

Culture-Based Mind-Body Medicine
Education Program

UsCC Latino Community

2024-2025

by

Dr. Desmonette Hazly

Introduction and Description

Mind-Body Medicine makes the connection between mental health and physical health and shows the relationship between chronic preventable health conditions and mental well-being. Lifestyle Medicine focuses on how behavior and lifestyle choices such as diet, exercise, self-care, and stress management can prevent and manage chronic health conditions.

These two integrative health evidence-based modalities have proven to be effective tools to address chronic mental health conditions such as depression and anxiety, as well as chronic physical conditions such as diabetes and heart cardiovascular disease.

Although these areas of medicine have shown great potential to prevent and manage chronic preventable mental and physical health conditions, these services are not culturally focused and are rarely offered to marginalized people of color; a population that has statically shown to have disproportionately higher levels of chronic preventable illnesses while also experiencing great healthcare inequity. The Culture-based Mind-Body Medicine Education Program addresses these issues from a culturally inclusive perspective.

The Culture-based Mind-Body Medicine Education Program Description and Objectives:

- Educates and empowers marginal people of color by providing mental and physical health education that is rooted in the cultural experiences of the people of color.
- The program provides basic information regarding common mental and physical chronic conditions and increases the understanding of preventative healthcare practices by making the connection between mental and physical health.
- The program also explores lifestyle options, practices resources that are culturally practical, economical, and accessible so the community can easily make life changes that will improve their quality of life on multiple levels.

According to the Mayo Clinic, integrative health modalities like Lifestyles and Mind-Body Medicine “can help people with cancer, persistent pain, chronic fatigue, fibromyalgia and many other conditions better manage their symptoms and improve their quality of life by reducing fatigue, pain and anxiety” (Mayo, 2022). Although there is an impressive body of research that confirms the benefits of these modalities, these types of services are not readily available in underserved, marginalized communities of color.

Program Delivery Logistics and Community Partners

The Culture-based Mind-Body Medicine Education Program provided bilingual focus groups and community forums in all 8 Service Areas. taught by Dr. Desmonette Hazly, a medical social worker with a background in culturally relevant Lifestyle and Mind-Body Medicine. The outreach, focus groups and forums were coordinated with established and respected community centers and service providers, trusted healthcare facilities and public safe-spaces such as libraries and community recreation center. Multiple community partners for this project included:

C.I.E.L.O	Los Angeles Public Library
Children's Institute	Salvation Army
Department of Public Health Pomona	Spiritt Family Services
Eastmont Community Center	Wellnest
Los Angeles Housing Authority	White Memorial Medical Center

Outreach

Trusted and respected community agencies and institutions in Latino communities throughout each service areas were recruited to organize outreach for focus groups and community forums. Due to stigma with receiving mental health services within the Latino community and reluctance to share personal information with government agencies like DMH, the community partners collected demographics such as language and country of origin under anonymity. The community partners organized the preliminary sign-ups for both the focus groups and forums, which increased the likelihood of community attendance.

Focus Groups

The focus groups were designed to survey knowledge level of Mind-Body Medicine and modalities of Lifestyle Medicine that support Mind-Body health and wellness. The minimum attendance for focus groups for each service area was 8 people who were 18 years old and over. The target number of total number of focus group attendees was 64. The actual number of attendees was 164. Due the interest in the topic, more than one focus group were held in some Service Areas.

70% of focus group attendees were women and 30% men. The average age of attendees was 47 years old. Countries of origin included, in descending order of number of attendees from each country: Mexico, Guatemala, United States, Peru, Colombia, El

Salvador. 65% were monolingual Spanish speakers, 30% were bilingual and 5% were monolingual English speakers.

The survey provided was presented in both English and Spanish and participants were able to answer the questions with check marks.



DMH/UsCC Culture-Based Lifestyle and Mind-Body Medicine Connection Between Mental Health and Physical Health

What health conditions do you see in your community? Check all that apply:

- | | |
|---|---|
| ☐ Diabetes | ☐ Insomnia |
| ☐ Heart disease | ☐ Asthma/Breathing Problems |
| ☐ Obesity | ☐ Digestive problems |
| ☐ Depression | ☐ Anxiety |
| ☐ Hypertension/High Blood Pressure | ☐ Eating disorders |
| ☐ Chronic Pain/Arthritis | ☐ Difficulty with memory and concentration |
| ☐ Cancer | ☐ Kidney/liver disease |

What information would you like to learn to manage your mental and physical health?

Check all that apply:

- ☐ Culinary medicine: The use of food to prevent and manage conditions.
- ☐ Medicinal plants: The use of plants, herbs, spices, and teas to manage health.
- ☐ Exercise medicine: Using exercise to prevent and manage conditions.
- ☐ Sleep Health: Prevention and Management of Insomnia.
- ☐ Stress management: Meditation/mindfulness, art, music, and physical activity to de-stress.
- ☐ Brain health: Techniques and skills to increase and maintain memory and concentration.
- ☐ Healthy Aging: Managing the symptoms of menopause and andropause.

Chronic Illnesses in the Community

Service Area	Location/ Agency	# Attendees	Diabetes	Heart Disease	Obesity	Depression	Hypertension/ High Blood	Chronic Pain/ Arthritis	Cancer	Insomnia	Asthma/ Respiratory Problems	Digestive	Anxiety	Eating Disorders	Memory Concentration	Kidney/Liver Disease
1	Grace Resource Center	10	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1	Salvation Army (AV)	10	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2	Northridge Library	17	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2	Sun Valley Library	8	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2	Glendale Central Library	20	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3	Spiritt Family Services	9	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4	Eagle Rock Library	9	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4	Wellnest ISM White Mem	20	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4	Pico Union Library	10	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5	Mar Vista Library	9	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6	Children's Institute Watts	17	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6	Wellnest Expo	9	X	X	X	X	X	X	X	X	X	X	X	X	X	X
7	Nueva Maravilla Housing	8	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8	Carmelito's Housing	8	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8	San Pedro Library	10	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Total Attendees 164

Culture-Based Mind-Body Medicine Program

Focus Groups

Discussion Summary

Commonalities Across All Focus Groups

- All focus groups had little to no knowledge of what Mind-Body or Lifestyle Medicine are.
- All focus groups had little to no knowledge of modalities that are beneficial to both mental and physical health related to Mind-Body and Lifestyle Medicine.
- All focus groups identified all chronic illnesses mentioned in the discussion as being present in the community.
- All focus groups expressed interest in receiving basic information about chronic illnesses and first stage symptoms that can be identified to prevent further illness development.
- Chronic pain and insomnia most discussed by all groups
- All groups reported interest in all preventative and interventive modality topics presented.
- Due to presentation on boosting the immune system with food, herbs and spices, all focus groups would like a Culinary Medicine and Medicinal Plants component as part of the follow-up workshop.
- All focus groups held at libraries were the first bilingual programming the libraries ever hosted. Programming is usually monolingual with very little or no presentation in Spanish.
- All libraries participating report having to address and assist library patrons who are struggling with mental health challenges daily.

Community Forums

Based on the outcomes of the surveys, the community forums focused primarily on culinary medicine and included information regarding stress management and exercise. Each Service Area hosted at least 1 community forum. The culminative attendance target for the service areas was 200. The actual cumulative attendance for the service areas was 343.

65% of focus group attendees were women and 35% men. The average age of attendees was 49 years old. Countries of origin included, in descending order of number of attendees from each country: Mexico, Guatemala, United States, Peru, Colombia, El Salvador. 68% were monolingual Spanish speakers, 25% were bilingual and 7% were monolingual English speakers.

The forums included translated materials from academic and medical institutions that specialize in Lifestyle and Mind-Body Medicine. These handouts and documents provided basic information regarding using food, exercise and stress management to improve and maintain mental and physical health. A 5 question pre and post survey was conducted at each forum.



DMH/UsCC Culture-Based Lifestyle and Mind-Body Medicine

Community Forum Pre Test

Using Culinary Medicine and Exercise for Mental and Physical Health

1. How would you rate your level of knowledge about Mind-Body Medicine?

High Moderate Low None

2. How would you rate your level of knowledge about basic symptoms of common chronic illness?

High Moderate Low None

3. How would you rate your level of knowledge about using food to prevent and manage mental and physical health conditions?

High Moderate Low None

4. How would you rate your level of knowledge about using exercise and physical activities to prevent and manage mental and physical health conditions?

High Moderate Low None

5. How would you rate your level of confidence in creating your own wellness plan using food and exercise to prevent and manage mental and physical health conditions?

High Moderate Low None

DMH/UsCC Culture-Based Lifestyle and Mind-Body Medicine

Community Forum Post Test

Using Culinary Medicine and Exercise for Mental and Physical Health

1. How would you rate your level of knowledge about Mind-Body Medicine?

High Moderate Low None

2. How would you rate your level of knowledge about basic symptoms of common chronic illness?

High Moderate Low None

3. How would you rate your level of knowledge about using food to prevent and manage mental and physical health conditions?

High Moderate Low None

4. How would you rate your level of knowledge about using exercise and physical activities to prevent and manage mental and physical health conditions?

High Moderate Low None

5. How would you rate your level of confidence in creating your own wellness plan using food and exercise to prevent and manage mental and physical health conditions?

High Moderate Low None

Forum Survey Outcomes

Pre-Survey results revealed 80% of all participants had no knowledge of Mind-Body Medicine and 20% had little knowledge of this field of medicine. 78% of participants rated their knowledge level of common chronic illness symptoms either low or none, while 22% rated their knowledge level of symptoms of chronic illnesses as moderate. 69% of participants rated level of knowledge about using food to prevent and manage mental and physical health conditions as either low or none, while 20% of participants rated their knowledge level as moderate. Only 11% of participants rated their knowledge level as high. 92% of participants rated their level of knowledge about using exercise and physical activities to prevent and manage mental and physical health conditions as either low or none. Only 8% rated their knowledge level as moderate. 67% of participants rated their knowledge level about using exercise and physical activities to prevent and manage mental and physical health conditions as either low or none. 33% of participants rated their knowledge level as moderate.

Post-Survey results revealed 73% of participants rated their knowledge of Mind-Body Medicine as moderate and 27% rated their knowledge as high. 69% of participants rated their knowledge level of common chronic illness symptoms as moderate, while 31% rated their knowledge level of symptoms of chronic illnesses as moderate. 76% of participants rated level of knowledge about using food to prevent and manage mental and physical health conditions as moderate, while 24% of participants rated their knowledge level as high. 83% of participants rated their level of knowledge about using exercise and physical activities to prevent and manage mental and physical health conditions as moderate, while 17% rated their knowledge level as high. 71% of participants rated their knowledge level about using exercise and physical activities to prevent and manage mental and physical health conditions as moderate, while 29% of participants rated their knowledge level as high.

The surveys and verbal feedback indicated the following impact and outcomes:

- Participants gained basic knowledge of common chronic mental and physical conditions.
- Participants understood the connection between their mental and physical health.
- Participants were able to identify and use cultural practices to assist with chronic condition prevention and management.
- Participants were able to identify their culture as a foundation of their overall well-being.

Challenges and Successes

Challenges

- The project was originally set to have only 1 focus group and 1 community forum for each of the service areas. However, this posed an issue of accessibility because of the expansive region that each area covers. To remedy the issue, the service provider, Dr. Desmonette Hazly, added additional focus groups and community forums as needed and absorbed the additional cost.
- Promoting the project as solely a Department of Mental Health endeavor made potential participants hesitant to attend the focus groups and forums due to the stigma of possibly seeking mental health services. To remedy this issue, the partnering agencies and institutions promoted the project as a community collaborative effort to address comprehensive health and wellness issues that impact both physical and mental health. This solution worked very well, and attendance was high for all service areas.
- Participants were very disappointed that only 1 forum was offered in their perspective area and wanted additional workshops to be provided. Community partners explained that the project was a pilot and assured participants that they would try to have additional workshops in the future.
- Collecting demographic information on official forms was an issue because the sign-in sheets had the DMH logo on it and participants did not want to have their personal background linked to their name and location. This issue was resolved by having the partnering organizations manage the sign-up and sign-in sheets and verbally asked participants about their demographics noted the information separately in-house without the participants' identity being connected to their name on the official sign-in sheet.
- Although the presentations were all bilingual, there was an issue of literacy for some English and Spanish speakers. Powerpoint presentations were created pictures to illustrate concepts and infographic materials were used to explain information.
- There is a large Indigenous population that attended the forums and workshops, this population identifies as Spanish speaking to not draw attention to themselves. After being made aware of this, arrangements were made with the partner organizations to have someone who spoke the languages available to check-in with Indigenous participants to make sure the information presented was accessible.

Successes

- Community organizations and public institutions were very generous with their assistance to support the project and make it available to the communities they serve. All involved expressed their desire to have the project continue.
- Participants were very engaged in the focus groups and forums and expressed gratitude and interest in having the project continue.
- Participants and community partners alike expressed pride in knowing that aspects of their culture are a part of modern medicine and they can use their culture to improve and maintain their health.
- Participants were able to openly talk about their mental health in the context of addressing chronic health issues. They were able to connect how mental health impacts physical health and understand that mental and physical health need to be addressed simultaneously to achieve optimum health.

Recommendations

- Addressing mental health in the context of managing and preventing chronic illnesses provides a less stigmatizing avenue for communities to embrace mental health services and support. Combining physical health and wellness with mental health is an effective model that allows people to receive mental health support without shame.
- Providing mental and physical services in non-clinical settings has proven to be a more effective way to raise awareness and offer support without making participants feel overwhelmed and stigmatized.
- Collaborations across sectors with trusted and respected organizations are crucial to collectively addressing the mental health needs of the community.
- Outreach to the Indigenous Latino is vital to addressing mental and physical health inequities within the Latino population. Involving community organizations that serve the Indigenous population is necessary to insure inclusivity and accessibility of services and supports for a group that is often overlooked.
- Connecting culture to well-being makes health and wellness more accessible and relevant. Developing methods and community health materials that address mental and physical health jointly will increase the community's ability to address long-standing issues with chronic conditions and mental health stressors.