

Adult African American Women's Perspective on Influences that Affect their Physical Activity Involvement

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Abstract

The purpose of this study was to qualitatively identify individual, social environmental, and physical environmental influences that affect adult African American women's physical activity participation. Coparticipants were 12 adult African American women (*M* age = 42.2 years). A descriptive qualitative design was used to discover insights into the perspectives that influence adult African American women's physical activity participation. Semi-structured interviews were conducted and an analysis of interview data using grounded theory was employed. Categories derived from transcribed interviews include: (a) individual influences, (b) social environmental influences, (c) physical environmental influences, (d) related psychosocial variables, and (e) strategies for promoting change.

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The U.S. Department of Health and Human Services (USDHHS) and the Centers for Disease Control and Prevention (CDC) provide national estimates of physical inactivity and obesity to highlight the large numbers of racial and ethnic minority and other social groups participating in little or no physical activity (CDC, 1999; McElroy, 2002; USDHHS, 1996, 2000). The USDHHS (2000) identifies "the proportion of the population reporting no leisure-time physical activity [to be] higher among women than men, higher among African Americans and Hispanics than whites, [and] higher among older adults than younger adults" (p. 5). Even after taking into consideration a variety of factors such as education, family income, occupation, employment, and marital status, Crespo, Smit, Anderson, Carter-Pokras, and Ainsworth (2000) reported levels of physical activity among African Americans to be lower than their white counterparts.

The Task Force for Community Preventive Services (2002) links increased physical activity to physical and social environmental correlates in addition to behavioral and social correlates. Despite this connection, physical activity research has not always given ample focus to the ecological factors that may influence physical activity (Grzywacz & Marks, 2001). Until recently, a relatively limited set of studies have examined the associations of environmental attributes with physical activity (Humpel, Owen, & Leslie, 2002). McElroy (2002) postulated "it is necessary to pay attention not only to the characteristics of individuals but also to the social conditions that affect their behaviors. Social epidemiologists call such interest *upstream analysis*" (p. 36). The fundamental thought is that the social structure is a valid element of analysis and that structural characteristics are different from individual characteristics. Termed ecological thinking, this point of view focuses on social structures and processes within which

behaviors such as inactivity develop (McElroy). Yen and Syme (1999) advocate this increased knowledge of the role of the social structure (an upstream analysis) to deter future (downstream) health problems as inactivity. Similarly, researchers investigating favorable or unfavorable factors to adherence of physical activity must also embrace practical information about both perceived and real constraints in the environment (Kumanyika, 2001).

A more comprehensive theory of health behavior, the ecological approach also attends to the possibility of victim-blaming (Grzywacz & Marks, 2001). Placing the responsibility for health behavior entirely on the individual without accounting for potential lack of environmental control and other broader social issues can be thought of as blaming the victim (Becker, 1986). This ecological approach addresses the environmental and societal influences on an individual's choice of health behavior (e.g., being physically active) beyond that of just individual control. To recognize how individual behaviors are developed and to discover the most effective ways to change these behaviors, it is necessary to acknowledge not only individual level characteristics but also the social and environmental conditions that affect their health behaviors.

Method

Rationale for a Qualitative Research Design

Despite numerous studies that use correlational, prospective, and experimental designs, the literature remains inconclusive regarding which variables relate to physical activity behavior change (Masse, Dassa, Gauvin, Giles-Corti, & Motl, 2002). The Cooper 2001 Conference dedicated a session to discussing measurement and statistical methods that could contribute to advancing physical activity research (Masse et al.). Specifically, qualitative methods were identified to "help researchers generate or revise conceptual frameworks or models, gain a more complete picture of a phenomenon, gain insights into attitude formation and motivations...and assist in formative intervention research and evaluation" (Masse et al., p. 45). Similarly, in a review of 25 physical activity intervention studies and 45 physical activity correlational studies, Baranowski, Anderson, and Carmack (1998) advocate the use of qualitative methods to refine our understanding of the influences on physical activity. Qualitative research is used to gain insight into the dynamics underlying attitudes, feelings, beliefs, and behaviors from the participants' perspective. This inquiry also allows for a more in-depth understanding of psychosocial events in their social and interactive contexts than can often be obtained from quantitative methods such as surveys or inventories (Stillman, 1992).

Role of the Researcher

In qualitative research, the researcher is the primary data collection and data analysis instrument. Recognizing

interpretations as subjective, research needs to accurately describe the interpretations of coparticipants, and the social processes through which these interpretations are produced (Ezzy, 2001). Therefore, it is still necessary to account for “taken-for-granted assumptions” on the part of the researcher in the process of designing and providing services with minority populations (Kumanyika, 2001). Tendencies of cultural imposition and ethnocentrism affect all human beings to some degree or another. As no individual is completely impervious to these tendencies, individuals in helping professions need to take steps toward increasing cross-cultural competence (Kumanyika & Morssink, 1998). Additionally, as a result of numerous mistreatments, African Americans may have developed a cultural paranoia toward the health care system. Pittman (2001) describes cultural paranoia as an effective coping reaction of African Americans to deal with the real dangers of racism, resulting in a deep distrust of white people. Cultural paranoia has been recognized in health care and social work and also has its effect on physical activity programs (Pittman). As a white male coparticipating with African American females, my own bias, cross cultural competence, and the impact of cultural paranoia were considered. Through acknowledging my own conscious and subconscious attitudes about my own culture, an earnest willingness to learn about other cultures, and the development of cross-cultural interaction skills (Kumanyika & Morssink), I have begun the process of increasing my level of competence.

Data Collection Procedures

Distinct from quantitative analysis, qualitative research does not attempt to make inferences from coparticipants to some larger population. Thus, in terms of coparticipant selection, the coparticipants were selected because they had certain characteristics. In this study, coparticipants were selected based on current levels of physical activity and certain levels of expertise or experience.

Physically inactive and physically active coparticipants were selected based on current Healthy People 2010 classifications for no leisure-time physical activity, moderate physical activity, and vigorous physical activity (USDHHS, 2000) as well as Cardinal’s (1995) Stages of Exercise. Facilitator coparticipants were selected based on direct contact with African American women in the context of everyday settings (e.g., fitness instructors and personal trainers working with minority populations in fitness clubs).

Snowball sampling was utilized to complete the number of coparticipants in the study. Connections in the health promotion field and neighborhood fitness facilities were the first steps in coparticipant recruitment. Eight of the 12 coparticipants were acquaintances with the researcher. The remaining four coparticipants were introduced through colleagues and friends of the researcher.

Interview technique was the primary source of data collection and a semistructured format was used, as directed by an interview guide (see Appendixes A & B). Prior to interviews, approval was obtained from the appropriate Institutional Review Board.

Coparticipants

Coparticipants were 12 adult African American women currently living and working in a large East Coast, United States city. To ensure confidentiality, each coparticipant selected an alias by which she will be referred to throughout this study (see Table 1). The coparticipants ranged from 21 to 70 years in age (M age = 42.2 years; SD = 16.1 years). Of the 12 coparticipants, based on self report, 4 were physically active coparticipants, 4 were physically inactive coparticipants, and 4 were facilitators of physical activity programs having direct contact with African American women as clients.

Three of the four physically active coparticipants were classified as being in the maintenance stage of exercise and the fourth in the action stage of exercise. These women ranged in age from 44 to

Table 1. Summary of Coparticipants

Name	Age	Occupation	Stage of Exercise	Type	Marital Status
Ashley	60	Security Guard	Precontemplation	Inactive	Married
Iris	45	College Teacher	Contemplation	Inactive	Single
Vanessa	54	Administrator	Preparation	Inactive	Married
Waitplace	51	Administrator	Preparation	Inactive	Single
Nettie	46	Student	Action	Active	Divorced
Pam	44	College Professor	Maintenance	Active	Single
Tia	45	Administrator	Maintenance	Active	Divorced
Unity	70	Retired Physician	Maintenance	Active	Married
Christel	25	Fitness Instructor	Maintenance	Facilitator	Single
Danyelle	22	Fitness Instructor	Maintenance	Facilitator	Single
Divine	23	Fitness Instructor	Maintenance	Facilitator	Single
Marie	21	Fitness Instructor	Maintenance	Facilitator	Single

70 years (M age = 51.3 years; SD = 12.5 years). Two of the four physically inactive coparticipants were classified as being in the preparation stage of exercise, one in the contemplation stage of exercise, and one in the precontemplation stage of exercise. These women ranged in age from 45 to 60 years (M age = 52.5 years; SD = 6.2 years). All four facilitators were classified as being in the maintenance stage of exercise, with a range of applied experience from two to six years. Facilitators were certified in aerobics, personal training, pilates, spinning, or yoga. These women were younger than other coparticipants, with an age range from 21 to 25 years (M age = 22.8 years; SD = 1.7 years).

Data Analysis Procedures

All interviews were initially tape recorded and transcribed verbatim prior to analysis. Each coparticipant received a copy of the transcript and was asked to review it for accuracy. The only feedback encompassed the correction of typographical errors. These errors were corrected in the initial transcripts. A detailed microanalysis of the data was the first step following transcription. Through this line by line analysis, “researchers are able to uncover new concepts and novel relationships and to systematically develop categories in terms of their properties and dimensions” (Strauss & Corbin, 1998, p. 71). The text was the focus of analysis. The data found to be conceptually related in meaning or similar in nature were grouped under more abstract concepts termed “categories” (Strauss & Corbin).

Results and Discussion

The purpose of this study was to qualitatively identify individual, social environmental, and physical environmental influences that affect adult African American women’s physical activity involvement. The results of the study (see Table 2) identify influences on physical activity in adult African American women from an ecological perspective. The results further acknowledge the complexity and multi-factorial nature of adopting and maintaining a physically active lifestyle. Categories and subcategories derived from transcribed interviews include: (a) individual influences, (b) social environmental influences, (c) physical environmental influences, (d) related psychosocial variables, and (e) strategies for promoting change.

Individual Influences

Categories of individual influences include: (a) personal identity, (b) childhood activity, (c) love of the game, (d) health, and (e) perspectives of exercise.

Personal Identity. An understanding of the influence of gender and ethnicity on physical activity experiences is critical to the understanding of physical activity behavior change (McElroy, 2002). All coparticipants in this study identified themselves as either African American or Black females. Within ethnic groups, issues related to variables such as age, generation, and life stage may also be factors that would influence behavior change (Kumanyika, 2001). The coparticipants ranged from 21 to 70 years in age. Gender, ethnicity, and age are all factors that interact with social environmental and physical environmental influences to impact involvement on physical activity. Specific discussions of such interactions are discussed throughout the remainder of the

discussion section.

Childhood Activity. Active coparticipants and facilitators related positive childhood experiences with physical activity as an influence on their current levels of activity. Influences included participation, enjoyment, success, and parental involvement. Marie’s observation explains many aspects of childhood activity and the influence on current physical activity.

I’ve noticed with a lot of African American women, it starts at such a young age. In high school, a lot of the girls, African American girls just do not want to take gym. They’re just like “I don’t want to have to take gym. I don’t want to get all sweaty. I don’t want to mess up my hair.” A lot of it, I think it’s a beauty thing they don’t want to get messy, don’t want to get dirty. I’m gonna mess with the hair and all this stuff. It starts at a young age. If you grew up in an environment like that. Where it’s looked down upon to be all sweaty. To be “like a boy” and all that stuff. You start thinking that. You don’t want to work out. You don’t want to do stuff like that, you don’t want to get dirty and sweaty. That’s what you know since you were young. If you don’t have anyone showing you something different, then that’s what you know. That’s what you have dealt with your whole life. I think it’s education. Getting your kids involved... to run with your kids and showing them it’s okay to be active and exercise. Giving them that option at least. Giving them the option to do it.

Divine discussed a comfort zone of normalcy in terms of youth just mimicking what they saw their parents doing. Pam further emphasized the impact of being successful in physical activity at a young age. Marie also relates starting at a young age as something that “carries out throughout your life because it’s something that you’ve always done.” In contrast, Iris, in the contemplation stage of exercise, mentioned her lack of participation as a child being an influence on choice of activity. Pittman (2001) addressed early participation, the incorporation of African American culture into programming, and education as keys to promoting physical activity for African Americans. It is suggested that programming for young children, especially girls, plays a critical role in influencing future adult participation.

Love of the Game. Unity, Tia, and Nettie, all active coparticipants, indicated a love of the game as the primary influences on their physical activity. Out of everything we had talked about during our interview, Unity indicated that her “Love of the game, and love of being physically active, wanting to do it” were the primary influences on her physical activity. Additionally, Unity mentioned “innate ability” as a factor. “If you can run if you can do these things you kind of have, you enjoy doing the things you have success in. If you can do things you probably will do them.” Clearly, enjoyment of activity exists as a strong influence on physical activity (Napolitano & Marcus, 2000). Individuals that enjoy physical activity will adhere longer than those who do not. These enjoyment motives are important and clearly have an influence on motivation and adherence to physical activity (Glaros & Janelle, 2001). In planning early participation for young children, programming should be directed at fostering and creating a “love of the game.” Interventions for promoting changes in physical activity levels must focus on the promotion of

Table 2. Categories and Subcategories of Influences that Affect Physical Activity Involvement

Element	Category	Subcategory
Individual Influences	Personal Identity	Gender Ethnicity
	Childhood Activity	Participation Enjoyment Success Parental involvement
	Love of the Game	Desire Natural/Innate ability
	Health	Overcoming statistics Holding my own Denial Generational perspectives
	Perspectives of Exercise	Daily work as exercise The need for exercise
Social Environmental Influences	Roles and Responsibilities	Care for family and home Work responsibilities School responsibilities Community involvement Care for self
	Support	Family support Companionship Catch 22 of companionship Derailment
	Culture	Old tradition of healthy Acceptable body size Culture of eating Resistance to change
	Media	Media images Confusion
	Aerobic Fitness Genre	Not real Not fitting in Role models
Physical Environmental Influences	Neighborhood Characteristics	Outdoor activities Personal safety and gender
	Facilities	Proximity and type Personal care
	Weather	Change of seasons Conditions for walking
Related Psychosocial Variables	Incentives	Healthcare incentives
	Attitude	Attitude toward exercise Intentions to function Determination I can't
	Attention	Misconceptions of task at hand Distractions
	Action	Task and skill balance Goals and purpose
	Adherence	Frustration with lack of results Consistency and change
Strategies for Promoting Change	Individual Strategies	Focus on health Preparation
	Facilitator Strategies	Give a choice Empathy and guidance Being real Sharing personal experience Music
	Environmental Strategies	Affordable facilities/training Community programs

enjoyment and a sense of control over physical activity situations (Hagger, Chatzisarantis, & Biddle, 2002).

Health. King (2001) recognizes health variables as an influence on physical activity levels. The four active coparticipants were all challenged with at least one health issue. The active coparticipants discussed getting out of risk factor categories of diabetes, hypertension, and obesity as a strong influence on their current levels of physical activity. All four of the inactive coparticipants felt comfortable with their current level of health despite potential health risks. Expanding upon this perspective, Ashley introduced the concept of “holding my own.” Waitplace, Ashley, Vanessa, and Iris all noted, in one way or another, the lack of priority placed on current levels of physical activity and health due to no current health risks and the ability to perform everyday tasks. Similar to Iris, two of the facilitators, Divine and Christel, described the tendency for their clients and family members to delay acting on their physical fitness until it became a life altering issue. Divine further commented on her family delaying action and specifically her mom changing behavior only after being diagnosed with diabetes. There was also agreement among several of the coparticipants when relating younger populations to older populations in terms of health. Danyelle suggested, “Younger population tends to be more body image and more what everyone else thinks...after a certain age you watch your health and that’s different.”

These results would suggest for some active women, potential health risks are a primary influence on physical activity levels. However, for others, a level of contentment with current levels of health also exists as an influence deterring physical activity. As long as no perceived imminent health risk is present, physical activity is not necessary. Iris would be a prime example of this contentment. Although educated in biology and well aware of the function of exercise and health, Iris has yet to acknowledge her obesity as an imminent health risk, and has yet to adopt a more active lifestyle. It appears that education focusing on both the benefits of a physically active lifestyle, as well as the risks of a non-physically active lifestyle is necessary. Pittman (2001) also noted education in the areas of nutrition and physical activity as crucial.

Perspectives of Exercise. King (2001) recognizes an individual’s knowledge and beliefs related to physical activity as influences on physical activity levels. Iris and Ashley, in the contemplation and precontemplation stages of exercise, considered their daily routine as enough activity. This perspective contributed to lower levels of leisure time physical activity. Unity shared a similar account from many of her patients at work.

I get this statement from patients all the time, “I am very active at my work. I am up and down. I’m doing this.” And I say, “That’s not exercise.” The things you do at work are not really exercising. You really need the exercise. They feel that they work and they are tired at the end of the day and they have worked and exercised enough at their job and they don’t see the two as being separate.

This account also considers the influence of social factors (work responsibilities) on one’s perspective of exercise.

The results here indicate a need for education that would address the appropriate levels of physical activity (intensity,

frequency, and duration) based on current health and fitness levels. It is possible that physical activities at work could be moderate or vigorous intensity activities. However, often work activities are not vigorous enough for many health benefits (i.e., increased caloric expenditure). A heart rate monitor may be used to indicate heart rate changes throughout a day of work. This “test” may show individuals their real “exercise” throughout the day. It is suggested that an appropriate prescription be based upon current levels of health and fitness.

Social Environmental Influences

Categories of social environmental influences include: (a) roles and responsibilities, (b) support, (c) culture, (d) media, and (e) aerobic fitness genre.

Roles and Responsibilities. As with Pittman (2001), several of the coparticipants talked about influences related to helping others and not having time for themselves. Several of the coparticipants commented on lack of time to exercise due to roles and responsibilities at home, work, school, and in the community. Vanessa discussed her observations of African American women and discovered care responsibilities for family coming before any type of additional physical activity or exercise. Ashley further discussed the priority placed on taking care of her husband and home. Marie described family responsibilities to be the most significant influence on African American female clients’ adoption and maintenance of physical activity involvement. Nettie agreed, “We [African American women] all don’t start out big, but by the time we have kids, ...the pressures I think of living and stuff like that” increase.

Several of the coparticipants also discussed gender and care responsibilities, and their influence on physical activity involvement. Specifically, Unity talked about her concern with child rearing and caring for a home. Marie and Christel added the responsibilities of being a single mother. Ashley also commented on the difference between herself with family responsibilities, and with a friend with no current family responsibilities. Lack of time, including family and work demands, has often been reported as a major influence on inactivity for women (Ainsworth, 2000). Specifically, women who are working outside the home and have young children are less likely to be physically active than women who do not have children (Napolitano & Marcus, 2000).

However, not all care responsibilities for family took time away from physical activity. For Ashley, taking care of her grandchildren served as a positive influence on her levels of physical activity. Tia also regarded family and home responsibilities as a positive influence on maintaining physical activity and exercise. Pam, a college professor and department chairperson, noted typical work and family responsibilities as well. Pam explained her primary “inhibition” to exercise as time spent at work. Pam further commented that her “perception of responsibility” might be more gender specific. Iris described her responsibilities and preparation for her students. Additionally, time spent at work influenced her choice of leisure time activity.

In addition to family and work responsibilities, Waitplace and Nettie noted their responsibilities at school as an additional influence on physical activity involvement. Tia and Ashley were also extremely involved in their communities. Pittman (2001)

suggests a commitment to self and a commitment to others as a solution to this cultural dilemma of helping others before self. Danyelle, Vanessa, and Tia also emphasized the need for African American women to take care of themselves in order to be able to take care of others.

Support. Social support for physical activity from family, friends, or exercise program staff is well established as a determinant of physical activity (Brownson, Baker, Houseman, Brennan, & Bacak, 2001; Duncan & McAuley, 1993; Sallis & Owen, 1999). Several of the active coparticipants discussed support from family and friends as a source of both increased determination and accountability. This support was often a strong influence on current levels of activity. The facilitators agreed and suggested the use of a “workout buddy” as a positive influence on physical activity levels. Most of our physical activity involves participating with others or requires help from others.

Although this companionship was discussed as a positive influence on physical activity, several of the coparticipants discussed the challenge of these collaborative activities. The need for the partner to be on the “same page” and the “double sword, negative positive thing” of having a companion were presented in the interviews. Vanessa and Ashley added thoughts on this “catch 22” of companionship, with the critique of their activities from their husbands. Beyond this “catch 22” of companionship, Vanessa commented on others trying to derail her efforts. Nettie reported similar responses from her family, sometimes being criticized and ostracized from close family members. The results of this study indicate a continuum from an extreme of full support from family and friends to an opposite extreme of derailment. Nettie experienced both extremes on this continuum. For Nettie, the positive support of one friend had mitigated the large lack of support and derailing attempts from her family. Social support can be direct and physical (e.g., exercising with a friend) or informational (e.g., talking about being active and encouraging a friend to participate).

Culture. Many of the coparticipants discussed the concept of culture and acceptable body weight in the African American community. Unity summarized body image, eating, and health within the African American culture.

It is like the older generation that clings to some of the traditions of foods and the old tradition that you were healthy if you had some weight on you and a certain way you wanted to look when you dressed up on Sunday. You had to be portly and look nice. What that whole concept meant about being healthy has to be an influence that hasn't gone away. To try to get that generation over to see the need for weight reduction for exercise that would be an accomplishment.

Danyelle referred to these cultural traditions as a “constant tug of war” between family members. Experiences with conflict (e.g., arguments concerning the amount of time devoted to exercise) amongst family members were often observed when beginning a new exercise program. Several of the coparticipants also discussed the cultural acceptance of weight gain. Danyelle and Christel talked about the acceptance of weight gain within some African American family structures. In turn, the results suggest this acceptance of excessive weight gain has led to a few African American women “being comfortable” with weight gain

regardless of the potential health risks. This level of comfort may also contribute to the influence of contentment with lower levels of health discussed earlier. Similarly, four of the coparticipants discussed the influence of the “culture of eating” on healthy behavior. Divine, a vegetarian, discussed feeling like an outcast in terms of adopting healthy behavior. Nettie and Divine observed a resistance to change with their families and friends as a factor that had contributed to the high prevalence of inactivity and unhealthy eating habits.

Educational programming with information on African American culture and a focus on healthy lifestyle and eating habits may influence current levels of physical activity. Role models may be important tools added to this educational programming (Pittman, 2001). Women who have adopted healthier lifestyles yet still incorporate their cultural traditions may serve as an example for other women in the community. Pittman suggests effective programs change health behavior when delivered in a cultural context by African American women.

Media. A few of the facilitator coparticipants viewed the images being portrayed on television as a motivating factor, albeit potentially negative. Divine talked about chasing these media created images and yet never quite reaching the image. “Distorted vision, sense of illusion, confusion, and roller-coaster ride” were all terms used by coparticipants to describe the influence of the media on the African American females. Nettie, and all four of the facilitator coparticipants, viewed the media as a negative influence on physical activity. For Nettie, the images of TV commercials initially mitigated her doctor's recommendation to start exercising in a gym.

Divine, Danyelle, and Christel discussed the influence of music videos and their perceptions of what the African American male desires in terms of body image. The facilitators expressed a concern over the influence of the media and African American males. Divine confirmed a sense of “confusion” when trying to decipher among messages from her family, messages from the media, and messages from men. She also related this confusion to skin complexion and the African American community, with reference to these media influences as a “roller coaster ride” for African American women.

Each of the above influences (family, media, and men) appears to be a strong factor by itself. When combined together, the message concerning health and fitness seems to become very unclear. Whom is one to believe? The comment of “chasing these media images” is very powerful. It appears that for some women they are constantly chasing an unattainable image presented by the media and sometimes encouraged by men. These unattainable images may produce immediate physical activity, but the lack of goal achievement may in the long run diminish overall levels of physical activity. If the goal is unattainable why continue?

This problem may be addressed from several perspectives. First of all, education must continue in terms of health, fitness, and nutritional programming directed toward women and children in a culturally appropriate context. Second, opportunities must be provided for African American women to work with and within the media to influence and potentially change the cultural content of health and fitness images through television programming, commercials, and print media.

Aerobic Fitness Genre. The facilitators discussed African American women not identifying with the aerobic fitness genre. Christel added to this lack of identification with the concept of the genre as “not real.” Christel also talked about fitness programs on television not being “for real people.” Additionally, Christel and Danyelle commented on a variety of social factors related to African American women not fitting in the fitness genre. Danyelle described her observation of “African American women still see[ing] themselves differently from white women” as playing a role in this concept of not fitting in.

The facilitators discussed further the limited number of female African American trainers and instructors as role models in the fitness genre. Marie affirmed “I don’t see them [female African American instructors] that often. I am starting to see them, just my peers. That’s about it.” Christel added the lack of representation in the fitness genre for Latino women as well. She stated, “A lot of aerobics instructors, female instructors, are Caucasians. There are not even Latinos. I ain’t never met any Latino one yet.”

The influence of seeing other African American women participating in fitness activities was a factor for coparticipants in this study. Christel stated, “just being able to see someone who is doing what you want to do” as the “biggest social factor” influencing physical activity. As a solution to this problem, Tia commented on “being a role model.” Marie and Christel also viewed role models as a big influence on physical activity. Again, programming needs to involve African American females as role models to others in the community. Additional education and training opportunities for African American women to participate in facilitating health and fitness classes may also be helpful.

Physical Environmental Influences

Categories of physical environmental influences include: (a) neighborhood characteristics, (b) facilities, (c) weather, and (d) incentives.

Neighborhood Characteristics. Coparticipants discussed neighborhood characteristics in terms of participating in outdoor activities. Most of the coparticipants noted the availability of a local park or school with a track. However, Vanessa and Waitplace commented on the interruptions of unleashed dogs. Nettie also expressed concern over safety. Overall, higher levels of perceived neighborhood safety have been associated with higher levels of physical activity (CDC, 1999). Vanessa and Waitplace also noted the issue of personal safety related to their gender as an influence on their current levels of physical activity. Safety concerns with public transportation were also an issue for both Waitplace and Vanessa. They shared similar descriptions of the use of public transportation, the “safety issue,” and trying to get home.

Changes to the physical environment involve participation from individuals, participation from social groups within communities (i.e., neighborhood watch or clean-up), and participation from local, state, and federal agencies. Input needs to occur on all levels in order for physical changes to be made to the environment. Programming designed to foster community involvement such as activities involving park and track clean-ups may not only provide an immediate source of lifestyle activity (cleaning debris off track, park clean-up, and patrolling in groups for safety), but also may provide future opportunities for safe outdoor activity. Involvement

on the local, state, and federal level may involve grant money to fund such efforts to keep the neighborhood parks and tracks clean and safe. Additional efforts may be directed at passing legislation, including issues such as increased police patrols in neighborhood parks and monetary fines for unleashed dogs.

Facilities. Coparticipants commented on the proximity of facilities or location and quality of equipment as an influence on physical activity levels. Nettie referred to the “propinquity” of her gym as “one of the biggest factors” influencing her current level of physical activity. Unity also indicated the location of her gym as the most influential environmental factor on current levels of physical activity. Marie commented on fitness facilities being “out of sight, out of mind” in the inner cities as a result of the lack of facilities in African American communities. Danyelle, Marie, and Christel talked about the lack of healthy options in their neighborhoods. They referred to easy access for unhealthy choices and difficult access for healthy options. Waitplace and Iris, coparticipants in the contemplation and preparation stages of exercise, related location with the type of equipment in the facilities. Waitplace stated, “If I could find a facility with the equipment that we have over at the [gym at work], within a seven to eight block area of my neighborhood....I’d go.”

When facilities were discussed, a few of the coparticipants viewed the problem of personal care, when using bathroom and shower facilities, as a factor that had influenced physical activity levels. Many of the coparticipants had previously discussed the convenience of a local track as a place to walk. However, as Vanessa pointed out, many of the tracks do not have accessible bathroom facilities for women. Tia, although very active, did not always like to exercise because of the hassle of changing and showering. Similar to Pittman (2001), Christel observed the concern of hair care as a major influence on physical activity levels of African American women. Pittman suggests “the first area within African American culture where education might help is a focus on hair” (p. 287). Further incorporating African American culture into physical activity and health programming is again suggested as a way to increase physical activity levels of African American women.

Weather. Adult women are sometimes dissuaded from exercising due not only to lack of access to workout facilities and prohibitive costs, but also due to unsuitable weather (Hall, 1998; Sherwood & Jeffery, 2000). Through the change of seasons, for a few coparticipants, weather had been discussed as an influence on physical activity involvement. Vanessa and Waitplace, both described as “walkers”, were most influenced by the change of seasons. This could have much to do with their choice of mode of exercise. When these coparticipants were in preparation or action stages they were walking. However, this choice of mode may be the problem. Weather and seasonal time changes had a direct impact on physical activity throughout the year. Vanessa moved from the action stage of exercise to the preparation stage due to the impact of bad weather. For Waitplace, weather was a “big, big factor...because it’s hot out. That’s like 96% of the reason why I would not be doing any activity.”

Providing alternative indoor or outdoor modes of physical activity during inclement (too hot or cold) weather may be the first step in diminishing the impact of weather on physical activity.

More options may come in the form of increased community programming. Support from local, state, and federal agencies may enable local gym management to offer discounted memberships. Collaborations between researchers, federal agencies, and local facilities may yield discounted memberships based on weekly attendance and participation in selected fitness programs directed toward increasing physical activity levels of African American women living in urban communities.

Incentives. Physical activity behaviors can be influenced by the use of healthcare provider support (Bull, Eakin, Reeves, & Riley, 2006). Tia, Christel, and Danyelle viewed healthcare incentives (e.g., fitness club membership) as a strong physical environmental influence on activity levels of adult African American females. Tia, in the maintenance stage of exercise, found incentives from her healthcare provider as a source of “great encouragement.” For Ashley, Iris, Waitplace, and Vanessa, all inactive coparticipants, healthcare incentives had little or no impact on their current levels of physical activity. For Waitplace, the incentive from her healthcare provider was not a factor because of the type of facility offered with the incentive and the clientele at the facility. Similar to Waitplace, Vanessa was offered an incentive, but did not take advantage of it due to location of the facility. The location of the facility and subsequent safety concerns mitigated the incentive offered.

As the results indicate, healthcare provider incentives may be available; however, other influences may mitigate the impact. In order to increase physical activity levels, it may be necessary for healthcare providers to make available more options through their benefits package. For example, several of the coparticipants discussed being limited in their choice of facility. Such packages can be reformatted to include a wider range of facilities from which to choose. This would give potential users of these incentives additional options when choosing a facility. Additionally, Marie explained that for some African American women living in her community, “they don’t have health care providers, [they] really don’t have that option.” From the public policy level it would be important to emphasize the need not only for healthcare coverage for all citizens but also available health and fitness incentives regardless of type of healthcare coverage.

Related Psychosocial Variables

Categories of related psychosocial variables include: (a) attitude, (b) attention, (c) action, and (d) adherence.

Attitude. Personal attitudes are the individual’s overall evaluations of actually being physically active (Rhodes, Jones, & Courneya, 2002). Pam, Nettie, and Tia indicated a pro physical activity attitude. Ashley, Iris, Vanessa, and Waitplace, all inactive coparticipants, did not share the same attitude as the active coparticipants. Iris liked certain activities; however, she indicated having low motivation towards exercising. Waitplace and Vanessa did not place a high enough priority on exercise to be any more active.

Ashley, Vanessa, and Waitplace shared a common attitude concerning their ability to maintain activity levels in order to function on a daily basis. Their intent was to be able to function. An individual’s intent to engage in being physically active is influenced by both the individual’s personal attitude toward

physical activity, and the influence of social and environmental factors on physical activity (Hagger et al., 2002; Rhodes et al., 2002; Yin & Boyd, 2000). For these inactive coparticipants, their intentions to function may have been influenced by their personal attitude regarding their health, and by social influences regarding what is considered healthy in their social structures.

Tia and Danyelle indicated determination as a factor influencing their physical activity participation. They further commented on the strength of this determination, as a major influence on their physical activity involvement. Deci and Ryan (1985) describe self-determination as a person’s “capacity to choose and to have those choices be the determinants of one’s actions” (p. 38). However, this notion of choice must be considered in discussing self-determination. Cockerham, Rutten, and Abel (1997) argue that “choices are shaped by the individual’s life chances, which are grounded in a particular (socioeconomic, gender, age, racial, etc.) reality” (p. 332). Life chance influences lifestyle options, which ultimately affects health behavior. The authors assign priority to chance over choice, with choice still remaining a central factor in lifestyle selection. For some, chance may have created an attitude of “I can’t.” Marie and Danyelle acknowledged this attitude of “I can’t” in the African American Community. They suggested that the attitude may contribute to lower levels of physical activity among African American women. Danyelle viewed the attitude of “I can’t” as a problem that may not be able to be fixed. She stated,

I don’t know if it’s something that’ll ever really be fixed. I think it’ll be great, but it’s kind of hard. Like I said, there is so many other issues that come into it, social, political, everything. It’s really interesting how all of that stuff ties together no matter what. No matter what the situation is, it all ties together. So unconsciously it comes through in exercise, it’s never conscious. It’s never. I’ve never heard one person be “well because I’m Black I can’t.” I’ve never heard that in fitness ever. But it’s always in your head, “I can’t, I can’t” because you’ve always been told you can’t. It’s hard. I’ve seen that even with white women who have always been told that they can’t. It’s just something that’s been drilled in your head and it comes out subconsciously. You don’t even think about it.

The following definition of health lifestyles is offered: “collective patterns of health-related behavior based on choices from options available to people according to their life chances” (Cockerham et al., 1997, p. 338). It is necessary to address attitude in terms of individual, cultural, social, economic, and political variables that influence choice and potentially determine behaviors that form health lifestyles (Cockerham et al.).

Attention. Individuals initiating or maintaining regular physical activity do well over time when a task-oriented approach is utilized (Boyd, Weinmann, & Yin, 2002; Zizzi, Keeler, & Watson, 2006). Conversely, Danyelle, Marie, and Christel all ascribed fitness misconceptions (a lack of task knowledge) to lower levels of physical activity. The facilitators commented on this lack of knowledge and false preconceived notions concerning weight loss, diet, and exercise as a negative influence on physical activity levels. Danyelle added the opinions of men, along with these misconceptions, as creating fear and negatively influencing levels

of physical activity. With knowledge of the task at hand, an influential process that has been postulated to improve performance is attentional focus (Nideffer, 1981). Equally, Vanessa, Unity, and Ashley acknowledged distractions from family members as influencing levels of physical activity. Waitplace and Pam, both single without children, did not have family distractions. However, they did have other distractions limiting their physical activity levels. For Pam, work distractions temporarily influenced her physical activity level. Waitplace was often distracted by computer games instead of “doing [an exercise] videotape.”

Attention control is an important aspect of performance development in various sport and non-sport situations (Nideffer, 1989) and may influence an individual’s ability to adhere to a physical activity program. Evaluating an individual’s attentional and interpersonal style may be the first step in improving overall attention and concentration concerning physical activities. By being aware of individual attentional strengths and weaknesses, predicting potential distractions before they occur, and controlling physiological and psychological reactions to these distractions, individuals may learn to diminish the negative impact of distractions on physical activity.

Interventions for promoting change in physical activity levels must focus on a task-oriented approach. As a solution to the problem of fitness misconceptions, educational programming should be directed at deconstructing many of the misconceptions that exist. Education programming with information on the appropriate task at hand is the first step. Incorporating attention control training may also influence current levels of physical activity.

Action. Danyelle and Marie discussed the need to balance the difficulty levels of their classes and instructions when working with different groups of women as a way to positively influence physical activity involvement. Unity, Nettie, Pam, and Tia, all active coparticipants, had set goals in order to help maintain current levels of physical activity. Unity stated, “I have a certain routine that I have set up...I do 30 min at 3 mph.” Nettie was more specific. She focused on measuring her heart rate throughout her aerobic exercise. Iris, Vanessa, and Waitplace, inactive coparticipants, did not have a set plan or goals in terms of their physical activity participation. Furthermore, Iris and Waitplace commented on not taking action unless there was purpose or an incentive. Goals with a sense of personal identity that are based on a value system give activities purpose and meaning (Bandura, 2001). Without such goals, there is no purpose.

The benefits of developing a process orientation and the effectiveness of process goals have been well documented (Filby, Maynard, & Graydon, 1999). Process goals are most effective when used within a hierarchy of goals that include both performance and outcome goals. Programming should include process, performance, and outcome goals based not only on an individual’s current stage of change but also on individual, social environmental, and physical environmental factors that may influence behavior change. The results also indicate a need for programming to focus on mastery, self-improvement, and effort.

Adherence. In terms of physical activity, adherence is described as regular physical activity participation for six months or more (Schlicht, Godin, & Camaione, 1999). Consistency and change and frustration with lack of results were two interacting themes

that emerged from the data influencing an individual’s adherence to physical activity involvement. All four of the facilitators emphasized seeing results as a strong influence on adherence with their African American female clients. In order to see results, several of the coparticipants discussed consistency and change in routine as a factor ultimately influencing adherence. Danyelle and Pam recognized this need to change. Pam, in the maintenance stage, stated, “Making sure you know you can’t exercise and always do the exact same things and have any progress. You’re not going to continue to lose weight. You’re not going to adjust how you look.” Nettie added, “I always was a walker. But once you get used to walking at a certain level, it’s really not doing anything for you.”

Conversely, the four facilitators discussed frustration with lack of results as also influencing adherence among their African American female clients. Christel stated, “I think what probably not motivates them to come back, or to come as often, is the whole fact that they don’t see the results they get.” Divine noted, “Sometimes it’s because they don’t see the physical results soon enough. If you don’t see the results, you just want to stop. That’s what I get from the people I come across.” Danyelle and Marie agreed and discussed further the influence of society on this frustration as well as on fitness misconceptions influencing this frustration. This frustration, with lack of results, is a good example of how several influences from the ecological perspective may interact with each other having an impact on physical activity levels. This frustration, as an influence on adherence, may come from the interactional nature of: physical inabilities (individual influence), not fitting in the aerobic fitness genre (social environmental influence), change of season affecting walking conditions (physical environmental influence), an attitude of I can’t (attitude influence), misconceptions of the task at hand (attention influence), and no goals or purpose to pursue (action influence).

In the same way, consistency and change as an influence on adherence may also come from the interactional nature of: physical abilities (individual influence), family support (social environmental influence), proximity and type of facility (physical environmental influence), self-determination (attitude influence), knowledge of the task at hand (attention influence), and outcome, performance, and process goals to pursue (action influence). In creating new programming to increase adherence to physical activity, it is important to consider all the influences on an individual’s level of physical activity.

Strategies for Promoting Change

The following section provides additional strategies for promoting change in physical activity levels among adult African American women from the coparticipants’ own perspectives. Categories of strategies for promoting change include: (a) individual strategies, (b) facilitator strategies, and (c) environmental strategies.

Individual Strategies. An individual’s motivation toward the health benefits of physical activity is associated with physical activity participation (Fleury & Lee, 2006). Several of the coparticipants commented on focusing on the health aspects of physical activity as a strategy to promote change in behavior. This strategy included a focus on feelings during and after physical

activity. Nettie's strategy, "out of everything", was a focus on how she felt. Danyelle often recommended this strategy to her clients. She emphasized her clients' internal feeling as opposed to their external appearance. This strategy may also counteract other negative factors influencing physical activity. For example, a focus on one's own feelings may limit a focus on chasing an unattainable image presented by the media. Additionally, this focus on feelings may also mitigate derailment efforts from family or friends. A potential downside to this strategy is the different generational perspectives on health that might exist with some African American women. These generational differences were presented in terms of younger women being more concerned with body image and older women more concerned with health. An intervention targeting health outcomes might be presented differently to different generations.

All of the active coparticipants indicated preparation as an additional strategy influencing their physical activity levels. Unity's strategy was "just setting aside time for it. Planning it, I am going to do this, planning it." Nettie also had a plan that she followed to maintain her activity levels. Pam planned time for her activity and prepared appropriate foods to eat. Strategies for preparation can be disseminated via group programming in educational classes, as well as via the distribution of education materials. Materials may include free calendars to plan and record progress as well as interactive websites. Similar to other programming suggestions, information on preparation should be culturally appropriate and practical to use.

Facilitator Strategies. When attempting to influence motivation and ultimately behavior change, it is important to include individuals in the decision making process (Selder, 1992). Danyelle and Christel recognized the need to give their clients a choice when trying to influence physical activity behavior change. Christel noted, "The more they feel like they are part of that process, they will stay. They'll stay. The Black clientele in my class, they stay." Danyelle, Divine, and Marie also discussed empathy and guidance as strategies for promoting behavior change with their clients. Additionally, Christel and Danyelle discussed being real and honest with their clients as a strategy for promoting change. Danyelle commented further on being real with her clients, "letting them know the reality of the situation. Letting them know everything up front, so they can take it in." Christel agreed, "Tell people what they really have to do and they're going to make a choice. They're going to make a choice, they're going to decide to do it or not to do it."

When working with African American women, Danyelle commented on sharing personal experiences. She noted, "it's always better when you have an actual personal experience." Christel shared similar experiences with her clients. She stated, "You have to really prove yourself. They got to know that you come from where they have come from." Marie shared personal experience with her clients by having a "regular body type." She stated, "I think that helps. People aren't intimidated." Christel and Danyelle also talked about the importance of selecting the appropriate music when teaching classes for their clients. Christel referred to music selection as "crucial." Similarly, Pittman (2001) acknowledged music and dance as important aspects of coparticipants' lives and an influence on physical activity behavior.

Facilitators can improve the effectiveness of their classes and training by incorporating the following strategies: (a) give clientele a choice in what activities they will pursue, (b) be empathetic and provide appropriate guidance, (c) be real and honest with clientele at all times, (d) share personal experience, and (e) provide culturally appropriate music based not only on culture, but also age group.

Environmental Strategies. Environmental approaches complement physical activity behavior change, adding to the more frequently used individual behavior and lifestyle modification strategies (French, Story, & Jeffery, 2001; Powell, Slater, Chaloupka, & Harper, 2006). Christel had offered workout space in her own home as well as discounted personal training sessions as a strategy to increase the number of African American women participating in physical activity in her neighborhood. Christel acknowledged, "If they can have more affordable facilities it would be best. That is what I am trying to provide through my training. Local space that they can come to." In addition to these incentives, Christel suggested similar incentives from health and fitness clubs. Marie, Christel, Unity, and Waitplace discussed community programming as a strategy to promote behavior change. Marie addressed the need to increase options for African American women living in the inner city. Marie had a few suggestions in terms of programming options. The first suggestion involved programs in local community centers. A second suggestion involved mothers and their children together in one program. Christel described requirements for such a program to work for African American women.

They need a reason to stay. They need to know, if they stay what they are going to get out of it. Outside of [losing weight] because losing weight is a long term goal. Even though they don't talk about it like it is, they know it is. You can't wake up tomorrow and be 20 pounds lighter. They need something else. They need to come in and know whatever is playing over the speakers is all right. It's hot. They'll come in if they like the radio station. They'll come in if they see at least some Black people. If they don't see some Black people, they are not going to go. It's just not happening. They also need to see other people that are in shape, but not so in shape that they feel like everyone is looking at them.

Unity and Waitplace offered the option of having community programs located within local churches. Unity recommended the church as "a big influence. It is not only religion, but it is social and other areas. So I see the church, that's one area where the focus could be put. Just go in and try to engage them in exercise and stuff like that."

Facilitators and community leaders can improve the effectiveness and outreach of their programming by incorporating the following environmental strategies: (a) affordable facilities and training for all members of the community with an emphasis on African American females and their children and (b) initiating culturally appropriate community programs through community centers and local churches. For example, a church in a community could offer a culturally sensitive fitness program directed by a female African American exercise leader. The leader would need to provide genuine guidance and empathy and share personal experiences with physical activity. The program could be offered to both church members as well as local members of the community.

Additionally, programming could be provided to both adults and children. Music could also be incorporated into this program. Aerobics classes utilizing appropriate upbeat gospel or worship music may increase or maintain attendance in such a program. Missionary workers and church leaders may also use this program as a source of outreach to local community members.

Conclusion

Physical inactivity resides at the top of the public health agenda and calls attention to the need to eliminate the gap between those who are active and those who are not (Crespo, 2000). Physical activity objectives from the Surgeon General's report and Healthy People 2010 reflect a national health agenda directed at "the progression from simply assessing health status to proposing preventive interventions directed at both individuals and the social and physical environments in which they live" (McElroy, 2002, p. 89). The purpose of this study was to qualitatively identify individual, social environmental, and physical environmental influences on physical activity that can be applied in interventions tailored to the adoption and maintenance of physical activity in adult African American women. Bridging research to applied work, the data from this study serves as an initial step in the development of interventions aimed at reducing the proportion of adults who engage in no leisure-time physical activity and increasing the proportion of adults who engage regularly in moderate physical activity.

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Appendix A. Interview Guide for Inactive/Active Co-participants

Physical activity is influenced by many factors. Individual factors influencing physical activity may include gender, ethnicity, culture, religion or spirituality, education, and health. Please tell me about yourself. Be as specific or general as you would like.

- Your personal characteristics? Your age today? Who you are?
- Your relationship status? Family status? Children? Grandchildren?
- Your education, highest degree earned in school, occupation?
- Your current level of health?

What individual factors seem to be the strongest influences on your current level of physical activity and exercise?

Physical activity may also be influenced by social factors. For example, obligations at work and at home, family and friends, and cultural traditions. Tell me about your social environment. Be as specific or general as you would like.

- Family, significant other?
- Friends, neighbors, co-workers?
- Your roles and responsibilities at home, work, school, and/or with friends?

What social factors appear to be the strongest influences on

your current level of physical activity and exercise?

In addition to individual and social factors, physical activity may also be influenced by environmental factors. For example, neighborhood characteristics, accessible facilities within the community, and work, school, or health care provider incentives. Tell me about the physical environment in which you live. Be as specific or general as you would like.

- What do you believe are supports/barriers to physical activity in your neighborhood? How is this affected by your gender? How does this impact you?
- Do you have convenient and accessible places to be physically active or to exercise? If yes, how close are these places to your home?
- Where do you (would you) actually participate in physical activity or exercise?
- Does your work, school, or health care provider offer any incentives to be physically active or exercise? How does this impact you?

What environmental factors appear to be the strongest influences on your current level of physical activity and exercise?

For the following questions, please think about your own personal experience during the past month regarding your current level of physical activity or exercise participation.

- What is your attitude regarding physical activity?
- What is your motivation toward being physically active?
- How important is being active to you? Why?
- What would you most want to accomplish from being active? What do you expect to get out of being active?
- Are you reasonably sure that you can successfully participate in being physically active? Why/why not?
- In general, what level of effort is needed on your part in order to be physically active? How often do you give this level of effort? Why/why not?
- Do you make commitments to yourself and/or others to be physically active or to exercise? If yes, what? Do you keep them? Why/Why not?
- What do significant others (partner, family, friends, etc.) in your life think about physical activity or exercise? Do they want you to exercise? How does this affect you? What does this mean to you?
- What emotions do you feel when you are being physically active and/or exercising?

- Do you have a plan for being physically active? If yes, what is it and what specifically do you need to focus on? If no, why?
- If you become distracted from actually participating in physical activity, are you able to refocus your attention quickly? What strategies do you use? How does this affect you?

- Regarding physical activity or exercise, do you set goals for yourself? If no - why? If yes – why, how, in what way? Do you achieve the goals? Why or why not?
- Is it easy for you to be physically active or is it a challenge? Explain why, how?
- How frequently do significant others (partner, family, friends, co-workers) participate in physical activity? What type?
- Do significant others encourage you or provide support for you to be physically active and exercise? If yes, in what way? If no, how are they not showing support? How does this affect you?
- What type of feedback do you receive when participating in physical activity? Is it from others, yourself, or both? How does this affect you?

We have been talking about several influences on physical activity and exercise.

- Out of everything, what most influences (positively or negatively) your current level of physical activity and exercise?
- What strategies have you found useful or not useful in terms of influencing past or present levels of physical activity and exercise?
- Is there anything that I should have asked you that you think I didn't? Any other thoughts or comments?

Physical activity/Exercise background information:

- Please briefly describe your physical activity and/or exercise history within the past 5 years.
- Please describe your current physical activity and exercise participation.
- During the last month, what is the average number of days you participated in physical activity per week?
- During the last month, what is the average number of hours you participated in physical activity per week?

Appendix B. Interview Guide for Facilitator Co-participants

Please tell me about your own personal experiences with physical activity and exercise. Be as specific or general as you would like.

Please tell me about your experiences with facilitating physical activity programs. Be as specific or general as you would like.

Physical activity is influenced by many factors. Individual factors influencing physical activity may include gender, ethnicity, culture, religion or spirituality, education, and health. Please tell me about individual factors influencing the African American

female clients you work with in terms of adopting and maintaining physical activity and exercise. Be as specific or general as you would like.

What individual factors appear to be the strongest influences on physical activity and exercise participation?

Physical activity may also be influenced by social factors. For example, obligations at work and at home, family and friends, and cultural traditions. Tell me about social factors influencing the African American female clients you work with in terms of adopting and maintaining physical activity and exercise. Be as specific or general as you would like.

What social factors appear to be the strongest influences on physical activity and exercise participation?

In addition to individual and social factors, physical activity may also be influenced by environmental factors. For example, neighborhood characteristics, accessible facilities within the community, and work, school, or health care provider incentives. Tell me about environment factors influencing the African American female clients you work with in terms of adopting and maintaining physical activity and exercise. Be as specific or general as you would like.

What environmental factors appear to be the strongest influences on physical activity and exercise participation?

We have been talking about several influences on physical activity and exercise.

- Out of everything, what most influences (positively or negatively) your clients' current levels of physical activity and exercise?
- What strategies have you found useful or not useful in terms of influencing levels of physical activity and exercise?
- Is there anything that I should have asked you that you think I didn't? Any other thoughts or comments?

Facilitator Information

- Your age today?
- Your education, highest degree earned in school?
- Fitness/Exercise Certifications?
- Current occupation? Number of clients and/or classes per week? ■