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

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BACKGROUND
- Many studies have documented a positive link between religion and physical and mental health and survival.
- These findings have led to the suggestion that religion may be protective against mortality.

PURPOSE
- To examine the effect of different aspects of religion on health and mortality jointly by estimating total, active and inactive life expectancy among older adults in the United States.

DATA
- Analysis of data from the 1998-2014 waves of the Health and Retirement Study (HRS), a longitudinal study of health, economic, and family issues among adults age 50 and older in the United States.
- Participants (~20,000) are interviewed every two years and followed until they die. Deaths are ascertained through reports by next of kin and NDI matches.
- Response rates range from 70-82% at baseline and from 87-89% in each follow-up wave.
- HRS is funded by a grant (US1-A059274) from the National Institute on Aging, with supplemental support from the Social Security Administration.

MEASUREMENT MEASURES
- Religious affiliation (from 1998 wave)
- Religious activity (from 2004 wave)
- Importance of religion (from 1998 wave)

ANALYSIS METHODS
- Analyses are conducted using Stata 16 software.
- Preparing meals, shopping for personal items, using a telephone, using medications, managing money.
- Respondents who have any difficulty performing at least one ADL or IADL are defined as inactive, otherwise as active.

RESULTS
- Total, Active and Inactive Life Expectancy at Age 65, by Religion Indicators

<table>
<thead>
<tr>
<th>Sex</th>
<th>Religiosity Measure</th>
<th>Total LE (vt)</th>
<th>Active LE (vt)</th>
<th>Inactive LE (vt)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Religious Affiliation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any affiliation</td>
<td>16.7 (0.582)</td>
<td>12.3 (0.582)</td>
<td>4.4 (0.546)</td>
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<tr>
<td>No affiliation</td>
<td>16.4 (0.317)</td>
<td>12.0 (0.287)</td>
<td>4.3 (0.250)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>Religious Affiliation</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Any affiliation</td>
<td>19.5 (0.542)</td>
<td>13.2 (0.368)</td>
<td>6.4 (0.164)</td>
<td></td>
</tr>
<tr>
<td>No affiliation</td>
<td>19.0 (0.553)</td>
<td>12.7 (0.743)</td>
<td>6.3 (0.153)</td>
<td></td>
</tr>
</tbody>
</table>
- The above findings hold after controlling for key demographic, SES and health covariates and smoking status.
- More frequent attendance at religious services is significantly associated with higher total and active life expectancy but not inactive life expectancy. This is true for both men and women.
- There is no difference for men.
- Religious affiliation measured as any versus no affiliation is not significantly related to total, active or inactive life expectancy.
- Women who view religion as very important have significantly higher total and active life expectancy than those for whom religion is not very important. There is no difference for men.
- The above findings hold after controlling for key demographic, SES and health covariates and regardless of baseline health state (active vs. inactive).

ACKNOWLEDGEMENTS
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