Leisure-Time Physical Activity Disparities Among Hispanic Subgroups in the United States

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Studies of leisure-time physical activity disparities for Hispanic individuals have not adjusted for sociodemographic confounds or accounted for variation by country of origin. We used the National Health Interview Survey to compare leisure-time physical activity among Hispanic and non-Hispanic White persons. All Hispanic subgroups were less active than were non-Hispanic White people, yet significant heterogeneity existed among Hispanic persons. Sociodemographic factors partly accounted for disparities among men; disparities among women persisted despite multivariate adjustments. Interventions must attend to these underserved yet varied subcommunities. (Am J Public Health. 2008;98: 1460-1464. doi:10.2105/AJPH.2006. 096982)

The Centers for Disease Control and Prevention (CDC) and the American College of Sports Medicine recommend at least 30 minutes of moderate-intensity physical activity most days of the week.¹ National surveillance indicates that Hispanic individuals are less physically active than are non-Hispanic White individuals^{2–5}; however, studies do not account for socioeconomic factors that may confound the association.^{6–9} Additionally, studies have not examined differences among Hispanic persons by country of origin.

Hispanic individuals in the United States come from 19 countries of origin, each with distinctive histories and cultural influences.^{10–12} Health and health behaviors vary across these groups.¹³ More-acculturated Hispanic persons are more physically active than are their less-acculturated counterparts.^{14,15} We used nationally representative data to compare the prevalence of leisure-time physical activity among Hispanic and non-Hispanic White individuals in the United States. We conducted multivariate analyses that included sociodemographic covariates to determine whether disparities in leisure-time physical activity persisted after we controlled for confounders.

METHODS

We combined data collected from 2000 through 2003 of the National Health Interview Survey to examine leisure-time physical activity among adults (18 years and older).¹⁶

Measures

Race/ethnicity. Participants who self-reported as Hispanic also identified their Hispanic origin or ancestry (Table 1). We limited analyses to Hispanic individuals who reported a single country of origin from Latin American regions. Excluded individuals represented 4.5% of the Hispanic sample.

Leisure-time physical activity. Participants were asked about frequency and duration of vigorous and of light-to-moderate activities during their leisure time. The leisure-time physical activity questions within the National Health Interview Survey have been rigorously evaluated¹⁷ and are used for national leisure-time physical activity surveillance and monitoring progress toward *Healthy People 2010* objectives.¹⁸

We defined a 3-level physical activity variable: (1) no leisure-time physical activity, (2) some leisure-time physical activity but below recommended levels, and (3) leisure-time physical activity at recommended levels according to the CDC, American College of Sports Medicine,¹ and *Healthy People 2010* objectives.¹⁸

Sociodemographics. Table 1 includes a list of sociodemographic variables. To account for potential nonlinear trends in age, we entered dummy-coded variables for age groupings. Proxy measures for socioeconomic status included education, employment status, and health insurance.

Health indicators. Self-rated health was defined as fair or poor versus good or better. Physical limitations were defined as any difficulties with performing unaided activities. Psychological distress was defined as negative mood that interfered with functioning "some" or "a lot" during the past 30 days.

Behavioral risk factors. Behavioral risk factors included smoking status and weekly heavy drinking episodes (≥ 5 drinks/episode).

Acculturation. We used 3 proxy measures for acculturation: (1) interviewed in Spanish, (2) birthplace, and (3) resided in the United States less than 10 years.

Analysis

We adjusted analyses for the complex sampling design with Stata statistical software version 9.2 (Stata Corp, College Station, Tex). The analytic plan followed 2 steps: (1) we compared leisure-time physical activity prevalence and socioeconomic and demographic characteristics between non-Hispanic White participants and each of the Hispanic subgroups, and (2) we used ordinal logistic regression to create multivariate-adjusted models that examined differences in the 3-level leisure-time physical activity measure between non-Hispanic White individuals and each of the Hispanic subgroups.¹⁹ Parameter estimates from these models indicated odds of being in a more active level of leisure-time physical activity. Post hoc analysis of differences between odds ratios for each Hispanic subgroup was conducted with the adjusted Wald statistic using Stata.¹⁹ We adjusted the α levels using the Bonferroni adjustment test.

RESULTS

Sociodemographic and Other Variable Differences

Table 1 presents leisure-time physical activity levels and model covariates for the Hispanic subgroups. The table highlights the heterogeneity in sociodemographic characteristics. Although all Hispanic groups were less active than were non-Hispanic White individuals, much variability was seen across the subgroups. Cuban and Dominican participants were the least active, whereas Mexican American participants were the most active. Women were less active than were men.

Ordinal Logistic Regression Modeling

Table 2 presents unadjusted and multivariate-adjusted odds ratios comparing physical activity levels among Hispanic subgroups and

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TABLE 1—Adult Leisure-Time Physical Activity Levels and Percentages of Model Covariates Among Hispanics 18 Years and Older, by Subgroup: National Health Interview Survey, 2000–2003

	Non-Hispanic White	Puerto Rican	Mexican	Mexican American	Cuban	Dominican	Central or South American
Total no	83813	2191	8027	5455	1253	641	3129
No leisure-time physical activity, % (95% Cl)	35.8 (35.0, 36.5)	52.4 (49.6.55.2)	58.2 (56.7, 59.7)	47.1 (45.3, 49.0)	66.3 (62.2, 70.2)	64.1 (59.9, 68.0)	49.3 (47.1.51.6)
Men	33.7 (32.9, 34.6)	47.5 (43.3, 51.8)	56.9 (55.0, 58.7)	43.8 (41.2, 46.4)	60.9 (54.6, 66.8)	61.1 (53.2, 68.4)	45.2 (41.9, 48.6)
Women	37.7 (36.8, 38.5)	56.7 (52.9, 60.3)	59.7 (57.6.61.8)	50.2 (47.8, 52.7)	71.2 (65.8, 76.0)	66.2 (59.8, 72.1)	53.2 (50.4, 56.0)
Meets recommendation. ^a % (95% Cl)	38.2 (37.6, 38.8)	28.4 (26.2, 30.7)	22.7 (21.5, 23.8)	31.9 (30.5, 33.4)	19.8 (17.2, 22.6)	19.9 (15.9, 24.7)	28.2 (26.0, 30.4)
Men	41.7 (41.0, 42.5)	34.4 (31.0, 38.0)	24.9 (23.3, 26.5)	35.2 (32.8, 37.7)	24.9 (20.4, 30.1)	25.1 (18.6, 33.0)	31.6 (28.2, 35.2)
Women	34.9 (34.3, 35.6)	23.2 (20.7, 25.8)	20.1 (18.5, 21.9)	28.9 (27.0, 30.9)	15.1 (11.8, 19.1)	16.2 (11.7. 22.0)	24.9 (22.6, 27.4)
Age, mean, v (95% Cl)	46.7 (46.5, 46.9)	41.5 (40.5, 42.5)	37.0 (36.5, 37.5)	39.3 (38.7, 40.0)	50.3 (48.3, 52.2)	40.9 (39.7.42.2)	38.7 (38.1, 39.3)
Women, % (95% Cl)	51.9 (51.5, 52.4)	53.5 (50.8, 56.2)	46.7 (45.4, 48.1)	51.9 (50.0, 53.8)	52.3 (49.3, 55.3)	58.3 (53.6, 62.8)	51.3 (49.2, 53.4)
Education % (95% CI)	01.0 (01.0, 02.1)	00.0 (00.0, 00.2)		01.0 (00.0, 00.0)	02.0 (10.0, 00.0)	00.0 (00.0, 02.0)	01.0 (10.2, 00.1)
Less than high school	12 5 (12 1 12 9)	32 3 (29 4 35 2)	647 (631 663)	31 4 (29 7 33 3)	33 2 (29 1 37 5)	37 8 (34 8 40 8)	34 1 (31 6 36 7)
High school dinloma	31.0 (30.5, 31.6)	30 7 (28 2 33 3)	18.6 (17.5, 19.8)	31 3 (29 9 32 8)	24 0 (21 3 27 1)	25.8 (22.1.29.9)	23 4 (21 4 25 5)
Some college	30.0 (29.6, 30.4)	26 1 (23 7 28 7)	12 4 (11 5 13 4)	28 4 (26 6 30 4)	23.6 (21.5, 25.9)	23.0 (18.7, 27.9)	24 2 (22 5 26 1)
College or greater	26 5 (25 9 27 2)	10.9 (9.3.12.8)	43(3749)	88(77101)	191 (158 230)	135(102176)	18.3 (16.2, 20.5)
Marital status % (95% CI)	2010 (2010, 2112)	10.0 (0.0, 12.0)	1.0 (0.1, 1.0)	0.0 (1.1, 10.1)	10.1 (10.0, 20.0)	10.0 (10.2, 11.0)	10.0 (10.2, 20.0)
Never married	166(160 171)	24 9 (22 3 27 7)	198 (186 21 2)	24 5 (22 9 26 1)	15 4 (12 7 18 4)	21 1 (17 9 24 6)	21 6 (19 9 23 4)
Separated	17 7 (17 4 18 0)	24.3 (22.3, 21.1)	13.8 (12.9, 14.6)	167 (156 179)	22 4 (19 5 25 6)	27.4 (24.4, 30.7)	164(151,178)
Married or living together	65 7 (65 2 66 3)	54 9 (52 1 57 6)	66 4 (65 0 67 8)	58 8 (57 1 60 5)	62 2 (58 5 65 9)	51 5 (46 8 56 3)	62 0 (60 0 64 0)
Family composition % (95% CI)	00.1 (00.2, 00.0)	01.0 (02.1, 01.0)	00.1 (00.0, 01.0)	00.0 (01.1, 00.0)	02.2 (00.0, 00.0)	01.0 (10.0, 00.0)	02.0 (00.0, 01.0)
No children	65 5 (65 0 65 9)	51 9 (49 2 54 7)	32 2 (30 9 33 6)	44 2 (42 6 45 9)	62 5 (58 2 66 6)	39 1 (34 4 43 9)	44 7 (42 5 47 0)
1 child	15.0 (14.7, 15.4)	186 (169 204)	20.6 (19.6, 21.7)	21 3 (19 9 22 7)	19.3 (15.9, 23.3)	21 5 (17 5 26 1)	22 6 (21 0 24 3)
>2 children	19.5 (19.2, 19.9)	29.5 (27.1.31.9)	47.2 (45.8, 48.6)	34.5 (32.9, 36.2)	18.2 (15.9, 20.6)	39.5 (34.4, 44.9)	32.7 (30.4, 34.9)
Elder in home	20.0(10.2, 10.0) 22.7(22.2, 23.2)	16 7 (14 5 19 1)	96 (87 106)	15.8 (14.6, 17.1)	40.0 (34.8, 45.3)	15 4 (12 2 19 4)	11 7 (10 1 13 4)
Endorm norme	65 2 (64 7 65 7)	59 4 (56 2 62 5)	67 1 (65 7 68 4)	66 9 (65 2 68 6)	56 7 (51 8 61 4)	61 8 (57 5 65 9)	73.0 (71.0.74.8)
Self-reported health ^b % (95% CI)	00.2 (0, 00.1)	0011 (0012, 0210)	0111 (0011, 0011)	00.0 (00.2, 00.0)	0011 (0110, 0111)	01.0 (01.0, 00.0)	10.0 (11.0, 11.0)
Poor or fair	11 1 (10 7 11 4)	20 4 (18 3 22 7)	121(113130)	14 1 (13 1 15 2)	189 (165 21 4)	18 1 (15 2 21 3)	95(84108)
Functional limitations	33.6 (33.0, 34.2)	30.1 (27.3. 33.0)	16.5 (15.4, 17.7)	24.4 (22.9, 26.0)	24.1 (20.5, 28.2)	18.3 (14.0, 23.4)	16.5 (15.0, 18.1)
Psychological distress interfered	9.7 (9.4, 10.0)	15.6 (13.9, 17.5)	9.2 (8.6, 10.0)	10.3 (9.4, 11.4)	8.9 (6.6, 11.9)	12.9 (9.8, 16.8)	8.8 (7.8, 10.0)
Health insurance, % (95% CI)	011 (01.1, 2010)	1010 (1010) 1110)	012 (010) 2010)	1010 (011) 111)	0.0 (0.0, 11.0)	1210 (010) 1010)	0.0 (1.0, 20.0)
Medicaid	3.9 (3.7.4.1)	19.6 (17.1.22.2)	8.3 (7.6.9.1)	10.0 (9.1, 11.1)	15.2 (12.0, 19.7)	23.1 (19.5. 27.2)	6.9 (5.9, 8.1)
No health insurance	11.2 (10.9, 11.5)	18.8 (16.9, 20.8)	52.5 (50.7.54.3)	27.5 (26.0, 29.0)	20.5 (18.3, 22.9)	33.6 (29.9, 37.5)	42.0 (39.5, 44.6)
Behavioral risk factors, % (95% CI)	1112 (1010) 1110)	1010 (1010) 2010)	0210 (0011) 0 110)	2110 (2010) 2010)	2010 (2010, 2210)		1210 (0010) 1110)
Former smoker	25.1 (24.7. 25.5)	15.4 (13.8, 17.2)	12.4 (11.5, 13.3)	14.8 (13.6, 16.0)	16.0 (13.1. 19.2)	9.4 (7.4, 11.9)	14.1 (12.5, 15.8)
Current smoker	23.7 (23.2, 24.1)	23.9 (21.8, 26.0)	15.4 (14.5, 16.4)	18.1 (16.9, 19.3)	20.3 (17.2, 23.9)	14.3 (11.3, 17.8)	12.9 (11.5, 14.4)
Weekly heavy drinking ^c	5.1 (4.9, 5.4)	5.6 (4.5, 6.9)	6.2 (5.6. 7.0)	7.5 (6.8, 8.2)	2.7 (1.6, 4.5)	3.0 (1.8, 5,1)	3.1 (2.4, 3.9)
Census region. % (95% CI)		,,		,,	(,)	(,,	(,,
Northeast	20.4 (19.7. 21.1)	57.3 (52.8.61.6)	2.8 (2.0, 4.0)	0.4 (0.3, 0.8)	14.1 (10.7. 18.4)	81.4 (77.5.84.7)	27.5 (24.0, 31.3)
Midwest	28.6 (27.8, 29.5)	9.6 (7.3, 12.4)	11.2 (9.2, 13.6)	7.2 (6.1, 8.4)	3.1 (2.1. 4.5)	2.5 (1.4.4.4)	5.0 (3.9, 6.4)
South	34.4 (33.5, 35.3)	24.8 (20.9, 29.2)	29.0 (26.3, 31.8)	41.2 (36.6. 45.9)	76.4 (71.9.80.5)	14.3 (11.5, 17.6)	38.8 (35.4, 42.5)
West	16.5 (16.0, 17.3)	8.4 (6.5, 10.8)	57.0 (53.9, 60.0)	51.3 (46.9, 55.6)	6.4 (5.0.8.0)	1.9 (0.8, 4,4)	28.7 (25.5, 32.1)
Acculturation proxies, % (95% CI)	1010 (1010) 1110)	011 (010, 2010)		0110 (1010) 0010)		210 (010, 111)	2011 (2010) 0211)
Spoke Spanish and English during interview	0.0	9.9 (8.3. 11.8)	20.2 (18.6. 21.9)	10.0 (8.8, 11.5)	8.3 (6.3, 10,7)	16.4 (13.5, 19.9)	18.0 (16.3, 19.8)
Spoke Spanish only during interview	0.0	9.3 (7.6, 11.2)	43.8 (41.7, 45.9)	6.8 (5.8, 8.0)	57.7 (53.2.62.1)	34.6 (30.7. 38.7)	28.1 (26.1. 30.1)
Born outside continental United States	4.7 (4.4.4.9)	50.8 (47.6.53.9)	84.5 (83.3, 85.6)	14.2 (12.8, 15.7)	80.6 (77.6, 83.3)	85.7 (81.9.88.8)	89.4 (87.6.90.9)
Lived in United States < 10 v	12(1013)	66(5481)	33 3 (31 5 35 2)	18(1423)	20.6 (17.2, 24.5)	26 1 (21 7 31 0)	34 4 (31 7 37 2)
	1.2 (1.0, 1.0)	0.0 (0.7, 0.1)	00.0 (01.0, 00.2)	1.0 (1.7, 2.0)	20.0 (11.2, 24.3)	20.1 (21.1, 01.0)	57.7 (51.1, 51.2)

Note. CI = confidence interval. Estimates were adjusted for survey sampling weights, and standard errors included correction for sampling design.

^aActivity that meets Centers for Disease Control and Prevention and American College of Sports Medicine recommendations.¹

^bSelf-rated health was defined as fair or poor versus good or better. Physical limitations were defined as any difficulties with performing unaided activities. Psychological distress was defined as negative mood that interfered with functioning "some" or "a lot" during the past 30 days.

^cFive or more drinks consumed per episode.

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TABLE 2—Unadjusted and Multivariate-Adjusted Odds Ratios From Ordinal Logistic Models Comparing Physical Activity Levels Among Hispanic Subgroups and Non-Hispanic White Individuals, by Gender: National Health Interview Survey, 2000–2003

	Men and Women	Men	Women	
Race/ethnicity, OR (95% CI)				
Non-Hispanic White (Ref)	1.00	1.00	1.00	
Puerto Rican	0.55 (0.49, 0.62)	0.63 (0.53, 0.74)	0.49 (0.42, 0.57)	
Mexican	0.42 (0.39, 0.45)	0.41 (0.38, 0.44)	0.42 (0.39, 0.46)	
Mexican American	0.68 (0.63, 0.73)	0.70 (0.63, 0.78)	0.65 (0.59, 0.72)	
Cuban	0.31 (0.26, 0.37)	0.36 (0.28, 0.47)	0.26 (0.20, 0.34)	
Dominican	0.33 (0.28, 0.40)	0.36 (0.26, 0.51)	0.32 (0.24, 0.42)	
Central or South American	0.60 (0.54, 0.65)	0.63 (0.55, 0.72)	0.56 (0.50, 0.63)	
Race/ethnicity, AOR (95% CI)				
Non-Hispanic White (Ref)	1.00	1.00	1.00	
Puerto Rican	0.77 (0.68, 0.87)	0.89 (0.74, 1.08)	0.67 (0.57, 0.79)	
Mexican	0.77 (0.71, 0.84)	0.84 (0.75, 0.94)	0.72 (0.63, 0.82)	
Mexican American	0.80 (0.74, 0.87)	0.82 (0.73, 0.92)	0.78 (0.70, 0.87) 0.43 (0.33, 0.58)	
Cuban	0.59 (0.48, 0.73)	0.80 (0.58, 1.11)		
Dominican	0.52 (0.41, 0.66)	0.58 (0.40, 0.83)	0.48 (0.33, 0.69)	
Central or South American	0.84 (0.74, 0.95)	0.95 (0.80, 1.14)	0.76 (0.65, 0.87)	
Age groups, y, AOR (95% CI)				
18-24 (Ref)	1.00	1.00	1.00	
25-34	0.79 (0.74, 0.84)	0.73 (0.66, 0.79)	0.85 (0.78, 0.92)	
35-44	0.74 (0.70, 0.79)	0.64 (0.58, 0.70)	0.85 (0.79, 0.92)	
45-54	0.63 (0.59, 0.68)	0.52 (0.47, 0.58)	0.76 (0.70, 0.82)	
55-64	0.53 (0.50, 0.57)	0.44 (0.40, 0.50)	0.63 (0.58, 0.69)	
65-74	0.56 (0.50, 0.62)	0.56 (0.47, 0.68)	0.60 (0.52, 0.68)	
≥75	0.33 (0.29, 0.37)	0.38 (0.32, 0.48)	0.32 (0.28, 0.37)	
Gender, AOR (95% CI)				
Men (Ref)	1.00			
Women	0.86 (0.83, 0.88)			
Education, AOR (95% CI)				
Less than high school (Ref)	1.00	1.00	1.00	
High school diploma	1.33 (1.26, 1.40)	1.34 (1.24, 1.45)	1.33 (1.24, 1.42)	
Some college	1.87 (1.77, 1.98)	1.91 (1.76, 2.06)	1.86 (1.73, 2.00)	
College or greater	2.66 (2.51, 2.82)	2.81 (2.59, 3.05)	2.56 (2.38, 2.76)	
Marital status, AOR (95% CI)				
Never married (Ref)	1.00	1.00	1.00	
Separated	0.87 (0.82, 0.91)	0.88 (0.81, 0.95)	0.87 (0.81, 0.93)	
Married or living together	0.86 (0.81, 0.90)	0.82 (0.76, 0.88)	0.91 (0.85, 0.96)	
Family composition, AOR (95% CI)				
No children (Ref)	1.00	1.00	1.00	
1 child	0.85 (0.81, 0.89)	0.92 (0.86, 0.99)	0.80 (0.75, 0.85)	
\geq 2 children	0.88 (0.84, 0.92)	0.94 (0.88, 1.01)	0.84 (0.79, 0.90)	
Older people in the home, AOR (95% Cl)		,	. , - ,	
No elders (Ref)	1.00	1.00	1.00	
Elder in home	0.87 (0.80, 0.94)	0.79 (0.68, 0.91)	0.88 (0.79, 0.97)	
Employment status, AOR (95% CI)		,		
Unemployed last week (Ref)	1.00	1.00	1.00	
Employed last week	0.90 (0.86, 0.93)	0.94 (0.88, 1.00)	0.88 (0.84, 0.92)	
Employed last week	0.90 (0.86, 0.93)	0.94 (0.88, 1.00)	0.88 (0.	

non-Hispanic White individuals. The multivariate model results showed 3 findings. First, most of the sociodemographic and other study variables that were different across Hispanic subgroups were also associated with leisure-time physical activity. Second, comparing the unadjusted and multivariate-adjusted odds ratios showed that the sociodemographic and other model covariates attenuated the estimate of differences in leisure-time physical activity between the Hispanic subgroups and non-Hispanic White individuals. However, the differences in leisure-time physical activity between each Hispanic subgroup and the non-Hispanic White participants remained significant in most cases. Third, gender findings were notable, with differences in leisure-time physical activity levels from non-Hispanic White individuals disappearing for Puerto Rican, Cuban, and Central or South American men. Conversely, all Hispanic female subgroup results remained statistically different from those of non-Hispanic White women even after we controlled for sociodemographic confounders. In post hoc comparisons, none of the odds ratios for the male Hispanic subgroups were statistically different from one another. By contrast, Cuban women had smaller odds ratios than did Mexican (F₁₃₃₆=11.57; *P*<.001), Mexican American $(F_{1,337} = 15.89; P < .001)$, and Central or South American women ($F_{1,338} = 14.80$; P < .001). All other female subgroups were statistically indistinct.

DISCUSSION

Our results indicated wide variability in socioeconomic and health circumstances among Hispanic participants identified by their country of origin. Although all Hispanic subgroups had lower levels of leisure-time physical activity than did non-Hispanic White participants, significant differences in leisure-time physical activity prevalence were found among the subgroups. Our findings indicate that greater attention should be given to the needs of these underserved populations and more targeted efforts should be directed at the subgroups that are encompassed within the larger category of Hispanic persons living in the United States.

The Hispanic subgroups were heterogeneous. Puerto Rican individuals were among

TABLE 2—Continued

Self-rated health, ^a AOR (95% CI)			
Good or better (Ref)	1.00	1.00	1.00
Poor or fair	0.47 (0.44, 0.49)	0.47 (0.44, 0.51)	0.46 (0.43, 0.50)
Physicality, ^b AOR (95% CI)			
No physical limitations (Ref)	1.00	1.00	1.00
Physical limitations	0.85 (0.82, 0.87)	0.87 (0.82, 0.91)	0.83 (0.79, 0.86)
Distress interference, ^c AOR (95% CI)			
No distress interference	1.00	1.00	1.00
Psychological distress interfered	0.92 (0.87, 0.97)	0.95 (0.87, 1.03)	0.89 (0.83, 0.96)
Health insurance			
Private or Medicare (Ref)	1.00	1.00	1.00
Medicaid	0.62 (0.57, 0.67)	0.65 (0.56, 0.75)	0.62 (0.57, 0.68)
No health insurance	0.81 (0.77, 0.85)	0.79 (0.74, 0.85)	0.83 (0.77, 0.89)
Behavioral risk factors			
Never smoker (Ref)	1.00	1.00	1.00
Former smoker	1.26 (1.21, 1.31)	1.25 (1.18, 1.33)	1.28 (1.23, 1.34)
Current smoker	0.86 (0.82, 0.89)	0.85 (0.80, 0.90)	0.87 (0.82, 0.92)
No weekly heavy drinking ^d (Ref)	1.00	1.00	1.00
Weekly heavy drinking	1.21 (1.13, 1.29)	1.14 (1.06, 1.23)	1.32 (1.15, 1.51)
Census region, AOR (95% CI)			
Northeast (Ref)	1.00	1.00	1.00
Midwest	0.89 (0.83, 0.94)	0.85 (0.79, 0.92)	0.92 (0.85, 0.99)
South	0.78 (0.73, 0.83)	0.78 (0.72, 0.84)	0.78 (0.72, 0.84)
West	1.08 (1.01, 1.15)	1.07 (0.99, 1.16)	1.09 (1.01, 1.17)
Season, AOR (95% CI)			
Winter (Ref)	1.00	1.00	1.00
Spring	1.15 (1.10, 1.21)	1.14 (1.06, 1.23)	1.15 (1.09, 1.22)
Summer	1.12 (1.06, 1.18)	1.11 (1.03, 1.18)	1.13 (1.06, 1.20)
Fall	0.97 (0.92, 1.03)	0.96 (0.89, 1.03)	0.99 (0.92, 1.05)
Language during interview, AOR (95% CI)			
English only (Ref)	1.00	1.00	1.00
Spanish and English	0.83 (0.73, 0.93)	0.87 (0.74, 1.04)	0.78 (0.66, 0.92)
Spanish only	0.68 (0.61, 0.76)	0.61 (0.53, 0.70)	0.77 (0.66, 0.89)
Nativity, AOR (95% CI)			
Born in the United States (Ref)	1.00	1.00	1.00
Born elsewhere	0.90 (0.84, 0.96)	0.87 (0.78, 0.96)	0.93 (0.86, 1.01)
Residence, AOR (95% CI)			
Lived in United States > 10 y (Ref)	1.00	1.00	1.00
Lived in United States < 10 y	0.76 (0.70, 0.84)	0.76 (0.67, 0.87)	0.75 (0.66, 0.86)

Note. OR = odds ratio; CI = confidence interval; AOR = adjusted odds ratio. Model outcome is a 3-level ordinal variable: (1) no leisure-time physical activity; (2) some leisure-time physical activity; and (3) leisure-time physical activity at recommended levels for health benefit. The table presents ORs representing the association between a covariate and being in the next-higher level of physical activity. The unadjusted ORs (top of table) are regression-model-calculated ORs for indicator variables representing Hispanic subgroups (relative to non-Hispanic White participants) without adjustment for other covariates. The multivariate AORs (bottom of table) are regression-model-calculated ORs for the full model, including Hispanic subgroup indicators and ORs for all the covariates added to the multivariate-adjusted model.

^aSelf-rated health was defined as fair or poor versus good or better.

^bPhysical limitations were defined as any difficulties with performing unaided activities.

^c*Psychological distress* was defined as negative mood that interfered with functioning "some" or "a lot" during the past 30 days.

^dFive or more drinks consumed per episode.

the most acculturated, least healthy, most likely to have health insurance, and most distressed. Cuban participants were the oldest, most likely to have been married, most educated, least likely to have children in the household, and among the least acculturated. Dominican persons, another Caribbean group, had the largest proportion of women, were least likely to be living with a partner, and had the largest proportion receiving Medicaid. Self-identified Mexican participants were the least educated, youngest, most likely to have children, and least likely to have health insurance. Conversely, self-identified Mexican American participants were more acculturated, more educated, less likely to be married, and more likely to be a current smoker compared with their Mexican counterparts. Finally, the Central or South American individuals were among the youngest and healthiest group, with educational levels approximating those of Cuban participants.

Leisure-time physical activity varied significantly among Hispanic subgroups. Cuban and Dominican subgroups were the least active, particularly among women. Conversely, Mexican American participants were the most active. For Puerto Rican, Cuban, and Central or South American men, controlling for socioeconomic factors reduced the estimate of disparities in leisure-time physical activity prevalence to be statistically nonsignificant. However, the socioeconomic covariates had a much smaller effect on leisure-time physical activity disparities among women.

Our study adds to the current understanding of disparities in leisure-time physical activity by considering many potential confounders and by examining physical activity across Hispanic subgroups. The strengths of the study include use of recent, nationally representative data and statistical methods for simultaneously examining physical activity across the spectrum of activity: no leisure-time physical activity, some leisure-time physical activity, and activity that meets CDC and American College of Sports Medicine recommendations.¹

The strengths of the study must be considered in light of some limitations. Two factors that were not assessed in the study because of limitations of the data were environmental factors²⁰ and occupational activity.⁴ Also, the estimates of leisure-time physical activity

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relied on self-report rather than on moreobjective measures (e.g., accelerometers). However, the low prevalence of leisure-time physical activity among Hispanic participants in this study was remarkable in light of the limitations of self-reports, including overreporting.²¹

Findings from the study have implications for the design of interventions to help individuals initiate, adopt, and maintain a program of regular leisure-time physical activity. Interventions need to address the particular cultural factors that impinge on physical activity adoption and the socioeconomic circumstances that are associated with leisure-time physical activity. These interventions must address the particular needs of subgroups that may be overlooked as surveillance focuses on groups broadly defined at a national level.

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Contributors

C.J. Neighbors and D.X. Marquez originated the study and created the original drafts of the brief. C.J. Neighbors conducted the statistical analyses. D.X. Marquez assisted with defining statistical parameters. B.H. Marcus reviewed drafts of the brief and provided substantive editorial input.

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Human Participant Protection

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References

1. Pate RR, Pratt M, Blair SN, et al. Physical activity and public health: a recommendation from the Centers for Disease Control and Prevention and the American College of Sports Medicine. *JAMA*. 1995;273: 402–407.

2. Crespo CJ, Keteyian SJ, Heath GW, Sempos CT.

Leisure-time physical activity among US adults: results from the Third National Health and Nutrition Examination Survey. *Arch Intern Med.* 1996;156:93–98.

 Jones DA, Ainsworth BE, Croft JB, Macera CA, Lloyd EE, Yusuf HR. Moderate leisure-time physical activity: who is meeting the public health recommendations? A national cross-sectional study. *Arch Fam Med.* 1998;7:285–289.

4. Centers for Disease Control and Prevention. Prevalence of leisure-time and occupational physical activity among employed adults–United States, 1990. *MMWR Morb Mortal Wkly Rep.* 2000;49(19):420–424.

 Schoenborn CA, Adams PF, Barnes PM, Vickerie JL, Schiller JS. Health behaviors of adults: United States, 1999–2001. *Vital Health Stat 10*. 2004;No. 219:1–79.

 Trost SG, Owen N, Bauman AE, Sallis JF, Brown W. Correlates of adults' participation in physical activity: review and update. *Med Sci Sports Exerc.* 2002;34: 1996–2001.

Barnes P, Schoenborn C. *Physical Activity Among Adults: United States, 2000.* Hyattsville, Md: National Center for Health Statistics; May 14, 2003. Report No. 333.

8. Parks SE, Housemann RA, Brownson RC. Differential correlates of physical activity in urban and rural adults of various socioeconomic backgrounds in the United States. *J Epidemiol Community Health.* 2003;57: 29–35.

9. Sallis JF, Owen N. *Physical Activity and Behavioral Medicine*. Thousand Oaks, Calif: Sage Publications; 1999.

10. Guendelman S. Health and disease among Hispanics. In: Loue S, ed. *Handbook of Immigrant Health.* New York, NY: Plenum Press; 1998:277–301.

11. Marín G, Marín BV. *Research With Hispanic Populations*. Newbury Park, Calif: Sage Publications; 1991.

12. Padilla AM. *Hispanic Psychology: Critical Issues in Theory and Research*. Thousand Oaks, Calif: Sage Publications; 1995.

13. Zsembik BA, Fennell D. Ethnic variation in health and the determinants of health among Latinos. *Soc Sci Med.* 2005;61:53–63.

14. Cantero PJ, Richardson JL, Baezconde-Garbanati L, Marks G. The association between acculturation and health practices among middle-aged and elderly Latinas. *Ethn Dis.* 1999;9:166–180.

15. Crespo CJ, Smit E, Carter-Pokras O, Andersen R. Acculturation and leisure-time physical inactivity in Mexican American adults: results from NHANES III, 1988–1994. *Am J Public Health*. 2001;91: 1254–1257.

 Botman SL, Moore TF, Moriarity CL, Parsons VL. Design and estimation for the National Health Interview Survey, 1995–2004. *Vital Health Stat 2*. 2000;No. 130:1–31.

17. Fridinger F, Macera C, Cordell HK. The use of surveillance data and market research to promote physical activity. *Am J Prev Med.* 2002;23(suppl 2): 56–63.

 US Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. Washington, DC: US Dept of Health and Human Services; 2000.

 Hosmer DW, Lemeshow S. Applied Logistic Regression. New York, NY: John Wiley & Sons; 2000. 20. Handy SL, Boarnet MG, Ewing R, Killingsworth RE. How the built environment affects physical activity: views from urban planning. *Am J Prev Med.* 2002; 23(suppl 2):64–73.

21. Matthews CE, Freedson PS, Hebert JR, Stanek EJ 3rd, Merriam PA, Ockene IS. Comparing physical activity assessment methods in the Seasonal Variation of Blood Cholesterol Study. *Med Sci Sports Exerc.* 2000;32:976–984.