ABSTRACTS

Empowering the Impoverished and Reducing Healthcare Costs

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Background: Socioeconomic disadvantage is a major risk factor for poor health and a consistent contributor to chronic stress, both of which are disempowering to individuals and communities. Poverty has been linked to a higher prevalence of many health conditions, including increased risk of chronic disease, injury, deprived infant development, anxiety, depression, premature death, and the negative impact of allostatic load associated with chronic stress. With the rising costs of healthcare, there is an urgent and ongoing need for effective strategies for the impoverished to diminish the negative impact of the stress response and enhance their level of empowerment.

Method: Individuals associated with a community-based organization that assists impoverished individuals to move toward self-sufficiency were invited to attend a HeartMath (HM) two-session workshop series (4 weeks apart), and an additional discussion-only session was scheduled 4 weeks after the second session. Participants completed Personal and Organizational Quality Assessments (POQAs) at both workshop sessions to gather pre- and post-intervention data. Each session 1 participant received a Quiet Joy CD and was asked to practice the techniques that they learned between sessions 1 and 2. A third session was scheduled 4 weeks after session 2 as a check-in with participants to determine if they continued to use the HeartMath techniques and for them to share their experiences as a result of exposure to the information.

Results: Twenty individuals participated in workshop session 1; 14 participated in workshop session 2; and 11 individuals attended session 3. Although an equal-pair comparison was not possible, pre and post POQA analysis results demonstrated a general improvement in emotional well-being and reduction in stress symptoms for the group. However, there was a slight but notable reduction in two areas: positive outlook and gratitude. Individuals showed reduced symptoms in the six General Health Stress Symptoms categories, and the Group Average Stress Score was reduced by 40 on the post assessment. In the third, group-discussion-only session, participants shared anecdotally their experiences with emotion regulation and stress transformation since participation in the two-session workshop. The majority reported that they continued to use the HeartMath techniques and generally reported that they felt at ease more often and, in most cases, were better able to regulate their stress responses associated with the challenges of their lower socioeconomic status.

Conclusion: Although HeartMath cannot be solely depended upon to resolve all matters associated with poverty, it is believed that it holds potential as an additional resource for those facing the daily stressors and the negative biopsychosocial impacts associated with it. Consistent practice and application of the HeartMath techniques hold potential to enhance people's emotion-regulation ability, to build and sustain psychophysiological resilience, and to increase some level of control in their lives. Thus, HeartMath is being promoted as an intermediate pathway to improve physical health and psycho-emotional well-being, increase individual and community empowerment, and ultimately reduce healthcare costs among those of lower socioeconomic status.