

Episode 53. Operation Change Community Report:

Grace Baptist Church, Mount Vernon, New York, with Hazella Rollins LaVar.

In this podcast program leader Hazella Rollins LaVar shares some insights into the content and impact of the Operation Change initiative at Grace Baptist Church, New York. Grace Baptist is in Mount Vernon, Westchester County, on the fringes of New York City. Hazella is a long-time member of “the Grace village” as she describes it, a faith-based community that extends far beyond the walls of their historic church.

Although the church leadership was initially cautious about taking on an 18-week Operation Change program, advocating for better health is integral to the philosophy of Grace, so it became clear the program would fit well. “This is a program that definitely changes lives,” which she says is much needed, “because statistically speaking, we African Americans and Latinas have the highest rates of everything.” Part 3/7 of our Operation Change Series. Hosted by Dr. Bonnie Simpson Mason. Posted on July 15, 2020.

Dr. Mason: Hello, and welcome to another episode of the Health Disparities Podcast, conversations about health disparities with people who are working to eliminate them across the country with passion and purpose. I am Dr. Bonnie Simpson Mason, your host, and this week we are recording our conversations at the National Harbor in Maryland, where we are enjoying a program of speakers and workshops at the annual Movement is Life Caucus. Over the last year, Movement is Life has been running a series of grassroots health programs called Operation Change in both

rural and urban settings. We are delighted to have leaders from these programs here with us at the caucus. Today, we are so pleased to have Ms. Hazella Rollins LaVar from Mount Vernon, New York, who's the program director for the Operation Change program there. Thank you for joining us and we can't wait to hear more about your program.

Hazella: It's my pleasure to be here. I thank you very much for having me.

Dr. Mason: Absolutely. Well, tell us where is your Operation Change program? Where is it centered in New York?

Hazella: Our location is in Mount Vernon, New York, which is a city in Westchester County, and I have been at Grace Baptist Church myself for about 13 years now. So our site is located at the church.

Dr. Mason: So this is a faith-based centered program.

Hazella: It is. Yes, it is.

Dr. Mason: Wow. Now how was that? And for how many years has it been running?

Hazella: We just finished our first 18-week program on November 2nd. And we are prepared to start another one somewhere in 2020, I think somewhere in March, we're trying to target the date.

Dr. Mason: Congratulations.

Hazella: And then there will probably be another after that because when we had our town hall meeting to just familiarize the community with what Movement is Life is all about and specifically Operation Change, then we had 150 women to sign up and we can only take 50 at one time.

Dr. Mason: How about that. So, that's your capacity. So, you're running groups of 50 women through the Operation Change program for 18 weeks at a time.

Hazella: That's correct.

Dr. Mason: That is a huge undertaking.

Hazella: It is and it's also quite inspirational for all involved. It's an exciting program. It's a program that definitely changes lives. And I'm just very fortunate to be able to be a part of it and actually be in a position where I can tailor what we're doing for the faith-based community. Our participants are not only Grace members, but we are open to the entire village of Grace as we

call it, which is all of Mount Vernon. We have some participants from the Bronx, some as far as Harlem, some as far as Connecticut, but all over Westchester County. And as our previous program that we just finished has been going on, we have gotten so much more interest. So our waiting list is growing and growing and growing.

Dr. Mason: Well, you all will need more rotations, more program spots.

Hazella: Yes, ma'am.

Dr. Mason: Well, that's wonderful. So, for those listeners who might be interested in developing their own faith-based Operation Change program, you mentioned that you're able to tailor it to the faith-based community.

Hazella: Right. Well, let me start by saying that you know, statistically speaking, we as African Americans and Latinas have the highest rate of everything. Every disparity that exists is there with our community. So, I, myself am a statistic. I am a stroke survivor and I went through a very bad time trying to get myself back together. I was an opera singer, so I was very active prior to my illness. But then as I was recuperating, I was told by the medical community that I reached my best medical outcome at a certain point, that point I was still paralyzed. They told me they would give me a wheelchair or walker. I had a feeding tube because I couldn't swallow for well over a

year and they told me I could keep the feeding tube in for the rest of my life. I couldn't speak. I couldn't hold my 10-day old baby. She was 10 days old at the time I had the stroke. I was not able to function. So, my quality of life had gone way down. Therefore, I really do understand, personally, the disparities that exist and how far the medical community will allow you to go before, well, depending upon what your status is because I was not in the wealthy 1% that could get whatever. So with that being said, I have a personal passion that's directed toward this program because I see my sisters suffering from a lot of the same kinds of things. And it doesn't seem to matter really what class or level that you're in. If you are African American, there's an immediate bias, be it conscious or unconscious that occurs. And with that, then we need to learn to help to support each other.

Dr. Mason: Yes, yes. Well, and if our listening audience could see Ms. Rollins LaVar sitting in front of me, you would have no idea that you had a stroke because she is glowing, effervescent, and fully mobile in every aspect.

Hazella: God is good.

Dr. Mason: Yes he is. And as I've even seen you over the course of the conference, I would never have known. So, I just think that speaks to the power aid of faith, but also rehabilitation. And it sounds like you made a decision that, that was not going to be your limitation.

Hazella: Choices, choices, decisions. Those are very strong things to consider. I tell our participants all the time that we have to make better choices. It starts with making a decision and then working very hard to make a change that will support that decision in a positive kind of way. I've always been a positive person, but of course, when you go through a major illness like that, you become very depressed. There are all kinds of things that are happening within you and so I see this in the people that we're working with, but I am an advocate for the least and the lost. As our Pastor Rev. Dr. W. Franklin Richardson always tells us the church is a hospital. We come there to be healed. So, we are looking at listening and trying to hear what it is that is going to allow you to be able to individually make the change that you need to make. We don't want to preach at people. We want to listen to their problems and help guide them in the direction where they can be the ones to initiate change within themselves. People do not have the same problems across the board.

Dr. Mason: No they don't.

Hazella: There are all kinds of different things that they're dealing with, challenges that cause them not to be at their best. And sedentary lifestyle happens because of depression and because of a sedentary lifestyle, the vicious cycle begins.

Dr. Mason: Exactly.

Hazella: You sit, you watch TV, you eat more, you get larger, you aren't exercising. You weren't doing the kinds of things you need to do to be the best possible you.

Dr. Mason: Yes in all arenas. So, you brought up a very important subject about how when you were ill, you were experiencing some depression.

Hazella: Extreme depression.

Dr. Mason: Okay. And certainly, in the African American community, we don't talk about that very much, but in terms of your Operation Change group, how are you discussing and actually bringing together mental health and spirituality because you know, those are sensitive subjects with black folks.

Hazella: Very sensitive. There is that stigma, as most of us are aware, but we don't want to talk about it. Going to a psychologist or psychiatrist or admitting that you have any kind of weakness with your mental health is taboo in our community. It has been. Now again, I have to give credit to Reverend Richardson because he is very open from the pulpit about the fact that the

brain is an organ, just as our hearts and our kidneys. If you are having heart trouble, you take medication for your heart, or you get a procedure done that's going to assist you to be able to operate better. Also within your body, there's the brain, that's an organ and if there is an issue with that, it could be a traumatic brain injury, or it could just be life. It could be your situation in life. Then, you need to be able to have the strength and capacity and empowerment to understand that you can get help, that you should get help. And that does not mean that anything's wrong with you. It simply means that just like you would go to the doctor for a checkup for anything else, you would go to someone who's a specialist to help you with your brain health, your mental health.

We bring in speakers that are across the board. There are all kinds of different areas that we bring them in on. But in our specific site, I could see that there was a definite need for mental health to be discussed. Over the 18 weeks, I think we spent about six of those weeks focusing on mental health.

Dr. Mason: Good for you. Awesome. So, I like the fact that you were able to tailor the program and the content, which speaks to your leadership in identifying the needs of what your participants needed with your African American female participants and taking a third of the time to concentrate on mental health. I mean, you're really work to shift mindsets here from an

educational perspective. And the fact that you know, if all of your participants are not necessarily congregants, that you're still able to bring Reverend Richardson's message to those congregants. I think that's a very important tool for anyone who's thinking about implementing an Operation Change program or who's leading one now.

Hazella: Right. There is a saying that Pastor Richardson says that we don't just come to church on Sundays to worship, but we have to learn how to be equipped with the tools to make it through the hell that we go through every day. Daily situations can cause so much breakdown. Even if you've gone to church on Sunday, you were in Bible study on Wednesday, you're doing all the things that you think are going to have you spiritually equipped. Then still, when you walk out of the church, you're walking into life and life can really be something if you're not prepared with the tools mentally and spiritually, to be able to get through it.

Now that spiritual component is very important for us, not just because we are faith-based, but I tell everyone that I know that you have to have an anchor somewhere in your life. An anchor that is going to keep you focused and keep you striving toward whatever your goal is. Now, none of us are perfect. I certainly still deal with a lot of days where I'm not my best self, but I always tell my ladies in Operation Change that we try and we fail. We try harder, we fail better. And every time that we continue to try,

what we're doing, we're getting better and better. It does not happen overnight. It's not a fix-all at one time.

Dr. Mason: No, it's a process and we're all growing right. One step at a time. So I love that. It sounds like you've taken personal ownership and even empowering your participants, not just from a leadership perspective, but it sounds like you're getting right in there and getting them fired up.

Hazella: I want to help them achieve what they want.

Dr. Mason: That's the point, right?

Hazella: And we have our program broken up into three parts. We have a presentation first by a specialist, and then we go into a movement segment and we always have different types of movement that are being brought in by movement specialists. We've gone through yoga, chair yoga for those that cannot stand because we do have those that are only able to sit. So, we modify, I ask all of my movement people to modify their session so that everyone can participate, whether they can stand, sit, get on the floor, whatever. But we've had a lot of yoga and meditation, kickboxing, line dancing, praise dancing, Zumba. You name it, we've done it. They particularly like afrobeat, which I was not familiar with, but I was very glad that I brought in the woman that leads the afrobeat. I was very

glad that I brought in the woman that leads the afrobeat because that became quite a sensation. It gets them moving. It's got rhythm, it's got so much going on and it touches not only their physical selves but their souls.

Dr. Mason: Absolutely.

Hazella: Deep down.

Dr. Mason: Yeah. Well, it brings that cultural thread in, and in the African American community we don't always get that.

Hazella: That's right.

Dr. Mason: That sounds like a huge component. And then, you follow it up with the motivational interviewing after the presentations, movement, motivational interviewing.

Hazella: The motivational interviewers are fabulous and I of course picked them, so I'm not trying to toot my own horn. But I do credit the Movement is Life people for, first of all, creating a program that will enable us to be able to have that piece. I think it's the most important piece of the program. They are trained to not be psychologists or psychiatrists. Nobody has a degree in that area. None of them are doctors. They're just people who have

compassion and have been trained very intensively to learn how to guide their groups. Like I said, we have 50 people in the entire group, and then we break out into groups of five so that there are 10 people in each group. And in so doing people are able to talk very openly. It's a safe space. We make certain that everything is very confidential. And of course, in the beginning, it takes a minute for them to get used to opening up. Some people I have seen very shy and very inhibited in Week 1. Week 2, maybe I saw a little bit more interest. They listened. And then by Week 9, we have people that didn't say anything at the beginning that are now very verbal and are willing to share what's going on in their lives. In so doing, they find a great deal of support amongst each other. And people who didn't know each other at all, were total strangers in the beginning become quite supportive. It's a sisterhood that ends up happening from that. So, they not only are getting together on Saturdays when we meet from 9:00 to 12:00, but they also are continuing to be involved in each other's lives and support each other throughout the week via social media, phone calls, walking groups.

Dr. Mason: Nice.

Hazella: They get together. And I'm always just really surprised on Saturday morning when I say, "Okay, ladies, how was your week?" And they tell me, "Oh, we walked five miles." You know, groups have done things

together. They got together and decided they were going to do afrobeat on their own.

Dr. Mason: Really good. So, you've built some awareness and now it sounds like you have true engagement from the participants themselves now having created a community within the Grace community and offshoots, right? Extensions beyond Grace.

Hazella: Well, yes. It's interesting because the people outside of Grace that have been a part of the program have now become part of our family. That's why we call ourselves the Village of Grace and not just Grace Baptist Church because we're open to everyone. And some of them have found their way to a much healthier and more substantial life. The positivity that I see is incredible.

Dr. Mason: Awesome. So, I'd like to just talk logistics as we finish up here. Well, we know Reverend Richardson and he's a powerful health advocate.

Hazella: He is.

Dr. Mason: Just at baseline. But as a program director, if there are other people who are in leadership, or maybe not even like designated leaders, but think this might be a good fit in their church, what type of interactions and

what type of conversations did you have to have within your church leadership to get them to say yes, to open up to this program with a group that they didn't necessarily know to say, "You know what, let's try this." Because certainly, some people are going to question, certainly within the church.

Hazella: Yes. Even I questioned at first, because I did not know exactly how this program was designed. So now having gone through the 18 weeks, I'm in a much better position to be able to create a better program for the future. We are blessed within our church to have a lot of medical experts and judges and other people because that's an important point too.

I said judges, this program is not just about health. It's about social justice because we as people are so torn and fractured because of our history, which is just handed down through the generations, and it has caused us to be very fractured. We are now in the throes in this program of trying to change our thinking and change the way that we relate to each other. So, we have specialists within our congregation that have been able to come in and talk to us, and because we're familiar with those people, it's not sort of a, "Oh, this is a professional that's way above me and I can't talk to them openly."

Dr. Mason: So important.

Hazella: The rapport and the interaction, the dialogue has been substantial. We also are blessed with a brand-new mayor in Mount Vernon, who is the first African American female in Westchester County. She was just elected last week. Her name is Shawyn Patterson Howard, and she is not a Grace member. However, she is in the church. We see her a lot and she came to speak to us on social justice.

There is a hospital, one hospital in Mount Vernon, which they are trying to close right now, so that Mount Vernon would not have any hospitals within miles. If anything happened to anyone, it would be miles and, very long periods before they get to an emergency center. So, this is something that we are trying to fight hard on. And I brought her in to speak to that and what kinds of things can we as a group do to help make sure that we have access to medical care.

Dr. Mason: Well, the title is Operation Change, and it's not just about changing lives, but you're building change agents. Right? You're building effective change agents.

Hazella: Our age range has been 45 to 89. Our oldest participant is 89.

Dr. Mason: Awesome.

Hazella: And the 45, and above have found a lot of social connections and that's wonderful for them. But the 89-year-old told me one day, she said, "Hazella, I want you to know that you have given my life purpose." That really resonated with me because as we grow older, especially in the African American community and in a community that is what they call a dumping ground like Mount Vernon, people get thrown away. They feel like they don't have a place. She is very wise. She has brought a lot to the program. She's very vibrant, but she walked in on a cane and now she's walking around without it. She told me that one Sunday morning she got up, this was after having had a movement session that was fairly intense the day before, she got up the next morning before church, and she cooked her entire meal with no physical assistance and that she was dancing the whole time.

Dr. Mason: Oh, wow. That's what we want to hear. We want to hear that type of transformation because people, you know, they feel empowered to make the choices.

Hazella: You have to make the choices. You have to then work hard to make the change, and change is very difficult.

Dr. Mason: But you're doing it in community, building a supportive network so that they are even connecting, not just dependent on you or the church, it's an interconnection. And it's that shared safe space of community support with those common goals

Hazella: That's right. And now that we finished one program, everyone has come to me and said, "Is there any way we can continue?" And I had a brainstorm. I said, "Aha, we're getting ready to go into another program. I want you that have completed the program to now come in as mentors for the new participants."

Dr. Mason: Awesome. Well, that's a self-perpetuating program.

Hazella: Well it will keep everybody moving in the right direction.

Dr. Mason: That's what I mean.

Hazella: So after 18 weeks.

Dr. Mason: You keep them engaged.

Hazella: You don't drop it.

Dr. Mason: That's right.

Hazella: You stay engaged. Yeah.

Dr. Mason: You've dropped some real pearls for us today on how to build a faith-based Operation Change program. And I think some of the key components that some of our listeners can take away and take back to their faith-based communities so that we can do that. Because I love the fact that we're all working together, right?

Hazella: Can I say one more thing?

Dr. Mason: Absolutely.

Hazella: In the faith-based community, you have to start from the top down.

Dr. Mason: Okay. That's a good point.

Hazella: Okay. If your pastor or your leadership in your church does not buy into what this program is all about and the way that it operates, it will not work. Like anything else, you have to have the leadership understand how important it is for us to make changes within ourselves and how this program allows that to happen. In order to create better people, we want

to be stronger. We want to be more cohesive within our community and stop the infighting that goes on that keeps us in the positions that we are. The strength and power is there within us. We just need to be able to galvanize the community. Those that are marginalized, pull them into the fold and empower them with information, with hope and know that they can become better mind, body, and spirit, all pulled together.

Dr. Mason: I love that. Maybe I'm stepping out on a limb here, but maybe there are other faith-based individuals who might want to come and see your program, introduce their leadership to it by having them come and take a visit or come and talk to you guys at Grace so that they could see it in action.

Hazella: I would personally be delighted.

Dr. Mason: Okay, good.

Hazella: To speak to anyone who is interested. So this is an all-call.

Dr. Mason: There we go. There we go. The doors of the church are open.

Hazella: My contact information, I'm sure you'll give and they're more than welcome to call on me. I'm happy to go wherever it is that I'm needed.

Dr. Mason: Exactly. They will benefit from hearing your experiences, even in building the role of leadership and getting it onboard.

Hazella: That's right. That's very an important part.

Dr. Mason: That's the key.

Hazella: Is to pull together the right team, the right leadership.

Dr. Mason: Exactly. Get the yes from the top. Well, Ms. Rollins LaVar, thank you so much for sharing with us today. We've just learned so much and we're hoping, and we know that people are inspired and want to go back and do this in their own faith-based community.

Hazella: I certainly hope so.

Dr. Mason: You've done that, we did it. Okay. And we would like to thank our listeners for tuning into another Health Disparities Podcast. Join us again at movementislifecaucus.com or you can subscribe to the podcast at iTunes, Google, Spotify, and Stitcher. New episodes are posted every two weeks. So, please look out for our special series featuring thought leaders such as Ms. Rollins LaVar from our partner organizations. Again, these are our leaders who are looking to decrease healthcare disparities, increase

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health equity with passion and purpose. This is Dr. Bonnie Simpson
Mason, thank you so much.

Hazella: It's been a joy.

(End of recording)