

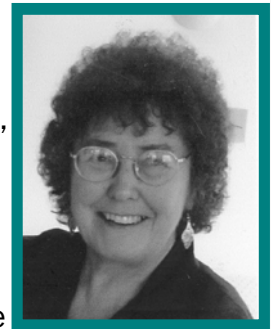
NZiRA NewZ

From the Director

Whither Life Expectancy?

Inside this issue:

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| <p>From the Director</p> <p>New sponsorship</p> | <p>1</p> <p>2</p> | <p>Writing in the <i>New England Journal of medicine</i> (March 17, 2005), Jay Olshansky and others suggest that the steady rise in life expectancy observed during the last 200 years, and often built in to projections for the future, may, in fact, soon come to an end.</p> |
| <p>Public lecture on elder abuse</p> | <p>2</p> | <p>The question of how much further life expectancy can rise and the biological and other limits to longevity, raised by Tom Kirkwood, during his visit to New Zealand as the 2004 NZiRA/TOWER fellow, has serious implications for society and the economy. The scenarios in which life expectancy continues to increase pose one set of questions. How would people make decisions about workforce participation and retirement if they expected to live to age 100 or even 120? What would "saving for retirement" mean in such a scenario? How would family dynamics be affected if four or five generations were regularly alive at the same time?</p> |
| <p>NZiRA publications</p> | <p>3</p> | <p>On the other hand, will life expectancy continue to increase? As well as biological limits there may be behavioural issues. For example, Olshansky is challenging projections of rapid rates of increase in life expectancy. Talking about the USA, he claims that obesity, which is growing at an alarming rate, will, if unchecked, have a negative effect on life expectancy*. He suggests that two-thirds of adults in the United States are obese or overweight and that obesity is associated with an elevated risk of diabetes, heart disease, cancer and other complications which are life-threatening. Other research shows reduced bone density among young women, possibly associated with consuming fizzy drinks rather than milk. This may lead to serious problems, including osteoporosis. Higher rates of morbidity and mortality arising from drug and alcohol abuse have been observed among some populations and life expectancy for men in Russia has fallen, associated with alcoholism. These are all serious social and health challenges. Another prediction is that the current cohort of people in their sixties may "enjoy" the longest life expectancy and thereafter it will decline. How are these factors likely to apply to New Zealand? We regularly applaud long life and see it as an aspiration—"Long live whoever" is a positive acclamation. But where are we going in the decades to come?</p> |
| <p>The Advisory Board</p> | <p>3</p> | <p>On the other hand, will life expectancy continue to increase? As well as biological limits there may be behavioural issues. For example, Olshansky is challenging projections of rapid rates of increase in life expectancy. Talking about the USA, he claims that obesity, which is growing at an alarming rate, will, if unchecked, have a negative effect on life expectancy*. He suggests that two-thirds of adults in the United States are obese or overweight and that obesity is associated with an elevated risk of diabetes, heart disease, cancer and other complications which are life-threatening. Other research shows reduced bone density among young women, possibly associated with consuming fizzy drinks rather than milk. This may lead to serious problems, including osteoporosis. Higher rates of morbidity and mortality arising from drug and alcohol abuse have been observed among some populations and life expectancy for men in Russia has fallen, associated with alcoholism. These are all serious social and health challenges. Another prediction is that the current cohort of people in their sixties may "enjoy" the longest life expectancy and thereafter it will decline. How are these factors likely to apply to New Zealand? We regularly applaud long life and see it as an aspiration—"Long live whoever" is a positive acclamation. But where are we going in the decades to come?</p> |
| <p>Director's diary</p> | <p>4</p> | <p>On the other hand, will life expectancy continue to increase? As well as biological limits there may be behavioural issues. For example, Olshansky is challenging projections of rapid rates of increase in life expectancy. Talking about the USA, he claims that obesity, which is growing at an alarming rate, will, if unchecked, have a negative effect on life expectancy*. He suggests that two-thirds of adults in the United States are obese or overweight and that obesity is associated with an elevated risk of diabetes, heart disease, cancer and other complications which are life-threatening. Other research shows reduced bone density among young women, possibly associated with consuming fizzy drinks rather than milk. This may lead to serious problems, including osteoporosis. Higher rates of morbidity and mortality arising from drug and alcohol abuse have been observed among some populations and life expectancy for men in Russia has fallen, associated with alcoholism. These are all serious social and health challenges. Another prediction is that the current cohort of people in their sixties may "enjoy" the longest life expectancy and thereafter it will decline. How are these factors likely to apply to New Zealand? We regularly applaud long life and see it as an aspiration—"Long live whoever" is a positive acclamation. But where are we going in the decades to come?</p> |
| <p>Statistical Snippets</p> | <p>4</p> | <p>On the other hand, will life expectancy continue to increase? As well as biological limits there may be behavioural issues. For example, Olshansky is challenging projections of rapid rates of increase in life expectancy. Talking about the USA, he claims that obesity, which is growing at an alarming rate, will, if unchecked, have a negative effect on life expectancy*. He suggests that two-thirds of adults in the United States are obese or overweight and that obesity is associated with an elevated risk of diabetes, heart disease, cancer and other complications which are life-threatening. Other research shows reduced bone density among young women, possibly associated with consuming fizzy drinks rather than milk. This may lead to serious problems, including osteoporosis. Higher rates of morbidity and mortality arising from drug and alcohol abuse have been observed among some populations and life expectancy for men in Russia has fallen, associated with alcoholism. These are all serious social and health challenges. Another prediction is that the current cohort of people in their sixties may "enjoy" the longest life expectancy and thereafter it will decline. How are these factors likely to apply to New Zealand? We regularly applaud long life and see it as an aspiration—"Long live whoever" is a positive acclamation. But where are we going in the decades to come?</p> |



**NZiRA Director
Judith Davey**

Judith Davey

* I am grateful to Geoff Rashbrooke for drawing my attention to this analysis.

New Sponsorship for the NZiRA Fellowship

TOWER provided very welcome sponsorship for five years for the NZiRA/TOWER fellowships and many members of the network will have benefited from hearing the recipients as they gave presentations throughout the country. However, this sponsorship arrangement is now complete and we have been looking for alternative funding for 2006 and beyond.

This has been secured through **Southern Cross Healthcare**, a not-for-profit organisation which has been in the business of health in New Zealand for more than 40 years. Southern Cross is a leading provider of medical and travel insurance and has a string of private hospitals throughout the country. Southern Cross have agreed to fund a visiting fellowship with NZiRA in 2006 and to consider extending this sponsorship in subsequent years.

This is very welcome news for NZiRA, which has always considered the fellowship as the “jewel in the crown” of the institute’s activities. We are very grateful to Southern Cross CEO, Ian McPherson, and General Manager Group Marketing, Paul Regtien, for their interest and generosity.

Southern Cross and NZiRA have agreed that the topic for the 2006 fellowship will be **assistive technology for older people** and we are currently exploring options for suitable candidates. Any feedback from network members on this suggestion is very welcome.

Public Lecture on Elder Abuse



**NEW ZEALAND ASSOCIATION OF GERONTOLOGY
WELLINGTON BRANCH**



Betty Jeanne Eydt— recent Winston Churchill award recipient

**Elder Abuse and Neglect Prevention Strategies:
Lessons for Aotearoa/NZ from Scotland, England, Canada and Australia.**

Where: *Lecture Theatre 3, Victoria University of Wellington’s Law School.
This is in the north-east corner of the Old Government Building, Lambton Quay*

When: *6.00 to 7.30 pm Wednesday 23 November*

Enquiries: *NZAGWellington@paradise.net.nz*

“BJ” Eydt has spent 5 years as National Development and Support Co-ordinator for Age Concern New Zealand, with responsibility to co-ordinate 15 independent Age Concern Councils providing elder abuse and neglect prevention and co-ordination of intervention services (EANP). In this role she has provided training, resource development, service delivery support to EANP co-ordinators and their managers; advocated to government to raise the profile of the services and the issue of elder abuse and neglect, participated in development of Te Rito, the NZ Family Violence Prevention Strategy and with development of the yet to be published Ministry of Health EAN Intervention guidelines for health professionals. She has worked with Age Concern members and staff to develop resources and a community education project on Enduring Power of Attorney to assist in preventing financial abuse. BJ has had over 25 years experience as a networker, trainer and service development co-ordinator in the voluntary and public sector in community development.

NZiRA Publications

Many of our earlier publications are now in short supply. We have very small stocks of -

- Davey, J. *Coping without a Car – Summary Report*, Office for Senior Citizens and NZiRA, November 2004.
 Davey, J. & Gee, S. *Life at 85 plus: A Statistical Review*, New Zealand Institute for Research on Ageing, Victoria University of Wellington, September 2002.
 Gee, S. (Ed) *Ageing in a diverse New Zealand / Aotearoa*, 40 plus Project, Victoria University of Wellington, June 2002.
 Davey, J. *Going for it! Older Students at Victoria University of Wellington*, Education in Mid and Later Life Research Project Victoria University of Wellington, March 2001.

However, there are plenty of hard copies of **Aotearoa Ageing 2005: A Bibliography of New Zealand Research on Ageing - 2001-2005** and this is also available at www.nzira.ac.nz

The following recent reports are available on-line at the specifies web-sites

- Davey, J. and Keeling, S. (2004) *Combining work and Eldercare: a study of employees in two City Councils who provide informal care for older people*
www.dol.govt.nz/futureofwork/workforce-elder-care.asp
- Davey, J., Nana, G., de Joux, V. and Arcus, M. (2004) *Accommodation Options for Older People in Aotearoa/ New Zealand* www.chranz.co.nz
- Davey, J. and Nimmo, K. (2004) *Older People and Transport: A scoping paper*, www.transport.govt.nz/current/issues/
- Davey, J. (2004) *Coping without a Car* (full report), www.osc.govt.nz

Meet the NZiRA Advisory Board

The functions of the Advisory Board are to advise and assist the Director, to promote the vision for NZiRA; to set goals and plan strategies in the pursuit of this vision and to monitor progress towards these.

Members of the Advisory Board are chosen as individuals who have links with a variety of organisations and sectors relevant to research on ageing in New Zealand. They are able to provide an end-user's perspective: which may include providing information on what is happening in relevant communities, advising on relevant communities' needs and ensuring the institute responds in appropriate ways.



This photograph shows the present NZiRA advisory board after a meeting on 26 September.

From left to right they are -

- Diana Crossan**, the Retirement Commissioner
Verna Schofield, Gerontological researcher, social work academic and recently appointed President of the New Zealand Association of Gerontology.
Chris Cunningham, Director of Te Pumanawa Hauora Maori Health Research Centre, Massey University.
Tim Sole, CEO of Civic Assurance
Jenny Neale (Chair), Head of the School of Social and Cultural Studies, Victoria University.

Director's Diary

- 17 September Birth of first grandchild in Christchurch
- 23 September Presentation at the Marlborough Transport Forum in Blenheim, *"Older People, Transport and Positive Ageing"*
- 1 October Presentation to Career Practitioners Association of New Zealand National Conference, in Palmerston North—*"Issues for an Ageing Workforce."*
- 7 October Depart for the UK
- 20 November Return to New Zealand

Statistical Snippets

Time Use among People Aged 85 plus

A summary of activities undertaken by older people (in private dwellings) can be derived from the 1998/9 Time Use Survey. But, because of sample size, sampling errors and very small cell sizes for the older age groups, detailed analysis is not possible. When the survey is repeated, we hope these deficiencies will be corrected. The results are presented as minutes per day spent on four main time-use categories, which together account for a full day of activities. **"Necessary time"** includes sleep and self-care. Time spent in this category increased with age for both men and women. There was little difference between partnered and unpartnered people except in the 85 plus age category. The highest figure for minutes spent on necessary time was for partnered women aged 85 plus – 869 minutes on average - followed by unpartnered women in the same age group – 804 minutes.

"Contracted time" includes labour force activity as well as education and training. This was a very small category for older people. Men 85 and over reported on average 4 minutes per day and women 3 minutes of contracted time.

"Committed time" is unpaid work inside and outside the home, including housework and caring work. The figures were similar for men, whether partnered or unpartnered and decline with age, but partnered women spent more time on unpaid work than unpartnered women. In the 85 plus age group, time spent on committed work was lower than for younger people. However, partnered women still spent more time than partnered men (265 minutes and 224 minutes, respectively) – perpetuating gender-based expectations into the older groups. Among the unpartnered, aged 85 and over, men spent more time on unpaid work than women (233 minutes and 204 minutes, respectively).

"Free time" includes entertainment, sports and hobbies, as well as religious, cultural and civic participation and mass media use. For both men and women, those who are partnered have less free time than those without a partner. Women overall had less free time than men. The gap is especially marked for partnered women aged 85 and over, who averaged 296 minutes of free time per day, as opposed to 420 minutes for partnered men in the age group, 424 for non-partnered women and 453 for non-partnered men.

The figure illustrates the overall allocation of time for people in the 85 plus age group. Partnered women stand out in their differences. They recorded more necessary time, more committed time and less free time. There was less difference between partnered and unpartnered men. Comparing the 85 plus age group with people 65-74 and 75-84 shows that necessary time increases with age in all categories and committed time decreases, especially for women. Free time increases, except for partnered women.

