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African American Men's Perspectives on Promoting Physical Activity: "We're Not That Difficult to Figure out!"

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Abstract

African American men report poorer health than do White men and have significantly greater odds for developing chronic diseases partly because of limited physical activity. Understanding how to encourage healthy behaviors among African American men will be critical in the development of effective physical activity messages and programs. Guided by principles of cultural sensitivity and social marketing, this research examined middle-aged and older African American men's recommended strategies for promoting physical activity to African American men of their age. The authors report results from. 49 interviews conducted with middle-aged (45–64 years) and older (65–84 years) African American men in South Carolina. Four groups of African American men were recruited; middle-aged active men ($n = 17$), middle-aged inactive men ($n = 12$), older active men ($n = 10$), older inactive men ($n = 10$). Themes related to marketing and recruitment strategies, message content, and spokesperson characteristics emerged and differed by age and physical activity level. Recommended marketing strategies included word of mouth; use of mass media; partnering with churches, businesses, and fraternities; strategic placement of messages; culturally appropriate message framing; and careful attention to selection of program spokespersons. Findings will help in the marketing, design, implementation, and evaluation of culturally appropriate interventions to encourage physical activity among middle-aged and older African American men in the South.

African American men are at higher risk for early morbidity and mortality than are African American women and White men and women (Calasanti, 2004; Hoyert, Arias, Smith, Murphy, & Kochanek, 2001). African American men have significantly greater odds than do

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White men for developing chronic conditions such as heart disease, hypertension, stroke, cancer, and diabetes (Calasanti, 2004; Drake et al., 2006; Harper, Lynch, Burris, & Smith, 2007; LaViest, 2005). They also report being in poorer health than do White men (Williams, 2005). Differences in lifestyle behaviors such as diet and physical activity partially account for these disparities in health outcomes (Centers for Disease Control and Prevention, 2009; Hummer, Benjamins, & Rogers, 2004; International Longevity Center, 2004; Serdula et al., 2004; Weinrich et al., 2007).

Despite health, benefits associated with regular physical activity, African Americans are less likely than Whites (43% vs. 52%) to participate in moderate physical activity for 5 or more days per week or vigorous physical activity for 3 or more days per week (Centers for Disease Control and Prevention, 2009). Rates of physical activity specifically among middle-aged and older African American men are significantly lower than that for Whites. African American men older than 45 years of age are less likely than White men of the same age to participate in either leisure-time physical activity (25% vs. 36%) or walking (43% vs. 52%; Brownson, Boehmer, & Luke, 2005). In addition, African American men across all levels of educational, attainment and perceived health status report higher rates of no leisure-time physical activity than do White men (Ahmed et al., 2005). There has also been meager participation by African American men, especially older African American men, in physical activity programs (Paschal, Lewis, Martin, Dennis-Shipp, & Simpson, 2004; van der Bij, Laurant, & Wensing, 2002; Whitt-Glover & Kumanyika, 2009). A recent systematic review of interventions to increase physical activity and fitness in African American adults included 29 studies, only one of which included solely African American men (Whitt-Glover & Kumanyika, 2009). To date, our understanding of strategies for engaging African Americans' participation in healthy behaviors is based predominantly on programs conducted with African American women (e.g., Bailey, Erwin, & Belin, 2000; Burroughs et al., 2006; Ford et al., 2005; Mayo, Scott, & Williams, 2009; Sharpe et al., 2010), validating the need for more research among African American men.

To engage African American men in physical activity, effective communication is critical. Health communication, a priority area of Healthy People 2010 and Healthy People 2020, can raise awareness of health risks associated with, a sedentary lifestyle, and provide motivation and skills needed for participation in physical activity (U.S. Department of Health and Human Services, 2000, 2010). Understanding how to encourage physical activity among African American men will be critical in the development of effective physical activity messages and programs. Learning about audiences' preferences for communication (e.g., channels and sources used to deliver the message) and for message characteristics will result in more effective communication and acceptance of the health message (Friedman, et al., 2009). Health messages and community-based communication interventions should be developed and disseminated with sensitivity to cultural differences in health-related perceptions and needs (Neuhauser & Kreps, 2008; Neuhauser, Sparks, Villagran, & Kreps, 2008).

Cultural sensitivity is defined as follows:

> The extent to which ethnic or cultural characteristics, experiences, norms, values, behavior patterns, and beliefs of a target population, and relevant historical, environmental, and social forces are incorporated in the design, delivery, and evaluation of targeted health interventions, including behavioral change materials (Resnicow, Braithwaite, Dilorio, & Glanz, 2002, p. 493).

Resnicow and colleagues (1999) conceptualized *cultural sensitivity* into two categories: surface structure and deep structure. Surface structure sensitivity ensures that health materials and messages accurately reflect social and behavioral features and appearance of

the target audience. Deep structure sensitivity recognizes that cultural, social, historical, and environmental factors are associated with health perceptions, information seeking, behaviors, and outcomes. Intended community members must be active participants in the planning and development of health programs in order to achieve both surface and deep structure sensitivity. Culturally sensitive health communication strategies have been used successfully to recruit African American and minority groups for health promotion research (e.g., Branson, Davis, & Butler, 2007; King et al., 2010; Mayo et al., 2009; Reed, Foley, Hatch, & Mutran, 2003). Developing culturally sensitive physical activity marketing and messages for older African American men could increase their williness to participate in physical activity programs (Kreps, 2008; Kreuter, Strecher, & Glassman, 1999).

Social marketing theory has also been used effectively to guide targeted recruitment, marketing, and message development for health programs designed for middle-aged and older ethnically-diverse adults (Areán, Alvidrez, Nery, Estes, & Linkins, 2003; Burroughs et al., 2006; Nichols et al., 2004; Sharpe et al., 2010, Tan et al., 2010; Van Duyn et al., 2007). Social marketing has the potential to improve the health of vulnerable communities and reduce racial/ethnic disparities (Anderson, Beresford, Lampe, Knopp, & Motulsky, 2007; Hebert, Brandt, Armstead, Adams, & Steck, 2009; Wallerstein & Duran, 2010). The goal of social marketing is to influence behavior change among a population group by focusing on the target population's perceptions, needs, and desires regarding the behavior no (Grier & Bryant, 2005). Community-based research with a social marketing focus guided the development of physical activity programming (Burroughs et al., 2006; Sharpe et al., 2010) and dietary messages (Zoellner, Bounds, Council, Yadrick, & Crook, 2010) for African American women, and a mass media campaign to increase physical activity among individuals age 50 and older (Emery, Crump, & Hawkins, 2007). Key principles of social marketing are as follows: consumer orientation (considering audience's perceptions and needs during program development), audience segmentation (ensuring program is marketed toward segments of the population with similar perceptions, needs, values, and behaviors), notion of exchange (recognizing benefits valued by the target audience), and the marketing mix or the 4 Ps (identifying effective strategies for marketing the desired *product, price* or cost to consumers, *place* or location of the marketing/program activities, and *promotion* or the messaging and channel selection). Developing *partnerships* has been considered a fifth P of social marketing mix (Nichols et al., 2004). These principles emphasize the importance of using consumer-driven research approaches to understand our target audiences, including marketing strategies and program benefits that will be appealing to them.

Guided by principles of culturally sensitive communication and social marketing, the purpose of this formative study was to determine middle-aged and older African American men's recommendations for marketing the importance of physical activity and strategies for communicating physical activity messages to African American men of their age. The long-term goal is to incorporate these strategies into the marketing, development, implementation, and evaluation of a culturally relevant physical activity program for African American men in the South.

Method

Participant Recruitment

A purposive sample of community-dwelling middle-aged (45–64 years) and older (65–84 years) African American men in Columbia, South Carolina, was recruited for this study. Four groups of African American men were eligible: middle-aged active, middle-aged inactive, older active, and older inactive. Being active was defined as engaging in moderate physical activity for at least 150 min per week or vigorous physical activity for at least 60 min per week (Centers for Disease Control and Prevention, 2006; Haskell et al., 2007). Age

and activity level were self-reported by participants during the recruitment process. We used the Behavioral Risk Factor Surveillance System physical activity questions to classify participants as active or inactive on the basis of national physical activity recommendations at the time the study was conducted (Centers for Disease Control and Prevention, 2006). The project's community advisory board helped draft the interview protocol and questions and identify appropriate recruitment strategies. Community advisory board members included African American men from the intended community, and individuals with expertise in physical activity, health communication, and men's health. Recruitment channels included targeted mailings, flyer distribution, and word of mouth in local communities and through social networks; listserv postings; and television and radio announcements. Recruitment procedures were approved by the university's institutional review board.

Interview Procedures

In-depth interviews, approximately 90 to 120 minutes in length, were conducted by one of three trained moderators. While one individual conducted and recorded the interview, a second person served as the note-taker. The three moderators alternated between these roles for the 49 interview sessions. Interviews took place at the university and local community centers between December 2006 and July 2007.

Instrument Development

A 23-item interview guide was developed. Thirty percent of items were modified from a questionnaire about physical activity and recruitment and marketing strategies administered with African American women aged 35 to 54 years (Peck, Sharpe, Burroughs, & Granner, 2009) and finalized on the basis of input from the community advisory board. The complete interview guide was pilot-tested with three African American men of the same age as study participants. Question topics included overall health and health information seeking behaviors; physical activity definitions, preferences, barriers, and facilitators; communication and marketing strategies; physical activity programming; and masculine identity. Because this article focuses specifically on strategies for promoting physical activity, African American men's responses to five questions specifically about health information seeking and strategies for marketing physical activity programs and messages for middle-aged and older African American men are reported in this article. Participants were not prompted by the moderator with sample responses. Moderators may have probed participants with follow-up questions about their responses if additional detail was needed. Table 1 lists the interview questions and guiding principles of cultural sensitivity and social marketing.

Before the interview, participants completed a survey on demographic characteristics and self-reported health status. Survey data were summarized using nonparametric frequencies and percentages.

Qualitative Data Coding and Analysis

Participants were assured that personal information would be kept confidential. Audio recordings of the interviews were transcribed verbatim into Microsoft Word. Transcripts were edited to remove personal identifiers and text files were entered into QSR NVivo7 (2006), a qualitative data management program. Interview questions guided codebook development. Two moderators used this initial codebook to review one interview transcript and independently assign codes to sections of interview text, modifying and adding codes as needed. This approach was completed with two interviews from each group (middle-aged active, middle-aged inactive, older active, older inactive) before finalizing the codebook. During this open-coding process, consensus was reached about the definition of each code and a list of codes was agreed upon. Interrater agreement of at least 85% between the pair of

coders was considered an acceptable threshold for coding consistency, Interrater percent agreement falling within the 70–90% range has been reported to be appropriate for qualitative coding (Laditka et at., 2009; Miles & Huberman, 1994). Coders discussed any discordant codes until 100% coding agreement was reached. All transcripts were then coded with the finalized codebook. *Axial coding*, or the connecting of codes and identifying relations between codes suggestive of themes (i.e., topics discussed frequently), was also conducted. Last, comparing and contrasting these emerging themes within and across the interviews was used to detect similarities and differences in the data (Glaser & Strauss, 1967).

Results

Participant Demographics

Forty-nine (49) African American men participated in this study: 17 middle-aged active, 12 middle-aged inactive, 10 older active, and 10 older inactive. Most participants were married (71%), had some college education, (67%), were unemployed (57%), and rated their health as excellent or very good (53%). More participants (57%) reported having high blood pressure compared with other health conditions such as diabetes (32%), arthritis (29%), and angina (13%). Table 2 shows participant demographics by age group and physical activity level.

Interview Findings, by Theme

Themes were organized into four topic areas: (a) African American men's health information sources, (b) marketing strategies for promoting physical activity programs, (c) physical activity messaging, and (d) spokesperson characteristics. Table 3 lists the themes and subthemes according to participants' age group and physical activity level.

African American Men's Health Information Sources

Media Sources—Participants reported receiving their health information from multiple mass media sources: television, magazines, Internet, and newspapers. Television was the most common source of health information among participants, although this was emphasized more by active than inactive participants, especially by middle-aged active men. For example, one middle-aged active man stated, "A lot of times it's just your basic news channel… that gives a lot of information on health and physical fitness."

All four groups mentioned magazines as a key source for health information, although this source was discussed mainly among middle-aged men. One middle-aged active participant said he would read, "Anything from Time, U.S. News to Ebony. Any way I can find out. Or any magazine that has anything on health that I pick up." Other middle-aged participants expressed a similar preference for magazines; for example, "Chiropractic magazines, professional magazines, nutritional magazine… and, food, and I'm an old athletic, so I read lots of sports magazines, also."

Active participants often mentioned reading about health issues in the newspaper. One example included, "[I read] *USA Today*. And I read the latest facts… what general health considerations are doing favorable at the time."

Middle-aged active and middle-aged inactive men reported seeking health information on the Internet. They used search engines to type in terms of interest or went to specific consumer health websites. One man stated, "I just go ahead and Google it," whereas another stated, "WebMD. And they got a database full of information. Nutrition and health related."

Interpersonal Sources—Spouses and partners were the most commonly mentioned interpersonal sources of health information, especially by older participants. For example, one older active man stated, “Well, my wife is also a diabetic so we are constantly having that dialogue about health issues and those kinds of things,” whereas another man said, “I start out with my wife. My wife is first of all.”

The second most common interpersonal source of health information was family. A middle-aged active participant said, “Most of it’s from growing up. That’s where most of it [health knowledge] comes from…” An older active participant stated, “Well I have my two physicals a year and if something needs to be discussed about my health, I’ll talk to my daughter or my wife.”

While participants listed various family members with whom they discussed health issues, they said that these conversations only occurred when somebody was ill. A middle-aged inactive man expressed, “But there’s really no one that I really talk to about my health unless I’m having medical problems.”

All groups mentioned receiving health tips from their friends, middle-aged active men most often mentioned friends as an important source of information: “Because I learn by listening and I get a lot of information from my peers.” Older active Participants mentioned friends least often during the interviews.

Mainly middle-aged participants also reported discussing health issues with acquaintances or other people in their social circles or at their activity centers. For example, “…maybe sometimes when I’m out at the gym or something like that, I may ask a few questions to some of the employees around there.”

Primary care physicians were mentioned least often as health information sources. It is interesting to note that middle-aged active participants did not once mention physicians: “Right and also, with my physician, I listen at him, but the only time I really take heed to him if I know it’s really serious and…I have no other alternative.”

Middle-aged participants mentioned health professionals other than their primary care physician as important sources of health information. These professionals included nurses, physical therapists, dieticians, nutritionists, orthopedic surgeons, social workers, and cardiologists. One middle-aged inactive participant stated, “Registered dieticians and nutritionists were constantly encouraging me to eat healthy and take the stairs instead of the elevators and things like that.”

Marketing Strategies for Promoting Physical Activity Programs

Three key marketing strategies recommended by participants were (a) use word of mouth to reach African American men, (b) partner with mass media, and (c) focus on location/placement of program recruitment and promotional efforts.

Use Word of Mouth to Reach African American Men—Word of mouth was frequently discussed as an important marketing strategy in all groups. For example, “Yeah the word of mouth thing… They’d say I do it man, come join me, you know or something like that. I think it’s plus to, to market it word of mouth.”

The following representative quote demonstrates the importance of face-to-face promotion to a middle-aged inactive man: “…get the community together and have a community meeting and lay out your idea to them. Because just advertising it, by the word in the paper, they’re gonna throw it in the garbage.”

Partner with the Mass Media—More inactive participants suggested working with the media to promote a physical activity program. Many recommended a combination of culturally targeted radio and television channels: “Um, media…they could put it on the TV…if they directly focused on the African American men, then the radio stations…” None of the older active men mentioned television as a strategy for marketing a physical activity program.

Strategic Promotional Placement—Multiple locations were suggested for marketing activities: One middle-aged active man said, “I would market it through the churches or market it through ESPN. I would market it through anything to do with sports. Get it on TV, radio, and through the fraternities.” Church was mentioned by most participants, especially among middle-aged active and older inactive men, as an important place for promoting physical activity among African American men. For example, “I think the pastors could do it because they could see their men getting involved and it may make men think more about churches.”

Spreading the message about physical activity for African American men with the help of respected organizations and businesses was also suggested by participants, mainly by middle-aged inactive men. Examples included the Urban League, the National Association for the Advancement of Colored People, American Red Cross, The Salvation Army, the YMCA, grocery stores, and athletic clothing stores. One middle-aged inactive participant stated, “I would lay that suggestion on the line to Walmart, you want a big corporation. Or to somebody like Oprah who is willing to see that you’re doing this for a cause.”

Fraternities/lodges and other formal social organizations were frequently mentioned by all groups as appropriate for advertising physical activity to Black men. older inactive participants suggested, “Oh well in the South I would look for fraternities and sororities” and “I’d look for…fraternal organizations as channels to reach out and be able to find these folks.”

Other locations recommended but stated less often and less consistently within and across groups were state government buildings (except older active), barbershops (except older active), gyms (except older inactive), senior centers (except middle-aged inactive), schools or universities (only middle-aged inactive), and social groups or clubs (except older active).

Barriers to Marketing

Barriers to effective marketing of physical activity to African, American men also emerged during the interviews. These barriers were mentioned most often by older and inactive participants. Middle-aged inactive men spoke about the barriers of not having enough time to pay attention to promotions about physical activity, limited support from the community for marketing, and older men not being interested in physical activity messages or programs. One middle-aged inactive man stated, “…the barbershop is something that’s probably not good because most of the time when people go they want to get in and out of those places, whereas an older active man stated, “I’m not one that relies on the community to give me anything to be fit.” An older inactive man stated, “When people start aging, you almost have to drag them out the house…they’ll sit just like I told you on the couch and…they got other things, other issues and so forth.”

Message Strategies for Promoting Physical Activity Programs

Participants provided a number of suggestions for the content and framing of physical activity marketing messages. First, all groups except older inactive men suggested it was

important to relate physical activity message to long-term health outcomes and quality of life. One middle-aged active man stated:

> I think I'd go at it from a health perspective…the quality of life issue, how it would help you feel better, sleep better, maybe help you with severe medical issues, high blood pressure, diabetes, or whatever and longevity. You know, if you want to live a longer life you know a better quality of life you'll have to get up off the couch and do something.

Second, participants suggested that marketing messages should promote the importance of engaging in behaviors that would keep people healthy so they could be there for their families. For example, one middle-aged inactive man stated, "Yeah, your family needs you. Your family wants you around. Your children need you. They want, they want you around and they love you. So you should be taking better care of yourself."

Third, mainly middle-aged participants discussed the importance of culturally appropriate framing of messages within African American communities. Messages about health issues specifically affecting African American men were encouraged. One middle-aged inactive man stated, "You could market…you know that African American men…have a lot of diabetes in the population, in their group, along with high blood pressure and high cholesterol," whereas one middle-aged active man stated, "You know, hey, more African Americans are dying. It's hard to find a man over forty-five, most of them got colon cancer, this cancer, so why not try to exercise to prevent a lot of these."

Last, some participants recommended that messages should be framed in a positive manner with encouraging and motivating language; for example, an older inactive man stated, "And that's about the best way I know. Get them motivated." Using a moderate fear appeal was also suggested by a few middle-aged participants; for example, a middle-aged active man conveyed, "I think you have to scare them, now because they're not gonna do it…You really got to put the fear factor in them."

Messenger/Spokesperson Characteristics

When asked for suggestions for a spokesperson or role model to market physical activity programs for Black men, participants mentioned numerous characteristics of a person they would consider a "good spokesperson" in their communities. For example, a middle-aged active participant suggested that "someone who is healthy and fit, an older person. Someone who looks good for their age. Someone who is well spoken…someone who can relate. Someone who is a leader in the community."

Specific spokesperson characteristics mentioned were: being a good role model, a community leader (e.g., mayor), an active community member, educated, a clergyman, and an effective speaker (except middle-aged inactive). The spokesperson did not necessarily need to be a celebrity or a well-known athlete. A middle-aged active man stated, "I would suggest just a regular Joe Blow. I would market that individual as here I am, a black male, forty-five and older, going to church with his family, typical person, if I can do it, you can do it." The following quotations are representative of participants' suggestions for spokespersons who could market a physical activity program for African American men:

Role model: "…someone who knows the benefits. Or someone who has been very ill and made a recovery from the benefits of exercise." (middle-aged inactive)

Community leader: "I mean people that are seen and visible…then I think you get certain buy-in, whether it'd be like preachers, teachers, people of that nature." (middle-aged active)

Active community member: "Someone involved in recreation, maybe someone who has played softball…that kind of motivation, that tie in that buy in the community." (middle-aged inactive)

Educated person: "A person that is trained, educated in that line of work. A physical therapist, a corrective therapist, somebody who's been trained." (older inactive)

Clergyman: "Well the minister, …there are a lot of ministers that will be out there power walking…" (older active)

Effective speaker: "That would be somebody who's capable of speaking before an audience and knowing how to speak and hold somebody's attention…" (older active)

Discussion

Guided by cultural sensitivity and social marketing principles, this research examined middle-aged and older, active and inactive African American men's opinions on strategies for promoting a physical activity program to African American men of their age. Key themes emerged related to African American men's health information sources (potential intervention recruitment channels) and recommendations for marketing and recruitment strategies, physical activity message content and framing, and spokesperson characteristics.

Health communication messages and interventions need to consider culturally relevant information channels (Kreps, 2008). When asked for their primary sources of health information, participants discussed both mass media and interpersonal sources. Television was the most popular media source of health information, especially among middle-aged active men. Television was also considered a key media source for cancer information in another study with middle-age African American men (Friedman, Corwin, Dominick, & Rose, 2009). Mainly middle-aged inactive men consulted the Internet for health information. Other research demonstrates that inactive and unhealthy individuals tend to use the Internet less often for health or medical resources (Fox, 2010; Robroek, Brouwer, Lindeboom, Oenema, & Burdorf, 2010). However, both active and inactive participants in our study were fairly well-educated and higher education has been associated with, greater use of the Internet for health information (Koch-Weser, Bradshaw, Gualtieri, & Gallagher, 2010). Fewer older men mentioned the Internet regardless of activity level. Although older adults are growing users of the Internet, with 57% of people ages 65–69 years being online and 84% of users ages 61–69 years searching specifically for health information (Fox & Madden, 2006), older African American men are less likely to go online (Fallows, 2005; Koch-Weser et al., 2010). Print media was also an important source of health information especially for middle-aged African American men. It is unfortunate that analysis of print media and Web-based preventive health content intended for adults ages 50 years and older have shown limited attention to cultural sensitivity, poor coverage of health conditions prevalent among vulnerable groups, and technical language written at difficult reading levels (Friedman & Hoffman-Goetz, 2003, 2006; Friedman & Kao, 2008). Culturally tailored, accurate, and plain-language media resources about the importance of physical activity should be developed and pilot-tested with African American men. African American women and White women aged 35 to 54 years in the South exposed to a community-oriented, culturally appropriate physical activity behavioral intervention and media campaign experienced positive changes in knowledge and behavior (Sharpe et al., 2010).

Compared with middle-aged men, both older active and older inactive men relied more on interpersonal sources of information, including their spouses and partners. Other research has demonstrated older African American men's reliance on immediate female family

members for monitoring their healthcare needs and answering medical questions (Friedman, Corwin, Rose, & Dominick, 2009). Thus, spouses and partners will be an important audience for the delivery of recruitment messages about a physical activity program for African American men.

Although older men relied more on interpersonal sources for health information, older active men were also more likely to suggest partnering with the media as a marketing strategy. This finding stresses the importance of using multiple culturally relevant channels to reach these African American men and other vulnerable communities (Kreps, 2008). A study by Elish, Scott, Royak-Schaler, and Higginbotham (2009) used multiple methods for recruiting older African Americans into a behavioral intervention for increasing rates of eye examinations. Recruitment strategies included community presentations, networking with community organizations, radio and newspaper advertisements, and health fair attendance. Highest enrollment rates were from word-of-mouth promotion.

Connecting with African American men through word of mouth was a key strategy suggested by inactive participants for marketing a physical activity program. This finding may have been more common among inactive men since overall they mentioned being affiliated with formal networks and organizations more often than active men. Use of word of mouth to promote health messages has been recommended by African American men in other health behavior research (Friedman, Corwin, Dominick, & Rose, 2009; Friedman, Corwin, Rose, & Dominick, 2009) and is considered an effective strategy for recruiting large numbers of African American community members for behavioral and clinical interventions (Anderson et al., 2007; King et al., 2010).

African American men also provided suggestions for the program recruitment messages, including relating content to health outcomes and being healthy for their families, and ensuring the message is culturally relevant and motivational, with a moderate fear appeal. More middle-aged participants, regardless of activity level, made specific recommendations for physical activity recruitment messages. They also stressed the importance of culturally relevant messages more often than older men. Qualitative research on African American men's cancer prevention knowledge and behaviors (e.g., physical activity, diet) found that older participants did not all request culturally appropriate messages. Simply having information was more important to them than the cultural framing of the content (Friedman, Corwin, Rose, & Dominick, 2009).

Participants mentioned churches, businesses, and fraternities/lodges most often as potential partners and locations for strategic placement of program advertising. Faith-based settings, stated most by middle-aged active and older inactive participants, have been effective for engaging African American communities in healthy behaviors and are considered a culturally appropriate strategy for reaching under-researched populations including African American communities for whom spirituality plays an important role and may encourage healthy behaviors including physical activity (Bailey et al., 2000; Bopp et al., 2007; Campbell et al., 2007; Drake, Shelton, Gilligan, & Allen, 2010; Mayo et al., 2009; Reed, et al., 2003). However, there has been limited recruitment of and participation by African American men in health interventions within faith-based settings (Bopp et al., 2007; Whitt-Glover, Hogan, Lang, & Heil, 2008; Wilcox et al., 2007). Furthermore, limited research has examined the importance of African American fraternities in community-based health promotion efforts. One recent study described a partnership with an African American sorority for recruiting African American women to a cancer genetics research program (Olsen, Malvern, May, Jenkins, & Griffin, 2008). Our findings suggest that there is opportunity for increased partnerships with African American fraternities in community health promotion efforts.

Although barbershops have been considered a successful and culturally appropriate venue for recruiting African American men into programs about health topics such as cardiovascular disease (e.g., Releford, Frencher, Yancey, & Morris, 2010), hypertension (e.g., Victor et al., 2009), and physical activity (e.g., Linnan et al., 2011), barbershops were not recommended frequently by active or inactive African American men in this study. It is interesting that middle-aged inactive men cited this location as a potential barrier to marketing since working men did not typically have a lot of time to spend there.

Other potential barriers to marketing physical activity were discussed by inactive African American men only. These included not having enough time to pay attention to physical activity promotions, older men not being interested in physical activity messages or programs because of other medical priorities, and limited support from the community for marketing. To effectively promote physical activity among inactive African American men, these barriers need to be recognized and incorporated into marketing efforts and program planning. Recruitment strategies and the structure of the physical activity program itself should acknowledge and accommodate African American men's family and work responsibilities and limited time for physical activity. Furthermore, messages need to stress the benefits of physical activity for various health issues African American men may be coping with on a daily basis. As suggested in other research with African Americans (Friedman, Laditka, et al., 2009), incorporating the concept of a buddy system into a recruitment plan and program activities could encourage African American men not initially interested in physical activity to motivate each other to engage in physical activity and other healthy behaviors. Finally, strong relationships with community organizations need to be established so that physical activity programs are promoted within supportive environments for African American men.

Older participants, often regardless of activity level, stressed that the individual delivering the health message could also affect the impact of the message (Tanner & Friedman, 2011; Bernhardt, Lariscy, Parrott, & Silk, 2002; Hoffman-Goetz & Friedman, 2007). Source credibility has been divided into two dimensions: trustworthiness and expertise. *Trustworthiness* is determined by the level of honesty, sincerity, or integrity a source is perceived to have; *expertise* refers to the source's knowledge and competence (Sprecker, 2002). Trustworthiness emerged more often during the interviews. Participants suggested that the physical activity recruitment and program spokesperson should be a role model, trusted community leader, or active community member; educated; and an effective speaker. A frequent recommendation, for a spokesperson was a clergyman. Akin to cancer prevention research with women (Hoffman-Goetz & Friedman, 2007) and African American men (Friedman, Corwin, Dominick, & Rose, 2009), culturally similar community members were considered trustworthy and effective spokespersons for delivering physical activity program messages.

Study Limitations and Implications for Practice

The relatively small sample consisted of self-selected and fairly well-educated individuals from one southern U.S. state. Volunteer-based convenience samples are not representative of entire populations; however, it was not intended for these qualitative research findings to be generalized to all African American men in the state, African American men in other regions of the South, or other racial/ethnic populations. Furthermore, the first two interview questions were about general health information resources while the remainder of questions were focused on physical activity. We recognize that sources of information might be different for physical activity than for other types of health information; however, these general questions provided important insight about information-seeking behaviors and effective ways of marketing physical activity and other health issues to this group of African American men in South Carolina. Despite these limitations, this study provides important

recommendations for the marketing and design of culturally appropriate physical activity interventions. Strategies for recruiting middle-aged and older African American men into community-based physical activity programs include the following:

- use word of mouth and interpersonal sources to reach participants' social networks;
- partner with multiple mass media outlets;
- be strategic in placement of marketing materials: partner with churches, businesses, fraternities/social organizations;
- involve African American men in development of culturally relevant and motivational messages that relate to quality of life and the importance of being healthy for their families; and
- carefully select the program spokesperson and ensure this person is a role model, community leader, active community member, and respected by intended participants.

Findings derived from this research will, help in the marketing, design, implementation, and evaluation of a physical activity intervention for African American men in the South. It is recommended that recruitment, marketing, and communication strategies be investigated with other racial or ethnic groups before conducting physical activity intervention research with these populations.

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Table 1

Interview questions and study framework principles

Interview question	Concepts relevant to cultural sensitivity	Social marketing principles*
1. Where do you get your information about health?	• Deep structure	• Consumer orientation
		•Place
		• Promotion
		• Partnerships
2. Who do you talk to about your health?	• Deep structure	• Consumer orientation
		• Promotion
		• Partnerships
Imagine that you are asked to help a local organization plan a program, to get African American men between 45 and 64 (or 65 and 84) to be more physically active.		
3. Where would you find community support for these physical activities?	• Surface structure	• Consumer orientation
	• Deep structure	• Partnerships
		• Place
		•Promotion
4. How would you market this program to men?	• Surface structure	• Consumer orientation
	• Deep structure	• Product
		• Price
		• Promotion
		• Partnerships
		• Notion of exchange
5. Who would you suggest as a spokesperson or role model for this program?	• Surface structure	• Consumer orientation
	• Deep structure	• Promotion
		• Place
		• Partnerships

*Audience segmentation was considered during recruitment. Participants were segmented into four groups: middle-aged active, middle-aged inactive, older active, older inactive.

Table 2

Participant demographics

	Middle-aged active (*n* = 17)	Middle-aged inactive (*n* = 12)	Older active (*n* = 10)	Older inactive (*n* = 10)
Age (years)				
M	54.1	51.9	74.9	72.3
SD	5.7	4.6	5.0	8.1
Marital status (%)				
Married/partnered	65	67	80	80
Not married	35	33	20	20
Education (%)				
High school/GED or lower	24	25	60	30
Some college or college graduate	77	75	40	70
Employment status (%)				
Employed	47	83	10	20
Unemployed	53	17	90	80
Income (%)				
<$29,999	31	17	50	25
$30,000–$59,999	25	33	30	25
>$60,000	44	50	20	50
Health, conditions (%)				
Diabetes	40	8	40	40
High blood pressure	59	33	90	50
Angina	6	17	20	10
Arthritis	18	33	50	20
Other	7	33	33	56

Table 3

Mention of interview themes, by participant age group and physical activity level

Interview themes	Middle-aged active (*n* = 17)	Middle-aged inactive (*n* = 12)	Older active (*n* = 10)	Older inactive (*n* = 10)
Media health sources				
Television	✓✓*	✓	✓	✓
Magazines	✓✓	✓	✓	✓
Internet	✓	✓✓	✓	✓
Newspapers	✓✓	✓	✓	✓
Interpersonal health sources				
Spouse	✓	✓	✓✓	✓✓
Other family	✓	✓	✓	✓✓
Friends	✓✓	✓	✓	✓
Acquaintances	✓	✓✓	✓	✓
Health professionals (other than their physician)	✓✓	✓	✓	✓
Primary care physician	—	✓	✓✓	✓
Marketing strategies				
Word of mouth	✓	✓✓	✓	✓✓
Partner with mass media	✓ (not TV)	✓	✓	✓✓
Strategic placement				
Churches	✓✓	✓	✓	✓✓
Businesses	✓	✓✓	✓	✓
Fraternities/lodges	✓	✓	✓	✓✓
Barriers to marketing				
People do not have time, have other priorities	—	✓✓	—	—
Community is not supportive	—	—	✓✓	✓✓
Older men are not interested	—	—	—	✓✓
Messaging strategies				
Content: Relate to health outcomes and quality of life	✓✓	✓	—	—
Content: Be healthy for your family	✓	✓✓	—	—
Framing: Culturally relevant	✓✓	✓✓	—	✓
Framing: Motivational and fearful	✓✓	—	—	✓✓
Spokesperson characteristics				
Role model	✓	✓✓	✓	✓
Community leader	✓	✓	✓	✓✓
Active community member	✓	✓	✓✓	✓✓
Educated person	✓	✓	✓✓	✓✓
Clergyman	✓	✓	✓✓	✓✓
Effective speaker	✓	—	✓	✓✓

*Double checkmarks indicate that the theme/subtheme was more likely to be cited by a particular group (middle-aged active, middle-aged inactive, older active, or older inactive); however, this does not necessarily reflect that the majority of the group mentioned the theme/subtheme.