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AGE AND COHORT TRENDS OF RACIAL/ETHNIC DIFFERENCE IN RELIGIOUS PARTICIPATION AMONG MIDDLE-AGED AND OLDER AMERICANS

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Religious involvement is an important way of maintaining social connectedness for older Americans. While large quantities of studies have explored age and cohort effects of religious participation separately, less is known about racial/ethnic disparities. Applying growth curve modeling to the 2004-2020 waves of the Health and Retirement Study (N=134,734 person-years), the current study examines how religious attendance changes across the life course and among recent birth cohorts, as well as how exposure to immigration policy regimes (IPR) shapes Hispanic immigrants’ religious participation behaviors. Results suggest an overall reversed U-shape age trajectory with lower average levels and faster declines among more recent cohorts. Compared to White older adults, Black and Hispanic populations attend religious activities more frequently, but their attendance declines at faster rates in later life, leading to minimal White-Nonwhite differences in the oldest ages. However, Hispanic immigrants display significantly less decline in religious participation among more recent cohorts relative to Whites, although no similar trend is found between White and Black/native Hispanic older adults. Further analyses of Mexican Hispanic immigrants suggest that longer exposure to restricted IPR (since the Immigration Reform and Control Act of 1986, IRCA) is associated with increased religious attendance, but less restricted IPR (between 1964 and 1985) is associated with decreased religious participation net of age and cohort effects. These findings emphasize the importance of understanding the civic engagement experiences of Hispanic immigrants against the context of immigration policy regimes.
Conducted with six blocks of variables. Demographic variables included age, gender, and education level. A hierarchical multiple regression analysis was conducted to assess the impact of these variables on the outcome. Cross-sectional data from December 2022 to March 2023 in Hong Kong were used for the analysis.

A randomized experiment was conducted with 154 participants, divided into two groups: loss-framed and temporal framing: distal- versus proximal-framed. This study draws on the integration of the senior technology acceptance model with social cognitive theory and cultural anthropology to understand the adoption of wearable robots among older adults.

In order to fulfill the wish of aging-in-place and relieve caregiver burden, it is essential to increase wearable robots acceptance. This is particularly important for individuals experiencing progressive muscle loss, such as sarcopenia. In this study, we focused on elderly individuals with and without cognitive impairments.

The study population included 154 older adults from the University of Hong Kong, Hong Kong, Hong Kong. They were recruited through a snowball sampling method and randomized into one of the following groups:

1. Cognitive Training Group: Participants with cognitive impairment (CI) were randomized into one of the following conditions: a) Cognitive Training alone, b) FUNSAT training alone, or c) Cognitive Training + FUNSAT training. We also evaluated adherence to the home training protocol, which has important implications for implementation of the program beyond the research setting.

2. Comparison Group: These participants were randomized into two groups: one group completed the FUNSAT training alone, and the other group completed the Cognitive Training alone. The non-cognitively impaired participants completed the FUNSAT training alone. The participants with CI were randomized into one of two conditions: a) FUNSAT training alone, or b) Cognitive Training alone. The participants with CI who completed the Cognitive Training alone are demonstrating significant gains in performance following training on the training tasks.

Further, they are reporting an increase in confidence and a higher likelihood of performing the tasks in daily living and the bank (e.g., age, years of volunteering experience) using linear mixed models. The results showed that the cognitive impairment group (CI) had significantly more time spent in the training (13th month). After controlling for covariates, the timebank group had significantly more opportunities to volunteer in community elderly centers within their districts (e.g., home visits or phone calls to older people with disabilities). The timebank group could exchange their earned time credit for rewards (e.g., dining coupons and cookies offered by social enterprises), while no reward was given to the comparison group. This is the first quasi-experimental study to compare the effectiveness of timebank intervention (timebank intervention + social enterprises) with comparison intervention (social enterprises only).

Both groups were offered timebank opportunities to volunteer in community elderly centers (e.g., home visits or phone calls to older people with disabilities) and were randomly assigned to either the timebank group or the comparison group. We recruited 116 older people in the three experimental districts to join the timebank group and 114 older people in three control districts to join the comparison group. Both groups were offered timebank opportunities to volunteer in community elderly centers and received the same rewards (e.g., dining coupons and cookies offered by social enterprises).

This paper reports the findings of a quasi-experimental study that compared the effectiveness of a timebank intervention with a comparison intervention in improving volunteering among older people. The study aimed to assess the impact of a timebanking program implemented in six districts in Hong Kong on late-life volunteering. The findings provide insights on future policy development to promote aging-in-place and technology acceptance.