UCLA
UCLA Previously Published Works

Title
The association between neighborhood/environmental factors and physical activity among older african americans in Los Angeles: A qualitative analysis

Permalink
https://escholarship.org/uc/item/8h89f84x

Authors
Duru, O
Brusuelas-James, R
Sarkisian, C
et al.

Publication Date
2006

Peer reviewed

eScholarship.org Powered by the California Digital Library
University of California

interpretation likely is due to fundamental changes to the training program as a result of participation in the study. Testing residents increases awareness of deficiencies and provides a significant incentive for self-directed learning. Also, education at training programs is driven by resident-peer interactions. Residents randomized to the web module may easily have disseminated information to those not randomized to the web module. Despite the large improvements seen, significant deficiencies in ECG competency remain. Continued research is needed on methods to improve ECG interpretation among residents.

THE ASSOCIATION BETWEEN NEIGHBORHOOD/ENVIRONMENTAL FACTORS AND PHYSICAL ACTIVITY AMONG OLDER AFRICAN AMERICANS IN LOS ANGELES: A QUALITATIVE ANALYSIS. O. Duru[1]; R. Brusuelas-James[1]; C. Sarkisian[1]; C.M. Mangione[1]. [1]University of California, Los Angeles, Los Angeles, CA. *(Tracking ID # 154139)*

BACKGROUND: To inform the development of a community-based physical activity intervention, we conducted focus groups in African American communities to evaluate the association between neighborhood perception and physical activity participation. We hypothesized that people in low-income neighborhoods would 1) report greater barriers to outdoor physical activity, 2) identify fewer resources for outdoor physical activity and 3) engage in less physical activity, particularly outdoors, than participants in moderate-income neighborhoods.
METHODS: During 2004 and 2005, we conducted 6 focus groups of African-Americans aged 60 years and older (n = 59) at a total of 4 senior centers in Los Angeles. We identified 2 centers each in low-income and moderate-income areas with significant African American populations, and within each center recruited a convenience sample of interested seniors with the assistance of senior center directors. All focus groups were audiotaped, transcribed, and reviewed for accuracy. We used Atlas/tiTM software to code the content of each focus group discussion, and then analyzed for key themes and patterns. Two investigators (OKD & RBJ) independently coded 2 of the transcripts, and then met to discuss and refine the coding terms, the remaining 4 transcripts were then coded.
RESULTS: Participants averaged 66 years, and 75% were female. Participants within each focus group could identify at least one nearby location that was clean, well-lit, and considered conducive to outdoor physical activity. Those in moderate-income areas were able to identify multiple locations. While most participants deemed outdoor activity such as group walking as acceptable, a common theme expressed across all groups was a preference for indoor activity such as low-impact aerobics, with concern for physical safety consistently raised as an important factor driving this preference. Participants in low-income neighborhoods expressed strong concerns emanating from specific, observed examples of gang activity, assaults on older persons, and dogs without leashes. This theme emerged from participants in moderate-income neighborhoods as well, but often from a more distant perspective, such as "criminals are everywhere no community is exempt" and "I haven't run into any loose [dogs], but you see them on the news." Within two of the groups in low-income neighborhoods, some participants expressed the importance of "being known" as conferring a degree of safety. Participants in several groups reported engaging in more outdoor activities along with coworkers and friends in late middle age, and shifting to primarily indoor activities over time. Overall, most participants reported engaging in physical activity at least three times per week.
CONCLUSIONS: While generalizability of this study is limited given the sampling strategy, fear of personal safety may be an important barrier to exercise among older African Americans within both low-income and moderate-income areas in Los Angeles, whether motivated by specific, observed safety concerns or by a global fear for personal safety. While acceptable resources for outdoor activity are identifiable in both low-income and moderate-income communities, their presence alone is probably not sufficient to increase physical activity behavior. We plan to use the results of this study to modify our intervention by providing more physical activity choices, including indoor options, while limiting outdoor activities to familiar, comfortable locations.

THE ASSOCIATION BETWEEN STATINS AND CANCER PREVENTION IN THE PHYSICIANS' HEALTH STUDY. W.R. Farwell[1]; H.D. Sesso[2]; R.A. Lew[1]; R.E. Scranton[1]; J.M. Gaziano[1]. [1]VA Boston Healthcare System, Boston, MA; [2]Brigham and Women's Hospital, Boston, MA. *(Tracking ID # 156004)*

BACKGROUND: Basic science and observational studies have provided preliminary evidence that statins may have a role in the primary prevention of cancer. A recent meta-analysis of trials of statins for cardiovascular disease prevention concluded that statins were not associated with cancer prevention. However, most trials of statins for cardiovascular disease prevention have been performed in younger populations and have not had long-term follow-up. Therefore, we examined whether current statin use was associated with cancer incidence and whether this potential association differed by age in the Physicians' Health Study (PHS).
METHODS: The PHS is a long-standing cohort that began in 1982 with 22,071 healthy middle-aged and older male physicians. Self-reported information on cardiovascular and cancer risk factors as well as medication use was ascertained via a yearly questionnaire. Each new cancer diagnosis was also self-reported and confirmed by chart review by an Endpoints Committee. We identified 9,804 men who reported being cancer-free on a comprehensive questionnaire completed around 1999. Among this cohort, we compared men who reported currently taking a statin to men who reported no current statin use with respect to subsequent cancer incidence using Cox proportional hazards models. In addition, because rates of prostate cancer are known to be elevated in highly screened populations, we determined the risk of prostate and non-prostate cancer seperately. Because age is a known risk factor for cancer incidence, we stratified by baseline age (<65 versus 65 years). Multivariate models controlled for age; body mass index; history of hypercholesterolemia; use of non-statin cholesterol lowering medications; exercise; alcohol use; smoking history; and diabetes mellitus.
RESULTS: Among 9,804 men (mean age of 67.6 years) over a mean follow-up of 6.6 years, a total of 1016 incident cases of cancer, excluding non-melanoma skin cancer, were identified, of which 562 were prostate cancer. No significant attenuation was observed between hazard ratios (HR) of age- and multivariate-adjusted models, therefore, only results from multivariate-adjusted models are presented. Compared with no current statin use, the HR (95% confidence intervals (CI)) for current statin use and the incidence of total, prostate and non-prostate cancer were 0.91 (0.75–1.10); 1.01 (0.79–1.29); and 0.80 (0.60–1.07), respectively. We observed a significant interaction ($p<0.01$) between current statin use and age for the risk of total cancer. Among men aged 65 years, the multivariate-adjusted HRs (95% CI) for current statin use and the incidence of total, prostate, and non-prostate cancer were 0.70 (0.55–0.89); 0.77 (0.57–1.05); and 0.62 (0.43–0.89) compared with no current statin use. Among men aged <65 years, the multivariate-adjusted HRs (95% CI) for current statin use and the incidence of total, prostate and non-prostate cancer were 1.50 (1.08–2.10); 1.53 (1.01–2.32); and 1.48 (0.86–2.54) compared with no current statin use.
CONCLUSIONS: Current statin use did not appear to be associated with decreased cancer incidence when analyzed among all ages of this large cohort of middle-aged and older male physicians. However, among men aged 65 years, current statin use appeared to be associated with a lower incidence of total and non-prostate cancer. More studies are needed to clarify the potential role of statin use and cancer prevention.

THE ASSOCIATION OF ACCULTURATION WITH PREVALENCE OF UNDIAGNOSED HYPERTENSION AMONG OLDER HISPANIC ADULTS. P.P. Eamranond[1]; E. Marcantonio[1]; K.Patel[2]; A. Legedza[1]; S.G. Leveille[1]. [1]Beth Israel Deaconess Medical Center, Boston, MA; [2]National Institutes of Health (NIH), Bethesda, MD. *(Tracking ID # 152286)*

BACKGROUND: Lower levels of acculturation among Hispanics is associated with health care disparities with regard to medical care for hypertension. No study to date has examined the association of acculturation with the prevalence of undiagnosed hypertension in an older Hispanic population. METHODS: We analyzed data from the Hispanic Established Populations for Epidemiologic Studies of the Elderly, which included 3050 Hispanic subjects age ≥ 65. We excluded subjects with previous diagnosis of hypertension defined by self-report and/or use of anti-hypertensive therapy. Measures of acculturation included language read/spoken, language used in social situations, language of mass media information, and duration of U.S. residence. Undiagnosed hypertension on physical exam was defined as systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg, as measured by the average of two readings. We used weighted logistic regression to assess the impact of each acculturation measure on undiagnosed hypertension prevalence. We assessed the following potential confounders: education, health insurance, household income, and health care utilization. Our final model included the acculturation variable of interest, age, gender, and all significant confounders. We utilized SUDAAN to account for complex sample weighting.
RESULTS: Among 1407 subjects without previous diagnosis of hypertension, the mean age was 73 y, 58% were female, 43% were born outside of the U.S. Undiagnosed hypertension prevalence by measurements of acculturation is shown in Table. After adjusting for age and gender, language used in social situations and language of mass media information were significantly associated with undiagnosed hypertension prevalence (see Table). With further adjustment for education, only language of mass media information remained significantly associated with undiagnosed hypertension (see Table).

Table: Undiagnosed hypertension prevalence and odds ratios by acculturation among older Hispanics (N=1407)

Acculturation measure	Prevalent undiagnosed hypertension (%)	Model 1^ OR (95% CI)	Model 2# OR (95% CI)
Language read/spoken			
English>Spanish	28	1.0	1.0
Spanish=English	37	1.2 (0.7-2.0)	1.1 (0.6-2.0)
Spanish>English	43*	1.5 (0.9-2.3)	1.2 (0.7-2.1)
Language social situations			
English>Spanish	29	1.0	1.00
Spanish=English	36	1.5 (0.8-2.8)	1.5 (0.8-2.8)
Spanish>English	41*	1.7 (1.0-2.9)	1.4 (0.8-2.5)
Language mass media			
English>Spanish	24	1.0	1.0
Spanish=English	38	2.4 (1.4-4.2)	2.3 (1.3-4.0)
Spanish>English	43*	2.5 (1.5-4.2)	2.3 (1.4-3.8)
Duration of U.S. residence			
U.S.-born	40	1.0	1.0
≥20 years	38	1.0 (0.7-1.5)	0.9 (0.6-1.3)
<20 years	39	1.2 (0.7-2.2)	1.0 (0.5-1.8)

* Chi-square test for trend: p<.01
^ Adjusted for age and gender
# Adjusted for age, gender, and education

CONCLUSIONS: Hispanic elders who reported using Spanish language mass media were more likely to have undiagnosed hypertension compared to those who reported using English language mass media. Further studies should be