INTEGRATION OF YOGA SESSIONS IN HEALTHCARE CENTRES

Pilot Project Report

Period: September-December 2020

Project Coordinator: Yoga In Healthcare ASBL

Partners: *Maison de Santé Atlas,*
Wijkgezondheidscentrum De Brug,
Wijkgezondheidscentrum De Vaart

"My name is Fadila, I have been attending yoga classes since October. I find that this course brings me so much happiness. I feel good after each class because during the session I'm focused on the practice.I put a barrier between my everyday life and this moment of peace. I appreciate this course a lot because, through the many breathing exercises I learnt, it helps me to better manage my stress and my sleep. I feel very comfortable during the yoga practice.
I highly recommend this course, the benefits are great!"

(Fadila, patient of De Brug WGC)

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LEGENDA

AP: action plan
YIH: yoga In Healthcare
HC: health centre
NCD: non-communicable disease
NPO: non-profit organization

EXECUTIVE SUMMARY

Between September and December 2020, in the frame of a pilot-project, the non-profit-organization (NPO) Yoga In Healthcare (www.yih.be) organised weekly free hatha yoga sessions for the patients of 3 healthcare centres (HCs), in Brussels and Vilvoorde, as well as for the medical and non-medical personnel of 2 of them. The evaluation is based upon the comparison of the quantitative and qualitative data, collected during the pilot project, with the target values of certain indicators of the action plan (AP).

Seventynine sessions were organised for the patients and 22 for the medical and non-medical personnel of the HCs. Patients were free to choose whether to attend only one session or two or more. No pre-selection of the patients was done, with the exception of the health centre Atlas, that opened the yoga courses to all patients, when the sessions were transferred online.

Fortyfour different patients practiced yoga (additional 17 entries are unknown), of which 37% attended 5 sessions or more. The profile of the population reached, women between 45 and 64 years old, with chronic non-communicable diseases, is well suited to benefit from the type of yoga offered, which has a therapeutic focus.

A good amount of indicators of the action plan (AP) could be measured with positive results: the participation rate to in-person sessions (average: 4 patient/session), as well as the feedback of the HC referents about the management of the project, the quality of the services offered and of the teachers, and the communication between the parties. We have not been able to conduct a satisfactory survey, which is planned in June 2021.

In 2 health centres, yoga sessions were organised also for the personnel. Despite this population was not initially targeted, supporting their wellbeing in demanding times saw fit to the project, furthermore raising the awareness about yoga among key personnel, may in turn be positive for the engagement of the patients.

Difficulties arose when lessons were shifted online, to comply with government rules. The attendance decreased and maintaining the same teaching quality was difficult; the social distancing negatively impacted the monitoring of the project as well as the support to patients' participation. With the transfert of the yoga sessions online after mid-October, the participation rate dropped from an average of 4 patient/session in-presence to 2,5 patient/sessions online. Amongst the triggers of nonattendance: the lack of the energy brought by the group, together with the physical presence of the teacher and the in-person interaction, which are fundamental aspects of a yoga practice; the need to organize a dedicated and intimate space within the household, where one can relax while being digitally connected, may not be easy for everybody. Though the yoga sessions were open to men, none participated. Scenarios should be considered in the future, in order to foster their inclusion.

While monitoring the repercussions of the COVID-19 pandemic on the project, activities will be implemented to promote the participation in online sessions (lessons sharing amongst HCs, digital advertisement, creation of WhatsApp groups, etc.).

Social distancing, as well as the COVID-related delays in the implementation of the project, prevented the roll out of activities related to research & training (surveys, informative sessions for medical and paramedical personnel), that are rescheduled in 2021.

INTRODUCTION

The main objective of the NPO Yoga in Healthcare (www.yih.be) is the integration of yoga and yoga therapy into primary health care, in Belgium. This project runs over 10 years and 3 phases. The phase I, which started in 2020 and will finish in 2023/24, aims to implement free hatha yoga sessions in health centres, in the Brussels region and neighbourings, and to inform, on one side, medical and paramedical personnel about yoga and yoga therapy and, on the other side, yoga teachers about evidence-based yoga.
The phase II (2026/27) pursues the integration of yoga therapy sessions into primary health care; the collaboration with an academic research group for implementing a research project about yoga integration into the health sector; the creation of a model for the integration of yoga and yoga therapy into primary health care, in Belgium.
The phase III (2030) has the objective to publish and disseminate scientific research about the project and to lobby and advocate for the integration of yoga and yoga therapy into primary health care.
Over the 48 health centres informed, 3 showed an interest for collaborating and a pilot project was rolled-out in September 2020, following a Memorandum of Understanding, which describes the objectives and activities of the collaboration[1].

PILOT PROJECT OBJECTIVES

The objective of the pilot project-phase I is to evaluate the feasibility of the integration of yoga sessions in the health centres, as well as to identify achievements and challenges.

PILOT PROJECT DESCRIPTION (Table 1)

Partners

1) Wijkgezondheidscentrum De Brug à Molenbeek - Brussels[2]: Wendy De Zutter, Sanne Buelens, health promoters;
2) Maison de Santé Atlas à Saint-Josse - Brussels[3]: Quentin Bigaré, physiotherapist;
3) Wijkgezondheidscentrum De Vaart[4] - Vilvoorde: Ise Parmentier, physiotherapist.

In each health centre, a referent was chosen to be the contact person for the YIH project.

Activities

Four weekly sessions of hatha yoga of the duration of 60 minutes were offered to the patients: 1 session in each health centre, with the exception of Atlas, where 2 weekly sessions were organised. Patients were free to access the yoga sessions only once, or several times, according to their availability and wishes.

[1] The document is available on request
[2] https://www.wgcdebrug.be/fr/acceuil/
[3] http://www.mmatlas.be
[4] https://wgcdevaart.be

In-person sessions started in September, in premises within the HCs, which also supplied essential equipment (yoga mats, chairs). The number of participants was limited to min. 4 and max. 6 to comply with COVID-19 rules. In mid-October, all sessions shifted online (Zoom®).
Each participant who attended an in-person session was asked to fill a checklist, to enable the teachers being informed about any relevant health condition and, thus adapting the practice.

In De Brug and De Vaart, a weekly 30' session was offered to the personnel of the health centre. Though these sessions were not initially planned, they are important to raise awareness about yoga amongst the personnel, who can in turn better encourage the patients. Additionally, the pandemic has had a major impact for health professionals and the yoga practice can counteract the stress caused by the overwork.

Type of yoga and recruitment of the teachers

YIH promotes hatha yoga, an ancient practice at the origin of more modern yoga styles. Compared to these (e.g. ashtanga yoga, Iyengar yoga, vinyasa), in its western interpretation, hatha yoga is characterised by a slow practice, in which the postures are maintained with the support of the breath and the focus of the mind. A senior hatha yoga teacher can adapt the practice to the age and health conditions of the student. It is thus quite a flexible yoga practice. Each session integrates: body and mind awareness through the breath, dynamic and static postures, as well as a final relaxation. The experience of the teachers recruited is in line with the requirements of the job description[5]:
1) being registered with one of the Belgian associations[6] or the European Yoga Union or having followed a training certified by the Yoga Alliance; AND
2) minimum 100 hours of training in "anatomy" or "Yoga for Health Conditions" or hold a diploma in Yoga Therapy (completed or ongoing).

Data collection

Throughout the pilot project, information was collected through the participant checklists (name, age, gender and relevant health conditions). The teachers were asked to record the name of the participants to each session and to send the information to the project coordinator. These data, as well as those related to the sessions (hours, health centre, type of participants) have been encoded, in an anonymized form, in a database (Microsoft® Excel® for Mac® 2011, version 14.7.7).
Qualitative data have been regularly collected during informal meetings with the health centres referents and yoga teachers. In December 2020, two formal meetings were organized, in which information was collected through 2 structured surveys, addressed respectively to the teachers and the health centres referents.

[5] Available upon request

[6] Association Belge des Enseignants et Pratiquants de Yoga (http://www.yoga-abepy.be); Yoga Federatie (https://yogafederatie.be)

Session	Target	Day	Time	Online sessions	Language	Gender	Number Max in-person Participants	Number Max Participants online
1	Patients	Monday	11:00-12:00	-	FR	Mix	6	10
2		Friday	16:30-17:30	-	FR	Mix	6	10

Table 1 - Sessions organised with the Maison de Santé Atlas, Saint-Josse-ten-Noode, Brussels

Session	Target	Day	Time	Online sessions	Language	Gender	Number Max in-person Participants	Number Max Participants online
1	Patients	Wednesday	11:00-12:00	10:00-11:00	FR	Mix	4	10
2	Staff		12:10-12:40	Mon 20-20:30	FR	Mix	4	10

Table 2 - Sessions organised with the Wijkgezondheidscentrum De Brug-La Passerelle, Molenbeek-Saint-Jean, Brussels

Session	Target	Day	Time	Online sessions	Language	Gender	Number Max in-person Participants	Number Max Participants online
1	Patients	Friday	14:00-15:00	-	FR	Weekly alternance women/mix	6	10
2	Staff		13:00-13:45	Cancelled due to low participation	FR	Mix	6	10

Table 3 - Sessions organised with the Wijkgezondheidscentrum De Vaart, Vilvoord

METHODOLOGY OF THE EVALUATION

The pilot project evaluation relies on the analysis of quantitative data (database), qualitative data (information collected during informal and formal meetings) and on their comparison with the target values of the indicators of the action plan. The target values are established to be achieved in 3 years, at the end of the phase I. Thus, this evaluation is based only on those indicators, that describe best the activities of the pilot project:

A. The engagement of the community (beneficiaries and partners);
B. Quality of delivered services.

It needs to be reminded that the quality of the data is affected by the difficulties to collect information during the online sessions. Some attributes, such as the health conditions, age, name of the participants, therefore refer more likely to in-person sessions.

The indicators excluded from the analysis are the following:

- Those referring to the reinforcement of the project within the community, the partners in the health and yoga sector (CB). These activities were not implemented, mainly due to COVID-19.
- Those referring to the good management practice of the administrative and financial aspects (FS, TT, AM). These indicators will be included in the financial report addressed to the YIH Board meeting and General Assembly.
- Those referring to the research, education and training activities (P-SK). These activities were not implemented mainly due to COVID-19.

RESULTS

1) Analysis of the database and interviews

Sessions

Fortynine sessions took place out of the 57 planned for the patients (Fig.1). In addition, 22 sessions were planned for the staff of HC De Vaart and De Brug, of which 18 took place. 12 sessions were cancelled due to: COVID suspicion, lockdown, teachers absence, lack of participants. The higher number of sessions in Atlas is due to the fact that 2 sessions/week were organised, compared to 1 session/week in the other HCs. The same offer was maintained when transferring sessions online.
The sessions covered 3 months (September-October-November-first two weeks of December), except in De Brug where yoga sessions continued through the Christmas and New Years holiday, due to the high participation rates.

Figure 1 Number of sessions planned for the patients (TOT 57)

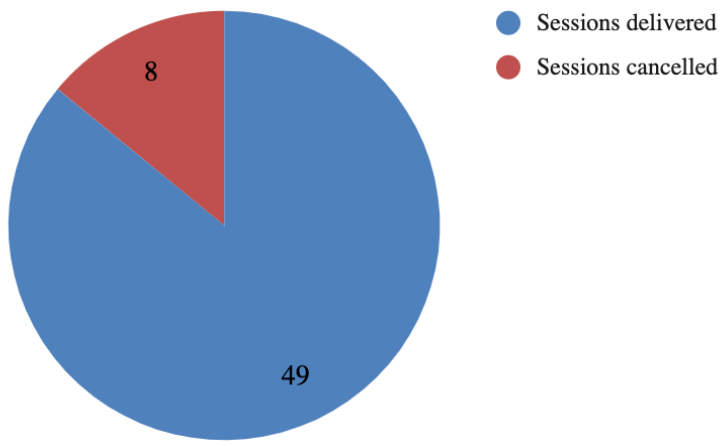


Figure 2 Number of sessions delivered to the patients by mode (TOT 49)

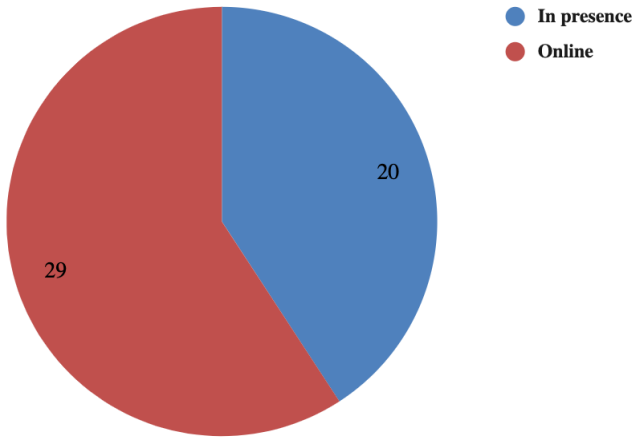
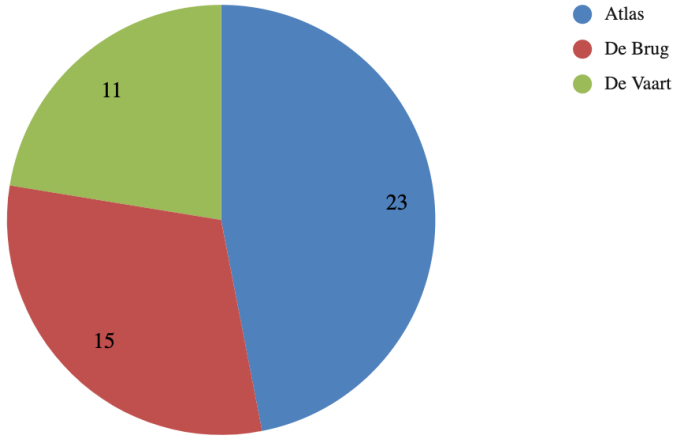


Figure 3 Number of sessions delivered to the patients by health centre (TOT 49)

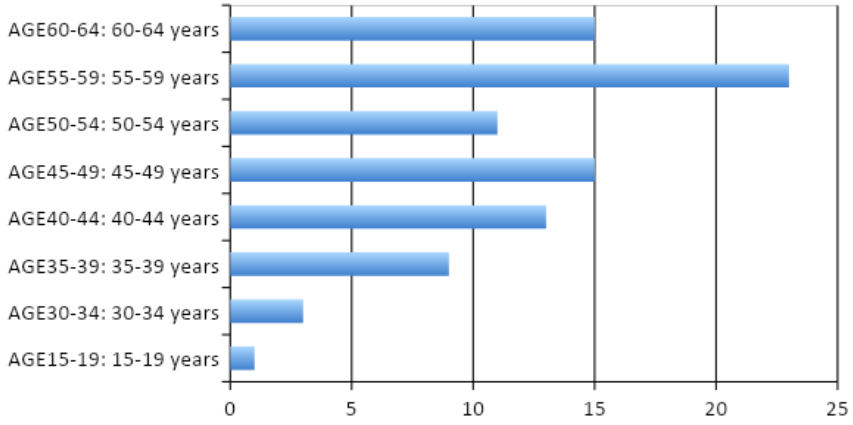


Population (Fig.4)

Gender - In each HC, the sessions were either open also to both men and women (Atlas, De Brug), or exclusive sessions for women were available, alternated with mixed sessions (De Vaart). No men attended the yoga classes, neither in person nor online.

Age - Information about the age group is available for 90 attendances out of 152[7]. Data is missing for online sessions. More than half of the attendances were women ≥50 years old and 31% between 40 and 49 years old.

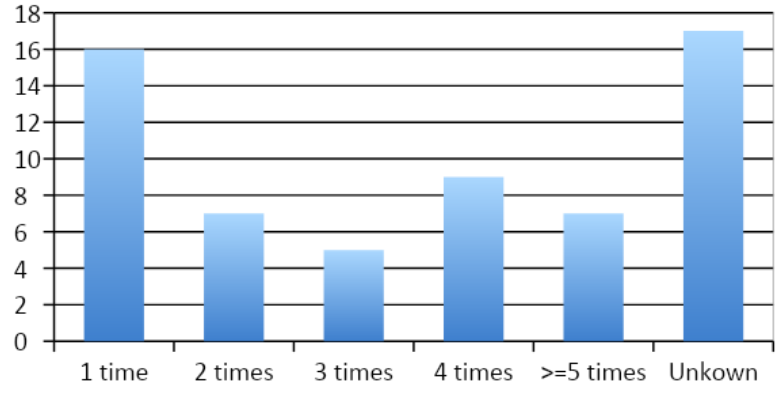
Figure 4 Distribution of the number of attendances by age group (TOT 90/152)



Participants (Fig.5)

The 152 attendances correspond to 44 patients (+ 17 unidentified participants in the online sessions). Thirty six per cent of the patients attended the sessions at least once, 27% between 2 and 3 times, and 37% of the patients 5 or more times, of which 4 between 9 and 11 times. Almost all the patients who attended more than 5 sessions, started practicing yoga during the in-person sessions.

Figure 5 Attendance distribution by frequency of participation (TOT 44 patients + 17 unknown)



[7] attendance = 1 participation to 1 session. The same patient is counted several times if he/she attended several sessions. The notion of "attendance" allows to include, in the distribution by age and health profile, the rate of participation in the sessions.

Attendances (Fig.6)

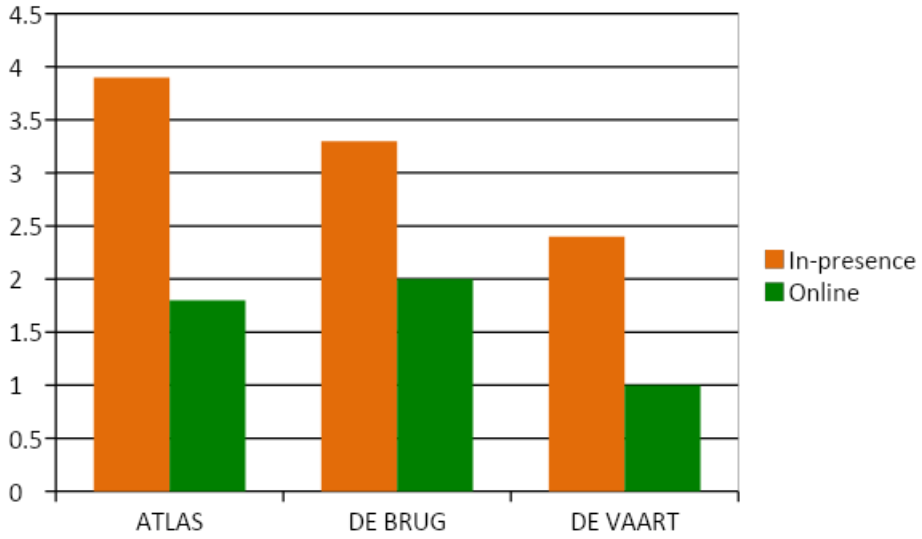
The average attendance per session was 3.1 patients (152 patients/49 sessions).

The occupancy rates in relation to the available places: 82.5% De Brug, 65% Atlas, 40% De Vaart.

With the discontinuation of in-person sessions and the shift towards online sessions, the average attendance decreased homogeneously amongst HCs (average: 4 patients/in-person session vs. 2.5 patients/online session).

Although transferring the sessions online resulted in the loss of participants, some HCs suffered more than others. The difference between the average attendance (in-person vs online) was Atlas -2,1 > De Vaart -1,4 > De Brug -0,7.

Figure 6 Average attendance of patients per sessions, by HC (TOT 152)



In the sessions for the personnel (HC De Brug and De Vaart), the attendance increased from an average of 2.4 (in-person) to 3.1 (online).

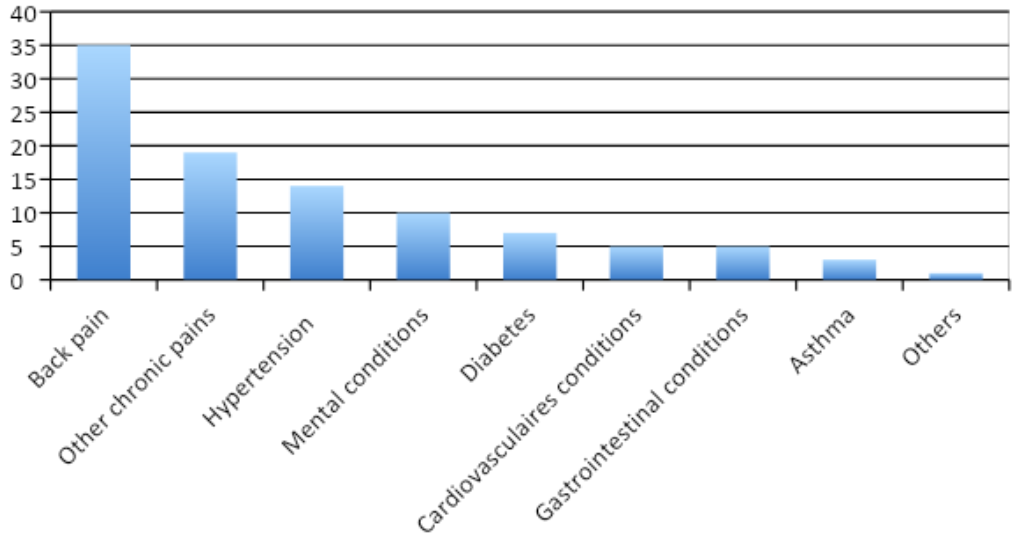
The difference in the rates of attendances of personnel between health centres cannot be compared. In De Brug, the in-person sessions were introduced later, and initially data were not collected; in De Vaart the teacher proposed a very physical yoga practice, which did not fit everyone. Furthermore, the personnel were asked to record the 30' of yoga practice as holiday time, which could have discouraged the participation (average 2.1 participants). De Brug personnel practiced actively and regularly (average 3.4 participants) and the offer was therefore extended during the winter holidays.

Health conditions (Fig.7)

Information on health conditions is available for 66 attendances (the same patient may be counted more than once), which reported 99 health problems (the same patient may be counted more than once according to the number of comorbidities). In general, 55% of the health conditions related to chronic pain and 35% to non-communicable diseases (NCDs). Atlas health centre selected beforehand the patients to invite to the sessions, based on their health profile as defined by the health centre itself, and this may have biased the results. However, the reported health conditions match well to those that can be relieved through yoga, according to recent scientific evidence[8,9,10,11]. Yoga teachers, who are also certified yoga therapists, confirm that the sessions have a strong therapeutic approach.

On this basis, HC referents would possibly be interested in a structured investigation of the clinical benefits of yoga. In broader terms, promoting yoga therapy in collaboration with the general practitioners and paramedics may be an option worth being deepened.

Figure 7 Number of health conditions (TOT. 99/66)



[8] Chang DG, Holt JA, Sklar M, Groessl EJ. Yoga as a treatment for chronic low back pain: A systematic review of the literature. *J Orthop Rheumatol*. 2016;3(1):1-8.

[9] Zhu F, Zhang M, et al. Yoga compared to non-exercise or physical therapy exercise on pain, disability, and quality of life for patients with chronic low back pain: A systematic review and meta-analysis of randomized controlled trials. PLoS One. 2020 Sep 1;15(9):e0238544. doi: 10.1371/journal.pone.0238544. PMID: 32870936; PMCID: PMC7462307.

[10] Prathikanti, Sudha et al. "Treating major depression with yoga: A prospective, randomized, controlled pilot trial." *PloS one* vol. 12,3 e0173869. 16 Mar. 2017, doi:10.1371/journal.pone.0173869

[11] Sivaramakrishnan D, Fitzsimons C, Kelly P, et al. The effects of yoga compared to active and inactive controls on physical function and health related quality of life in older adults- systematic review and meta-analysis of randomised controlled trials. *Int J Behav Nutr Phys Act*. 2019;16(1):33. Published 2019 Apr 5. doi:10.1186/s12966-019-0789-2

2) Indicators of the action plan

Target not met
Indicator not-measured

PART A - Engagement of the community (beneficiaries and partners)

Indicator	Project pilote results
P1. Numbers of HC collaborating (target 2020-23) (≥5)	3 health centres in 2020
P2. Number of referent entitled for each HC (=1)	✔
P3a. Number of participants lists established for each HC (=1)	30% [a]
P3b. Each participants list has ≥ 5 participants	✔ (Atlas)
P4. One calendar of the yoga sessions is available for each HC	✔
P5. The HC commit for the rest of the year (Jan-June '21)	✔
E1. Number of patients / Number available places	in-person M = 4/6 online M = 2,5/10
XX. Number of personnel / Number available places	in-person M = 2,4/6 online M = 3,1/10
E2. Positive feedback of the HCs	✔
E3. Results of the participants surveys	n.a.

[a)] Only at Atlas were lists put in place at the beginning and abandoned when the sessions were put online.

PART B - Quality of services delivered

Indicator	Pilot project results
SE1. One sketch of the session is shared every month with the HCs	A calendar is established at the beginning and the HCs sent every week the memo to the patients
SE2. The website and the Facebook page are available and updated	✔75%
SE3. A sketch of the session is available per each session	✔50%
SE4a. Positive results of the participants surveys	n.a.
SE4b. Individual adaptations are proposed	✔
SE4b. The teachers can react if needed	n.a.[b]
SE5a. An ethical/responsibility protocol signed by the teachers is available	NO [c]
SE5b. Number sessions/teacher complaints (= 0)	✔
SE6a. Number sessions/number of session planned (=1)	=0,85 [d]
SE6b. Number sessions started on time/ number planned sessions (=1)	✔
SD1a. Teachers' CVs are available and validated	✔
SD1b. The coordinator participates in at least 1 yoga session per HC	✔
SD1c. The teacher has a minimum of 5 years of teaching experience.	✔
SD1d. The yoga teacher has experience with vulnerable populations [f].	NO [e]
SD3a. Min. 1 meeting/year between PC et RHC	✔
SD3b. Min. 1 meeting/mois between PC et YT	✔
SD3d. Conflicts and problems are managed effectively	YES [f]
SUPPORT SERVICE	
SS1.Studio 222 is functional (≥ 90% structure, material available)	✔
SS2. Occupation rate of Studio 222[g] (≥ 90%)	NO [g]
SS3. Rental agreement and payment on time	✔

b) No problem were encountered; **c)** Planned activities for 2021; **d)** 12/79 sessions were not delivered: 3 due to COVID, 5 cancelled by the teachers, 3 cancelled for lack of participations (patients); **e)** One teacher interviewed had this kind of experience, but she was junior in terms of years of teaching. **f)** Vulnerable populations are groups and communities at a higher risk for poor health as a result of the barriers they experience to social, economic, political and environmental resources, as well as limitations due to illness or disability (https://nccdh.ca/glossary/entry/vulnerable-populations); **g)** Studio 222 is a yoga studio that YIH sublets to yoga teachers and that represents the primary source of funds for the non-profit organization.

MAIN ACHIEVEMENTS

ORGANISATION OF THE SESSIONS

Despite COVID-19 restrictions, 79 yoga sessions were offered on a regular basis for 3 months, first in the health centre and then online, to both patients (59) and personnel (22).

IN-PERSON PARTICIPATION

The result is satisfactory and all health centres decided to prolong the collaboration from January to June 2021.

APPRECIATION AND ENGAGEMENT

Patients who shared their perception about the yoga sessions gave positive feedback. Given that we were not able to carry out a satisfactory survey, these feedbacks are not representative of the entire population who attended the yoga courses. Among the 16 patients who attended at least one yoga session, some did not come back a second time, which shows that either the yoga practice did not meet their expectations, or that they were not keen about yoga in the first place. The factors that triggered attendance and nonattendance need to be investigated and a survey will be carried out in June 2021.
The feedback from patients who attended the sessions is positive.

- At De Brug, yoga sessions were requested before the collaboration with YIH, and their final implementation was welcomed.
- Physiotherapists did observed benefits from yoga on some of their patients. In general, the energy created by the group during in-person sessions is a driver of engagement and can positively impact the well-being of patients.
- A good community engagement, both the beneficiaries and the partners, supported the smooth implementation of the pilot project.
- The initial interest in the yoga sessions (registration, waiting lists) exceeded the expectations of the HCs.

FIT FOR PURPOSE

The majority of the participants are women between 45 and 64 years old with health conditions for which scientific evidence shows the benefits of a regular practice of yoga (chronic pains, NCDs).

QUALITY OF THE SERVICES

- In general, the quality of the services delivered has been considered good by the partners (communication, problem solving, quality of the teachers, organisation). The teachers are experienced, their backgrounds meet the criteria of the recruitment and their experience as yoga therapists ensure the good care of the participants.
- The sessions offered at De Brug personnel had good participation rates, especially in the their online mode, in the evening (8:00 to 8:30 pm)

YOGA THERAPY

All the teachers recruited are also qualified Yoga Therapists. Currently in Belgium, Yoga Therapy is not recognised as a complementary preventative and curative approach to health, there is no certified school as well as no register of certified teachers. However, the International Association of Yoga

Therapists[12] sets the criteria that define a yoga therapist. All the teachers stressed the fact that the yoga offered, especially in-presence, has a strong therapeutic approach, as the majority of the participants report chronic pain and one or more non-communicable diseases. In this regard, the experience of this pilot project shows how the long-term objectives of YIH, to offer targeted yoga sessions to specific groups of patients, in close collaboration with the paramedics and general practitioners, potentially fit the needs.

ASPECTS THAT NEED STRENGTHENING AND PROPOSALS

IN-PERSON PARTICIPATION

Although the attendance and the feedback from participants were satisfactory, the average occupancy rate did not reach 100%. The COVID-19 restrictions heavily affected the participation, as shown by the gap between the number of patients interested and those who actually attended the sessions (30/6 in Atlas, 25/4 waiting list in De Brug, 20/6 in De Vaart). The HCs advertised the sessions to the largest population, in order to promote a new activity, not known by the patients. However, they had to limit the access (pre-registration to the session, with the risk that last-minute places are not taken up by others), which might have fostered disengagement. These COVID-related effects affected the occupancy rate and those patients who could not attend the in-person sessions were probably more difficult to include in the online sessions. These hypotheses are supported by the session attendance results as the loyal patients are those who participated in the in-person session.

ACTIONS TO BE TAKEN

1.1. Foster in-person sessions, as soon as COVID-19 norms will loosen.
1.2. When in-person sessions restart, evaluate the possibility to access larger premises with a more flexible schedule.
1.3. When in-person sessions restart, with restricted access, consider the possibility of either activating bonuses/frequencies or/and asking for a financial participation (5 Euro?), if this can foster the commitment. The solutions need to be adapted to each HC, while keeping a homogeneity within the project.
1.4. When in-person sessions restart, with restricted access, consider in the second place, the possibility of creating dedicated sessions - cardiovascular, chronic pain - with a limited list of patients proposed by general practitioners, who will play an active role in motivating the patient (an approach to be enabled in the future).
1.5. Include questions in the May-June survey to highlight the causes that discouraged the patients from participating in online sessions.

[12] https://www.iayt.org

ONLINE PARTICIPATION

Attendance averages dropped in online sessions. The hypothesis behind this change is the digital divide (most of the participants are older women, probably lacking the digital skills and means to attend online), as well as the household characteristics (lack of a quiet space to practice, presence of children/husbands at home). An additional cause could also be the lack of the energy brought by the group in online sessions. Getting together, being able to share within a private and small circle of women, in a dedicated space, are key elements for the wellbeing of the patients attending the health promotion activities of the health centres. All these attributes are missing in the online sessions, thus the benefits are not perceived in the same way. The intrusion of the camera in the privacy of a household can also be a deterrent factor.

The increase in attendance rate in the yoga sessions for the personnel, once the session shifted in the evening and online, supports this hypothesis (different schedule, digital skills and means).

ACTIONS TO BE TAKEN

1.6. The online sessions have been shared amongst the patients of all the HCs, through the sharing of recurring Zoom links. Follow up the attendance rate.
1.7. A digital flyer is on the way to be shared, to better advertise the sessions amongst the patients.
1.8. Foster the use of Whatsapp groups and the sharing of the videos (Atlas-De Vaart).
1.9. If the attendance rate does not increase, evaluate with each HC the risks/benefits balance (also financial) and the opportunity to focus on other activities while the social distancing is kept.

PARTICIPATION OF THE PERSONNEL

The sessions for the personnel had good attendance rates, especially in 1 of the 2 health centres. The participants are mainly paramedics and women (physiotherapist-diabetologist-psychologist). However, professional stress, linked to COVID-19, mainly affects general practitioners[13,14], who would benefit more than others from the practice of yoga.

ACTIONS TO BE TAKEN

1.10. Further encourage medics and paramedics participation (online mode, targeted schedules, other health centres).
1.11. Discuss with the HCs the factors that could promote the participation of the general practitioners.

[13] Di Monte C, Monaco S, Mariani R, Di Trani M. From Resilience to Burnout: Psychological Features of Italian General Practitioners During COVID-19 Emergency. Front Psychol [Internet]. 2020;11:2476. Available from: https://www.frontiersin.org/article/10.3389/fpsyg.2020.567201

[14] https://www.psypluriel-liege.be/Uploads/News/Files/covid19personnelsoignant.pdf

PROMOTION OF THE HOME PRACTICE

While the sketches of the session were not user-friendly, and probably have not affected the individual home practice, the videos of the Zoom sessions, requested by the patients, were more successful and seem to be a good means to animate the Whatsapp® group and prompt the home practice. The experience of the Whatsapp® group created by De Brug shows that it also favours interaction in times of social distancing.

ACTIONS TO BE TAKEN

1.12. Promote the use of Whatsapp® group and the sharing of videos (Atlas-De Vaart).

ABSENCE OF MEN IN YOGA CLASSES

Despite the sessions being open to men, no one showed up. The sessions took place during working hours or at lunchtime, which probably did not help the participation. The prevalence of women in yoga classes is a general trend in Western countries, as yoga is still perceived as a "female" activity/sport, despite being born as a male one in India, where yoga was made accessible to women long after men.

ACTIONS TO BE TAKEN

1.13. Evaluate the possibility of an evening session for men or of prescription-based physical activity from the GP as an incentive.

COLLECT OF DATA

A satisfaction survey, as well as focus groups with the patients and the personnel, was planned but could not be implemented due to delays caused by the reorganization of the session due to the COVID-19.

The data collection was heavily impacted by the loss of direct contact with the participants and the difficulty of asking certain questions online .

ACTIONS TO BE TAKEN

1.14. Prepare the survey and organise the focus groups for June 2021.
1.15. Evaluate the possibility (also with regards to the GDPR norms[15]) of collecting data directly through the health centre, while having the names of the patients, to avoid intermediate passages.

[15] General Data Protection Regulation

CONCLUSIONS

This first experience of collaboration with some of the Flemish and French-speaking health centres, as well as with yoga teachers and yoga therapists, was very enriching. Despite the COVID-19 related challenges, thanks to a collective effort and teamwork, we were able to offer patients quality yoga sessions.

First of all, we are thankful to the health centre who opened their practice to yoga, a discipline complementary to modern medicine. When planning the project, we thought that the most difficult door to open would be that of the health centres. This was not the case: we were welcomed with trust and we are grateful for that.

Collaborating with the referents of the health centre is pleasant and the communication is straightforward. Thanks to their communication and organisational efforts, the patients have been able to attend in-person sessions, and to continue online. The relation with the teachers was as well very enriching, we are grateful they decided to stick to the project, despite the frustrations of online yoga.

Few challenges are on the way in the coming months, including dropping rates of attendance in the online sessions. Actions are to be taken to maintain the initial achievements of the pilot project. As long as the social distancing will be enforced, a significant impact on people's emotional and mental fatigue is to be considered, as well as on patients' care. We expect hatha yoga to keep playing a supportive role for both patients and health centre personnel, and this collaboration to continue being an enriching experience for all parties involved.

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