



## “Maybe black girls do yoga”: A focus group study with predominantly low-income African-American women

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### ABSTRACT

**Objective:** To explore African American (AA) women's use of mind-body therapies, such as yoga and mindfulness, and factors that impact their experiences, observations and opinions.

**Design:** Focus groups were conducted to better understand how AA women perceive mind-body therapies and how to best bring these interventions into their community. Interviews were audiotaped and transcribed.

**Setting:** The urban Midwest.

**Outcome measures:** In addition to qualitative outcomes, descriptive measures included the Perceived Stressor Scale, Beliefs About Yoga Scale, and Determinants of Meditation Practice Inventory (DOMPI).

**Results:** Twenty-two, predominantly low-income (75% reported income < \$50,000) and single (82%) women participated in three age stratified focus groups (18–34 years, 35–65 years, 66 years and older). Participants acknowledged life stress and shared common coping mechanisms. They recognized that yoga and mindfulness could be beneficial and discussed barriers to practice (including personal and structural). Younger women reported more time constraints as barriers, middle aged women had more experience with yoga, and older women identified the spiritual component to yoga/mindfulness as potentially conflicting with current coping strategies. Participants suggested ways to share mind-body therapies within the AA community along with solutions for engagement.

**Conclusions:** AA women acknowledged stress in their lives and recognized the need for additional coping measures. Although women reported interest in yoga/mindfulness they identified barriers, including limited access to convenient classes, and offered suggestions for bringing yoga and mindfulness to their communities.

### 1. Introduction

Compelling evidence suggests that chronic stress contributes to multiple health conditions, such as cardiovascular disease and diabetes.<sup>1</sup> Compared to non-Hispanic White (NHW) women, African American (AA) women experience a higher burden of morbidity and mortality related to stress-related diseases. For example, the death rate for AAs is 37% higher than for Whites and the risk for having a first-time stroke is almost two times greater for AAs than for Whites.<sup>2</sup> Cardiovascular health disparities emerge by middle age, exist across all socioeconomic levels, and are not fully explained by traditional risk factors such as obesity, hypertension, and diabetes.<sup>3–5</sup> Increasing evidence links the social and cultural context of life experiences and poor health outcomes.<sup>6</sup> Mind body therapies, such as mindfulness based stress reduction (MBSR) and yoga, have been shown to reduce chronic stress, decrease inflammation<sup>7</sup> and improve overall well-being.<sup>8–11</sup> These therapies are considered to be complementary and alternative medicine (CAM) or complementary health approaches, defined as

therapies that are not presently considered to be part of conventional medicine.<sup>12</sup>

Although only a few studies have examined the effectiveness of CAM in minorities, evidence suggests that mind-body interventions reduce stress<sup>13</sup> and improve health<sup>14</sup> in AAs. For example, in a randomized clinical study of predominantly AAs with heart failure, yoga provided additional benefits to standard medical care in terms of improved quality of life, better cardiovascular endurance, and decreased inflammation.<sup>15</sup> In another study of older AAs with hypertension, individuals who participated in an 8-wk mindfulness based stress reduction program had significantly lower systolic blood pressure as compared to those in a control group who received only social support.<sup>16</sup>

Evidence suggests that while CAM use is greatest in NHWs, approximately 26% of AAs in the United States use CAM therapies. While studies demonstrate that AAs have a strong interest in participating in CAM,<sup>17–19</sup> few studies have examined barriers to AAs utilizing CAM. For example, one study revealed that AA women felt that mindfulness was not congruent with their cultural beliefs.<sup>20</sup> Other studies have

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suggested that CAM use is more likely when access to traditional care is limited.<sup>21</sup> Therefore, there is a need to explore the acceptability of stress-management interventions that promote health through culturally relevant interventions.<sup>6</sup>

CAM therapies are increasingly relevant health care choices for women.<sup>22,23</sup> These may have the potential to provide relief from stress related health conditions. Researchers and clinicians recommend more evidence based science on mind-body interventions for AA women's social and cultural experiences of stress.<sup>6</sup> While little is known about the relationship between stress reduction and CAM use in AA women, clinicians and researchers are designing holistic interventions to encourage communities to self-manage their health and wellness needs. **The purpose of this study was to explore AA women's attitudes, opinions, and beliefs about CAM use to allow for better design and tailoring of CAM interventions to the needs of AA women.**

## 2. Methods

This qualitative study was approved by Loyola University Chicago Institutional Review Board. Focus groups, stratified by age (18–34 years, 35–65 years, 66 years and older), were the primary source of data collection. The stratification provided a more homogeneous sample and allowed for minimization of the generational influence of age on CAM use. Women were recruited from the community, including park districts and community centers, and were eligible for study participation if they were English speaking and self-identified as African American. Current use of CAM was not required for inclusion criteria.

Prior to the focus group discussion, participants provided information about their demographics and completed the Perceived Stressor Scale (PSS).<sup>24</sup> The PSS is a reliable and valid (Cronbach alphas 0.75–0.86) 10 item measure that assesses the degree to which one finds life unpredictable, uncontrollable or overloaded over the past month. Women also completed two measures related to CAM use. The Determinant of **Meditation Practice Inventory (DMPI)** is a 17 item tool that assesses perceptions and misconceptions of meditation practice, with higher scores indicating more barriers to practice.<sup>25</sup> It has demonstrated reliability and validity with a Cronbach's alpha of 0.86. **The Beliefs About Yoga Scale** is a 11 item tool that assesses the expected health benefits, discomforts and social norms related to yoga practice, with higher scores indicating more positive beliefs.<sup>26</sup> The tool is reliable and valid, with Cronbach's alphas ranging from 0.62–0.83.

### 2.1. Data collection

Following written informed consent, women participated in age-stratified focus groups at local community centers. A team of female researchers who were experienced with qualitative research (LH) and with CAM interventions within the community (ST) led the study. Focus group sessions were audiotaped and field notes captured broad observations on participant characteristics, body language, and enthusiasm. The facilitators used a semi-structured interview guide created by the team (ST, LH, and KS) to elicit responses about life stressors and coping skills as well as familiarity with CAM therapies like yoga and MBSR. The interview guide contained open-ended questions such as "Talk about some of the problems women experience with stress and how it affects their health"; "Have you heard about MBSR and/or yoga"; and "Would you consider practicing MBSR or yoga? Why or why not?" The participants were encouraged to share personal experiences, guide the conversation to areas relevant to their life experiences, and discuss suggestions for bringing CAM therapies to the community and making sustainable programs.

Focus groups were conducted in private rooms within the community centers and typically lasted 30–60 min. Participants were provided with snacks and drinks, and encouraged to mingle to establish a feeling of comradery. All participants were compensated for their time with a \$20 gift certificate.

### 2.2. Data analysis

Statistical analysis of quantitative data was carried out using IBM SPSS Statistics for Windows, version 24.0<sup>27</sup> and  $p < 0.05$  was considered statistically significant. Data were analyzed for descriptive statistics and results between groups were compared using students *t*-tests. The qualitative discussions were audiotaped and transcribed verbatim. Descriptive validity (factual accuracy) and interpretive validity (data grounded in the language of the participants) was ensured by audio-taping the focus group sessions. After transcription, each member of the team independently read the interviews and field notes. Dedoose<sup>28</sup> software was used for the coding process and two members of the research team (ST and LH) independently generated the initial code lists from the reviewed transcripts. Data was analyzed with inductive and deductive thematic analysis methods. Themes were generated from reviewing code frequencies and discovering broad commonality of themes. There were not dramatic differences between groups, except where highlighted in the themes below.

## 3. Results

Twenty-two women participated in the focus groups (see Table 1). Women who participated in this study were predominantly **low-income, with 77% of the participants reporting average household incomes of less than \$50,000. Women were mostly single (82%), college educated (68%), and had children (86%).** All women who participated were attending a religious service at least monthly. Women in our study reported slightly higher than average stress (mean 15.6), reported minimal barriers to meditation (mean 38.2) and had neutral beliefs about yoga (mean 48.0). There were no statistical differences between the groups in their perceived stress, determinants of meditation or beliefs about yoga.

Five main themes arose from the focus groups: (1) conceptualization of stress; (2) responses to stress; (3) meaning and perceptions about yoga and mindfulness; (4) benefits/barriers to practice; and (5) suggestions and solutions for engagement.

### 3.1. Conceptualization of stress

The main discussions regarding the role of stress generated similar concepts between the three stratified groups. AA women saw stress as broadly including both family and community issues. Across the age groups, women were concerned for the health and safety of their children. For example, one participant described the struggle of wanting to

**Table 1**  
Demographic Characteristics of Participants (n/[%]).

Variable	Total Sample (n = 22)	18–35 years old (n = 7)	36–65 years old (n = 10)	66 years old and over (n = 5)
<b>Marital status</b>				
Partnered	4 (18.2%)	0 (0.0%)	2 (20%)	2 (40%)
Divorced	6 (27.3%)	0 (0.0%)	3(30%)	3(60%)
Single	12 (54.5%)	7 (100%)	5 (50%)	0 (0.0%)
<b>Highest educational level</b>				
Less than college	7 (31.8%)	3 (42.9%)	2 (20%)	2 (40%)
College or more	15 (68.2%)	4 (57.1%)	8 (80%)	3 (60%)
<b>Household income</b>				
Less than \$75,000	18 (81.8%)	6 (85.7%)	7 (70%)	5 (100%)
\$75,000 or greater	4 (18.2%)	1 (14.3%)	3 (30%)	0 (0.0%)
<b>Frequency of church or spiritual group attendance</b>				
< once a month	15 (68.2%)	3 (42.9%)	7 (70%)	5 (100%)
> once per month	7 (31.8%)	4 (57.1%)	3 (30%)	0 (0.0%)

provide a better life for her children:

*“You want to give your children the best life possible. You want them to go to good schools, you want them to have good food and certain things that they need to develop into good people but whether it’s you don’t have a job that pays enough or.... You do just have a lot of demands on you.” (age 36–64)*

With the responsibility to provide for the family, many women shared stories of how their expectations and efforts to succeed impacted their health. They recognized that complex issues were struggles felt by many low- income working women, and they shared stories of how priorities shifted in relation to stress. This quote speaks to how many women often put the needs of their families ahead of their own self-care.

*“...I worked so hard for my children, I wanted my children to have the best education. I did that...and I wound up having a stroke...I wanted everybody to be right and perfect and forgot about me.” (age 36–64)*

Women reported struggles within the community and identified social determinants of health including violence, trauma, scarce resources, and how challenging it can be to be unable to change society as an individual. For example one woman in the younger age group commented:

*“I mean it’s really weird, but it is like I found out over my life that things might now affect one person, affects me very deeply and that becomes a stressor for me because it’s not something that I can personally change myself, but it is still something that still causes a great deal of stress because I feel like I am weighted down by society’s problems.” (age 18–35)*

Others discussed the disadvantages specifically within the AA community. They reported facing limited resources and how this added stress to their lives.

*“...it seems that the responsibility is so huge...in our culture because at the same time while we might share the same responsibilities as other races but we don’t share the benefits that other races may have. Benefits such as when it comes to finances or the advances in the career, or when it comes to our body image...” (age 36–64)*

As illustrated from the quotes above, stress was a recurrent theme that was discussed within each of the groups. Women discussed their unique family dynamics and limitations within their environment. The experience of stress impacted health and was seen as a force that is often beyond the individual’s control.

### 3.2. Responses to stress

Many women identified coping mechanisms that allowed them to deal with daily stressors. Women shared their variety of methods for addressing complex stress in their lives. These included denial of stress, resilient mindset, self – care, and religion/spirituality as coping. Women also recognized that stress had an impact on health, but downplayed the importance of this connection as a way to work through it.

*So what I think that I do is try not think of what’s going on and just after a while things just get better on their own (age 36–64)*

*I think that it does stress my health but I don’t want to admit it. (age 65+)*

Some women described an interesting response to stress in that they hoped for qualities to buffer the impact of anticipated major stressors. The dialog between two women in the 18–35 cohort captures the need to seek a resilient mindset to protect against the ramifications of stress. The women envisioned a tangible force that they could put on and take

off as needed to protect themselves.

*I was saying today that I need armor, that I need something that....a shield....that can reflect anything that comes on that I can bounce off of me (age 18–35)*

*I know, it’s not my problem... It’s never going to stop. It’s just your ability in dealing with it, that’s what makes the situation. (18–35)*

Self-care was identified as a strategy to cope with stressful situations. Women described taking time for themselves, with the support of faith, personal beliefs, and prayer.

*I think I think I’m ok because I pray and I meditate and I make time for myself so I don’t take on the stress (age 18–35)*

*If you really focus ...because there was really one point when I was in such good shape I was focusing and at the same time I was fasting, doing a lot of prayer, so once you get in tune with yourself...I actually had an out of body experience where nothing around me mattered. I was on such a spiritual high it was like...I felt good (age 36–64)*

Despite the similarities of themes across all age groups, women in the 65+ group reflected on their strong faith and the power of God in their daily lives as a source of support in the face of stressors. Women in the other age groups did not report such a strong connection with their faith. Senior women described their personal spiritual beliefs and connection with their faith as a way to cope. This personal relationship with God provides a sense of peace and guidance with life’s daily challenges.

*My husband is sick. You know I’m the caregiver of my household. I have to do a lot of stuff in my household. But I don’t let that stress me out because I’ve got God. You know he supplies my every need (age 65+)*

### 3.3. Knowledge and perceptions about yoga and mindfulness

*Regardless of age, many women in the focus groups had limited information about yoga/mindfulness. While these women reported a familiarity with the terms of yoga and mindfulness, they reported a lack of understanding of how these practices were used and had minimal experience with the practices. There was a curiosity and a willingness to learn more about yoga and mindfulness, and the discussions in the focus groups allowed a sharing of information and ideas.*

*“The mind-body connection...I don’t know what that means.” (age 36–64)*

*“I don’t have any negative connotations about it at all, I just have never done it. I have someone I know now that is getting into yoga, and to meditation and they’re...getting a lot of enjoyment from it. (age 18–35)*

The senior group of women were active in other forms of physical exercise but did not have yoga or mindfulness meditation experience. Women in the younger cohorts were more experienced with yoga and meditation, and had varying degrees of participation. Some women practiced regularly and shared their insights with the group:

*“Yoga is the process of connecting the mind and body and spirit to operate as one with a centralized focus on the breath because the breath is life sustaining and without the breath none of us would be sitting here right now...at times they say you can hear your own heart beat or focus on a white light and an energy that allows the ...I like to use the term, creator energy or universal force to come within to help you to calm yourself, to begin the process of being able to meditate.” (age 36–64)*

*“Being able to zone out and be by yourself in a room full of people, damn, that’s something amazing” (age 18–35)*

There were stark contradictions in viewpoints related to the role of yoga and mindfulness and the connection to faith/spirituality. There were ideas related to yoga as something that you do, like an exercise,

**Table 2**  
Suggestions for improvement.

Major theme	Representative Quote	What	How
Accessibility	<i>"Bring it to the community"</i>	<ul style="list-style-type: none"> <li>● Use technology</li> <li>● Free open forums</li> <li>● Reach a wider audience</li> <li>● All ages/family yoga</li> <li>● Convenient times and location</li> <li>● Affordable</li> </ul>	<ul style="list-style-type: none"> <li>● Application for smart phones/computers</li> <li>● Teach people to practice at home safely</li> <li>● Use community spaces</li> <li>● Offer free classes</li> <li>● Pilot programs</li> <li>● Improve quality of teaching, especially for beginners</li> </ul>
The Nuance of Spirituality and Religion	<i>"You're not trying to replace religion but you're trying to supplement it, or try to give it some additional voice."</i>	<ul style="list-style-type: none"> <li>● Acknowledge deep faith traditions in the community</li> <li>● Demystify the mind/body/spirit connection</li> </ul>	<ul style="list-style-type: none"> <li>● Have communication with pastors/clergy</li> <li>● Avoid foreign terminology</li> <li>● Reframe the practice as a connection with self</li> </ul>
Messaging/Language And Culturally Relevant Marketing	<i>"Having women that looked like us."</i>	<ul style="list-style-type: none"> <li>● Focus on stress relief and health benefits</li> <li>● Change the image of yoga to include the Black community</li> <li>● Peer to peer teaching</li> <li>● Afro-centric history and connection to yoga</li> </ul>	<ul style="list-style-type: none"> <li>● Use relaxation instead of mindfulness</li> <li>● Call it a "soul movement"</li> <li>● Reduce barriers</li> <li>● Increasing the variety of people seen doing yoga/mindfulness on social media</li> </ul>

rather than a deeper tool to connect the mind/body/and spirit. In the older cohort, there was a strong belief that yoga and mindfulness should be disconnected from spirituality. Women suggested that faith was a private matter, and is separate from CAM practice. Some women commented that yoga was unacceptable or a taboo because of the potential for a deviant spiritual connection.

*I think what your faith is between you and your God. That's your private life. That should have nothing to do with yoga. Cause like yoga is not going to improve your faith in God it's just going to help your body be more relaxed and in control. It don't have anything to do with God. (age 65+)*

*Cause my mother called me a demon worshiper. She would see my yoga mat rolled up on my way to class (age 36–64)*

Conversely, younger women used yoga and mindfulness as a way to support their spiritual needs and reported a connection to an inner divinity. The mind/body/spiritual relationship was not seen as threatening, rather was reported as something to be gained by the practice of yoga/mindfulness.

*I feel like this is a form of channeling your inner being your, inner Goddess. With the ability to channel its self. That can be powerful. (age 36–64)*

*It is not a spirituality. With a title it is a spirituality with your own spirit. It's like no Jesus, no Allah, no Buddha, it's you. (age 18–35)*

### 3.4. Benefits/barriers to practice

#### 3.4.1. Benefits

Women recognized the health benefits of practicing yoga and mindfulness. Across the age groups, women identified both physical and mental benefits related to the practice of yoga and/or mindfulness. While all women recognized stress as a factor in their lives, yoga and mindfulness were seen as a path to create peace and balance in their lives. The descriptions reflect both physical and mental peace that can be acquired through CAM practice.

*I haven't paid much attention to my body in the last couple of years, to me what I have learned with yoga is you are using all your body parts ... and there is a connection .... between the mental and physical (age 36–64)*

*She is meditating and she is in touch with her higher self...It is about you and it has nothing to do with anything else. (age 36–64)*

#### 3.4.2. Barriers

Barriers to practice included accessing the classes within the community. Logistic challenges included the location of classes, the quality of instruction, as well as the price to attend a class. **Women identified the high cost of yoga classes as a barrier and also recognized that many women who attend yoga classes considered their outfits to be "like a fashion show", which could be considered a turn off to lower-income women.** Myths of who can and cannot practice yoga/mindfulness generated discussion about social norms within the Black community. These included beliefs about the influences of others and women's ideas of body image.

*When it comes to our body image, and this might just be a faux pas, but black woman are larger than the average other culture woman, you know, just a whole self-image perspective...it's just not common for our culture of women to do yoga. (age 36–64)*

*She told me if I could do some yoga because I can't get down on the floor, 'cause I had a knee replaced and a hip replaced and so it's impossible for me to get on the floor and cross my legs....I can't do any of that. (age 65+)*

*I had limited experience with yoga...maybe I'm just too practical, maybe it's because I'm too analytical, I just talk about the phooey goeey stuff. (age 36–64)*

### 3.5. Suggestions and solutions for engagement

In addition, women suggested a variety of solutions to bring yoga and mindfulness to the community from a resiliency perspective.<sup>29</sup> **Each of the cohorts suggested changing the image of yoga and mindfulness. Older women cited access to yoga and mindfulness classes as the critical issue keeping them from practicing, and were adamant that spirituality should be removed from the messaging about the practice. Middle-aged women recognized the health challenges they were facing and were seeking solutions to gain a sense of physical and mental peace. Younger women reported that although they were more exposed to yoga and mindfulness, they wanted to encourage children and families to participate together and have an integration into daily life.** Suggested solutions were directed at the individual, organizational, and community levels. The women's words are consolidated in Table 2.

## 4. Discussion

Given the growing evidence of the positive health outcomes of yoga and mindfulness, the current study explored the acceptability of these



stress management techniques among African-American women.<sup>30–32</sup> Women identified the barriers, benefits, coping and solutions that are culturally relevant to African-American women and represent a socio-ecological framework.<sup>4</sup> For example; stress conceptualized at the individual, family and community levels such as neighborhood violence is a unique social determinant for low-income African-American women. Future stress reduction programs could be effectively tailored to acknowledge the specific neighborhood context and needs of African-American women.<sup>33,34</sup>

This study has limitations. It is a small, convenience sample of women and results cannot be generalized to all AA women. Larger samples with more diverse women may help to illuminate the role of CAM therapies for this community. This study also focused only on two CAM therapies, additional work can be done to include a more comprehensive list of available therapies.

## 5. Conclusion

This focus group encouraged working towards increasing the visibility of yoga and mindfulness meditation within communities of color. There can be a wider conceptualization of the practice of yoga and mindfulness to include the social and cultural specific needs for the AA community. This includes an awareness of the unique values, including building on a sense of resilience of how to cope with community and individual stressors. Women also encouraged working within traditional systems that are strong within the community, including enlisting pastors and community agencies to sponsor the practices. Without support from the stabilizing factors within the community, the opportunity for yoga and mindfulness practice to grow and flourish is diminished.

Women in our study had slightly fewer barriers to meditation (mean 38.18) compared to a sample of primarily white, educated females in Australia with melanoma (mean 45.34).<sup>35</sup> Compared to a multi-ethnic group of both genders (mean 53.7), women in our study had slightly less favorable beliefs about yoga (mean 48.0).<sup>26</sup> Several recent studies have explored yoga barriers and opportunities in African American populations<sup>36,37</sup> and assessed feasibility<sup>38</sup> and satisfaction.<sup>37</sup> The current literature recommends exploring further and tailoring the benefits of yoga. Researchers seeking insights into the preferences for physical activity of urban older AA women report that they are interested in tai-chi or yoga as a group activity that promotes social activity, physical fitness, and enjoyment. Our findings were consistent with these studies.

## 6. Culturally-relevant messaging

In order to make yoga and mindfulness meditation acceptable and accessible to this community, it will be helpful to adopt a new language, new marketing, new images, and new strategies that reflect the cultural and values of African-American women. The current social norms for messaging, communicating and marketing yoga and meditation may not adequately appeal African-American women. The women in our study recommend communication that reflect the cultural values and beliefs of African American women.<sup>39</sup> There is little research on culturally-relevant messaging for yoga and meditation towards African American women. Associated studies focus on messaging to inform about specific diseases or health promotion activities such as physical activity or weight loss among African American women. In support of these suggestions, a recent study found that African American women increased physical activity based on a television intervention that adapted the traditional weight loss messages to weight control messages. Our findings suggest that incorporating strategies that reflect cultural norms for African American women will enhance the uptake and sustainability of CAM practices.

A recent review of yoga magazine covers depicts homogenous women, typically thin and white.<sup>40</sup> When women do not recognize themselves in the representation of yoga or mindfulness, it can be a

barrier to making it their own. The women in our focus group were cognizant of this, and felt excluded from these practices. Efforts within the yoga community to increase the representation of people of color and all body types will promote the idea that yoga and mindfulness are practices that can be helpful for all people.

## 7. Culturally-relevant intervention design

The women in our study encouraged development of yoga and mindfulness meditation practices within strong cultural organizations, like community centers and places of worship. Women were eager to try new things, build community, and reduce the impact of stress in their lives. Health promotion and behavior change theories that are culturally relevant can inform strategies to promote health for African-American women. A recent study by Joseph and colleagues used Social Cognitive Theory to enhance physical activity among middle-aged African American women.<sup>41</sup> This pilot study showed that women responded positively to culturally relevant physical activity and increased physical activity. Specifically, videos of African American women performing physical activity, blog post with testimonials from African American women and social modeling from peers where highly effective. Consistent with studies on health promotion, unique culturally relevant interventions could improve the feasibility and acceptance of yoga and meditation based on the suggestions gained in this qualitative study. For example, a study by Johnson, found significant results with internet-based yoga program in a 4-week feasibility study measure the impact of an internet based intervention for yoga and dance. The women reported the cultural tailoring of the intervention as an important aspect for yoga for African American women.<sup>42</sup> Our findings echo these results, with women seeking a sense of belonging and representation within the yoga and mindfulness communities.

Another suggestion from participants was to provide yoga and meditation programs in community-based settings convenient for African American women to reach. Convenience was especially important for our subjects, and use of technology was highlighted as a method to make yoga and mindfulness accessible. Recent health promotion studies designed to reduce obesity have used family, faith and community-based intervention to better reach African American women. One study used Aer-talk, a culturally tailored television program, to deliver information about weight control for African American women.<sup>43</sup> Developing innovative delivery methods that are culturally sensitive and allow for sustainable program development within the African American community will be essential for uptake of CAM initiatives. Findings from our study can be used to design innovative culturally adapted messaging to make yoga and meditation relevant to an African American target group.

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