



## Purpose

The purpose of this study was to explore the cultural, social, environmental, and gender factors influencing physical activity (Pa) in older Mexican American (MA) males.

## Specific Aims

- Explore the cultural, social, environmental, and gender factors influencing PA in older MA males.
- Describe the older MA male's perception of general health, masculinity, and P
- Assess the relationship between PA and acculturation.
- Illustrate the essence of the older MA male's experience in promoting health.

## Methods

- Fourteen MA men were recruited.
- Recruitment was conducted through social networks, community service committees, and word-of-mouth.
- Barriers and motivators to PA were explored three ways:
  - Acculturation Scale for Mexican Americans-II (ARSMA-II), a 30-item Likert type scale that measures acculturation along three factors (language, ethnic identity, and ethnic interaction).
  - International Physical Activity Questionnaire Short Form (IPAQ-SF), a seven-item questionnaire that measures PA during the participants last seven days.
  - Audiotaped one-on-one interviews using key informant questions that involved eight major areas: general health, masculinity, general activity, PA preferences, PA and health, PA barriers and facilitators, PA programming, and additional thoughts.
- A reflexive journal was maintained throughout the development and implementation of this study.
- Reliability was assessed through coding-checks with the research team.
- Creditability was addressed through member checking.
  - Identified themes and essence statement were presented to five study participants who agreed to participate in a focus group.
- Interviews were transcribed verbatim in their corresponding language. Spanish transcripts were then translated to English and verified for accuracy by the PI and a Spanish translator.
- Data analysis was conducted using NVivo for Mac software version 10.2.1

## Results

- Mean age was 71.2 years ( $SD = 4.5$  years).
- 92% reported being married.
- 78% reported an annual household income  $> \$25,000$ .
- 35% reported they were college graduates, and 14% reported a junior high school level education.
- 78% reported speaking and reading mostly English at home.
- 85% reported being retired.



- **ARSMA-II:** 42% reported being Mexican oriented to approximately balanced bicultural, and 42% of the participants reported strongly Anglo oriented.
- **IPAQ-SF:** 14% reported being insufficiently active. 64% reported being minimally active. 21% reported health enhancing physical activity (HEPA).

## Emergent Themes with Select Quotes

- **Retirement promotes self-care behaviors.**
- *"I think now that I am retired, I have more time and energy to do exercise. I am healthier now that I am retired! When I worked, I ate more and I had extra weight. I have lost a lot of weight since I retired. I feel better like this."*
- **Women, health care providers, and the Internet are important in promoting health.**
- *"I would say that even creating programs with the wives. They have been your partner for life. You depend on each other. You know each other and each other's desires. I think it may be more successful. Not for every couple, but for us it would. They all have different likes, but it could work."*
- **Aging changes physical activity.**
- *"I have less energy now."*
- *"I have to take breaks more often."*
- *"My body is breaking down as I get old."*
- *"As I aged, I couldn't run anymore. It made me feel older. But then because I knew that physically my leg wouldn't allow it."*

## Emergent Themes with Select Quotes

- **I take care of myself.**
- *"I don't have a problem seeing a doctor."*
- *"I will go to the doctor. I have no issues with that. I am a man and I go see my doctor. If I feel bad, I go. I have always been that way. I need my health. If it was a workday, I would ask to be excused from work."*
- **Physical activity is a personal choice and lifestyle.**
- *"I think it's real easy to make excuses for not taking care of yourself."*
- *"Once you start working out it becomes part of your life, but you need to take that first step. Internally they haven't had the switch turn on."*
- *"It's a lifestyle. It's a mindset."*
- **I learn and make adjustments as needed.**
- *"I got diagnosed with diabetes two and that made me change. It was a big awakening. I didn't realize it and I got medication and of course with the kind of lifestyle I had, I got high blood pressure and high cholesterol. But then, I decided I've gotta make a change. I've gotta make a change and I did!"*

## Future Programming

- Walking was described as a good form of PA for older MA males.
- Church-based PA interventions were reported during the interviews.
- Strength training was not of interest to many of the participants.
- Their ideal program would include their wives; however, *"hanging out with the guys and working out"* was also appealing.
- Barriers to PA were described as a lack of interest in PA, physical limitations, and safety.

## Implications & Conclusions

- Future studies should include the development and pilot testing of an evidence-based PA intervention for older MA males.
- Future studies should consider classifying Hispanic men into subgroups according to race, age, ethnicity, socioeconomic status, and nativity.
- Another area to consider is the effect of retirement on health promotion.
- There is still much that we don't understand about health disparities and social determinants of health in older MA males. In order to identify problems, target resources, and design interventions, reliable data must continue to be gathered.