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Further Validation of the Motivators and Barriers of a Healthy Lifestyle Scale

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Abstract

Black adults are disproportionately affected by chronic diseases, such as type 2 diabetes, which are largely preventable by healthy dietary habits and adequate physical activity. There is a gap in the literature related to measures that address factors that facilitate or inhibit practicing healthy lifestyle behaviors. The purpose of this study was to further assess the construct validity and test-retest reliability of the revised Motivators and Barriers of Healthy Lifestyle Behaviors Scale (MABS). A Survey design included a convenience sample of 209 community dwelling Black adults. Participants were stratified based on socio-economic status. Test-retest was conducted with a sub-sample of 27. Confirmatory factor analysis supported the construct validity of the 2-factor model. Cronbach's alpha reliability of the two subscales were .81 (motivators) and .88 (barriers). Test-retest analysis revealed adequate stability of the motivators subscales ($r = 0.62, p < .01$) and barriers subscale ($r = 0.61, p < .01$). Results provide evidence that the MABS is a valid and reliable instrument

for screening and counseling Black individuals for factors that facilitate and inhibit the practice of healthy lifestyle behaviors. Further studies are needed to evaluate the relevancy of the MABS in other racial groups.

Keywords: Instrument, Lifestyle, Motivators, Barriers, Blacks

Further Validation of the Motivators and Barriers of a Healthy Lifestyle Scale

Obesity-related disorders such as type 2 diabetes mellitus (T2DM), attributed to poor eating habits and a lack of physical activity, have reached epidemic proportions in the United States, particularly among minorities.^{25,26} In 2007, Blacks (11.8%) were almost twice as likely to develop type 2 diabetes as Whites (6.6%).⁴ Additionally, 70 percent of Black individuals age 18 to 64 were obese or overweight.²⁵ Several studies confirm that the majority of Americans, particularly minorities such as Blacks, do not engage in the recommended physical activity and dietary habits for optimal health, both of which contribute to increased incidence of chronic diseases such as type 2 diabetes.^{3,23,33} Recent results of randomized controlled trials have revealed that lifestyle changes related to dietary habits and physical activity can delay or prevent the onset of T2DM.^{10,31} It is therefore critical to determine factors that facilitate or inhibit the practice of healthy lifestyle behaviors among minorities. In this study, healthy lifestyle behaviors are defined as 30 minutes of moderate-intensity physical activity most days of the week.³³ Dietary habits refers to consuming the recommended fruit and vegetable intake and decreasing fat intake daily.³³

Purpose

The purpose of this study was to further validate the revised researcher developed instrument, Motivators and Barriers of Healthy Lifestyle scale (MABS),^{11,12} in a heterogeneous sample of Blacks with varied socio-economic status. The specific aims of this study were to:

1. Assess the construct validity and reliability of the MABS.
2. Assess test-retest validity.

Background

Health care providers are urged to implement measures to increase the proportion of adults who engage in physical activity and increase their consumption of fruits and vegetables daily.³² Drayton-Brooks' and White's study, conducted to determine ethnic differences in the perception of the impact of being overweight on health, revealed that non-Hispanic Blacks were 50 percent less likely than non-Hispanic Whites to perceive the ill-effects of weight on health.¹⁴ Health care provider counseling is essential to communicate the ill-effects of being overweight. Patients who were told of their overweight status were more likely to perceive the negative influence of weight on their health compared those who were not told.¹⁴ Individuals who received counseling regarding weight loss measures were more likely to report trying to make changes to improve dietary habits and increase physical activity.^{17,20} Physicians in the clinical setting identified limited time and lack of reimbursement as barriers to counseling individuals regarding lifestyle behaviors.¹⁵ The Motivators and Barriers of Healthy Lifestyle Scale (MABS) is a concise measure that providers can use in the clinical setting to formulate individualized strategies to promote healthy lifestyle behaviors with little investment of time.

There is evidence that Black and White individuals may have similar factors that motivate and hinder healthy lifestyle behaviors.⁷ However, because of the increased incidence of chronic illnesses attributed to poor dietary habits and inadequate physical activity of Black individuals compared to White individuals, it is important to have measures psychometrically tested and relevant to Black individuals.

The Motivators and Barriers of Health Behaviors Scale (MABS) was developed as a measure for providers to promote counseling regarding factors that affect healthy lifestyle behaviors primarily of Black individuals. Items for the MABS were developed from the scientific literature regarding why Black individuals may or may not practice healthy lifestyle behaviors. All items on the MABS were developed from qualitative studies in the literature and focus groups conducted by the author related to the health behaviors of Blacks.^{11,12} Blacks are disproportionately at risk for chronic diseases related to healthy lifestyle choices. Practitioners need a psychometrically sound measure to assess factors that impact the lifestyle behaviors of their Black patients.

Conceptual Framework

The researcher-developed Motivators and Barriers of Health Behaviors (MBHB) Model provided the framework for this instrument development study. The Model was informed by the health promotion literature particularly focusing on Black individuals' health behaviors and the Health Belief Model.²⁷ The MBHB model proposes that when motivating factors are

greater than barriers, a person will be more likely to practice healthy behaviors. If a person has more barriers than motivators, he or she will be less likely to practice healthy behaviors.¹²

Comparison of Related Instruments to the MABS

Multiple factors determine the practice of healthy lifestyle behaviors. There are several instruments related to the various aspects of healthy lifestyle behaviors, but there are no known measures that assess both general motivators and barriers to healthy dietary habits and physical activity behaviors related to Black individuals. The Health-Promoting Lifestyle Profile³⁵ has adequate reliability and validity, but focuses on describing the types and frequency of health behaviors. Similarly, the Multidimensional Health Behavior Inventory²¹ measures what constitutes health and risk behaviors. Instruments such as the Health Self-Determinism Index,⁸ the Health Motivation Assessment Inventory,²⁴ and the General Health Motivation Scale³⁰ focus on the concept of health motivation, but from a limited perspective of general motivation of health behaviors or personal factors to the exclusion of factors that inhibit health behaviors. Instruments that include both motivators and barriers tended to be disease specific,^{5,6} or limited to exercise.^{1,28} Moreover, all existing instruments were developed and tested primarily on non-Hispanic Whites.² There are no known instruments developed to measure factors that motivate and hinder a healthy lifestyle (diet and physical activity) specifically in Black individuals. The MABS focuses on reasons why a Black individual may or may not practice a healthy lifestyle, whereas other instruments focus on other aspects of healthy lifestyle behaviors of individuals.

The development of the MABS is intended to fill a two-fold gap in the literature. First, there is a need for a measure that addresses general motivators and barriers to healthy lifestyle behaviors; second, there is a need for measures that are developed and tested on Black individuals. Because Blacks individuals are disproportionately affected by lifestyle related diseases such as T2DM and are less likely to practice healthy lifestyle behaviors, there is a pressing need for psychometrically sound measures tested and validated with a majority Black population that healthcare providers can routinely use to counsel Black individuals regarding lifestyle behaviors.

The Motivators and Barriers of Healthy Lifestyle Behaviors Scale (MABS) differs from other known instruments that measure both motivators and barriers of health behaviors. The MABS goes beyond describing health behaviors: It identifies why an individual engages or does not engage in a healthy lifestyle. The MABS is the only known instrument that measures personal and environmental motivators and barriers relevant to adult Blacks. Recognition of these

variables is important if appropriate provider counseling and supportive interventions such as goal setting and contract arrangements between provider and patient are to be effective.

Development and Revision of the MABS

The psychometric testing of the original version of the MABS revealed adequate reliability (motivators .88, barriers .90) in a sample of 119 low-income Black individuals in a northeastern state.¹² Further validation of the MABS was warranted to examine the generalizability of the scale by stratifying for socioeconomic status and to establish test retest reliability. Based on further review of the literature and the results of focus groups with Black lay individuals, the researcher added three items to the motivators and barriers subscales respectively.¹¹ The measure was increased from 14 to 21 items. The items added pertained to the availability of exercise facilities, provider counseling, and feeling stressed.^{7,13} One additional item, "I am not able to practice a healthy lifestyle because I feel that I am already thin," was added to the barriers subscale as a result of focus groups of lay Black individuals.¹¹ The addition of the items to the measure provided a more comprehensive questionnaire of the salient factors that influence healthy lifestyle behaviors.

Description, Administration, and Scoring

The 21-item MABS was reduced to 19 items after data analysis (see Appendix A). Nine positive items were included in the motivators dimension and 10 negative items were included in the barriers dimension. All items are scored on a forced choice four-point Likert scale: 1 = strongly disagree to 4 = strongly agree. Flesch-Kincaid reading grade level is 5.9. The Flesch Reading ease is 73, which is considered average.

The instrument is a self-administered paper-and-pencil survey. Two separate scores are obtained on each of the Motivators and Barriers dimensions by summing the scores respectively. A higher score on the Motivators dimension indicates the individual perceives that there are more personal and environmental factors that facilitate healthy lifestyle behaviors than inhibitors and a higher score on the Barriers dimension indicates that an individual has more barriers to overcome than motivators. The maximum scores possible on the Motivators and Barriers dimensions are 36 and 40, respectively; the minimum scores on the Motivators and Barriers dimensions are nine and 10, respectively.

Methods

A survey design was used for this instrument study. A convenience sample of Black adults was recruited from diverse church denominations, community organizations, and a community college in a southern state. Individuals were eligible to participate in the study if they were 18 years of age or older, self-identified as Black, able to speak and read English, and not pregnant. Individuals with physical or dietary restrictions that limited participation in standard dietary and physical activity recommendations were not eligible.

Procedure

After approval from the appropriate institutional review board, psychometric testing of the MABS began. The researcher provided written explanation regarding the purpose of the study and informed consent to the participants. The MABS and the demographic questionnaire were completed by paper and pencil and returned to the researcher in person or by mail.

Demographics

The revised version of the MABS was administered to 209 community dwelling Black individuals. The typical participant was female (66%), with a mean age of 41 years and some college education. The demographic information describing the sample is presented in Table 1.

Results

Among the 209 completed surveys received, 27 with missing data were deleted. Two-way contingency tables and independent *t*-test analyses indicated that the demographic characteristics of individuals with missing data were not significantly different from those without missing data for gender ($p = .85$), education ($p = .65$) or age ($p = .08$). Data from the remaining 187 completed surveys were used to evaluate reliability and validity of the instrument.

Confirmatory factor analysis was conducted to determine how well the hypothesized two-factor model fit the data obtained. Two factors were hypothesized; the first 10 items were hypothesized to load on the motivators construct; and items 11 to 21 were hypothesized to load on the barriers construct. All items were specified to load freely on their respective factors, but were not allowed to load on other factors.

Item Correlations

The two factors, Motivators and Barriers had a negative correlation of -0.28 indicating that individuals who scored higher on one factor scored lower on the other. Item-total correlations ranged from .24 to .64 for the motivators subscale and from .32 to .71 for the barriers subscale indicating low to moderate correlations between individual items and total score of the respective subscales based on the remaining items. Items correlating less than .20 should be targeted for review.¹⁶ Each item correlated with their respective scale adequately at greater than .20. See Table 2 for item-total correlations.

Construct Validity

The adequacy of fit was further validated by determining the factor loadings for the items. All the items resulted in T-values greater than two indicating that the items adequately loaded on the hypothesized factors.¹⁶ In comparison to the other items in the model, item number 10 and item number 21 had lower T-values and factor loadings. These data are provided in Table 3. In addition, the squared multiple correlations (R²) indicating the proportions of variance in the item scores that is accounted for by the factor indicated that the same items number 10 and 21 had the least amount of variance accounted for by their hypothesized factors.

The overall fitness of the data compared to the hypothesized model was determined by a variety of indices in order to offset the weakness of a certain index by the strength of another.¹⁸ The indices used to determine measure of fit were chi-square to degrees of freedom, Goodness of Fit (GFI), Adjusted Goodness of Fit Index (AGFI), Comparative Fitness Index (CFI), and the Incremental Fit Index (IFI). The chi-square to degrees of freedom ratio = 2.06:1 indicated good fit of the data to the model. The goal is to have a Chi-Square to Degrees of Freedom ratio of less than 3.0.²⁹ The normal ranges of the GFI, AGFI, CFI, and IFI are 0-1, values greater than .90 indicates good fit.¹⁸ The IFI and CFI were greater than .90, suggesting acceptable fit of the model. The GFI and AGFI were .83 and .79 respectively indicating marginal fit. Overall, the indices measured indicated an acceptable fit of the model.

The Root-Mean-Residual (RMR) was analyzed to determine the average residual value derived from the fitting of the variance-covariance matrix for the implied model. Values range from 0.0 to 1.00. In a well fitting model the desired RMR is small, usually .05 or less. Values greater than .10 suggest rejecting the model. The RMR for the 21-item MABS of .07 indicated marginal fit of the model. Items in the model were evaluated for improved fit.

The model was respecified for improved fit by deleting two items based on the low factor loading and lowest T-values correlating with the least amount of variance accounted for by their hypothesized factors. The resulting 19-item MABS had

9 items in the Motivators subscale and 10 items in the barriers subscale. The ratio of chi-square to degrees of freedom was 1.88:1 revealing adequate fit. All the fit indexes improved slightly, GFI = 0.86, AGFI = 0.83, CFI = .95, IFI = .95. The root mean square residual (RMR) = .06 indicating an improved fit that is acceptable. The 19-item MABS supports the construct validity of the instrument with all indices within the acceptable range. Data of the 19-item MABS demonstrated adequate construct validity.

Internal Consistency

Using Cronbach's alpha, the internal consistency of the 19-item MABS was 0.81 and 0.88 in the motivators and barriers dimension respectively. See Table 2 for item analysis and reliability data.

Test-retest Reliability

Test-retest reliability was analyzed using Pearson's correlation coefficient for a small sample subset of research participants ($n = 27$) who completed the MABS a second time, 2 weeks after the initial testing. The data from the test-retest analysis indicate adequate stability. Significant positive correlations between the first and second test administration of motivators subscale ($r = 0.62, p < .01$) and barriers subscale ($r = 0.61, p < .01$).

Discussion

The MABS was designed to measure factors that facilitate and inhibit the practice of physical activity and healthy dietary habits in Black individuals. The scale demonstrated adequate psychometric properties. Confirmatory factor analysis provided supportive evidence of construct validity of the hypothesized two-factor revised 19-item model. A review of the items and modification indices revealed that the fit improved after two items, (10 and 21) with low factor loadings were deleted. There is evidence that the deleted item 10, "I practice a healthy lifestyle because I have been told by my healthcare provider to improve my lifestyle" may be encompassed in item 6, "I practice a healthy lifestyle because I have someone to encourage or help me." Chang and colleagues documented that individuals were motivated to practice a healthy lifestyle when they perceived their healthcare provider as encouraging.⁷ The other item deleted from the barriers subscale was item 21, "I do not practice a healthy lifestyle because I feel that I am already thin." There is evidence that some individuals are motivated to practice healthy lifestyle behaviors based on a need to lose weight and to improve their physical appearance.^{7,13} The relationship of how individuals are inhibited from practicing healthy lifestyle behaviors if they

perceive themselves to be at the desired weight goal needs to be explored further in future studies. The remaining 19-items were analyzed for adequate fit.

The 19-item MABS demonstrated improved fit when compared to the fit of the 21-item MABS. The ratio of Chi-Square to degrees of freedom revealed an adequate fit of the model. The 19-item measure is a parsimonious measure that can provide clinicians with knowledge regarding reasons why Black individuals may be motivated or inhibited from practicing healthy lifestyle behaviors.

The internal consistency of the 9-item motivators subscale was .81 and the 10-item barriers subscale was .88. The internal consistency for the overall scale was not deemed meaningful because the subscales were appropriately negatively correlated. The negative correlation constitutes evidence that one experience does not necessarily exist to the exclusion of the other. In other words, a person can have motivators and barriers that simultaneously impact the practice of lifestyle behaviors. The negative correlation supports the MBHB model that individuals that scored high on one subscale scored lower on the other subscale. Two separate scores should be derived when using the MABS, a Motivators score and a Barriers score by summing the item scores for the respective dimension.

Further studies are needed to determine if the subscales used independently provide the necessary information to counsel individuals to initiate or maintain healthy dietary and physical activity habits. For example, the authors of the Exercise Benefits/Barriers Scale (EBBS) suggest that it can be used as two separate scales to measure the perceived benefits of exercise or the perceived barriers of exercise.²⁸ The EBBS is similar to the MABS in response format, with positive and negative dimensions. This provides evidence to support the use of Motivator and Barrier subscales as separate measures in the clinical setting and in future studies.

Limitations

Data from the MABS have demonstrated adequate reliability and validity in a previous study with a sample of low-income Blacks in a northeastern state¹² and in the present study with a sample of higher socio-economic Blacks in a southern state. Participants for the initial testing of the MABS were recruited primarily from a community health center of low income adult Blacks in the northeastern state. The sampling from two regions and the diversity of the socioeconomic status of the two groups supported the applicability of the MABS to a diverse group of Black individuals. However, the sample was purposive in both studies thus limiting the generalizability of the results. Although the data from the 19-item

MABS revealed sufficient validity and reliability to study perceived motivators and barriers of healthy lifestyle behaviors of Blacks as mentioned previously, the halo effect might have influenced participants' responses. Participants may have given socially desired responses.

The test re-test format was subject to test and history effects. Measuring factors related to lifestyle behaviors could sensitize participants to the measure and thus influence their responses to the measure when the questionnaire was repeated two weeks later. Hurricane warnings that occurred between the two data collection points may have affected the responses of the participants. The subset of the sample to assess for the stability of the MABS was small. Therefore, conclusions regarding the stability of the MABS at this point are limited.

Conclusion

The impact of poor dietary habits and inadequate physical activity affects all population groups. The items on the MABS are not unique to the Black culture but are deemed culturally appropriate. Future studies are warranted to determine the relevancy of the MABS in other racial groups through literature review, focus groups, and empirical analyses.

The MABS demonstrates sound psychometric properties as a measure of factors that motivate or inhibit the practice of healthy lifestyle behaviors in a heterogeneous sample of Black individuals. Healthcare providers may use the MABS to screen and counsel individuals to facilitate lifestyle changes and, as a result, potentially decrease the disproportionate burden of chronic diseases that can be prevented or delayed by healthy lifestyle behaviors.

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Table 1. Sample Demographic Information

Gender (n=167)	Male (34%) Female (66%)
Age (n = 160)	41 \pm 16.50
Ethnic Background (n = 157) %	African American (50%) Haitian (13%) Jamaican (26%) Trinidadian (2%) Guyanese (2%) Panamanian (1.2%) Other (7%)
Highest Education (n = 165) %	Grade 0-8 (1%) High School with diploma (5%) High School graduate (14%)

	Associate degree or some college (47%) Bachelors (17%) Masters (13%) Doctorate (2%) Other (1%)
Health status (n = 167)	Poor (2%) Fair (24 %) Good (59%) Excellent (15%)
Work status (n=166)	Retired (7%) Unemployed (4%) Part-time (18%) Full-time (72%)
Exercise 30 minutes 5-7 days per week (n = 171)	No (63%) Yes (37%)
Five Servings of fruits and vegetables per day (n = 168)	No (80%) Yes (20%)

*Rating Scale: 1 = Strongly Disagree; 2 = Disagree; 3 = Agree; 4 = Strongly Agree

Table 2. Motivators and Behaviors of Healthy Lifestyle Item Analysis and Reliability Data (N=187)

Dimension/Item	*1	2	3	4	Mean	Standard Deviation	Correlation With Dimension	Dimension Alpha Reliability If Item Deleted	Dimension Alpha Reliability
Motivators									.81
1. May live longer	0	6	75	101	3.52	.56	.56	.77	
2. Want to be healthy	0	1	58	123	3.67	.48	.52	.77	
3. God wants me to	0	4	36	102	3.76	.48	.45	.78	
4. More energetic	0	4	70	108	3.57	.54	.52	.77	
5. Want to manage weight	3	11	65	103	3.47	.69	.53	.77	
6. Someone to help	16	49	78	39	2.77	.89	.53	.77	
7. Seen others get sick	5	11	73	93	3.40	.73	.42	.78	
8. Reduce getting sick	1	11	77	93	3.44	.63	.64	.76	
9. Place to exercise	8	31	75	68	3.12	.84	.47	.78	

Table 2. Motivators and Behaviors of Healthy Lifestyle Item Analysis and Reliability Data (N=187) (continued)

	*1	2	3	4	Mean	Standard	Correlation With	Dimension Alpha	Dimension
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Dimension/Item						Deviation	Dimension	Reliability If Item Deleted	Alpha Reliability
<i>Barriers</i>									.88
11. Not motivated	65	63	44	10	1.99	.91	.60	.86	
12. No one to encourage	60	71	38	13	2.02	.91	.62	.86	
13. Neighborhood	88	79	9	6	1.63	.73	.54	.86	
14. Too many things	44	58	54	26	2.34	1.0	.60	.86	
15. Health problems	77	76	22	7	1.77	.81	.55	.86	
16. Know what to do	78	87	9	8	1.71	.76	.65	.86	
17. Unable to afford it	68	88	18	8	1.81	.79	.63	.86	
18. No place to exercise	71	87	18	6	1.77	.76	.71	.85	
19. Not told to change	65	74	32	11	1.94	.88	.44	.87	
20. Feel stressed	55	69	51	7	2.05	.86	.70	.85	

*Rating Scale: 1 = Strongly Disagree; 2 = Disagree; 3 = Agree; 4 = Strongly Agree

Table 3. Motivators and Barriers of Healthy Lifestyle Screening Scale Maximum-Likelihood Factor Loadings (MLF) and T-Values

	Motivators	MLF	T-Values	
Item	Stem			
1	May live longer	0.67	9.45	
2	Want to be healthy	0.66	9.23	
3	God wants me to take care of my body	0.53	7.08	
4	Want to be more energetic	0.65	9.12	
5	Want to manage weight	0.58	7.99	
6	Have someone to encourage me	0.49	6.54	
7	Seen others get sick	0.50	6.61	
8	Will reduce my chances of getting sick	0.75	11.0	
9	Can easily get a place to exercise	0.51	6.87	
10*	Told by my healthcare provider to improve my lifestyle	0.21	2.58	

**Item deleted*

Table 3. Motivators and Barriers of Healthy Lifestyle Screening Scale Maximum-Likelihood Factor Loadings and T-Values (Continued)

	Barriers		MFL	T-Values
12	Not have someone to encourage me or help me		0.67	9.72
13	Live in an unsafe neighborhood		0.59	8.30
14	Have too many things to do		0.63	9.05
15	Have health problems		0.61	8.64
16	Do not know what to do		0.71	10.45
17	Am unable to afford it		0.71	10.64
18	I am not able to get to a place to exercise		0.78	11.93
19	Not told by my healthcare provider to change my lifestyle		0.46	6.18
20	Feel stressed		0.73	10.90
21*	Feel that I am already thin		0.33	4.33

**Item deleted*

Appendix A

Motivators and Barriers of a Healthy Lifestyle

Your answers to all the statements below will help us learn why some people practice healthy lifestyle behaviors: exercise regularly and eat a healthy diet, and others do not. Please read each statement and circle the response below that shows how much you agree with the statement.

- Do you participate in moderate physical activity such as jog, bike, walk, or swim 30 minutes five to seven days of the week? Yes_____ No_____
- Do you eat 2 cups of fruits per day? Yes_____ No_____
- Do you eat 2 cups of vegetables per day? Yes_____ No_____
- Do you avoid high fat and high calorie foods such as potato chips, chocolate, or high fat meats? Yes_____ No_____

1 = Strongly Disagree; 2 = Disagree; 3 = Agree; 4 = Strongly Agree

I practice a healthy lifestyle because I...

	Strongly Disagree	Disagree	Agree	Strongly Agree
1 May live longer	1	2	3	4
2 Want to be healthy	1	2	3	4
3 Believe that God wants me to take care of my body	1	2	3	4
4 Want to be more energetic	1	2	3	4

5 Want to manage my weight	1	2	3	4
6 Have someone to encourage or help me	1	2	3	4
7 Have seen others get sick from unhealthy behaviors	1	2	3	4
8 Will reduce my chances of getting sick	1	2	3	4
9 Can easily get to a place to exercise (sidewalk, park, or exercise facility)	1	2	3	4

I do not practice a healthy lifestyle because I...

Strongly Disagree Agree Strongly

	Disagree			Agree
11 Am not motivated	1	2	3	4
12 Do not have someone to encourage or help me	1	2	3	4
13 Live in an unsafe neighborhood	1	2	3	4
14 Have too many things to do	1	2	3	4
15 Have health problems	1	2	3	4
16 Do not know what to do	1	2	3	4
17 Am unable to afford it	1	2	3	4

18Am not able to easily get to a place to exercise (sidewalk, park, or exercise facility)	1	2	3	4
19Have not been told by my healthcare provider (doctor, nurse practitioner, physician's assistant) to change my lifestyle	1	2	3	4
20I feel stressed	1	2	3	4

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