RESULTS: Levels of physical activity differed across categories of disability and age. Compared with AB, DA reported more chronic diseases (OR 5.0; 95% CI: 4.89-5.21), and were more likely to smoke (OR 1.54; 95% CI: 1.49-1.59), and misuse alcohol (OR 1.7; CI: 1.64-1.77). DA were 2.14 (95% CI: 2.06-2.23) times more likely to meet no guidelines than to meet aerobic and muscle strengthening guideline combined compared with AB. However, DA were 1.59 (95% CI: 1.50-1.60) times more likely than AB to meet the muscle strengthening guidelines than to meet either aerobic only (OR 1.38; 1.32-1.44) or aerobic and muscle strengthening guidelines combined. There were more chronic diseases, high risk behaviors, and poorer physical activity with increasing age in both DA and AB, with DA having poorer health in each age group.

CONCLUSIONS: Disabled persons have more chronic diseases, engage in more high risk health behaviors, and are less physically active than able-bodied persons. Disabled persons who were physically active are more likely to engage in strength training rather than in aerobic exercise or a combination of both. Further work exploring the reasons for these differences is needed.

875 Board #271  May 27, 2:00 PM - 3:30 PM  
Physical Activity Changes Among Adults Aged 50-70 in Transition Out of Full-time Employment
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No relationships reported

Research has been conducted on the physical activity (PA) of older adults transitioning into full retirement, however transition into an alternative employment status (i.e. semi-retired) may also impact PA.

PURPOSE: To determine the magnitude and direction of change in PA that coincides with transitions out of full-time (FT) employment status.

METHODS: Data were derived from the Health and Retirement Study (HRS), a nationally representative source of longitudinal data on older adults in the US. Participants (n=5754, age 50-70) employed FT at baseline were included in the study. PA and employment status were self-reported at baseline (2004, 2006, 2008) and at follow-up (2006, 2008, 2010). PA variables included leisure-time and work-related activities, stratified by frequency (>2 days/week versus <2 days/week) and intensity: light (LT), moderate (MOD), vigorous (VIG). Transitions out of FT included working part-time (PT), retired (RET), semi-retired (S-RET), unemployed (UN), and disabled (DIS). Logistic regression models were fitted to estimate the degree of change in, and intensity of, PA associated with transitions out of FT.

RESULTS: MOD PA decreased for those who remained in FT between baseline and follow-up (OR 0.95, 95% confidence interval (95%CI) 0.91, 0.99). PA across all intensities was highest in those transitioning from FT to PT at baseline (VIG OR 1.41 95%CI 1.23, 1.61; MOD OR 1.28 95%CI 1.12, 1.46; LT OR 1.29 95%CI 1.12, 1.49). Those transitioning to UN were already among the least physically active at baseline irrespective of intensity. Those transitioning to RET were also already among the least active (VIG OR 0.71 95%CI 0.61, 0.81; MOD OR 0.80 95%CI 0.71, 0.90; LT OR 0.96 95%CI 0.85, 1.10). Declines in PA were reported for those transitioning to PT (p<0.05) and to DIS (VIG OR 0.29 95%CI 0.14, 0.64; MOD OR 0.56 95%CI 0.33, 0.95; LT OR 0.34 95%CI 0.19, 0.63). In contrast, PA of all intensities increased among participants transitioning to S-RET (p<0.05) and RET (VIG OR 1.28 95%CI 1.09, 1.51; MOD OR 1.24 95%CI 1.07, 1.43; LT 1.11 95%CI 0.95, 1.29).

CONCLUSION: Change in PA among older adults transitioning out of FT varies considerably. Interventions should be aimed at promoting MOD PA among people transitioning from FT to PT or UN, and PA of all intensities to those transitioning to DIS.

876 Board #272  May 27, 2:00 PM - 3:30 PM  
Meeting Recommended Levels of Physical Activity and Health-Related Quality Of Life in Rural Adults
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No relationships reported

PURPOSE: Physical activity (PA) is an uncontested behavior linked to positive health benefits including improved health-related quality of life (HRQOL), however, less is known about PA and HRQOL among rural adults. The purpose of this study was to investigate the relationship between meeting recommended levels of PA and HRQOL in a rural adult population.

METHODS: This study analyzed data from 6,103 rural adults 18 years of age and older participating in a 2013 survey. Respondents reporting at least 150 minutes a week of moderate-intensity (or moderate-vigorous combination) PA during the past month were categorized as meeting PA guidelines. All other respondents were categorized as not meeting PA guidelines. Four health items (physical, mental, inactivity & general) and one constructed index (healthy days) were used to assess HRQOL. Each variable was dichotomized to indicate good or better HRQOL versus fair or poor. A continuous HRQOL ability score was then created using item response theory (IRT). HRQOL ability scores were converted to T-scores where higher values represent better HRQOL. Tests of independence were used to show differences in HRQOL prevalence across PA categories. Multiple logistic regression was used to assess the relationship between PA status and each dichotomized HRQOL measure, controlling for age, sex, race, and income. The general linear model was finally used to test for HRQOL ability score differences across both PA categories.

RESULTS: Rural adults who met recommended levels of PA were significantly more likely to report good HRQOL in adjusted models of physical health (OR: 1.99; 95% CI: 1.54-2.56), mental health (OR: 1.96; 95% CI: 1.46-2.64, inactivity health (OR: 2.16; 95% CI: 1.54-2.97), general health (OR: 1.69; 95% CI: 1.35-2.13), and healthy days (OR: 1.98; 95% CI: 1.58-2.47), compared to those who did not meet recommended levels. Furthermore, rural adults meeting recommended levels of PA also had a significantly greater HRQOL ability score (52.9 ± 0.35, Mean ± SE), compared to those not meeting recommended levels (47.6 ± 0.50, p < .001).

CONCLUSIONS: This study found that meeting recommended levels of PA increases the likelihood of reporting good HRQOL in rural adults. These results should be used to promote the current PA guidelines for improved HRQOL in rural populations.

877 Board #273  May 27, 2:00 PM - 3:30 PM  
Physical Activity Levels and Perceptions of Benefits and Barriers to Physical Activity Among a University Population in Medellin, Colombia
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No relationships reported

PURPOSE: The purpose of this study was to examine the physical activity (PA) levels and perceived benefits and barriers to PA on a satellite campus (Cuidadela Robledo) of the University of Antioquia, in Medellin, Colombia.

METHODS: A random sample of 209 participants was selected to participate in this study [students (N=92), faculty (N=72) and staff (N=45)]. The Global Physical Activity Questionnaire (GPAQ) was used to estimate levels of physical activity (PA) and the Exercise Benefits / Barriers Scale (EBBS) was used to examine perceived benefits and barriers of physical activity. The surveys were collected during the second half of 2012. Chi-square was used to compare differences between gender and university affiliation (i.e. students, faculty, or staff).

RESULTS: In this random sample, males reported higher proportions of high-intensity PA compared to women (56% vs. 44%; P< 0.05). However, we did not find significant differences between the three affiliation groups in regards to levels of PA (P = 0.321). Nonetheless, students reported higher levels of high-intensity PA compared to faculty and staff (51%, 49%, 47%, respectively). In addition, no significant differences were observed for the perception of benefits and barriers to PA between males and females (P=0.624). However, faculty members reported greater perceived benefits and greater barriers to PA compared to students and staff members (P=0.004).

CONCLUSIONS: The results of this study provide insight into the creation of strategies to improve PA programs within the university and minimize barriers to PA, while increasing adherence to these programs.