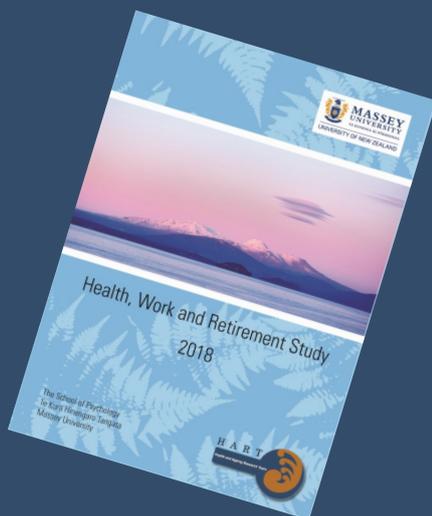


# Greetings from the Health & Ageing Research Team

## The 2018 survey: a focus on work and participation

The 7th wave of the Health, Work and Retirement survey was launched in August. This year, along with our usual core measures of health, well-being, family/whānau and caregiving, we have focused on issues associated with work. New Zealand has the second highest rates of workforce participation of older adults in the OECD. Work participation rates, however, decline after age 65+ and unemployment rates are growing. Many older workers are underemployed or are forced out of work prematurely by circumstances such as redundancy, disability, or family care responsibilities. In addition, older people seeking employment commonly face barriers such as discrimination or inflexible workplace policies. To better understand the extent and determinants of these issues, the 2018 questionnaire asked about attitudes, motivations and individual's ability to work. We will track these experiences across time and combine this information with interviews and case studies with New Zealand businesses to identify not only the needs of older workers, but also the practices employers can use to meet these needs. These findings will help us to develop innovative interventions for workers, businesses and government to support older New Zealanders' participation in the workforce.

Older workers contribute to the economy by addressing labour shortages and facilitating the transfer of skills and knowledge. Contributions to society by older workers also have economic and psychological benefits for the individual. The current challenge is to recognise the opportunities and benefits to all of an ageing population.



## HART Newsletter December, 2018

### Online surveys for 2018 participants

New participants are invited to participate in the Health, Work and Retirement study every two years. In 2018, the HART offered these new participants the option to complete the survey online. In this approach, letters were sent to 3,596 people, inviting them to participate and giving instructions on how to complete the survey online. Those who didn't complete the survey online within 8 weeks were sent a postal survey. While data are still coming in, the number of responses to the online survey will help HART to determine how acceptable online surveys are to older New Zealanders, and decide whether the survey will be made available online again in 2020.



**Principle investigators,**  
Professor Fiona Alpass and  
Professor Christine Stephens.

**LIVE STRONGER  
FOR LONGER**

PREVENT FALLS & FRACTURES

### ACC Customer Advisory Panel: Older People

**Professor Fiona Alpass** was recently appointed to the ACC Customer Advisory Panel: Older People. A highlight of a recent panel meeting was a presentation by ACC staff on the Live Stronger For Longer campaign. This campaign provides practical information and advice to over 65s and caregivers on how to stay active, well and independent. You can find out more at <https://www.livestronger.org.nz/>.

One of the key roles of advisory panel members is to listen to the voices and stories of ACC customers and identify issues in ACC service delivery that impact older New Zealanders. If there are issues or barriers that you have identified in your interactions with ACC that you would like heard please email your stories to Fiona ([F.M.Alpass@massey.ac.nz](mailto:F.M.Alpass@massey.ac.nz)). She would also like to hear of the positive interactions and outcomes you have had with ACC.

### Want up to-date news on the latest findings?

In addition to newsletters and traditional media, we're now taking advantage of social media as a way to get the word out about the Health and Ageing Research Team's activities and findings. Join our growing band of followers on [@MasseyHART](https://twitter.com/MasseyHART) for alerts on publications, presentations and reports from the Health, Work and Retirement Study.



**@MasseyHART**

## Health Promotion Agency: three year research programme on older adults' drinking patterns.

**Dr Andy Towers** and colleagues from the University of Auckland received funding from the Health Promotion Agency to explore older New Zealanders' drinking prevalence, patterns and predictors. Dr Ágnes Szabó has supported analyses of these data as part of her postdoctoral fellowship grant awarded from Lottery Health Research. Using HWR data from 2006-2016 to undertake cross-sectional, longitudinal and cross-national comparisons the research team found that:



**Dr Andy Towers**

- Older New Zealanders had the second highest proportion of older drinkers (83%) behind England (87%), and far more than countries such as the United States (62%) and Mexico (56%).
- Older New Zealanders drink far more frequently than older adults in other countries such as England, the United States, Russia and China.
- Drinking patterns were largely stable across people's lifespans, with long periods of hazardous or non-hazardous drinking being the norm.
- Hazardous drinking was more common in men, those with good economic living standards, and those in good physical health. However, drinking in poor health and when using medications raised the risk of alcohol-related harm.
- Older Māori and non-Māori had similar hazardous drinking rates.
- Approximately 1 in 10 older drinkers had drinking patterns that seriously increased their immediate risk of harm (i.e., they binge drink with some frequency).
- Having a heavy drinking parent significantly raised the risk of older New Zealanders becoming a frequent heavy drinker themselves.



**Dr Jason Paul Mika** is an indigenous entrepreneurship researcher based at Massey's Business School. Dr Mika is Tūhoe, Ngāti Awa, Whakatōhea and Ngāti Kahungunu, and was born in Whakatāne and raised in Rotorua. He is co-director of Te Au Rangahau, the Māori Business & Leadership Research Centre and a senior lecturer in the School of Management. Dr Mika completed his PhD in Māori entrepreneurship in 2015 at Massey, with research centred on the principles and methods by which indigenous entrepreneurs balance cultural and commercial imperatives in business.

**Dr Jason Paul Mika**

Dr Mika is leading and involved in a diverse range of funded research projects investigating this phenomenon in multiple sectors and sites including agribusiness, the marine economy, entrepreneurial ecosystems, business networks, senior entrepreneurship, regional indigenous entrepreneurship, tribal governance, and non-indigenous organisations. Dr Mika is a member of SEAANZ, ANZAM, and AOM, and welcomes enquiries about research and study at Massey Business School (e: [j.p.mika@massey.ac.nz](mailto:j.p.mika@massey.ac.nz) t: +64 6 951 9361).

## The Māori Advisory Group (MAG):

One integral part of our research and study design is our MAG. We have four members who support us in our roles. This year, their support included reviewing the 2018 survey and meetings to discuss and address any concerns.

**Dr Natasha Tassell-Matamua** was born and raised in Aotearoa and is proudly of Te Ātiawa and Cook Islands descent [Ngāti Makea]. Dr Tassell-Matamua is a Senior Lecturer and Deputy Head of the School of Psychology at Massey University and teaches in the speciality area of cultural psychology. Her research focuses on near-death experiences. Dr Tassell-Matamua has a strong interest in indigenous psychology, with a particular focus on mauri ora for Māori from psychological, spiritual and environmental perspectives.

**Dr John Waldon** is of Tuhoe, Ngāti Kahungunu, and Ngāti Porou descent, and is a Māori Researcher.

**Mr Ruma Karaitiana** retired after 25 years in Chief Executive roles, Ruma Karaitiana is now a professional Director. Amongst his Board roles he Chairs the Rangitāne o Manawatū Investment Trust, post-settlement. Ruma has been a long-term participant in the Health, Work and Retirement Study.

**Mr Roland (Roly) Fitzgerald** is of Ngai Rangitane and Ngāti Porou descent, and is a Māori educator.

## Staff News:



**Ms Hannah Phillips** joined the Health and Ageing Research Team in April 2018 as a Junior Research Officer. She completed her Masters in Psychology at the University of Otago, and is now helping with data collection and management of the HWR survey.



**Ms Shanika Yoshini Koreshi** is a PhD student in Massey's School of Psychology. She was awarded a scholarship from the HART funded through the Ministry of Business, Innovation and Employment. Shanika's research looks at maximising workforce participation for older New Zealanders, particularly reconciling work and caregiving.



**Mr Eddie Barnard** was awarded a 2018 HOPE Selwyn Scholarship to complete his research into the impacts of concurrent alcohol and alcohol-interactive medication use among older New Zealanders. Eddie's research uses self-reported alcohol use from the surveys in conjunction with records of prescribed medications to identify those at greatest risk of concurrent use and its impacts on health.



**Dr Joanne Allen:** recently took up a post-doctoral research role. Her work will focus on enabling workforce participation for older people and providing evidence-based advice for New Zealand employers.



**Ms Vicki Beagley** has been with the HART as a Junior Research Officer since 2008, after completing her Master of Arts degree using the 2006 data. Some participants will have had a face to face interview with her in 2010 and 2012, or talked to her when participating in a Life History interview in 2017. If you call or email the study, Vicki will be the person who receives your communication.



**Dr Judith Davey** has joined the HART to conduct research on ways in which businesses support older workers. She is an advocate for Positive Ageing, the Dignity Champions, and for everyone to enjoy "the stage of life formerly known as retirement." Dr Davey writes a regular blog for Age Concern. You can read her latest policy blog on the precarious situation of older workers at: <https://www.ageconcern.org.nz/>



**Mr Geoff Pearman** is the Managing Director of Partners in Change, a Trans-Tasman organisation and workforce development consultancy that specialises in age and work. He is also the founder of Senior Entrepreneurs New Zealand. He is an experienced manager, facilitator and consultant recognised for his ability to develop innovative approaches to programme and service delivery.



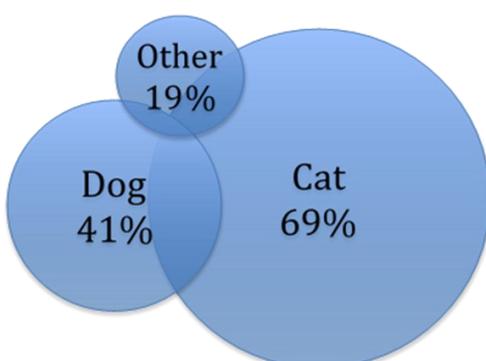
**Dr Sally Keeling** is a well-known New Zealand gerontological researcher who has contributed to several large studies on ageing and is the president of the Canterbury branch of the New Zealand Association of Gerontology.



**Dr Siatu Alefaio-Tugia** is a senior lecturer in the Department of Psychology at the Albany campus. Dr Alefaio-Tugia has considerable research experience and is well-respected within the wider Pasifika community.

## Did you know that the US National Institutes of Health recommend assessing connections between humans and animals when assessing social determinants of health?

Since the HWR survey began, participants have written to us about what topics they see as important to health and wellbeing. Ahead of the 2018 survey we ran a pilot project to test an online version of the survey and in

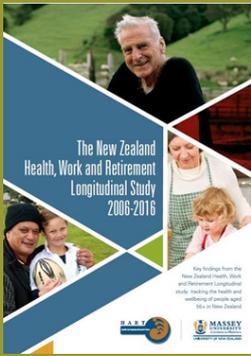


this we had an opportunity to include a topic that participants have consistently said is important to them: their pets.



Of the 250 people who responded, 49% had a domestic pet. Most respondents were cat owners, followed by dog and other pet owners. Of the pet owners, 45% were satisfied with the support they received from their pet; 65% said their pets made them feel loved and wanted most or all of the time, and 73% agreed that they had close relationships with their pets that provide them with a sense of emotional security and well-being.

## The Ten Year Report Launch



In early August 2018, the HART released a report on health and ageing in New Zealand using data from the Health, Work and Retirement study 2006-2016. The launch event in Wellington was attended by representatives from the Ministry of Health, Treasury, Office for Seniors, Ministry for Social Development, ACC, Veterans Affairs, Commission for Financial Capability, Council of Trade Unions, Mid-Central and Wairarapa District Health Boards, Grey Power Federation, Arthritis New Zealand, Retirement Village Association, and Age-Friendly Hamilton. The report proposed a view of health with age that acknowledges the importance of not only physical, but also mental and social wellbeing. The report identifies five groups among older



**Dr Joanne Allen**  
presenting at the launch.

kiwis, who each display a common health profile over a 10-year period. It outlines the experiences of these groups across a range of important factors such as employment, housing, caregiving and cognitive functioning.

**The report can be accessed via the HART website - here is a snapshot of the findings:**

- Two thirds of participants arrived at older age in very good physical, mental, and social health.
- Having physical health problems does not exclude good mental and social health – 85% maintained good mental and social health over the 10-year period.
- Those with poor physical, mental and social health reported the poorest housing conditions.
- Approximately 20% are caregivers, with most providing care to their parents and spouses.



## Assessing Age-Friendly Neighbourhoods

HART has partnered with Grey Power, the Māori Women's Welfare League, and the Napier City Council, to trial the New Zealand use of a new tool to assess neighbourhoods – OPERAT. This tool will be useful for providing information to organisations, councils, and government about the age-friendliness of different neighbourhoods across New Zealand.

The assessment requires individuals to assess the qualities of a neighbourhood using a checklist. Scores for that neighbourhood are entered on a map. We are currently trialling this tool in several parts of New Zealand and we will adapt the scoring system to suit New Zealanders' needs.

You can see the map and the results of assessments that have been done so far by going to <https://www.operat.co.nz/>. The areas are coloured green (good), orange (medium) or red (poor). If you want to try out assessing your own neighbourhood, follow the instructions on the website.

Each neighbourhood is considered within a 'meshblock' of houses (about 30-60 in each block) designated by Statistics New Zealand. To check out where your meshblock is on the map, type in your address and the meshblock will appear on the map. You will also see how to access the instructions for doing the assessment and for printing out assessment forms. You will find a manual that tells you how to do an assessment and you can print out a scoring sheet for your own neighbourhood.

To enter your scores on the map (no single homes are identified) follow the instructions on the web site or contact Christine Stephens ([c.v.stephens@massey.ac.nz](mailto:c.v.stephens@massey.ac.nz)) for help. We are happy to enter your scores for you. We will be pleased to receive any feedback that you have about the OPERAT tool and its use.

**If you have moved or changed any of your circumstances, please let us know.  
Call 0800 100 134 or email [hart@massey.ac.nz](mailto:hart@massey.ac.nz)**

## Life History Project

The Health, Work and Retirement study has collected information from older New Zealanders for over ten years, with a focus on their current experiences of health, work, social participation, and financial circumstances. However, we have found that for many older adults, these factors are very stable in later life and are likely determined strongly by earlier life circumstances and experiences. To address this gap, we have completed interviews covering life histories with over 800 participants. During the Life History interview, we asked participants about their early childhood circumstances, housing, employment, health, healthcare utilisation, and difficult life events.

We will use these Life History data to examine the long term outcomes of these life circumstances and events. In the future, we hope to collect information on life histories from more participants in the study. This will allow us to examine in detail the experiences of different groups of older people and how this related to their experiences of health and wellbeing in later life.

### Here are some examples of the questions asked:

#### Childhood circumstances

How many books were there in the place you lived when you were 10?



14%	Two or more bookcases (200+)
16.6%	Two bookcases (101-200)
34.3%	One bookcase (26-100)
17.9%	One shelf (11-25)
17.2%	None or very few (0-10)

Household main breadwinner during childhood?



22.7% Professional or manager

15.2% Technical or trades

3% Community worker



5.1% Clerical worker

5.9% Sales worker

10.9% Machinery operator



20.3% Labourer

13.5% Other

3.1% No breadwinner



#### Midlife event

Periods of unemployment across:



27.9% Chronic illness before 60



34.5% Divorced or separated



**Megan Hempel - PhD Candidate** was one of the HART interviewers on the Life History project. She is now using this data in her PhD, which examines the impact of childhood socioeconomic status on mental and physical health in later life. In particular, Megan is interested in understanding how education and employment might alter the pathways from childhood circumstances to later life health.

## Alcohol Use Over the Life Course

**Drs Andy Towers, Ágnes Szabó** and colleagues from the University of Auckland used the alcohol questions from the Life History interviews to explore patterns of drinking across the lifespan. Those who started drinking prior to 18 years were more likely to be men, from wealthy homes, and to come from homes in which parents smoked. Men and women had considerably different patterns of drinking across the lifespan. The team found that 52% of women who drank did so frequently. Both frequent and infrequent drinkers consumed low-to-moderate amounts of alcohol when they drank (i.e., 1-4 drinks). In contrast, 51% of older men were frequent and moderate-level drinkers (i.e., 3-4 drinks per time) for the majority of their lives. Around 13% of men had been consistent binge-drinkers their entire lives. These distinct patterns were largely stable over time, and suggest that drinking patterns in older adulthood are largely set in early adulthood.

## Results Well-Received at the NZ Association of Gerontology Conference.

HART presented two symposia to communicate recent findings from the study, both of which were well-received and prompted thought-provoking questions from the audience. The first symposium, chaired by **Professor Christine Stephens**, presented findings from the report on the Health, Work and Retirement study 2006-2016, launched back in August. Presentations focused on the five ageing profiles of older New Zealand adults were discussed, as were the associated differences in experiences of housing, caregiving, and changes in cognitive functioning with age. The patterns and changes in ethnic identity among older Māori participants were also discussed. The second symposium, chaired by **Dr Mary Breheny**, presented findings from the Life History interviews. Information was presented on socioeconomic status in early childhood, childhood and mid-life health, accommodation history, education and work history, experiences of racism, discrimination and trauma, and lifetime alcohol consumption.

# Health & Ageing Research Team Quick Snaps!



**Professor Christine Stephens**

**GERONTOLOGICAL FELLOWSHIP AWARD: Professor Christine Stephens** has been awarded Fellow status by the Gerontological Society of America (GSA), the world's oldest and largest organisation devoted to research, education, and practice in the field of aging.

A GSA fellowship is the highest level of membership, and an acknowledgement of her outstanding work and contribution in this area. Professor Stephens was presented with this award by the President of the Society at the GSA 70th Annual Scientific Meeting, held in Boston, USA in November.

**INTERNET USE IN SENIORS—Dr Agnes Szabo:** HART set out to investigate the potential benefits of online engagement for older adults' wellbeing. Participants reported internet use for three main purposes: social, informational and instrumental. Use of the internet for any of these purposes supported people to participate in a wider range of community activities, promoting their quality of life. Engaging online to connect with friends/family had additional benefits for wellbeing by reducing feelings of loneliness and isolation. Our research highlights that internet use can promote wellbeing, but it matters how seniors participate in the digital space.



**Dr Agnes Szabo**



**Assoc Prof Juliana Mansvelt**

**REASONS TO CONNECT: Assoc. Prof Juliana Mansvelt** and colleagues interviewed older New Zealanders about their use of Information and Communication Technologies (ICT). Analysis revealed that many enjoyed engaging with ICT to connect with friends and family, find information, share data and engage in special interests and hobbies. Many individuals preferred the sociality of shopping in physical spaces and liked the ability to see, touch and try commodities, rather than online shopping. Shopping also provided activity outside of home. For less mobile individuals online shopping (particularly grocery shopping) provided a means of retaining independence. Participants were mindful of both the risks and possibilities of engaging in online spaces and activities. These experiences have implications for both providers of web-based platforms and services, and the development of older people's learning and competency with these technologies.

**WELL-BEING IN OLDER VETERANS: Dr Polly Yeung** and colleagues compared health and wellbeing indicators among veterans and non-veterans, and identified risk and protective factors contributing to their overall wellbeing. While older veterans reported having more health conditions, there were no differences in their experiences of physical, mental and social wellbeing in later life compared with non-veteran older adults. Maintaining good mental health and purpose in life were found to be important protective factors. It is important to remain vigilant of the needs of veterans as military-related factors and later-life stressful events (such as retirement, income reduction, loss of a partner and social network) may impact or accelerate older veterans' aging process.



**Dr Polly Yeung**



**Dr Mary Breheny**

**BALANCING CAREGIVING AND WORK—Professor Fiona Alpass:** Caregiving for friends and family has been an ongoing focus of research for the HART. In 2019 we will launch a longitudinal study which will involve interviewing a group of carers in paid employment. This work will follow participants who provide care for a family member with a long-term illness, disability or frailty as they navigate the challenges of combining work and care roles. HART is linked to an international group of researchers who focus on sustainable care – how family care arrangements can be made sustainable and deliver better wellbeing outcomes. Our contribution to this work aims to identify strategies and policies that government and business can adopt to support older workers with caregiving responsibilities. This project is led by **Dr Mary Breheny**, and she will be inviting participants shortly to take part.