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Male Peer Influence on African American Men's Motivation for Physical Activity: Men's and Women's Perspectives

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Abstract

Thematic analysis of data from nine exploratory focus groups conducted with 71 middle-aged and older African American men and eight focus groups with 77 key women in their lives revealed how social norms and modeling of physical activity influenced men's motivation to exercise. Both men and women identified male peers as an important source of ideas, encouragement, and support to initiate and sustain physical activity, yet sedentary peers also could contribute to men being less motivated to be active. The primary difference in men's and women's perspectives was that men attributed their decline in activity levels to difficulties in finding time for physical activity, whereas women attributed sedentary lifestyles to an increase in men's physical illnesses and ailments. Men's participation in team sports and overall activity levels diminished with age. Peer social support can be critical for interventions to help African American men engage in and sustain physical activity.

Keywords

African American men; men's health; physical activity; male peers; motivation

Introduction

Physical activity plays an important role in chronic disease morbidity and mortality, and the risk for chronic diseases associated with physical inactivity increases with age (American Cancer Society, 2011; American Heart Association, 2011). Although men tend to engage in more physical activity than women (Kruger, Kohl, & Miles, 2007), half of African American men report no vigorous leisure time physical activity (Ball, Jeffery, Abbott, McNaughton, & Crawford, 2010). African American men experience higher rates of heart disease, cancer, and other chronic diseases associated with physical inactivity compared with White men, White women, and African American women (Howlader et al., 2010; Keenan & Shaw, 2011).

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African American men have conceptualized being “healthy” as being able to fulfill social roles, such as holding a job, providing for their family, protecting and teaching their children, and belonging to a social network (Ravenell, Johnson, & Whitaker, 2006). African American men tend to construct their identities and notions of masculinity in relation to being responsible for and accountable to family members and others (Hammond & Mattis, 2005; Hunter & Davis, 1992). In middle age, employment, work, and career aspirations often become more important to African American men than their physical health (Diemer, 2002). These activities, responsibilities, and goals can present barriers to participation in physical activity by reducing men’s desire to prioritize physical activity and challenging their capacity to integrate physical activity into their lives given other demands on their time and energy.

Men are typically most active during childhood and adolescence, but their levels of physical activity decrease in young adulthood (18-29 years). In middle adulthood (30-64 years), men’s physical activity tends to reach stable low levels but slightly increase around retirement age (65 years). This level of activity is maintained into older adulthood before decreasing sharply near the end of life (Caspersen, Pereira, & Curran, 2000). African American men younger than 35 years report engaging in physical activity through competitive team sports and athletics, whereas middle-aged and older African American men who remain active tend to do so through informal and often solitary activities such as household chores, yard work, walking, and biking (Wanko et al., 2004; Wood, 2002).

Men often appreciate and expect their wives’ involvement in managing their health (August, Rook, Stephens, & Franks, 2011), and wives often assume responsibility for promoting and maintaining their husbands’ health (Schafer, Schafer, Dunbar, & Keith, 1999; Umberson, 1992). Women’s active engagement in addressing their husbands’ health is often heightened when men are diagnosed with chronic health issues (Berg & Upchurch, 2007). Wives’ efforts to protect and improve their husbands’ health have been described as expressions of nurturing and caring (Charles & Kerr, 1988; DeVault, 1994; Lupton, 2000). Because of their attentiveness to their husbands’ health, spouses and other key women in men’s lives can have unique insight on men’s health status and barriers and facilitating factors to men’s health behaviors (Allen, Griffith, & Gaines, 2012), including physical activity. Additionally, they are situated to help men mitigate barriers to being physically active and creating environments that encourage physical activity (Kahn et al., 2002).

Social cognitive theory (Bandura, 2004) offers an important theoretical foundation for exploring how male peers influence African American men’s physical activity and why the perspectives of key women in men’s lives are particularly relevant to consider. Social cognitive theory recognizes the importance of environmental factors, such as peers, in facilitating or hindering healthy behavior such as physical activity (Glanz, Rimer, & Lewis, 2002). The theory also emphasizes how health behavior is a function of a shared environment with family members and peers. It highlights the importance of understanding the potential roles male peers and spouses’ perspectives may play as facilitators and impediments to men’s physical activity.

Previous research has found that encouragement from friends to exercise as well as having friends who are physically active to be positively associated with physical activity (Booth, Owen, Bauman, Clavisi, & Leslie, 2000). The role of peer support in promoting physical activity is beginning to be studied among African American men and has tended to focus on strategies for getting sedentary men to begin a program of regular moderate or vigorous physical activity (Bopp et al., 2007; Hooker, Harmon, Burroughs, Rheaume & Wilcox, 2011; Hooker, Wilcox, Rheaume, Burroughs & Friedman, 2011). Researchers have found that middle-aged African American men indicate that they tend to prefer physical activities in a social atmosphere, such as involving family, the community, or a partner or buddy (Hooker, Wilcox, et al., 2011; Parham & Scarinci, 2007), but they often lack easy access to social environments and resources conducive to being physically active. A recent physical activity pilot study ($n = 25$) for sedentary middle-aged and older African American men incorporated social time and friendly competition with male peers to increase social interaction and build camaraderie among participants (Hooker, Harmon, et al., 2011). After 8 weeks, overall and moderate to vigorous physical activity increased, as did perceived social support from friends. These findings highlight the importance of peer social support in initiating physical activity, but more research is needed to explore how to sustain physical activity among African American men over time. Insights from men and key women in their lives on the types of peer social support that help men sustain a program of physical activity can help design future interventions that will help men not only initiate but also maintain recommended levels of physical activity.

The purpose of this study was to explore how men, and key women in men's lives, perceived how male peers influence middle-aged and older African American men's motivation for and participation in physical activity. The four research questions guiding this study were the following: In what ways do male peers influence African American men's motivation to be physically active? How does peer support for physical activity change over African American men's life course? Do men and key women in their lives have similar perspectives on the role that male peers play in influencing and sustaining men's physical activity?

Method

Setting

The data for this study were collected in three cities in southeast Michigan: Detroit, Flint, and Ypsilanti. These cities are the first, fourth, and fifth largest metropolitan statistical areas in Michigan, respectively, and each city has a high percentage of African American residents (U.S. Census Bureau, 2010). Compared with the state and nation, Detroit, Flint, and Ypsilanti rank low on most socioeconomic indicators (U.S. Department of Labor, 2011). African American men in these cities experience higher rates of mortality from diseases associated with physical inactivity than women and men of other ethnic groups living in the same cities, and also when compared with state and national averages (Michigan Department of Community Health, 2008).

Study Design

The data are derived from a larger study called *Men 4 Health* that used focus groups to identify and examine social, cultural, and environmental barriers and facilitators to African American men's healthy eating and physical activity (Griffith, Gunter, & Allen, 2012). Separate focus groups were conducted with African American men and with important women in African American men's lives. This article is based on data derived from a subset of the men's and women's focus groups that explored factors related to men's attitudes and engagement in physical activity.

The focus groups were designed to have a relaxed, casual atmosphere to facilitate open discourse and mutually beneficial interactions among the participants and between participants and the facilitators. Trained African American facilitators matched by sex were assisted by observers to document group dynamics and track comments of individual speakers. The focus groups lasted 2 hours and included a meal, completion of written informed consent and demographic forms, and an audiotaped, in-depth discussion.

The focus group guide was designed using a phenomenological approach, which is appropriate when the goal is to explore the meanings and perspectives of research participants (Creswell, 1998; Lincoln & Guba, 1985). Phenomenological inquiry includes individuals who have experienced the phenomenon of interest, and it asks individuals to describe the topic of interest in the context of their everyday lived experience (Creswell, 1998; Lincoln & Guba, 1985). The goal of a phenomenological approach is to develop a composite description of "what" and "how" participants experience a particular phenomenon (Creswell, 1998). The guided, semistructured focus groups proceeded from general to specific questions, with probing for greater detail. The interview guide for the men's focus groups included three questions regarding physical activity: Why do you think African American men aren't more physically active? What influences how much physical activity you and other African American men like you get? What makes it easier and more difficult to be physically active?

Participants in the women's focus groups were asked to answer questions about one specific middle-aged or older African American man in their daily lives. The female focus group participants were asked about men's physical activity, eating, and stress. The questions pertaining to men's physical activity were the following: What affects or determines how physically active he is? What types of activities does he do and how often? Is there a past event in his life that changed his level of physical activity? Does he seek out health information on physical activity, and, if so, where does he go for information? What are some realistic things he could do to be more physically active? Our goal is to work with men's organizations to improve men's health; are there organizations or groups that he's a part of that would be important that we include? The University of Michigan Institutional Review Board reviewed the overall study and materials. Unique identifiers were assigned to each participant to ensure anonymity.

Study Participants and Recruitment

The populations of interest for this study were African American men, ages 35 and older, living in metropolitan areas of southeast Michigan and women who had close relationships with men meeting these criteria. The project's outreach staff, African American men from our focus population, recruited focus group participants by snowball sampling via word of mouth, fliers, and the extensive social networks of the project's outreach staff and partner organizations. Outreach staff distributed flyers and strategically attended events and contacted organizations, groups, and informal social networks serving the populations of interest to raise awareness about the study. Participants received a healthy dinner and \$20 in incentives. In all, 71 African American men participated in nine focus groups and 77 women participated in eight focus groups between July 2008 and April 2010. There were two groups with 23 men from Detroit, five groups with 31 men from Flint, two groups with 17 men from Ypsilanti, five groups with 50 women from Flint, and three groups with 27 women from Ypsilanti (see Table 1 for participant characteristics).

The majority of the women shared their perspectives on their husbands or boyfriends during the focus groups (63.6%), but others talked about their sons (9.1%), other male relatives (19.5%), and other men they were close to (7.8%). The demographic and health characteristics of the men described by the women roughly approximated those for the participants in the men's focus groups with a few exceptions. Men's focus groups participants were more likely to have children in the home and be between 40 and 69 years of age. They were also less likely to report that their chronic health conditions made physical activity more difficult.

The most frequently mentioned forms of physical activity that the men reported engaging in were walking, household and yard chores, and golf. Some men also described their involvement in running, basketball, bowling, and weight lifting, and a few mentioned martial arts, biking, and tennis. Few men were currently involved in team sports, but many of them had participated in basketball, football, baseball, and weight lifting during childhood, adolescence, and young adulthood.

Data Analysis

The data analysis process was similar to the methods used previously by Griffith, Allen, and colleagues (Allen, Alaimo, Elam, & Perry, 2008; Allen et al., 2012; Griffith, Allen, & Gunter, 2011; Griffith, Ellis, & Allen, 2012; Griffith et al., 2007; Griffith et al., 2008; Griffith, Wooley, & Allen, 2012). The audiotaped focus groups were transcribed verbatim and entered into the qualitative data software package, ATLAS.ti 5.6 (Scientific Software Development, Berlin, Germany, 1993-2012). Each focus group transcript was separated into segments of text that conveyed their original meanings separate from the complete transcript. Each segment of text was linked to the unique identifier of the speaker, the geographic location and date of the focus group, the interview guide question, and any other stimuli that appeared to influence the individual's statement (e.g., prompts, comments of other participants). Several research assistants and the authors reviewed a random selection of transcripts to identify recurring topics discussed in the transcripts and an initial set of codes.

Phenomenological, rather than thematic, codes were generated from the data and used to enhance the ease and reliability of assignment of codes to the text segments (Creswell, 1998; Lincoln & Guba, 1985). This process yielded a codebook of 54 codes, which was used by a team of trained university-based researchers to code the text segments in the focus group transcripts. Ten percent of coded segments of the transcripts were recoded by the second author, who was not involved in the original coding of the transcripts to assess coding comprehensiveness and intercoder consistency. An intercoder reliability measure was calculated by comparing the percent agreement between the original and recoded transcripts, and it achieved 75% agreement.

To examine the relationship between male peers and African American men's physical activity, data associated with four codes—friends, men, family, and other people— were selected to comprehensively capture all possible references to male peers made in the focus groups. Male peers was conceptualized broadly, consistent with the way participants discussed male peers, and included men who were described as friends, brothers, teammates, coworkers, church members, and neighbors. Data referring to women and male family members (i.e., grandfathers, fathers, sons) were excluded from the analysis, as these relatives are not typically considered male peers. Segments of text related to male peers that were not linked to physical activity in some way or to peers whose sex was not specified also were not included in the analysis.

The authors used a phenomenological approach to ascertain themes that emerged from the coding (Creswell, 1998; Lincoln & Guba, 1985). The authors hypothesized that male peers influenced other men's physical activity and sought to explore if and how men reported similar perceptions of the influence of their peers on their physical activity. Highlighting and margin notes were used to summarize major and minor themes, often using in vivo restatements of the data, and to document potential questions, connections, and implications of the text for further analysis. Data were organized into a consolidated document according to three major themes: male peers' influence on men's motivation for physical activity, the influence of social setting and norms on men's motivation to be active, and peers' influence on men's physical activity over the life course. The authors examined, discussed, debated, and reexamined all of the themes, codes, and quotes throughout the process to ensure consistent interpretation of the statements. Thematic differences among data derived from the three urban sites of the focus groups were not detected; thus, a geographic comparison was not included in the results. Similarities and differences in themes that emerged between male and female focus groups were included in the results. Quotes presented were selected to reflect the diversity of perspectives and opinions that emerged from the data.

Results

The perspectives of middle-aged and older African American men and important women in their lives on the influence of peers on men's motivation for and engagement in physical activity are presented below. The first section of the results discusses the influence of peer social support, or a lack thereof, on the adoption and maintenance of men's physical activity. The second section describes how men's social setting and social norms surrounding

physical activity shape men's motivation for and engagement in physical activity. The final section describes trends in men's levels of physical activity with peers over the life course.

Peers and Men's Motivation for Physical Activity

Men reported that social support from male peers increased their motivation to be physically active. The men described various forms of social support they received such as encouragement, information, help, social comparison, and having a buddy to share their experiences. Social support from peers reportedly motivated a number of men to initiate or maintain levels of physical activity. One participant discussed how he began exercising with his neighbor in the mornings with his neighbor's encouragement. Another participant described how support from friends helped him remain active while recovering from a number of health issues:

I had neighbors and friends that encouraged me to stay active. I have a friend who calls me about every other day. "What are you doing? What's going on? How are you feeling?" So, I've been able to maintain my physical activity.

Men that engaged in physical activity reported that they preferred exercising with another man or a group of men. The focus group participants explained that peers motivated them to exercise harder. Working out with other men also was described as making physical activity seem easier. One man explained,

The camaraderie you have with someone who could walk with you or work out with you or do it together. I found out that I've done more. I would do more if I had somebody else with me. It's not exercise. It's fun. If you've got somebody with you, then you can get more done.

Some men reported that they preferred working out with peers of a similar age or ability level. Several participants complained of not being able to keep up with younger men while exercising. One man described how he used to work out with younger men, but they enjoyed running, whereas he preferred walking. Another participant shared how he was motivated to exercise by a fellow diabetic:

[Another man] and I, we were workout buddies. It made it easier for me because you had somebody to keep you motivated, somebody that's working out with you more or less at the same level. He's a diabetic and I'm borderline diabetic and to see him do it kind of motivates me to try and do it too.

Although many men described peers as providing positive social support that motivated them to be physically active, several also identified the negative influence of sedentary peers. A prominent theme in the men's focus groups was how friends could facilitate or inhibit their own engagement in exercise, depending on how active their friends were. As one man described,

When you have a friend who's an active person that exercises all the time, it's more than likely that he can pull you on to his exercising. But, if you've got a couch potato friend, it's more than likely he'll invite you over to sit down.

A few men explained that they lacked peer influence or support, whether positive or negative, altogether. Some of these men discussed the importance of being self-motivated because they did not have a peer or peer group with which to exercise. For example, one participant stated, “I learned to work out without a partner because partners will leave you for various reasons. Something will happen in their life and then you find yourself alone.”

The women reiterated many of the themes described in the men’s focus groups. They noted the importance of social support from male peers to men’s engagement in physical activity, and several women reported that they encouraged men in their lives to exercise with other men. As one woman shared,

I find for the African American men, when they team up with a friend they are more prone to go out to the gyms and walking and golfing ... exercising together, when they do it as a pair, a threesome, or a foursome.

Even more than in the men’s focus groups, the women stressed that if asked by their male peers, men would often agree to participate in physical activity. However, many men were described as not having the positive support of male peers to exercise or not having a male exercise partner. This absence of support was identified by the women as a major barrier for men’s physical activity.

The Influence of Social Settings and Norms

Men’s motivation for physical activity also was influenced by seeing active or inactive other men in their social environments. Men discussed settings such as in the community, the gym, and the workplace as places where they observed the physical activity levels of other men. According to one participant, “Most people you don’t see work out. If you don’t see anybody working out, then you won’t go work out. If you see people work out, you do what you see a lot.” Another man described how he was positively motivated to exercise by seeing young, active men, “I look at guys younger than me, and they’re in shape. That makes me want to get in shape It makes me get motivated.” Many participants reported that they were best able to exercise in an atmosphere with other active men, especially at the gym, even if they were not interacting with these other men. A participant who struggled to exercise regularly at home by himself explained that he was motivated to exercise at the gym, “I can go to the gym, and I don’t have a problem working out because that’s what everybody’s doing. I’m motivated by those people.” The workplace was also mentioned as a supportive atmosphere for men’s physical activity with peers. One participant discussed how physical activity was an office norm:

One of the things that made it easier for me to work out, as an African American male, was that my boss and my boss’s boss were fanatics about working out. It almost took over the whole office If it was not the priority of the office, then I probably wouldn’t have worked out as much.

When asked why African American men were not more physically active, one man suggested that there was a lack of leadership in the community promoting and modeling physical activity; he commented that there was “a lack of people who could influence other

people to do more activities There's not enough of us doing activities to enforce other people, other Black males to do more activity."

Men noted that seeing physically active and inactive men was an important influence on motivation for physical activity, but few women discussed social modeling and norms. A number of women emphasized that the church could provide a supportive atmosphere for men's physical activity by offering men's fitness classes, though only one man mentioned the church as a venue for men's physical activity.

Changes in Physical Activity With Peers Over the Life Course

Men's involvement in team sports during childhood, adolescence, and young adulthood was frequently mentioned in both the men's and women's focus groups. Many men reported that their participation in team sports decreased with age because commitments to work and family took precedence over finding time for physical activity. As one participant described, "They played baseball, basketball and football. You got your exercise and there was no problem. Then when you became an adult, you worked, took care of your family, and you slacked off on your exercise." However, few women described work and family commitments as major factors contributing to men's decrease in physical activity with age. Instead, women cited physical ailments that developed with age as the primary reason men decreased their participation in physical activity with peers. Women also were more likely than men to report that men's chronic diseases interfere with their participation in physical activity (Table 1).

Although most men stopped participating in team sports with age, a few reported that they continued to be physically active through middle and older adulthood, sometimes in partnership with peers. Scheduling time to exercise was stressed as a major challenge for many of the men. One man described how team sports organized through his workplace helped him sustain his involvement in peer physical activities into adulthood: "When I started my job, they had softball teams. I did that, so [team sports have] always been in me."

Discussion

This study explored how men and key women in men's daily lives discussed the role of male peers in influencing middle-aged and older African American men's motivation for and engagement in physical activity. The data showed that (a) both men and women recognized that male peer social support often motivated men to initiate and maintain physical activity, and that inactive peers contributed to sedentary behavior; (b) men reported that social norms surrounding physical activity and modeling of an active or inactive lifestyle influenced men's motivation to be active; and (c) both men and women noted that men tended to be less involved in team sports with age. Men reported that increased commitments to work and family contributed to their sedentary lifestyles, whereas key women in their lives primarily discussed how physical ailments that developed as men aged were the primary barriers to men being physically active.

These findings are consistent with previous theoretical and empirical research that found that social support from peers (Trost, Owen, Bauman, Sallis, & Brown, 2002) as well as

social norms within the social environment (Ball et al., 2010; Bandura, 2004) influence men's motivation for and engagement in physical activity. Modeling by peers who were physically active was important in motivating the men to exercise, particularly when role models were of a similar age and ability level or had similar health challenges. Emotional support from peers that built men's self-efficacy to exercise as well as appraisal support through social comparison and feedback from other active or inactive men also played important roles in men's motivation to engage in physical activity (House, 1981). Peer social support and modeling of balance between one's own health and other commitments may be critical to helping men identify strategies to overcome cultural and social barriers to engaging in physical activity, particularly those that are rooted in prioritizing work and family over personal health (Friedman, Hooker, Wilcox, Burroughs, & Rheame, 2012; Griffith, Gunter, & Allen, 2011; Hooker, Wilcox, et al., 2011).

Despite peers as external sources of ideas, encouragement, and motivation, some men recognized the importance of being self-motivated (Ryan, Frederick, Lepes, Rubio, & Sheldon, 1997) or being in spaces where people were physically active, especially in the absence of positive peer social support. Although social support can serve as an important facilitator and external motivator, sustained behavior change requires that men identify internal sources of motivation that are more likely to support long-term maintenance of health behaviors (Ryan & Deci, 2000). Whereas previous research has focused primarily on helping to initiate physical activity in previously sedentary men, this article contributes to the literature by discussing factors that may help men maintain physical activity over time.

As social cognitive theory and research on notions of African American manhood suggest (Hammond & Mattis, 2005; Lewis et al., 2006), African American men view health in the context of their social environment: their communities, families, and social and cultural roles. If men's desire to be physically active creates or contributes to marital disharmony or the perception that they are not fulfilling some key social role, then they are significantly less likely to sustain a program of physical activity over time. This may help explain why men say that increased commitments contribute to increasingly sedentary life-styles. The current study contributes to the literature by identifying that men and key women in their lives may have different perspectives on the factors that influence men's physical activity. In designing interventions to promote physical activity, it will be critical to address the barriers that men identify for themselves as well as attend to the issues that are raised by key women in their lives.

This study underscores the critical role that male peers may play in helping men recognize that it is indeed possible to be physically active despite being busy with other responsibilities. Whether it is in terms of explicit verbal encouragement, modeling, or helping men identify non-health-related motivations to be physically active (e.g., camaraderie), these findings highlight that male peers are important in helping men maintain physical activity as they age.

Although not a primary focus of this article, this research also suggests that one challenge facing men's physical activity as they move into middle age is identifying the types of physical activity that are both of interest and feasible. These middle-aged and older African

American men remember, usually fondly, the team sports they participated in as youth. These activities provided structure, a social environment, and eliminated the need for men to identify what to do because coaches and rules of each sport determined this. As men age, it is essential to help men identify types of physical activity that are feasible and interesting and consistent with their current health status, fitness levels, lifestyles, and preferences. In other words, it is not enough to tell men to be physically active; it is essential to help them identify how to be physically active.

Limitations

A high rate of focus group participants reported at least the minimum amount of physical activity recommended by the U.S. Department of Health and Human Services. This seems inconsistent with the content of the focus group discussions and the high prevalence of obesity and chronic disease among our participants (Table 1). The self-reported rates of physical activity may be higher than expected because physical activity was defined more broadly than leisure time physical activity, and included activities such as yard work, vacuuming, and gardening. Also, the current recommendations require individuals to effectively distinguish between moderate and vigorous physical activity, which is then used to approximate energy expenditure and other physiological effects. It is possible that our participants overestimated the intensity of their exercise, which could have significantly inflated their reported rates of physical activity.

The perspectives of African American men and women in this study are intended to help refine theory and target interventions to sustain physical activity among African American men. Other groups of men and women may experience similar barriers and may benefit from similar facilitators. To limit concern about the reliability and validity of qualitative research methods, our data analysis strategy involved a systematic process of coding scheme development, refinement, quote attribution, and checking for intercoder consistency. Our findings summarize the most prevalent themes. Although men and women discussed similar themes, differences in perspective could be due in part to the different questions asked of participants in the men's and women's focus groups. Different questions were asked of men and women because men were asked about themselves and women were asked about men in their daily lives, not themselves.

Implication for Practice

Interventions designed to increase rates of physical activity among African American men may benefit from recognizing the role that social support from male peers may play in motivating men to initiate and maintain physical activity across the life course. Men modeling, encouraging, and supporting other men to become and remain physically active may be particularly valuable for middle-aged and older men, who face more challenges in finding adult-oriented organized athletics, workout buddies, and activities that are appropriate for their fitness levels and health statuses. Although the women's focus group participants recommended church as a setting for promoting exercise among African American men, the men did not. Perhaps some types of involvement in faith-based organizations, such as working with youth or men's prayer groups, could be combined with physical activity so that men could simultaneously fulfill their commitments while

improving their own health. Interventions may need to help men, and key people in their lives, find ways to integrate physical activity into other activities such that it facilitates, not competes with, important social and gendered roles and expectations. Moreover, male peers may be particularly important sources of ideas, suggestions, and motivations to help men remain active over time.

Because sustaining a program of physical activity over time requires identifying spaces, opportunities, and activities that are of interest to men, it is critical to provide men with a “menu” of physical activity options that they may consider. Providing examples from peers who are successful in maintaining an active lifestyle in a similar context may be helpful. Future interventions may expose men to types of physical activity that build on camaraderie and include elements of familiar sports in a way that is realistic given typical levels of fitness and health limitations of middle-aged and older African American men. For example, instead of having men who played basketball simply start playing again, begin with shooting, dribbling, or other drills, individually or in teams, that may be of interest. If men played football, there may be ways to incorporate the skills portion of football drills in activities such as flag or touch football. The goal is simply to help men create and sustain the interest and motivation to be physically active over time while also facilitating social interaction with peers.

African American men’s low rates of moderate and vigorous physical activity occur in the social and structural context of their lives and lifestyles (Marcus et al., 2006; Yancey, Ory, & Davis, 2006). Interventions to increase and sustain physical activity among middle-aged African American men might begin by recognizing men’s life priorities and working with men to determine how to more effectively create an active lifestyle.

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Table 1

Selected Characteristics of Study Participants

Characteristic	Percentage	Number
Men in focus groups (<i>N</i> = 71)		
Demographics		
African American men	100.0%	71
Average age (years)	53.9, range = 32-77	
Married/in a relationship	83.3%	55
Children 18 years old and younger in the home	37.7%	23
College graduates	22.9%	9
Very or somewhat difficult to pay bills	63.1%	40
Health		
Meet weekly PA recommendations (2.5 hours moderate/1.25 hours vigorous PA)	73.8%	45
Report fair or poor health	26.6%	17
Obese (BMI ≥ 30)	45.3%	29
Diagnosed with 1+ chronic health condition	74.3%	52
Reports chronic condition(s), makes PA more difficult	17.7%	11
Women in focus groups (<i>N</i> = 77)		
African American women	100.0%	77
Average age (years)	54.3, range = 18-79	
College graduates	33.8%	25
Men discussed by Women, as reported by the women (<i>N</i> = 77)		
Demographics		
Average age (years)	78% aged 40-69, range = 30-84	
Married/in a relationship	85.3%	64
Children 18 years and younger in the home	24.7%	19
College graduates	27.6%	21
Health		
Diagnosed with 1+ chronic health condition	78.4%	58
Reports chronic condition(s), makes PA more difficult	28.8%	21

Note. PA = physical activity; BMI = body mass index.