughts; helping me to have a better mood throughout the day."
- Canal Street Resident

Medical Demographics of OEF/OIF/OND U.S. Veterans from 2002-2014

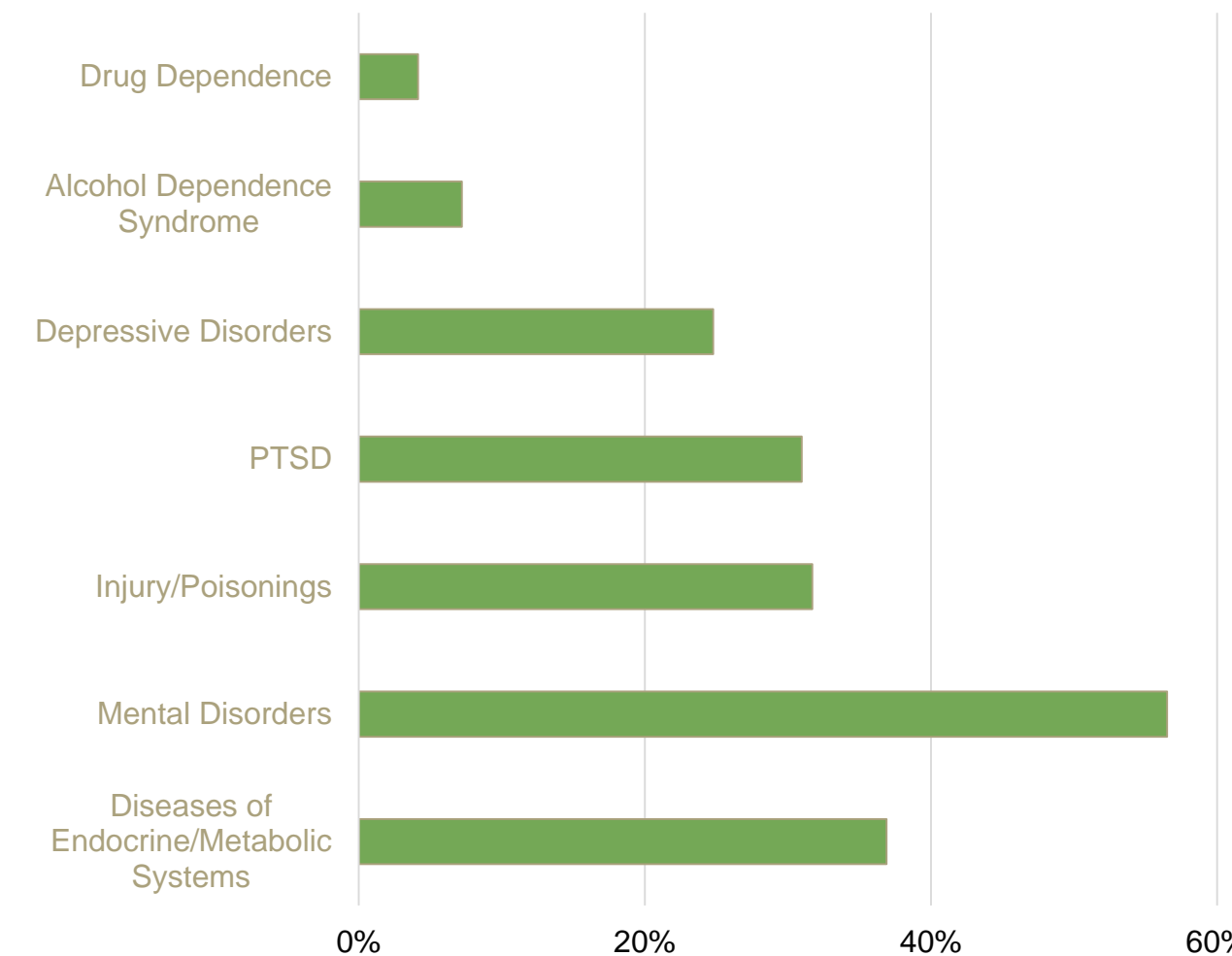


Figure 2: Medical demographics in the 2014 quarterly report on veterans who served in Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), or Operation New Dawn (OND) and who used the VA Healthcare system. n = 1,089,668 males and females veterans from the Iraq/Afghanistan wars compiled from 2002-2014 [10].

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 sought to deliver personalized, holistic health solutions 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.



Image 1: Smoothie recipe demonstration with residents.

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.

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