



Built Environment, Physical Activity and Quality of Life in Bogotá











Diana Parra, CPT

Fundación FES Social Prevention Research Center, SPH SLU

Olga Lucia Sarmiento, MD, MPH, PhD

School of Medicine, Universidad de los Andes

Built Environment III: Community Design, Physical Activity and Quality of Life

APHA Annual Meeting, Washington 2007

Background

- Studies on Built Environment (BE) have been conducted mainly in developed countries with a primary focus on self-reported health.
- Differences in health priorities, socioeconomic, cultural, and environmental contexts.
- Rapid urbanization processes in the Latin America region.
- Understanding which urban factors and individual characteristics are associated with QOL is an important step to better guide programs and policies aimed at improving citizens well-being.

Objective

To assess the association between health related quality of life with built environment characteristics and physical activity among Bogotá adults.

Methods

- Multistage stratified sampling approach
- 30 neighborhoods were selected based on socioeconomic status (SES), average slope of terrain, proximity to TransMilenio stations, and public park provision
- Five city blocks were randomly selected from all blocks within each selected neighborhood
- Ten households were then randomly selected in each block, one adult per household

Outcome Variables

- Quality of Life continuous score was obtained from a modified and culturally adapted version of the WHOQOL-BREF.
- The question How positive do you feel about the future? from the WHOQOL-BREF was used as an independent outcome variable.
- CDC Healthy Days questionnaire (HRQL–4), was used to determine number of sick days (0 vs. ≥1).
- Perceived health status (PHS) from the CDC HRLQL—4 was coded as excellent/good vs. fair/poor/very poor.

Built Environment Characteristics

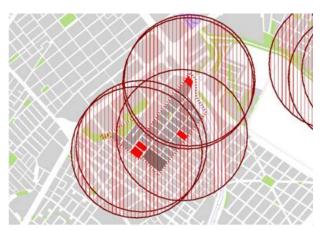
- Built Environment characteristics were obtained using GIS and included indicators within the dimensions of density, diversity, design, and access to mass transportation systems (Transmilenio).
- Each variable was measured within the following buffers: 500 meters from the centroid of the block, within the neighborhood, and 1,000 meters from the neighborhood boundaries.

Individual Variables

- Gender
- Age (18–35 years vs. 36–65 years)
- Education (<high school vs. >high school)
- Marital status (no partner vs. partner)
- Occupation (working/studying vs. home activities/searching for a job/retired)
- SES based on the neighborhood strata (1–2 vs. ≥3)
- Physical activity during leisure time (meeting CDC recommendations vs. not meeting recommendations)
- Ciclovía participation (yes vs. no)

Statistical Analysis

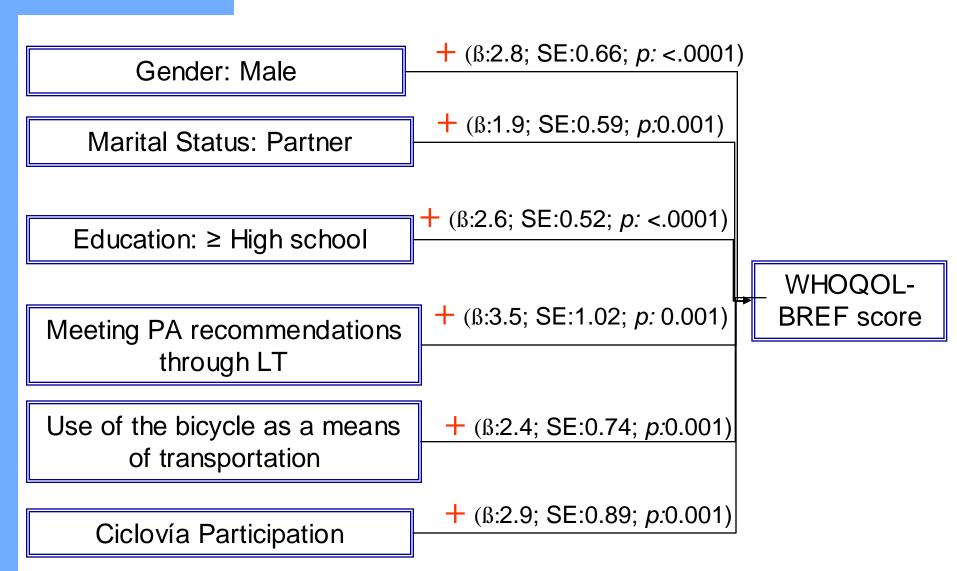
- Hierarchical linear modeling was conducted using SAS
 9.1
- Nonlinear modeling was conducted using HLM 6.02
- Multivariate analysis at the block level 500 m buffer, which included 90 clusters (blocks) and 1285 individuals



Results Health Related Quality of Life

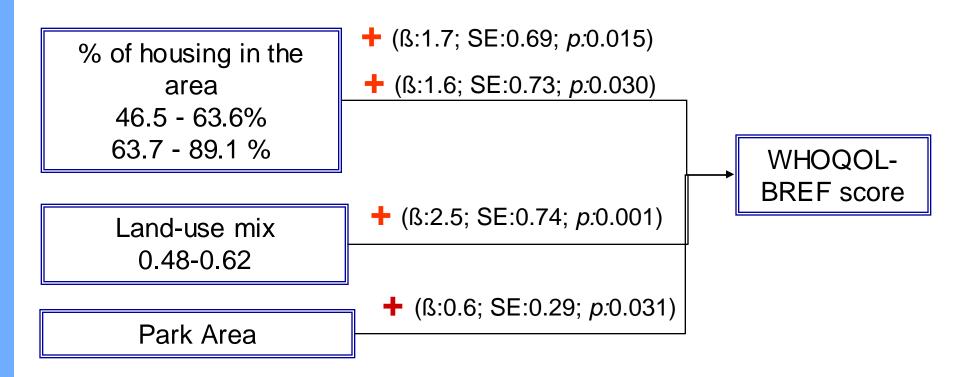
- WHOQOL-BREF mean score was 91.3 (SD = 9.4)
- Reported mean for unhealthy days was 5.1 (SD = 9.1)
- Overall, 62% of the participants perceived their health status to be good or excellent
- Around 70% of the population reported feeling positive or very positive about their future

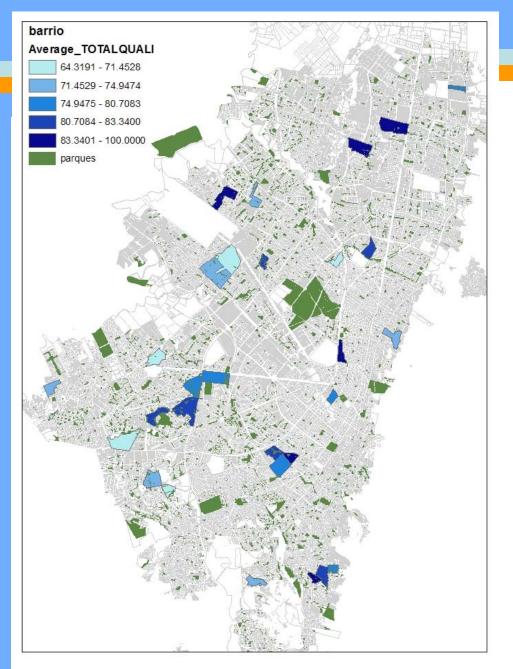
WHOQOL-BREF and Individual variables



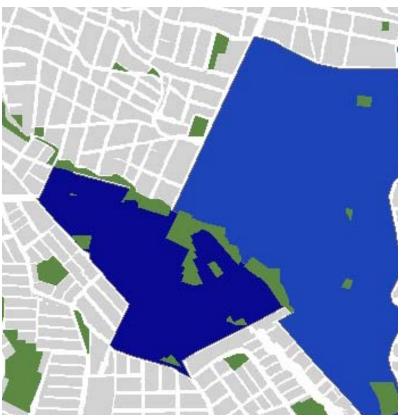
WHOQOL-BREF and BE Characteristics

BE characteristics within a 500 m buffer from the centroid of the block

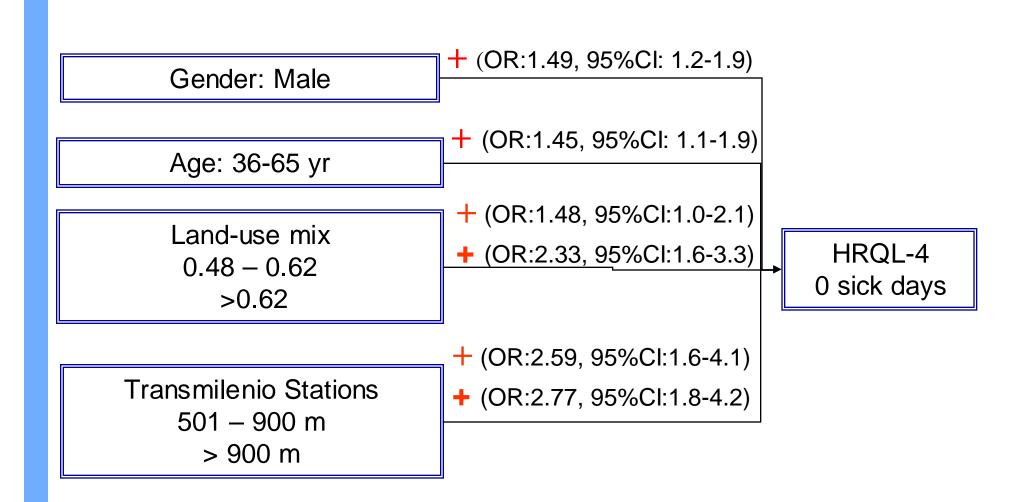




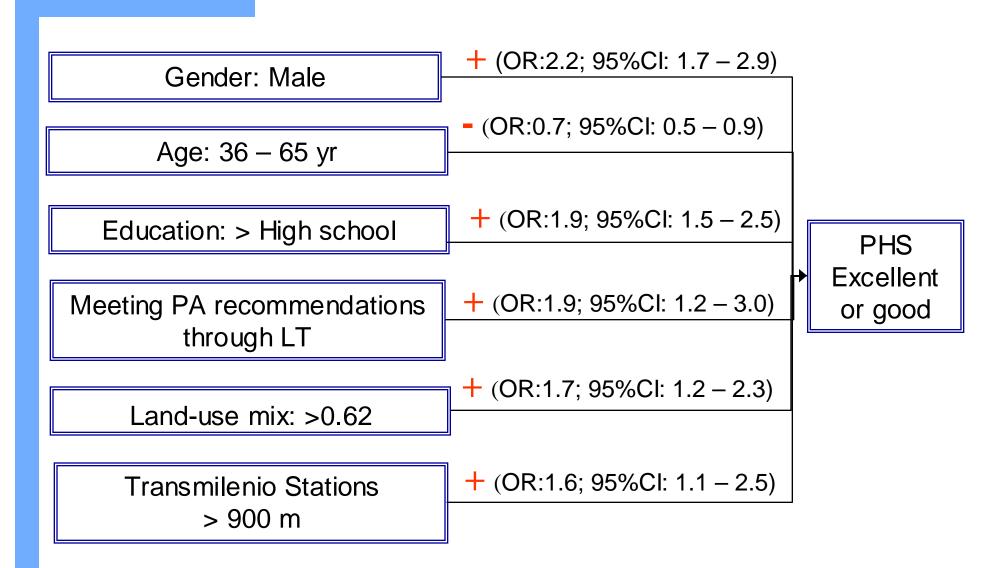
Quality of Life/Parks



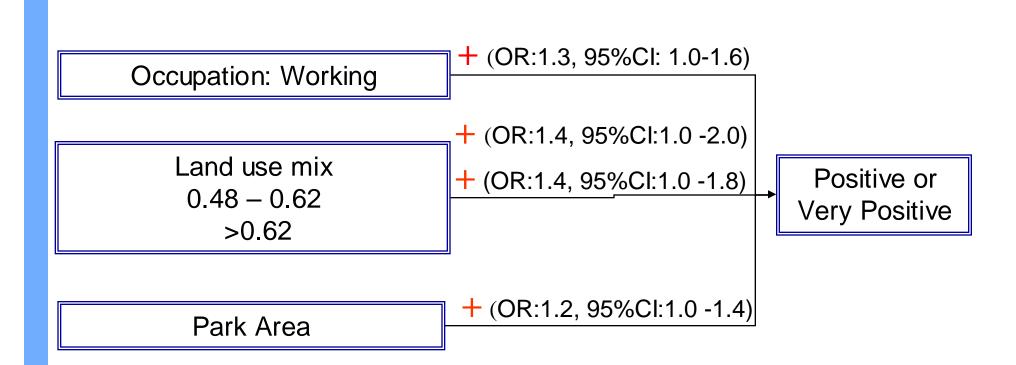
Results CDC Unhealthy Days



Results Perceived Health Status



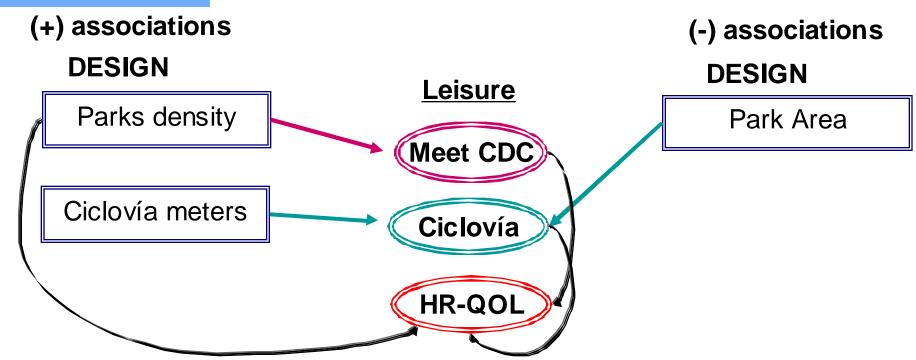
Results Feeling Positive about the Future



Conclusions and Implications

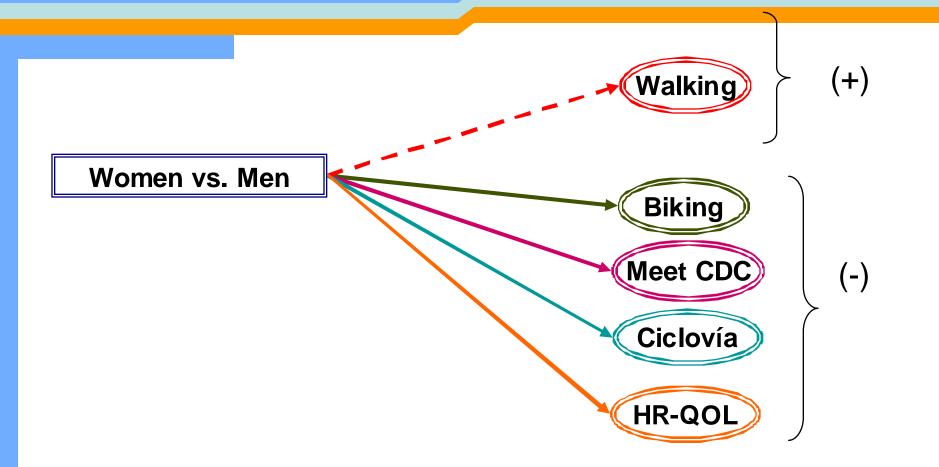
- In a rapidly urbanized Latin American city, like Bogotá, built environment characteristics of the neighbourhood are associated with HR-QOL.
- PA during leisure time and bicycling for transportation are associated with HR-QOL.
- To promote HR-QOL is important to continue public space recovery strategies, park maintenance and maintain land-use mix.
- PA programs and BE factors should be considered in the implementation of policies and planning programs aimed at improving citizens well-being.
- Importance of residential areas on HR-QOL probably linked to safety factors

Conclusions and Implications



- •Importance of parks in promoting leisure PA and HR-QOL
- •Ciclovía as a complementary recreational program (linear park) to the few large metropolitan parks of the city. (4.7m2/habitant)
- •Ciclovía-Recreovía invested \$1.5 million usd in 2006, reaching on average 1 million people per month

Conclusions and Implications



Gender disparities on HR-QOL & physical activity domains underscores the importance of developing PA programs that address gender preferences and differences

Credits and Acknowledgements

- Luis Fernando Gómez, MD MPH. Health Division. Fundación FES Social
- Robert Cervero. PhD. Department of City and Regional Planning, University of Berkeley.
- Olga L. Sarmiento.MD MPH Ph.D.School of Medicine. Universidad de los Andes
- Enrique Jacoby. MD, MPH. Food and Nutrition Program, Pan American Health Organization
- Andrea Neiman. MPH., PhD. Emory University
- Janeth Mosquera, MPH, PhD. Health Division. Fundación FES Social
- Thomas Schmid, PhD. ,Centers for Disease Control and Prevention, PAHB
- Michael Pratt, MD, MPH. Centers for Disease Control and Prevention. PAHB.
- Mauricio Ardila, Arch. MA. UrbDes., Corporación Universidades del Centro de Bogotá.
- José David Pinzón, Arch., Corporación Universidades del Centro de Bogotá.
- Diana Parra, PT, School of Public Health, Saint Louis University
- Candance Rutt, PhD., Centers for Disease Control and Prevention. PAHB.
- John Duperly, MD, PhD., School of Medicine, Universidad de los Andes.
- German Lleras, MCP., MSc., Facultad de Ingeniería. Universidad de los Andes
- Carlos F. Pardo, GTZ SUTP



Copyright 2007, Diana Parra Perez, dparrape@slu.edu