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"If I Can Afford Steak, Why Worry About Buying Beans": African American Men's Perceptions of Their Food Environment

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Abstract

Due to the high level of food-related chronic diseases for African American men, the purpose of this qualitative study was to induce (n = 83) urban American men's perspective of their food environment considering different ethnic subgroups, built environment, and the temporal context using a phenomenological method and snowball sampling. Focus group interviews were audio-recorded, transcribed, and entered into ATLAS.ti to aid in establishing themes. African American men perceived that fast-food chains are their food choices and that they do not have any other healthy alternatives near their residential community. Their perspective of their current environment was primarily influenced by their formative years, the availability of current food environments, marketing and advertising of food on television, and the cost of eating healthy as compared to the cost of eating what is convenient to their residence. A central theme of the findings of this study is that the availability and accessibility of restaurants and food options are harmful to health over time. The finding suggests that future interventions should consider and incorporate how people develop and understand their current food practices and environment through the lens of time, not just their adult context.

Keywords

African American men, environment, dietary practices, qualitative methods, men's health disparities

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African American men have higher rates of developing and dying from many chronic diseases associated with unhealthy eating practices than White men, as compared to White women and African American women (NCHS, 2012; Warner & Hayward, 2006). Among African American men, middle-aged men have the highest rates of premature mortality (Satcher et al., 2005) and the highest rates of obesity (Ogden, Carroll, Kit, & Flegal, 2013). Middle age also is the phase of life when men's efforts to fulfill the roles of provider, husband, father, and community member have been found to be key barriers to healthy eating (Griffith, Wooley, & Allen, 2013). Despite this, few healthy eating interventions have engaged significant numbers of men or African American men in particular (Kumanyika et al., 2008; Newton Jr, Griffith, Kearney, & Bennett, 2014). Engagement here means that dietary interventions with African Americans had an underrepresentation of African American men in most of the dietary interventions, which suggests that methods to engage African Americans may vary by sex. While a number of behavioral interventions to increase healthy eating have included African American men (Osei-Assibey, Kyrou, Adi, Kumar, & Matyka, 2010; Partridge, Juan, McGeechan, Bauman, & Allman-Farinelli, 2015; Young, Morgan, Plotnikoff, Callister, & Collins, 2012), our ability to optimally improve the dietary intake of this population has been hindered by the lack of data available

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that specifically characterizes the determinants of dietary intake and effects of dietary interventions for this population (Newton Jr et al., 2014). Currently, there is only one behavioral intervention that has focused on improving dietary intake in Black men (Newton Jr et al., 2014; Wolf, Lepore, Vandergrift, Basch, & Yaroch, 2009), and few studies that have sought to explore how African American men perceive the food environment.

Regardless of gender, residents of African American and low-income communities are presented with more environmental barriers to healthy eating than residents of other neighborhoods (Andreyeva, Blumenthal, Schwartz, Long, & Brownell, 2008; Baker, Schootman, Barnidge, & Kelly, 2006; Cummins & Macintyre, 2009; Franco, Diez Roux, Glass, Caballero, & Brancati, 2008; Zenk et al., 2006). These environmental barriers for African Americans rarely are examined through a gendered lens. While race is an important determinant of health and health behavior that remains a useful marker of one's exposure to health-harming environments and substances, social disadvantage, and health-promoting resources (Ford & Harawa, 2010; Griffith, 2012), examining the health of African Americans without considering how gender shapes and structures health and health behaviors overlook the critical role that gender plays in African American men's lives, health, and health behaviors (Griffith, Metzl, & Gunter, 2011; Jack & Griffith, 2013).

Gender-specific differences in eating behavior and dietary health are well-documented (Millen et al., 2005). For example, men are more likely than women to eat for pleasure (Kiefer, Rathmanner, & Kunze, 2005; Mróz, Chapman, Oliffe, & Bottorff, 2011) and men tend to be heavily influenced by convenience, especially outside of the family context (Moss, Moss, Kilbride, & Rubinstein, 2007; Mróz et al., 2011; Sellaeg & Chapman, 2008). Family and home environments are imperative for understanding the development of food preferences and consumption habits (Birch & Davison, 2001; Dietz & Gortmaker, 2001). These environmental barriers that shape African Americans' eating practices do not emerge in adulthood; they have often existed throughout their life course. Despite literature suggesting that eating practices in the earlier years of life extend into adulthood (Adair & Popkin, 2005; Birch & Davison, 2001; Patrick & Nicklas, 2005), few studies have examined how formative years can influence African American men's eating practices in adulthood.

In addition, James (2004) reported that African American men typically hold weaker beliefs on the importance of eating fruits and vegetables for health reasons, and they have traditionally been unmotivated to change eating practices until they are confronted with a health problem or condition. In addition, Emanuel and colleagues (2012) identified that African American men have difficulty accessing healthy food, and lower confidence in their ability to eat fruit and vegetables at work, when tired, when watching television, and when other junk foods are available. Similarly, Griffith et al. (2013) reported that time pressures (e.g., while running errands or at work) and social factors (e.g., eating alone or outside the home, work and family schedules) shaped middle-aged and older African American men's dietary practices. In a qualitative study with middle-aged and older African American men, Griffith, Cornish, McKissic, and Dean (2016) explain that access to healthy food was defined by a variety of cognitive, intrapersonal, and environmental factors. An important aspect that often goes unnoticed is how food environment exposure during the formative years of an individual may influence their perspective and choices in their current food environment. No research study to date has explored this phenomenon, particularly among African American men.

This study examined the social, cultural, built environmental and temporal contexts that shape African American men's perceptions of the food environment. To achieve this aim, the framework by Blankenship and colleagues' was utilized to examine the structural determinants of health: contextual factors that influence risk rather than characteristics of individuals at risk (Blankenship, Bray, & Merson, 2000). This framework has been used to explore how African American men perceive the environment that shapes their health and health-related decisions (Griffith et al., 2007), but it has not been used to examine perceptions of the food environment. Having a better understanding of how the population of interest views the choices and determinants of their food choices will help to refine intervention strategies to improve African American men's dietary intake.

The current study uses the framework of Blankenship and colleagues (2000) to examine built environmental contexts and cultural and social factors that shape African American men's dietary practices. Blankenship et al. (2000) provide a three-part framework for classifying contextual factors that determine health: *availability, acceptability*, and *accessibility*. Availability characterizes the presence or absence of resources and settings that facilitate healthy behavior and health promotion. Acceptability describes the social norms, cultural context, socialization, and values that influence health risk and health behavior. Accessibility describes health as a function of social, economic, and political determinants of health (Griffith et al., 2007). The aim of this study was to determine how structural environments and time of urban, middle-to-older African American men shape their dietary practices considering their formative years' environment, current built environment, and to see if there are different themes or different dietary practices for different ethnicities. The research question for the study is how

do the structural and temporal environments across African American men's lives shape middle-aged and older African American men's dietary practices?

Methods

Setting

This study was approved (ID:HUM00013195) by the University of Michigan Institutional Review Board and informed consent was obtained from all participants. This study took place in three U.S. cities, Detroit, Flint, and Ypsilanti, which are the first, fourth, and fifth largest metropolitan statistical areas in Michigan, respectively (U.S. Census Bureau, 2009). All three cities have a high percentage of African American residents, though the surrounding areas are predominantly White (U.S. Census Bureau, 2009). The cities rank below the state and the country on most socioeconomic indicators (U.S. Census Bureau, 2009; U.S. Department of Labor, 2011). African American men in these cities experience elevated rates of health problems associated with poor diet such as heart disease, stroke, diabetes mellitus, and certain cancers, when compared to women and men of other ethnic groups living in the same counties, and when compared to state and national averages (Hoyert, Arias, Smith, Murphy, & Kochanek, 2001; Michigan Department of Community Health, 2008, 2010).

Study Design and Phenomenological Methodology

This study utilizes a qualitative research design, specifically, a phenomenological research method. Phenomenological research focuses on describing what all participants have in common as they experience a phenomenon (Creswell & Poth, 2017). The basic purpose of phenomenology is to reduce individual experiences with a phenomenon to a description of the universal essence, a "grasp of the very nature of the issue or thing" (Van Manen, 2016). Phenomenological research consists of identifying a phenomenon to study (an "object" of human experience; Van Manen, 2016), followed by the researcher(s) intentionally setting aside or blocking out their previous knowledge or experiences with the phenomenon, to acquire a fresh perspective toward the phenomenon, as data are collected and compiled from persons experiencing it.

This description consists of "what" people experienced and "how" they experienced it (Moustakas, 1994). The researchers developed a textual description of the experiences of the persons (what participants experienced), a structural description of their experiences (how they experienced it in terms of the conditions, situations, or context), and a combination of the textual and structural descriptions to convey an overall essence of the phenomenon (Creswell & Poth, 2017). For the purposes of this study, the shared experience or phenomenon refers to the perceptions that African American men have of their surrounding environment and what affects their behavior. There is no biological relationship among any of the participants in this study.

Exploratory focus groups were conducted with middle-aged and older African American men and important women in their lives to examine the social, cultural, and environmental barriers and facilitators to African American men's healthy eating and physical activity as part of the development of a Men 4 Health (M4H) intervention (Griffith, Gunter, & Allen, 2011a). This article is based on data derived from a subset of the focus groups that were conducted with men and explored eating behaviors and attitudes. The focus groups were designed to have a relaxed, casual atmosphere to facilitate open discourse and mutually beneficial interactions among the participants and between participants and the facilitators. The guided, semistructured focus group discussion included four broad questions: Why do you think African American men do not eat more fresh fruits and vegetables? What influences what African American men age 35 and older eat? What influences what you eat? How does stress affect eating for African American men in your age group? Only four questions were posed because the interview guide included extensive probing per question that allowed us to examine each topic in depth. The four questions stimulated enough discussion to fill focus groups that each focus group lasted approximately 2 hr.

Extensive probing was used to gather more information on eating patterns; barriers and facilitators of healthy eating; food decision-making; the influences of gender and ethnicity on eating behavior; and perceptions and attitudes influencing eating practices. Facilitation was designed to keep the discussion on topic, while allowing the participants to pursue avenues they found particularly salient. The focus group study, protocols, and forms were reviewed by the University of Michigan Institutional Review Board. An African American male focus group facilitator led the groups and was assisted by an African American male cofacilitator who took field notes to document group dynamics and track comments of individual speakers. Participants were asked to keep everything discussed during the focus group confidential, while acknowledging that this could not be guaranteed. Each participant was assigned a unique identifier to ensure anonymity.

Study Participants and Recruitment

African American men, ages 35 and older, living in the Flint, Ypsilanti, and Detroit metropolitan areas of southeast Michigan were recruited to participate in this study.

Table 1. Selected Characteristics of Participants.

Characteristics	Participants (n = 83)
Demographics	
African American men	100% (83)
Average age (years)	56.7 (range 32–82)
Married	62.5% (52)
Have a girlfriend, not married	18.8% (16)
Very or somewhat difficult to pay bills	52.5% (44)
College graduates	22.9% (19)
Health	
Self as primary grocery shopper	33.3% (28)
Wife/girlfriend as primary grocery shopper	45.3% (38)
Eat 5+ servings of fruit/ vegetables daily	15.2% (13)
Obese (body mass index > 30)	29.6% (25)
One or more chronic health conditions	74.7% (62)

They were recruited by snowball sampling via word-of-mouth, fliers, and the social networks of outreach staff and partner organizations of a university-based research center on men's health. The outreach staff is composed of African American men who live in the cities of interest; they have experience and reputations of being activity involved in addressing men's health in their communities.

The outreach staff strategically attended events and contacted organizations, groups, and informal social networks serving the population of interest to raise awareness about the study and recruit a diverse sample of men that met the eligibility criteria to participate in the study. Participants received a meal and $20 in incentives for participating in a focus group. Between July 2008 and February 2010, 83 African American men participated in nine focus groups on healthy eating: two groups with a total of 26 men from southeast Michigan; five groups with 32 men from Flint; and two groups with 25 men from Ypsilanti (see Table 1 for participant characteristics). Though the participants ranged in age from 32 to 82, three quarters (75.6%) were in their 50s and 60s.

Data Analysis

The data organization process was similar to the methods used by Griffith, Allen, and colleagues (Allen, Alaimo, Elam, & Perry, 2008; Griffith, et al., 2011b; Griffith, Gunter, & Allen, 2011b). The focus group interviews were audiotaped, transcribed verbatim, and entered into the qualitative data software package, ATLAS.ti. The data analysis process was conducted using the following five steps: (a) organizing the responses in the discussion group notes into a series of in vivo restatements (data chunks), (b) double-checking the restatements, (c) coding the restatements into categories, (d) combining coded restatements across discussion groups and participants to form one consolidated document, and (d) reviewing the consolidated document to identify themes to be included in written discussion group results.

Each focus group transcript was chunked into segments of text that represented distinct concepts that conveyed their original meanings apart from the complete transcript. Each segment of text was linked to the unique identifier of the speaker, the geographic location and date of the focus group, the interview guide question, and any other stimuli (prompts, comments of other participants) that appeared to influence the individual's statement. Several research assistants and the authors reviewed a random selection of approximately half the transcripts in order to inductively ascertain recurring patterns and topics that emerged from the transcripts; collectively we identified an initial set of codes. Phenomenological, rather than thematic, codes were chosen to enhance the ease and reliability of the assignment of codes to the text segments. During the process of testing the utility of the codes and training the coding team, some codes were collapsed or divided for clarity and a few concepts that had not previously been identified were added. This process yielded a codebook of 54 codes, which was used by a team of six student research assistants to code the text segments in the focus group transcripts. An inter-coder reliability measure was calculated by comparing the percent agreement between the original and recoded transcripts and achieved 75% agreement. Table 2 provides the analysis of thematic codes.

Results

The findings from the data analysis are presented in terms of the Blankenship et al. (2000) framework for understanding structural determinants of health. Findings from the study are presented according to the broad categories of availability (e.g., built environmental factors and resources), acceptability (e.g., social norms and cultural beliefs), and accessibility (e.g., social, economic and political determinants of health) in turn.

Availability

In these focus groups, the men who participated in this study were clearly able to indicate what their built, social, and physical food environments looked like previously and currently. They described what their surrounding food environment was like while growing up in rural communities and how the environment has significantly changed for them after moving to a large urban city. One participant stated:

Table 2. Analysis of Thematic Codes.

Code Name	Description	Excludes	Availability	Acceptability	Accessibility
Money	Any mention of money, the economy financial obligations, costs; state of the local/ national economy and job opportunities; food stamps; government assistance, "cheap fast food."		Indicated what the built, social, and physical food environments looked like in formative years and currently regarding choices. (from focus group findings)	Indicated how food marketing and advertisements have now become a part of the food environment. (from focus group findings)	Indicated how the expense of eating healthy is difficult. (from focus group findings)
Access/ availability	Locations, hours open, ease/difficulty; what food/ equipment related to eating or physical activity is accessible or available. Includes mention of places where people go to engage in physical activity (e.g., gym, spa, park).	Health Insurance/ System			
Other food sources	Any mention of other food sources excluding supermarket and home, which includes fast food, liquor stores, non-fast food restaurants, and vending machines.	Supermarket, home			
Other important areas: current social and built environment	Information on current social and built environment not captured elsewhere. Includes references to media and general references to the "environment." E.g. crime				
Preferences	What like, don't like, enjoy and why if mentioned. Note: Because they do it doesn't mean they like it.				

When I was growing up, just about everybody had a garden or a fruit tree. And we always had fruit and fresh vegetables and things like that. And now, we've come to an urban city. We're not in the neighborhoods that we used to be in, and we just don't have that anymore.

Another participant shared a comment that focused more on the prevalence of fast food restaurants:

Everywhere you go, you don't have to have a car. You can walk. There's rib joints, chicken joints, Burger King, McDonald's. All kind of foods and jerk chicken everywhere. I'm talking about east, south, the north side, the west side, the east side. No matter where you go, there's food. You can get any kind of food, anywhere, at any – 24 hours a day, by the way. Day or night.

Another participant also had a similar response regarding changing his dietary choices but eventually resorted back to making healthier choices when eating. He stated:

I was raised on a farm and we had access to a lot of fruit and vegetables. But when I moved to the city, things sort of changed. You know, you get in the fast lane and fast food chains you know. You get your hamburger or double whopper and you forget about all the vegetables that you should eat on a daily basis. But now that I'm a retiree, I resort back to those things that I learned.

From the focus groups, it appears that a number of men had influences from their upbringing and formative years regarding consuming fruits and vegetables. They commented on not only how their built and physical environments to some degree changed their food choices, but shared how the media has added to their surrounding food environment by way of audio and video public advertisements.

Acceptability

A central theme from the focus group data was how food advertisements on television had an impact on some participants and how the marketing or advertisement of food on television has become a part of their food environment. One participant noted:

We going back to influence. Nobody has brought up the fact that television influences us, a lot of time, as to who we eat. Because I can be sitting there, and I can be happy. You know, and certain things roll up on the TV, and after about 15 min of saying, "no." I'll just say, "forget it." I'll just go get it.

Another participant shared:

Now you can watch TV 24/7. You've got I don't know how many different channels and stuff. And so, you're constantly being inundated with all this information about eating hamburgers and eating pizza. What's the best kind, and so on.?

In his response, one participant commented on the influence that television advertising, a significant other can, and gender role assumptions among a household can have on food choice selection. His exact response was:

And they advertise it enough for us to make us want it. You look around, advertisement is key. And that influences you. Yes, you can be influenced by your wife because – or your significant other – who buys the meals and cook the meal. Because most of us is men, we don't sit down and have time to cook. We're working.

One participant commented regarding being uninformed about the benefits of eating fruits and vegetables as well as the dangers of consuming unhealthy foods:

I think the critical issue is going to be getting the information out and then I come to find out, man it's (unhealthy food) really not good for me. You know, as I begin to become more informed by as many people as possible, the benefits of the vegetables and fruits.

In general, some participants stated how they grew up and the habits that their parents had, to some degree, are still having a significant impact on their current dietary choices and patterns. They spoke about how traditionally, meats have had more value than vegetables and some men don't particularly enjoy consuming fruits and vegetables because they were never trained to eat them. Another commonality among some participants was that in the past, they have tried to expand their dietary choices and try eating other foods, but eventually reverted to eating foods that were more familiar to them. One participant explained:

Especially for those of us over 35, you know, we've been influenced by our parents and our grandparents. And, well, we just, I'll just keep it simple. Those are kind of foods I was raised on. That's the kind of food I like. And once I became older, I was able to venture out and try some other things, but I always went back to that down home cooking.

The participants all felt that what they see in media advertisements, to some degree, had an impact not only on them, but especially children. Two participants agreed with each other and stated that it's truly all about choice, and that just because certain foods are advertised on television doesn't mean that you have to purchase them and if that you want to eat correctly, you have to remain disciplined and not give in.

Accessibility

There were some comments that were shared by some participants pertaining to the cost of fruit being expensive for them and hence, they do not consume fruit on a regular basis. Furthermore, one participant had a response indicating that the foods that one chooses to eat, in his opinion, was dependent on individual financial status. He responded:

In my opinion, it's your lifestyle and your financial and economic situation. Because, if I have money, I can choose to eat a steak. If I don't have any money, I can't choose to eat a steak. And if you walk through life with not enough money, you just eat whatever you can.

Two participants commented on the cost of fruit being a hindrance to why they may not consume it as often as they may want to, particularly when preferred fruits are out of season. One participant responded:

I eat more fresh fruits and vegetables during the summer time due to the fact I go to the market, the farmer's market. It's cheaper during that time period. Now during the winter, accessibility, it's more expensive.

While another responded:

Fruit, to me, is expensive. In order to get fresh fruit, you have to pay an arm and a leg, except for what they've got nowadays, this seedless fruit.

Finally, one participant had an interesting perspective in that there are differences in social determinants among African Americans that may have a direct connection to the foods that they consume. He responded:

I think a point that's missed is African Americans are complex people. We're not a homogeneous group anymore. You have African Americans in all kinds of social levels, economic levels, and so forth, and all that has an effect on how they eat. We, you know, we react differently. We became assimilated into this culture. And because of that, because of our lack of education, because of our finances, we behave differently.

From this participant's comment, the point that comes across is that due to differences and advances in education and income levels among some African American homes and communities, the dietary patterns and selections now look different than what was perceived in previously stereotypical diet consumed by African Americans. This also speaks more specifically on gaining

more knowledge and education about foods in general and why some are healthier and should be consumed more and why others are not as healthy and should be consumed in moderation or perhaps not at all.

Collectively, the responses ranged from the prices of fast food being cheaper and its convenience due to a busy lifestyle, to habits formed from their family upbringing. As one participant stated,

Eating a lot of fast food, when people are on the go, something that's quick and easy to eat. You eat a lot of that stuff that's high in salt, high in sodium, high in fat because you can hold it in one hand and drive the car with the other.

In addition to the challenges of current busy lifestyles, these men discussed their family upbringing. For some, this meant not being able to consume fruits and vegetables while growing up due to financial strains, but for others this meant consuming fruit and vegetables at specific times of the year when the prices were cheaper. One participant commented that financial or broader economic barriers were a reason why some men do not consume healthy foods regularly: "*And due to our economy, again, we fall short of eating what we should be eating because of the dollar and cents."* However, only one participant did not see finances being a barrier for this diet, but more so, his personal financial and economic status. He responded: *"It's a problem of status. And, 'hey, I can afford steak now, so why worry about some beans?'"*

Discussion

The literature explaining gender differences in health tends to focus on psychological factors such as men's adherence to unhealthy beliefs and norms (Courtenay, 2000; Griffith, 2016). This view of men's health decontextualizes men's health and ignores the cultural, economic, and social changes that shape men's health behaviors and practices and ultimately men's health outcomes (Evans, Frank, Oliffe, & Gregory, 2011). There is a critical need for men's health in general and African American men's health in particular to use a biopsychosocial approach that simultaneously considers biological, psychological, and social factors (Griffith, 2016).

The study results demonstrated that middle-aged and older African American men discussed a complex array of built environmental, social, and economic factors that shaped their dietary practices. While they primarily discussed aspects of their current environments and lives, they connected these perceptions to the contexts of their lives as they grew up. Consistent with the notion of the chronosystem (Bronfenbrenner, 1986), these formative experiences shaped how they viewed the current availability, acceptability, and accessibility of food. This study is the first to illustrate the importance of understanding how African American men's experiences growing up shape their current dietary practices. This finding suggests that future interventions should consider and incorporate how people develop and understand their current food roles and environment through the lens of time, not just their adult context (Airhihenbuwa, 2010; Allen, Griffith, & Gaines, 2012).

Although advertising is an important factor in unhealthy eating habits, it is only one of many factors. There is no doubt that advertising is an influential cause of unhealthy eating habits in our society. As it relates to the television environment, our society is in a media-saturated environment that has undergone revolutionary change during the last two decades. In the environment of today's society, which includes our schools, homes, vehicles, and place of work, these locations are filled with media of all kinds (Haider, 2015). Media such as television commercials, food channels, Internet, and outdoor billboards are a part of our daily lives (Grier & Kumanyika, 2008; Griffith & Johnson, 2013; Kwate, 2008).

Published literature on dietary practices and views regarding dietary patterns and choices among African American men is scarce. Consistent with previous research, but inconsistent with common stereotypes, the results indicate that men do differentiate between healthy and unhealthy foods and are concerned about their health (Gough & Conner, 2006; Griffith, Allen, & Gunter, 2011b; Sellaeg & Chapman, 2008). In addition, in a study of African American men who have type 2 diabetes, Liburd, Namageyo-Funa, and Jack (2007) stated that given the gender roles in meal planning and preparation, and the high prevalence of fast food restaurants and convenience stores found in urban communities, healthy eating becomes a challenge for African American men. Wolf et al. (2008) reported that among African American men, fruit and vegetable intake consumption is low, but how best to intervene to improve these men's dietary intake requires further investigation. These studies are insightful and suggest a need for further investigation into the biological factors that shape food cravings, beliefs, and attitudes that affect diet and the dietary practices of African American men both living with and without obesity-related chronic conditions such as diabetes and hypertension (Jackson & Knight, 2006; Kwate, 2008, 2010).

Diet is a fundamental component of lifestyle and chronic disease management. The rate of African American men living with chronic diseases and increasing number of subtypes indicate that the need for advancement in the dietary practices of African American men is imperative. Messages for dietary change in diabetes prevention linger largely in public and private health-care sectors that serve African Americans, but the food environment is highly compelling and cues individuals to make unhealthy food choices (Carnethon, 2008). Unhealthy food environments also shape men's cravings for and

perceptions of particular foods (Kwate, 2008, 2010). With minimal advances in dietary practices, cultural influences, and health beliefs, obesogenic food environments continue to hinder progress, particularly since few prior studies have considered how the food environment is gendered (Jack & Griffith, 2013). Favorably, research has taken shape to focus on the adverse effects of food marketing trends that target African American communities (Grier & Kumanyika, 2008; Morland, Wing, Diez Roux, & Poole, 2002; Powell, Slater, Mirtcheva, Bao, & Chaloupka, 2007), but there are few successful interventions to change the food environments of African Americans in general or African American men in particular.

Among the responses of the study participants, only one person stated anything about taking matters into his own hands and becoming more educated about the dangers of consuming fast food regularly as well learning more about benefits of healthier foods. It appears that not perceiving that they have any healthy alternatives and only having fast food chains has limited the food choices for these men. As Griffith and colleagues identified in their study of the perception of healthy food options (Griffith et al., 2016), how men perceive their food environment may not be the same. The diversity in these perspectives may vary by key cognitive and psychological factors that can be critical points of intervention.

Strengths and Limitations

Data analysis procedures for qualitative research methods often stimulate concerns about the validity and consistency of the data. The data analysis strategy that was used involved a systematic process of coding scheme development, refinement, and quote attribution. Although the procedures apprehended the strongest and most prevalent themes, they may have eliminated distinctive perspectives expressed by a minority of respondents. Despite these limitations, the qualitative methods tap into different voices and perspectives in participants' own words and help identify patterns, subjective interpretations, and perceptions of causality (Banyard & Miller, 1998).

Future Implications

Education and interventions to enhance the dietary practices and behaviors among African American men should consider the challenges that African American men face in consuming healthy food from a biopsychosocial perspective. Interventions to improve African American men's dietary health should recognize the challenges African American men face in fitting eating into their busy schedules and the reality that eating healthy is often not a high priority. Instead of focusing on home food preparation, choice, and portions, interventions should help men make healthy choices at fast-food restaurants, convenience stores, and in other easily accessible settings. High fat and high sugar food and beverages can lead men to crave these foods, creating both biological and psychological motivations to consume unhealthy calories.

The extensive marketing of types and portions of fast food to men and the absence of healthier alternatives can make choosing healthy options difficult for men who would prefer healthier options, particularly as they are socialized to view these choices as rewards, treats, or simply easier and more filling than healthier options. Interventions to improve middle-aged African American men's eating practices also must find a way to engage their spouses in food choices at restaurants as well as preparing healthier foods at home when trying to avoid dining out frequently. It is critical to determine how best to engage men's spouses in these efforts without negatively affecting their relationships. It may be necessary to educate and intervene with the couple to effectively address men's eating both in and out of their homes.

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