

## **Religion, Life and Active Life Expectancy in the United States**

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*Objective:* Examine the association between religiosity and total and healthy life expectancy among older adults in the United States. Previous studies have shown a link between religion and health among older adults in the U.S. On balance, this research suggests beneficial influences of religion on various aspects of physical and mental health. Most of this research has been cross-sectional and/or examined health and mortality outcomes separately. In this study we examine the simultaneous associations by estimating active life expectancies across levels of religiosity.

*Method:* Using data from the 1998-2012 waves of the Health and Retirement Study, we estimate total, active and inactive life expectancy for persons age 50+ by sex and three dimensions of religion, controlling for demographic, SES and health factors. The dimensions are: 1) affiliation, 2) frequency of attendance at services, and 3) importance of religion. The active state is defined by six ADLs and five IADLs. Inactive is considered difficulty with at least one ADL or IADL. Analyses are conducted using SPACE (Stochastic Population Analysis of Complex Events) which allows flexibility in controlling for covariates.

*Results:* Preliminary results suggest that, for both men and women, more frequent attendance at religious services is significantly associated with higher total and active life expectancy, but not inactive life expectancy. Men who attend services at least once per week live about 4 years longer in total than those who do not attend services at all. Most of these gains are in active as opposed to inactive life expectancy. The differentials for women are even larger. In contrast, little association exists with other dimensions of religiosity. By the time of REVES these results will include controls for demographic, socioeconomic and intermediate health factors.

*Conclusion:* Our preliminary findings suggest that actual behavior may be more important than affiliation and subjective importance of religion when it comes to influencing health of older adults in the U.S.

*Keywords:* Religiosity, Health Expectancy, United States