



# Hypertension & Physical Activity

Rebecca Campbell,  
Jacqueline De La Cruz,  
Valentina Fandino,  
Leili Moradi,  
& Brianna Scott

## INTRODUCTION

Significance of problem, research question, & hypothesis

## METHODS

Procedures, measures, & proposed analysis

## RESULTS

Description of sample & statistical tests

## DISCUSSION

Summary and interpretation of results, broader literature connection, & implications

# Introduction

- Hypertension is the greatest modifiable risk factor for all different cardiovascular diseases (Kjeldsen, 2017)
- Physical activity plays an important role in cardiovascular disease and hypertension
  - Modify hypertension positively (U.S. Department of Health and Human Services, 1996)
  - Physical activity plays a role in the prevention of hypertension (Diaz and Shimbo, 2013).
- U.S. Minority Adults
  - Race/ethnicity: African Americans, Alaskan Natives, American Indians, Asians, and Hispanics
  - Hypertension
- Limited Data
- Prevention

# Research Question

Does participating in light/moderate-intensity activity and the length of participation have an effect on preventing the development of hypertension in U.S. minority adults?

# Methods

- **Data Source & Collection**
  - Secondary data analysis
  - 2018 National Health Interview Survey (NHIS, 2019)
    - Cross-sectional
    - Non-institutionalized civilians
    - Self- or proxy-reporting
    - U.S. Census Bureau field representatives
  - Family & Sample Adult questionnaires
- **Sampling Procedure**
  - Area probability design with ***stratification*** and ***clustering*** techniques (NHIS, 2019)
    - All states & District of Columbia
    - States are stratified
    - **Clusters of addresses** derived from statistically metropolitan regions
  - **No use of oversampling techniques** of minority populations

# MEASURES & OPERATIONAL DEFINITIONS



Noninstitutionalized  
U.S. population, 18+,  
Black or African  
American, Asian,  
Hispanic origin,  
American Indian &  
Alaska Native

**U.S. Minority Adults**



Adults  
participating in at  
least 10 minutes of  
LMPA per week

**Light-Moderate  
Physical Activity**



Respondents  
provided a positive  
response to the  
question: *"Have  
you ever been told  
by a physician that  
you have  
hypertension?"*

**Hypertension**

# Methods

## ■ Proposed Analysis

- Secondary data analysis
  - Self-reported health indicator data
- SAS (statistical analysis software)
  - Logistic Procedure
- Logistic Regression
  - Two continuous independent variables = Light- Moderate Physical Activity
  - Single dichotomous dependent variable = Hypertension
- Respondents compared by
  - Race/ Ethnicity

# 15,582

Sample Population

## Results

# 79.37%

White

# 11.70%

Black or African American

# 5.31%

Asian American

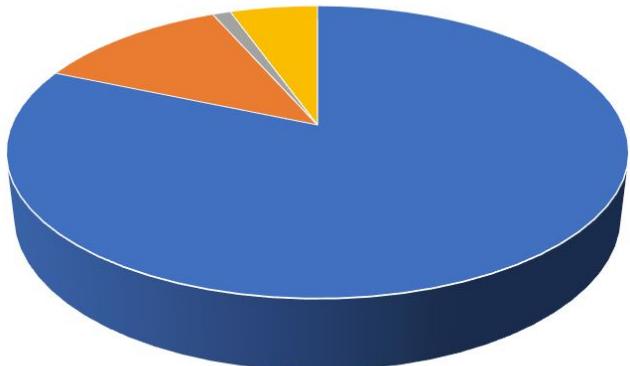
# 12.51%

Hispanic Origin

# 1.16%

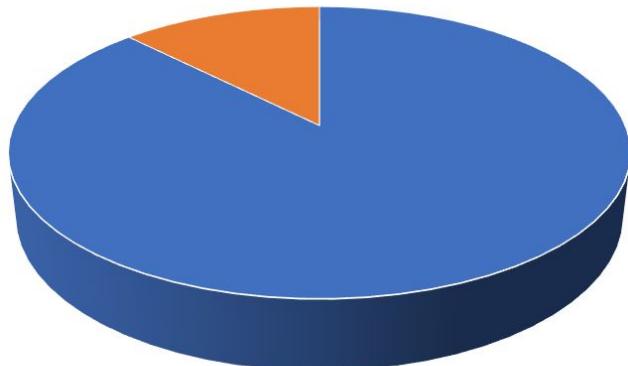
AIAN

Race Distribution of Participants (%)



■ White ■ Black/African Am ■ AIAN ■ ASIAN

Ethnicity Distribution of Participants (%)



■ Hispanic/Spanish ■ Non-Hispanic/Spanish

\*All values recorded in percent (%)

# Results

## PRESENCE OF HYPERTENSION AMONG RACES ACROSS ALL TREATMENTS

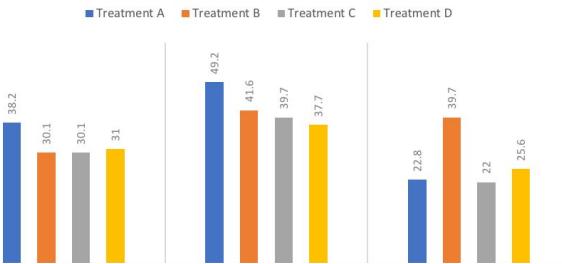


Figure B

## PRESENCE OF HYPERTENSION IN ETHNICITES ACROSS ALL TREATMENTS

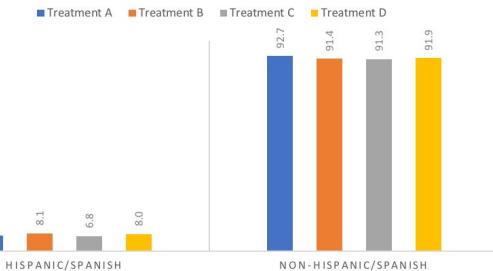


Figure D

## PRESENCE OF HYPERTENSION IN ETHNICITES ACROSS ALL TREATMENTS

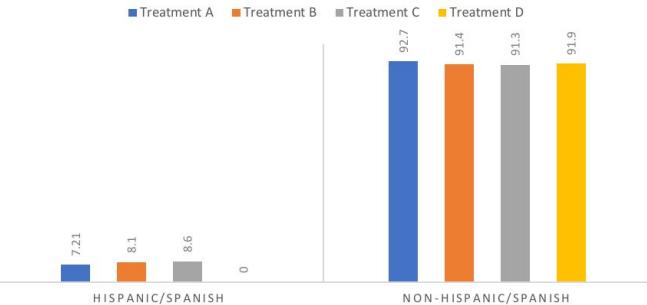


Figure C

## ABSENCE OF HYPERTENSION IN ETHNICITES ACROSS ALL TREATMENTS

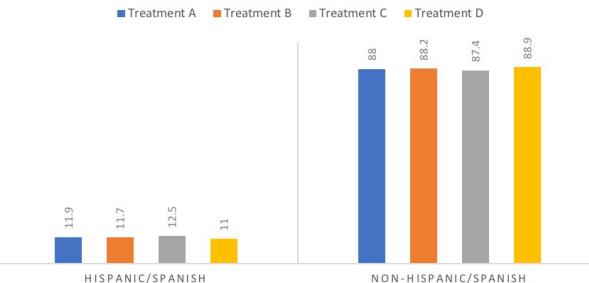


Figure E

# Discussion

Summary and interpretation of statistical test results:

For each 1 minute increase in low-moderate physical activity, then we see a 0.001% decrease in odds of having hypertension. For each 1 session increase in low-moderate physical activity, then we see a 0.003% decrease in odds of having hypertension.

Connection to broader literature:

The results enhance existing literature in this area in which it is consistent with other findings. Broader literature concludes that increase in low-moderate physical activity has an inverse relationship with having hypertension. The findings suggest for every increase in physical activity there is a decrease in the prevalence of hypertension. However, there is still limited research on how low-moderate physical activity may impact the prevalence of hypertension in minority groups, but there is sufficient research on the impacts of vigorous activity.

Limitations:

The data set was missing around 9,314 observations, this is 36.64% of respondents. It is possible that the data and results are influenced by the exclusion of institutionalized civilians (e.g., long-term care facilities). Finally, physical activity and hypertension data may be subject to recall bias due to self- and proxy-reporting.

# Discussion (cont.)

## Implications:

There seems to be a weak association between light-moderate physical activity and hypertension. However, with more than 30% of the data missing, further analysis should be conducted with higher data retention.

## Alternative Approaches:

Future research designs with the purpose of exploring the association between physical activity and hypertension as a risk factor for developing cardiovascular disease should employ a larger variety of variables for physical activity levels beyond low-moderate. An additional moderate-high physical activity level would provide further analysis of the association between physical activity and hypertension. In addition, data set organization and participant follow up should be reinforced to avoid the loss of important observations.

# Thank you!

Any Questions?

# REFERENCES

Diaz, K. M., & Shimbo, D. (2013). Physical activity and the prevention of hypertension. *Current hypertension reports*, 15(6), 659–668.

Ferdinand K. C. (2005). Managing cardiovascular risk in minority patients. *Journal of the National Medical Association*, 97(4), 459–466.

Introduction to SAS. UCLA: Statistical Consulting Group. from  
<https://stats.idre.ucla.edu/sas/modules/sas-learning-moduleintroduction-to-the-features-of-sas/>

Kjeldsen, S. E. (2017, November 7). Hypertension and cardiovascular risk: General aspects. Retrieved February 24, 2020, from <https://www.sciencedirect.com/science/article/pii/S1043661817311180>

National Center for Health Statistics. (2019). 2018 National Health Interview Survey (NHIS) survey description. Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.  
[ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Dataset\\_Documentation/NHIS/2018/srvydesc.pdf](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2018/srvydesc.pdf)

## REFERENCES

U.S. Department of Health and Human Services. (1996). *Physical activity and health: a report of the Surgeon General*. Retrieved from <https://books.google.com/books?hl=en&lr=&id=keYhAQAAQAAJ&oi=fnd&pg=PA6&dq=U.S.>

Department of Health and Human Services. Physical activity and health: a report of Surgeon General. Atlanta GA: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Chronic Disease Prevention and&ots=PL9Lzq4ISW&sig=DF7UBI3DVZ4VtOjlfrBh8pyUWRw#v=onepage&q=U.S.

Department of Health and Human Services. Physical activity and health: a report of Surgeon General. Atlanta GA: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Chronic Disease Prevention and&f=false

Whelton, S. P., Chin, A., Xin, X., & He, J. (2002). Effect of aerobic exercise on blood pressure: a meta-analysis of randomized, controlled trials. *Annals of internal medicine*, 136(7), 493-503.