

Older New Zealanders – 65 and Beyond

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Preface

The Ministry of Social Development's report *Positive Ageing in New Zealand*, released in October 2001, called for improved information and research to guide policy decisions affecting older people. The report noted that making such information publicly available through social reporting would enhance the ability of government, the public and other groups to make decisions, and set priorities to assist older people's participation in society.

The publication *Older New Zealanders – 65 and Beyond* will assist in fulfilling this need for improved information on older people. This report brings together data from a wide range of sources, including the Census of Population and Dwellings, social surveys and administrative data, to provide a picture of the population aged 65 and over and how it is changing. It aims to maximise the availability, distribution and use of official statistics on older people so that they are widely used in decision-making, research and discussion within governments and the community.

The report is aimed at a wide range of interested parties including government departments, community groups, welfare agencies, academics, policy analysts and the general public. It will provide a useful resource for planning and decision-making purposes.

Those people wishing to obtain more information about the data sources used in the report should contact Statistics New Zealand.

I would like to acknowledge those people who helped in the preparation of this report, especially Julie Woolf, Sharon Evans and Gerry Cotterell.

A handwritten signature in black ink, appearing to be 'B. Pink', written in a cursive style.

Brian Pink
Government Statistician

Acknowledgement

This report was prepared by the Social Statistics Division and published by the Information and Publishing Services Division of Statistics New Zealand.

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In previous editions of Labour Market Statistics, variations in the procedure used for calculating totals existed, with some being calculated from pre-rounded figures. In this edition all totals have been calculated from unrounded data. This means a minority of totals differ slightly from those published previously.

Total population estimates

Age-and-sex-specific estimates are rounded to the nearest 10.

New Zealand totals are rounded to the nearest 100.

National and subnational population projections

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Subnational population projections are rounded to the nearest 100.

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Where consecutive figures have been compiled on different bases and are not strictly comparable, a footnote is added indicating the nature of the difference.

Values

All values are shown in New Zealand currency, except where otherwise stated.

Source

All data is compiled by Statistics New Zealand, except where otherwise stated.

Symbols

The interpretation of the symbols used throughout this report is as follows:

- C confidential
- E early estimate
- P provisional
- R revised
- S suppressed
- nil or zero
- figure(s) not available
- .. figure too small to be expressed
- ... not applicable

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Introduction

People aged 65 and over make up a large and growing proportion of New Zealand's population. At the time of the 2001 Census of Population and Dwellings, they numbered 450,426 and made up around 12 percent of the total usually resident population. Over the next 25 years, the number of people aged 65 and over is projected to rise significantly to reach 924,400 by 2026. By that time, they will make up around 20 percent of the total usually resident population. This is projected to increase further to 25 percent in 2051.

The key factor allowing us to be reasonably sure of the shape and nature of the older people of the next few decades is that they are largely already part of the population of the country. While some immigration and some mortality will occur, it will only have a minor effect on the composition of these age groups. The major areas of change are expected to occur in internal migration patterns, regional competition for resources and changing work practices, which may modify in fundamental ways the lifestyles and location of older people. These will be linked to changes in care needs, family structures and the relative wealth of the retired population.

As a group, older people are becoming more diverse as their life experiences increasingly deviate from the life paths of their predecessors. For example, increasing numbers of those entering older age will have experienced marital disruption and sole parenthood, some will have remarried, and more women will have worked for large periods of their working life.

The growth of the older population, both in its size and in its diversity will have impacts on policy and programme delivery. The sheer increase in the number of people aged 65 and over will result in increasing expenditure in a range of areas, particularly health care and retirement income. Furthermore, in attempting to meet the needs of an older population, planners and service providers will need to take into account the increasing ethnic and social diversity of this population in the future. There will be higher proportions of Māori, Pacific and Asian peoples with different needs and expectations.

Much of the debate around the increasing size of the older population has focused upon the negative impacts, particularly the capacity of New Zealand's economic, social welfare and health systems to cope with the growth. However, the increasing number of older people has other implications. Most older people are fit and healthy well into their 70s, and can continue to play an active role in society for many years beyond the age of 65.

The information contained in this report will throw light on a range of issues relating to the growth of New Zealand's older population including:

- the demographic characteristics of the older population
- where the older population lives
- the levels of participation by older people in the community in which they live
- the health status of the older population
- the response to calls for older people to work longer, and save more for retirement.

Chapter 1 contains information on the demographics of the older population. This chapter discusses changes in the size and age structure of the 65 years and over population, including the projected growth of this population over the next 50 years, particularly at the oldest ages. It looks at the geographic distribution of older people and their internal migration patterns and how these change with advancing age. The living arrangements of older people are also discussed, along with the expected impact of population ageing on the prevalence of certain types of living arrangement, particularly living alone.

Chapter 2 examines the labour market patterns and trends relating to people aged 65 and over. It uses data from recent population censuses, the Survey of Older People in 2000 and the Household Labour Force Survey to explore the increasing participation of this age group in labour market activity. The types of jobs, the hours worked, the industrial sector, and the extent of self-employment of people aged 65 and over are explored, together with the factors that influence them, such as sex, education level, health status and region. Cohort analysis is used to illustrate how each five-year age group from 60–64 through to 70–74 has had very different labour market experiences.

Chapter 3 examines the income and economic wellbeing of older people using information from the Survey of Older People in 2000 and the 2001 Household Savings Survey. The chapter is divided into two sections; the first covering income and the second net worth. The first section analyses differences in income among the older population and explores the sources of income received by older non-partnered individuals and couples. The influence of health status and housing costs and housing quality on income are also considered. Finally there is a discussion of financial stresses and income adequacy to complete the income part of the chapter. The second section, on net worth, compares the net worth of older non-partnered individuals and couples with their younger counterparts. It shows that age, education, marital status and the receipt of an inheritance all influence the median levels of net worth. This section also looks at the level of debt and the level and types of assets commonly held by people aged 65 and over.

Chapter 4 contains information on health and disability issues as they relate to the population aged 65 and over. The information is drawn from a range of sources, including mortality data, hospital morbidity data, the New Zealand Health Survey and the Disability Survey. The analyses show a strong association between increases in the prevalence of a wide range of health conditions and advancing age. Despite this, the majority of older people report positively about their health. Disability, like health status, is also shown to increase with age, not only in prevalence but also in severity and the probability of having multiple disabilities.

The final chapter of the report examines the extent of family and community participation of older people. It looks at the extent of support, both given to and received from family and close friends, including both in kind and financial support. The valuable contribution made by older people to the wider community, through their participation in both formal and informal unpaid work outside the home, is also covered.

*Chapter 1:***Demographic Characteristics****Overview of Population Size and Change**

The number of New Zealanders aged 65 years and over has doubled over the last 50 years and is expected to more than double again over the next 50 years. At the 2001 Census of Population and Dwellings, New Zealand residents aged 65 years and over numbered over 450,000 and made up 12 percent of the total population, up from 9 percent in 1951.

Population projections indicate that the population aged 65 and over is expected to increase by around 100,000 over the current decade, to reach 566,000 by 2011. After 2011, the rate of increase is expected to accelerate, as the large baby-boom cohort begins to enter this age group. Between 2011 and 2021, the number of older people is expected to grow by about 200,000 and by a further 230,000 in the following 10 years. By 2051, there will be over 1.18 million people aged 65 years and over, an increase of around 166 percent since 2001. At that stage they will account for about one out of every four New Zealanders.

As older people increase their share of the total population, the proportion of people aged less than 15 years is expected to continue to fall. In 1981, around 27 percent of New Zealanders were in this age group, falling to 23 percent in 2001. By 2011, the proportion aged less than 15 years is expected to drop to 19 percent and further to 16 percent by 2051.

The immediate consequence of these combined changes is that the median age of New Zealand's population is expected to rise sharply from the current 34 years to over 45 years by mid-century. This is referred to as 'population ageing', though it is more correct to view it as a transition from a younger to an older structure. It reflects the combined impact of sub-replacement fertility (ie when live birth rates are below the level that the population needs to replace itself without migration), longevity gains and the ageing of the large baby-boom cohorts of the 1950s–1970s. Population projections suggest that higher migration levels are unlikely to significantly slow the ageing of the population. With a net migration gain of 20,000 a year, the median age will be 43 years in 2051, while zero net migration will result in a median age of 46 years.

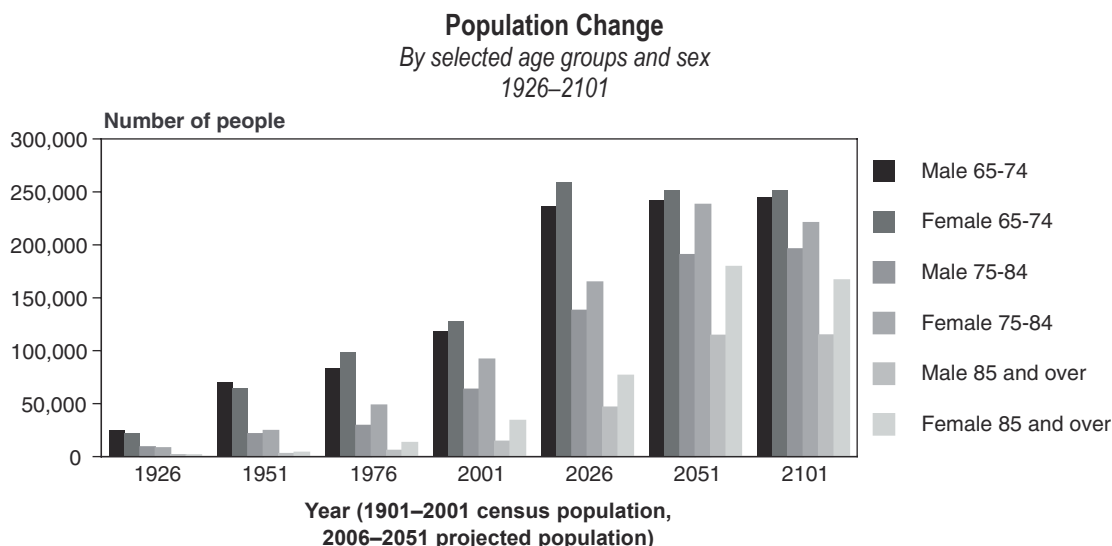
New Zealand's major ethnic groups have gone through or are currently in the process of going through a similar transition, from a young stable structure with relatively high fertility, low life expectancy and a relatively low median age to an older stable population structure with relatively low fertility, increasing longevity and higher median age. What distinguishes the various groups is their stage in this transition process. The European population is at the most advanced stage. In 2001, 14 percent of the European population was aged 65 and over, compared with 4 percent of the Asian population and 3 percent of both the Māori and Pacific populations. By 2021, those aged 65 years and over will make up 22 percent of the European population, 9 percent of the Asian population, 8 percent of the Māori population and 6 percent of the Pacific population.

Age–sex structure of the older population

The 65 years and over group is broad, spanning more than one generation, and each component age group has specific characteristics and needs. For example, people aged 85 years and over, 'the old-old', have very different physical and social characteristics and needs from those aged 65–69 years. The 'old-old' group has the highest incidence of degenerative conditions and disabilities, and consequently places a much greater demand on health services and care (see chapter 4: Health and Disability).

Projections indicate that the 'old-old' will have the highest growth rates over the next 50 years. This group is expected to number a quarter of a million by 2051, a more than six-fold increase since 2001. The increase will be particularly marked among women aged 85 years and over, as illustrated in figure 1.01. The growth of the oldest segment of the population aged 65 years and over will give rise to ageing of the older population as a whole. By mid-century, people aged 85 years and over will make up 22 percent of all New Zealanders aged 65 years and over, up from 9 percent in 2001. The projected growth of the oldest segment of the older population reflects improvements in longevity and the movement of the baby-boom cohorts through the older age groups.

Figure 1.01



Source: Statistics New Zealand

A very common theme in the discussion of older people is that there are notably more women than men. Table 1.01 shows that this has been the case in New Zealand over the last 50 years. The table also shows that the surplus of women over men increases with age, with women aged 85 years and over outnumbering their male counterparts by more than 2 to 1. By comparison, women in the age group 65–74 years outnumber men by a comparatively small margin, making up 53 percent of those in this age group.

However, as both men and women are living to older ages, the sex ratios are expected to decline, especially in the younger sections of the older population (see figure 1.02). Overall, projections indicate that there will be 122 women for every 100 men aged 65 years and over in 2051, down from 129 women for every 100 men in this age group in 2001.

Table 1.01

Sex Ratios, Number of Females per 100 Males
1926–2101

Year	Age group			
	65–74	75–84	85 and over	Total 65 and over
1926	88.39	90.72	87.87	88.96
1951	91.07	114.11	141.84	109.73
1976	117.98	164.88	224.81	134.90
2001	107.52	144.90	235.04	129.01
2026	109.41	119.41	164.81	118.46
2051	103.83	124.91	156.77	122.24
2101	102.73	112.64	145.38	115.00

Source: Statistics New Zealand, Census of Population and Dwellings, 1926–2001, and 2001-base population projections

Location

New Zealand’s older population is concentrated in particular areas. An appreciation of the pattern of distribution of older people is clearly important in planning the location of services for them.

In 2001, around half of New Zealand’s population aged 65 years and over were located in three regions – Auckland, Canterbury and Wellington. One in four lived in the Auckland region (115,000). Canterbury had the next largest number, with 66,500 people aged 65 and over, followed by Wellington with 46,900. Four regions had fewer than 6,000 people aged 65 and over. They were the West Coast, Gisborne, Tasman and Nelson.

Although Auckland had the largest number of people aged 65 years and over, it had the smallest proportion, with people aged 65 and over accounting for 10 percent of the total population in this region. This compares with the national average of 12 percent. Marlborough had the largest proportion of older people, at 15 percent, well above the national average. Marlborough also recorded one of the highest growth rates (2.7 percent) of older people between 1991 and 2001, exceeded only by the Bay of Plenty (3.2 percent) and Northland (3.0 percent). Only two other regions exceeded the national average growth rate for the 65 and over population: Tasman (2.5 percent) and Waikato (2.4 percent). The lowest growth rate was recorded by the West Coast, with the 65 and over population increasing by only 0.5 percent during the 10-year period.

Differences between regions in the extent of population ageing are evident in data on the median age of the populations. In 2001, all seven regions in the South Island had a median age in excess of the national average of 34 years, while in the North Island, four of the nine regions had median ages lower than the national average. Marlborough had the highest median age, with over half of its population above 39 years of age. The West Coast followed with a median age of 38 years. The Marlborough region's high median age reflects the movement of older people to this region to retire, while in the West Coast it reflects the loss of people in younger age groups because of the lack of educational and employment opportunities. At the other extreme, Gisborne and Auckland had the youngest populations, with more than half under the age of 33 years.

Like the rest of New Zealanders, older people are highly urbanised. Over two-thirds of older people live in the main urban areas (ie areas with 30,000 or more residents). However, significantly more live in secondary and minor urban areas than the general population (22 percent compared with 16 percent). Another notable feature of the rural-urban distribution of older people is the variation by age. For example, around two in every three people aged 65–74 years lived in main urban areas in 2001. At ages 85 years and over, three in every four people were living in main urban areas.

The reasons for the higher concentration of the 'old-old' in main urban areas is presumably related to the more fragile health status of this group and consequently the need to be near care facilities. At the 2001 Census, about a third of all women aged 85 years and over living in urban areas were living in institutions. The proportion for men was much lower at about a fifth, reflecting the fact that men are more likely to have younger partners at home to care for them. This contrasts with rural centres and other rural areas, where there are fewer institutions and people who are sufficiently well tend to remain at home, either living alone or with family.

Internal migration patterns

The geographic distribution of older people reflects mortality and internal migration patterns, but internal migration is the main contributor. People become increasingly more likely to move as they age, reflecting a requirement for either smaller accommodation, residence closer to urban facilities, or institutional care. For example, 33 percent of women aged 65–74 years at the time of the 1996 Census were living at a different address five years later. This increased to 44 percent among women aged 85 years and over. Despite this, more than half of men and women aged 85 years and over in 1996 were still at the same address five years later. Of those who did move, there are some clear patterns. Generally, urban dwellers who moved did so within the same area type. For example, around 90 percent of movers at these ages who were in main urban areas in 1996 moved to another address in a main urban area. However, this does not apply to people in rural centres and rural areas where the majority of all moves were to an urban area. Overall, there is a clear trend of increasing urbanisation with increasing age of older people, with the movement tending to favour larger urban areas over smaller ones.

The census does not provide information on the type of dwelling a person lived in five years earlier. There is also a lack of information on why people move or conversely why they choose not to move. However, in the case of those who are in an institution, the need for care, safety and security is extremely likely to have been a factor. Men tend to remain in institutions for shorter periods than women, reflecting the likelihood that care provided by a (generally) younger partner is a factor and that women live longer than men. At the 2001 Census, only one in five men in urban areas who were living in institutions and aged 85 years and over were at the same address five years ago, compared with 3 in 10 women in this same age group. This differential is not found among those aged 65–74 years. Around three-quarters of people in institutions aged 65 years and over had been in that institution for less than five years.

Birthplace and Ethnicity

New Zealand is becoming more ethnically and culturally diverse. Until recently, this has been a feature primarily among the younger age groups, but the same process is now emerging among older age groups. This section looks at two related components of this change – ethnicity and people born overseas.

The majority of people in the older age groups were born in New Zealand. In 2001, around 30 percent of those aged 65 years and over were born overseas. This proportion drops to 22 percent among those aged 85 years and over. Of those older people who were born overseas, the single largest group (59 percent) comprises those born in the UK or Ireland. Northwest Europe (10 percent) and the Pacific Islands (8 percent) were the next most common birthplaces of older people.

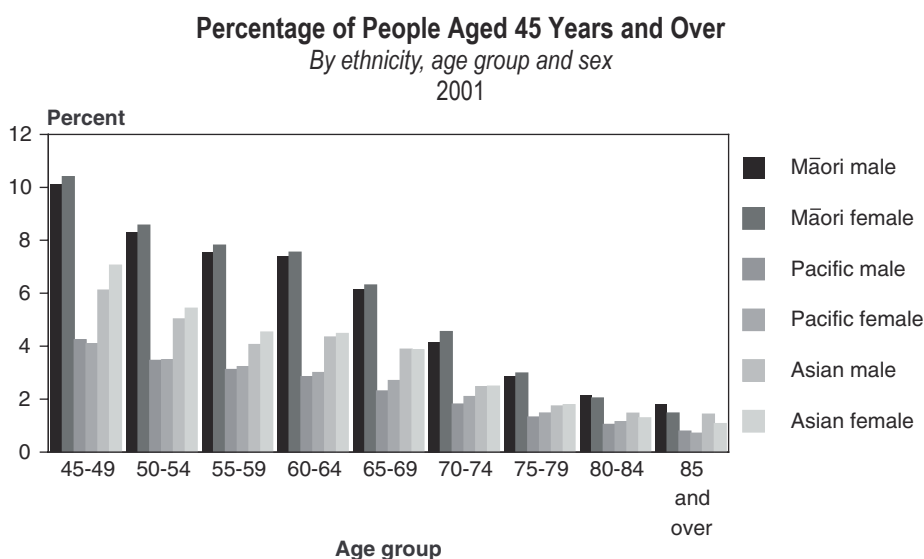
The composition of the overseas-born population is expected to change over the coming decades as the more ethnically diverse group that currently occupies the working ages (those aged 15–64) moves into the older age groups. While people born in Pacific island nations make up only 2 percent of the total population aged 65 years and over, they are likely to exceed this level in the very near future despite generally lower life expectancy. Similarly, people born in Asian countries are expected to overtake the Pacific-born component in the medium term, while the component born in Europe is likely to continue to make up a decreasing proportion of the older age groups.

The ethnic composition of the older population is expected to change in a parallel fashion. Currently, people aged 65 and over tend to be predominantly European. This has both historical and demographic roots. The historical roots lie in the dominance of immigration from a narrow range of source countries in the past. The demographic roots lie in lower life expectancy among Māori, who preceded European migration to New Zealand, and Pacific people who have been migrating to New Zealand for sufficiently long to have a presence throughout the population.

Around 9 in every 10 older New Zealanders are solely of European ethnicity. Māori comprise around 15 percent of the New Zealand population, yet by the age of 65 years only about 4 percent are Māori (see figure 1.3). The Asian population in the 65 year and over age group is about half the size of the Māori population (accounting for 2.3 percent), and the Pacific population is even smaller at 1.7 percent. By comparison, the Asian and Pacific ethnic groups each account for around 6 percent of the total New Zealand population.

As figure 1.02 shows, the ethnic diversity of the older population decreases with advancing age. Thus, by 85 years and over, 97 percent of people are of European ethnicity.

Figure 1.02



Source: Statistics New Zealand, Census of Population and Dwellings, 2001

Life expectancy for Māori and Pacific people currently lags behind other ethnic groups (see chapter 4: Health and Disability) and the migration histories of some other major groups are relatively recent with few as yet in the older age groups. If Māori and Pacific life expectancy were to increase to the national average, the composition of the elderly population would become much more diverse than at present.

An emerging issue for older care in the future, when the current cohorts of people aged 65 years and over will be replaced by the more ethnically diverse cohorts currently aged 45–64 years (see figure 1.3), is the provision of culturally appropriate environments. This may be accompanied by a need for improved communication, especially in language services.

Family Situation

Older people living in situations where family and community support is readily available have very different needs from those without this type of support. A key element in this is their family situation. Most people in the younger age groups of the older population are partnered. In 2001, 80 percent of men and 59 percent of women aged 65–74 were living with partners. However, while more than 70 percent of men, whose partners are generally younger, continue to be partnered through to their early 80s, two-thirds of women are not partnered by the time they reach the 75–84-year age group. One of the principal consequences of differences in mortality between men and women is that by the time people reach their late 80s, half the men are not partnered, but almost 9 in every 10 women do not have partners.

The gap between the sexes in social marital status is also reflected in legal marital status. Among those aged 85 years and over and partnered, 97 percent of men and 95 percent of women stated at the 2001 Census that they were legally married to their partners. Of the remaining partnered women, four in five were widowed. Very few men who had been widowed were currently partnered and extremely few people at these ages were partnered but had never been legally married. The vast majority of those not partnered in this age group were widowed.

It is not clear yet whether the trend away from formal marriage at younger ages will continue to increase or, if it does, whether this will translate into more older people having never formally married. There is also no conclusive information on the duration or stability of informal partnerships to be able to assess whether these partnerships are more or less stable than formal marriages. It is clear, though, that people in partnerships are able to provide care and support for each other and are less likely to require institutional care than people of the same age without partners.

Projected changes in living arrangements

Changes in the living arrangements of older people over time are of significant interest because they are a crucial element in the well-being of older people. The New Zealand Family and Household Projections, 2001(base)–2021, indicate that the ageing of the population is expected to give rise to increased numbers of people living alone, living as partners without children or living in non-private dwellings without partners or families.

The number of one-person households is expected to increase by 149,000 or 45 percent over the projection period, from 333,000 in 2001 to 482,000 in 2021. People aged 65 years and over are expected to account for 47 percent of people in one-person households in 2021, compared with 42 percent in 2001. The ageing of the population is also expected to give rise to a 32 percent increase in the number of people living in non-private dwellings (institutions), from 76,000 in 2001 to 100,000 in 2021. Almost 40 percent of people living in non-private dwellings are projected to be aged 80 years and over in 2021, compared with 28 percent in 2001. Similarly, people living as couples without children are expected to grow by 431,000, with 40 percent of this increase resulting from the increase in the number of people aged 65 years and over in this living arrangement. By 2021, people aged 65 years and over will account for 31 percent of all people living as couples without children, compared with 26 percent in 2001.

Despite the projected increase in the numbers of older people living alone and in non-private dwellings, living in a family situation will continue to be the most common form of living arrangement amongst older people. In 2021, some 62 percent of people aged 65 years and over are expected to be living in a family household, with the majority living as a partner in a couple without children. A further 28 percent are expected to be living alone. The picture is quite different at ages 85 years and over where living alone will continue to be the most common living arrangement (38 percent), followed by living in a family situation (30 percent) and living in a non-private dwelling (29 percent).

Summary

The New Zealand population aged 65 years and over is projected to more than double over the next 50 years to exceed 1.18 million in 2051.

By 2051 people aged 65 and over will make up 25 percent of New Zealand's total population, up from 12 percent in 2001.

The most rapid growth in the older population will occur among people aged 85 years and over. This group will experience a more than six-fold increase over the 2001–2051 period. Their share of the older population will increase from 9 percent to 22 percent over this period.

Older people are highly urbanised, with two-thirds aged 65 and over living in main urban areas (ie areas with 30,000 or more residents) in 2001. Three in every four people aged 85 and over live in main urban areas.

Residential mobility increases with advancing age among the older population, reflecting a need for smaller accommodation, and residence closer to urban facilities or institutional care.

The vast majority of people aged 65 and over were born in New Zealand and 9 in every 10 are solely of European ethnicity. The composition of the older population is expected to change over the coming decades as the more ethnically diverse baby-boom cohorts replace the current cohorts.

Living in a family situation will continue to be the most common form of living arrangement among older people. Sixty-two percent of people aged 65 and over are expected to be living in a family situation in 2021.

Chapter 2:

Labour Market Activities

Introduction

Almost half a million people were aged 65 years and over at the time of the 2001 Census. This population has doubled in the last 50 years and is expected to more than double again in the next 50, reaching 1,181,000 by 2051. However, the number of people 65 years and over in employment has more than doubled since 1991, with 49,935 people in that age group in paid employment in 2001.

Changes to the Human Rights Act, outlawing compulsory retirement ages, came into effect on 1 February 1999 and this has no doubt been a big influence on the increasing labour force participation rates for older people. The removal of surcharges on extra income earned while receiving New Zealand superannuation has also influenced the labour market activity of this age group.

Other factors likely to influence more older people to keep working include the encouragement to have a positive attitude to life and to keep active, and improvements in health treatments leading to better health outcomes. For some older people, it may be an issue of economic necessity to carry on working. This could result from, for example, marriage breakdown and the subsequent splitting of the couple's assets.

The nature of work is changing too, with a move away from manual work, making jobs more accessible to older people. Also, people who were in service or professional occupations when they were younger are more likely to be able to carry on working longer.

For those aged 60–64, the change in the age at which New Zealand superannuation became attainable appears to have been a big factor in increasing employment rates for that age group, and this effect may be spilling over into the 65 and over group.

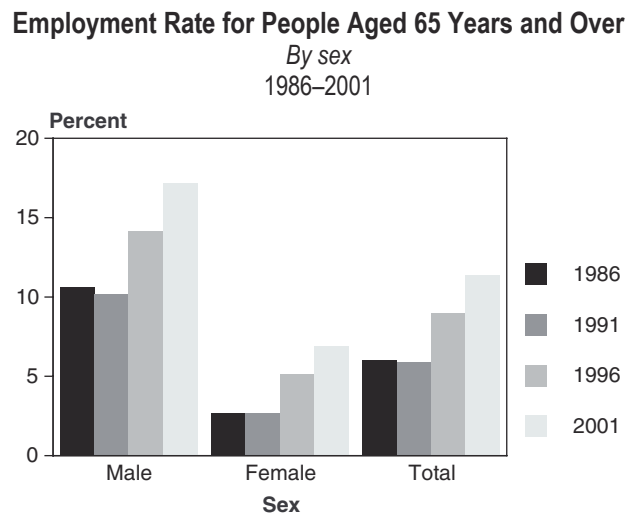
Employment Rates by Sex Over Time

The employment rate (the proportion of the total population employed for one or more hours per week) has grown steadily since 1986 for people aged 65 and over, rising by 62 percent for men and more than doubling for females, as figure 2.01 shows. The growth did not occur evenly throughout the period, with the rate remaining steady between 1986 and 1991, a very different outcome compared with the experiences of the younger population (see figure 2.02). While the effect of the downturn in the late 1980s and early 1990s was barely felt by older people in employment, the employment rate for people aged 15–64 dropped by 7 percentage points between 1986 and 1991. Males were hit the hardest, dropping more than 19 percentage points over the period, and, as can be seen from figure 2.02, their employment rates have never recovered to 1986 levels.

Although in 2001 women accounted for the majority of the population aged 65 and over (56 percent), most of the employed were men (66 percent). The male/female ratio has reduced since 1986, when 74 percent of the older people who were employed were men. The imbalance at that time probably reflects the lower expectations that women in these age groups had of employment in their lifetime. In the younger age ranges, the male/female split was considerably more even (53 percent of employed people aged 15–64 were male in 2001) and, as this group ages, it can be expected that there will be more balanced male/female employment ratios for older people.

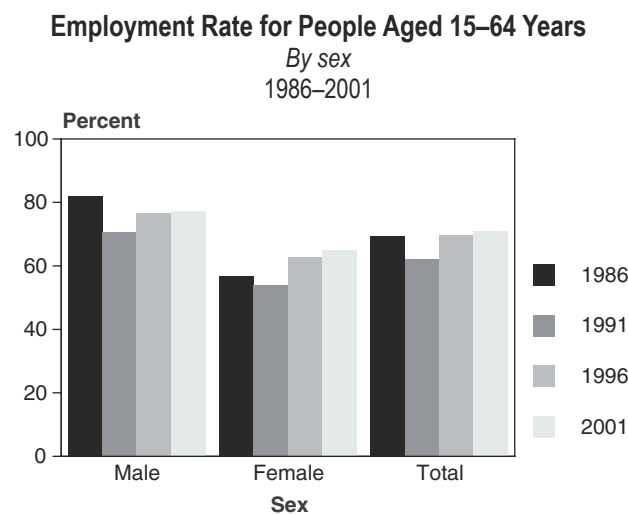
Older people have increased their share of total employment. In 1986, those aged 65 years and over made up 1.4 percent of the employed, rising steadily to 2.9 percent in 2001. For males, the increase was from 1.7 percent to 3.6 percent of male employment, and for females from 0.9 percent to 2.1 percent of female employment.

Figure 2.01



Source: Statistics New Zealand, Census of Population and Dwellings, 1986–2001

Figure 2.02



Source: Statistics New Zealand, Census of Population and Dwellings, 1986–2001

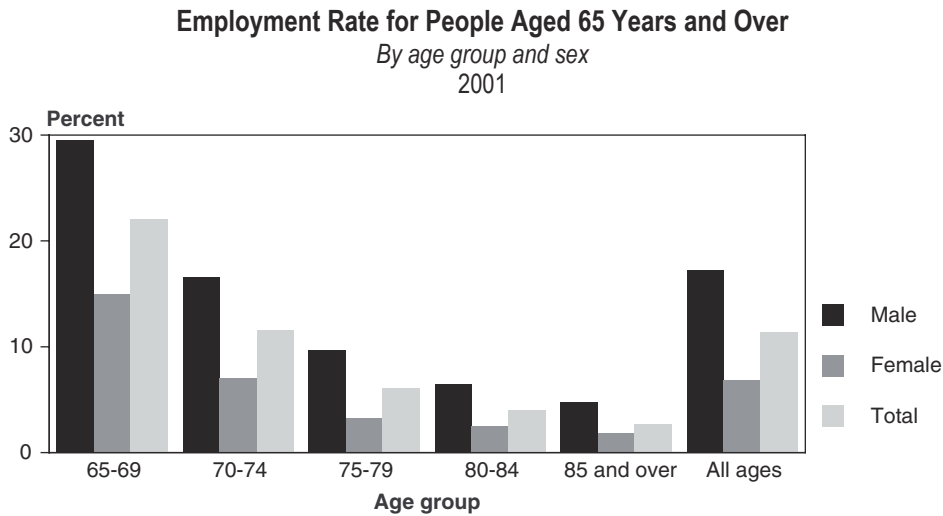
Employment by Sex and Age

Figure 2.03 shows that employment levels for those in the older age groups drop as age increases, from 22 percent of 65–69 year olds employed, to 3 percent of those aged 85 or more. While there was a sharp drop in employment between the 65–69 and 70–74 year age groups, the rates declined more slowly thereafter.

Women were consistently less likely to be employed than men at all ages. Overall, in 2001, around 7 percent of women aged 65 and over were employed, compared with 17 percent of men.

Nearly one in three men and one in six women in the 65–69 age group were employed in 2001.

Figure 2.03



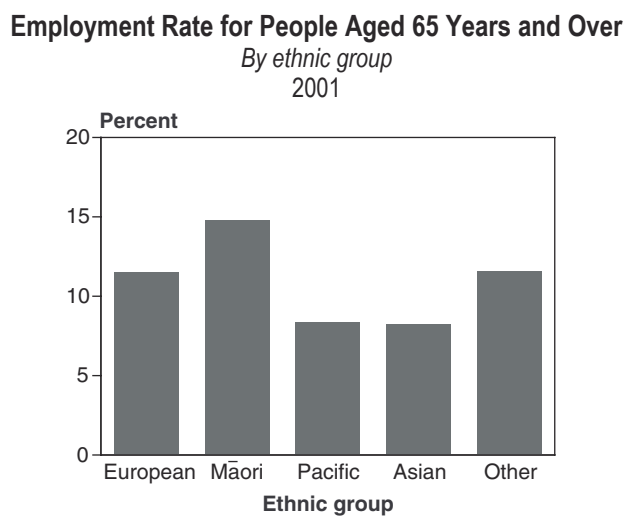
Source: Statistics New Zealand, Census of Population and Dwellings, 2001

Employment by Ethnicity

As shown in figure 2.04, Māori aged 65 and over had the highest employment rate of people aged 65 years and over in 2001, at 14.8 percent. This is 3.0 percentage points higher than the European rate of 11.8 percent. The employment rate for both Pacific and Asian people was 8.2 percent. One reason for the higher employment rate for Māori could be the fact that a greater proportion of older Māori are aged 65–69 (42 percent) than is the case for the non-Māori population (28 percent). People who are aged 65–69 are more likely to be in employment than those in the other older person age ranges.

The Survey of Older People in 2000 had a special sample of Māori people aged 65–69 and included a question that asked whether the respondent had experienced redundancy in the 10 years before they turned 60. Around 18 percent of Māori said they had experienced redundancy in this period. Lack of funds to save for retirement during the period leading up to retirement may be a factor in the higher employment rate for Māori, though the types of jobs Māori do may also be a factor (see the discussion of occupations, below).

Figure 2.04

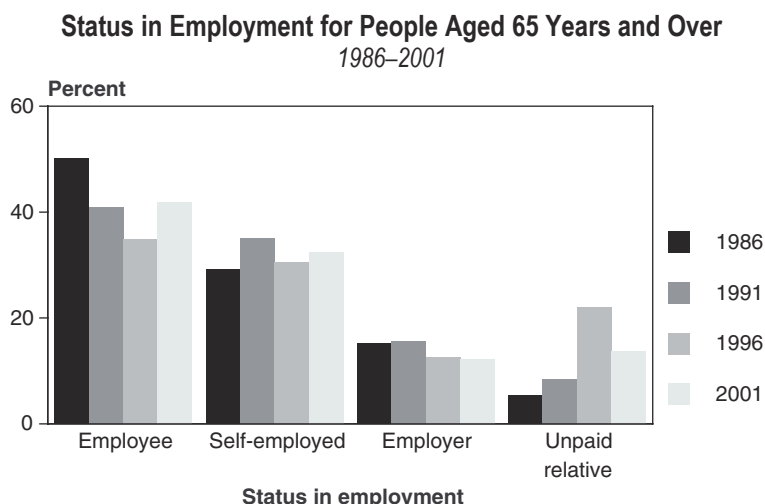


Source: Statistics New Zealand, Census of Population and Dwellings, 2001

Status in Employment

Figure 2.05 shows the trends in status in employment of workers aged 65 and over in the last four censuses. Between 1986 and 2001, the proportion of older people working as employees fell, from 50 percent to 42 percent, and the proportion who were self-employed rose slightly from 29 percent to 32 percent. The biggest change over time was in the proportion of those working unpaid in a family business (categorised as 'unpaid relative'), which increased from 5.4 percent in 1986 to 13.6 percent in 2001. The very high figure recorded in 1996 (22 percent) may have been the result of questionnaire changes.

Figure 2.05



Source: Statistics New Zealand, Census of Population and Dwellings, 1986–2001

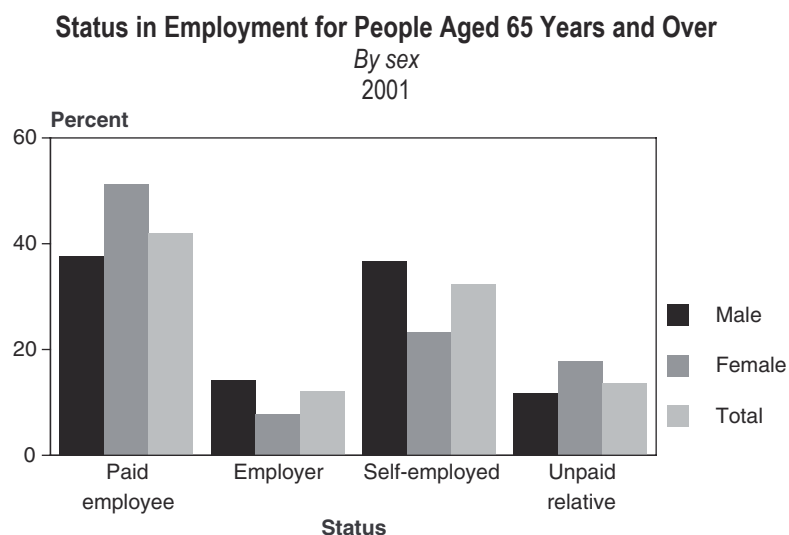
People aged 65 and over in 2001 were just over twice as likely to be self-employed or an employer of others than their younger counterparts. In 2001, 44.5 percent of employed persons aged 65 and over were self-employed or employers, compared with only 19.8 percent of workers aged 15–64. Older people were also more likely to be working unpaid in a family business or farm compared with younger people, at 13.6 percent for older persons compared with 2.0 percent for those aged 15–64.

As shown in figure 2.06, just over half of employed males aged 65 and over and almost one-third of employed females in the same age range were self-employed or employers. Women were more likely than men to be employees.

People of European and Asian ethnicity aged 65 and over were twice as likely to be working for themselves (45.7 and 40.5 percent, respectively) as Māori and Pacific people (23.4 and 19.1 percent, respectively).

Flexibility of working hours may be one possible reason why working as an employer or being self-employed is popular among older people.

Figure 2.06



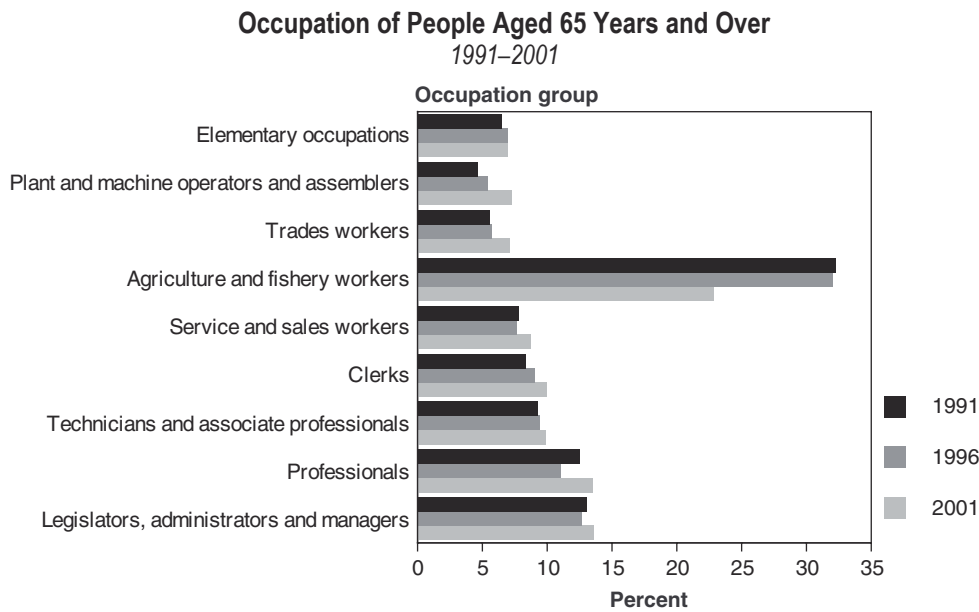
Source: Statistics New Zealand, Census of Population and Dwellings, 2001

Occupation Trends

While the agriculture and fisheries occupation group accounted for almost a quarter of employment for those 65 years and over in 2001, the significance of the group is declining, as seen in figure 2.07. Between 1991 and 2001, the proportion of older people employed in this occupation group fell from 33.3 percent to 22.9 percent. Most of the people employed in these occupations are farmers of one type or another.

All other occupations have experienced small rises in the proportion of older people employed, with the biggest change over the 10-year period since 1991 (a rise of 2.6 percentage points) being recorded in plant machine operators and assemblers. However, this occupation group accounted for fewer than 3,000 employed people aged 65 and over in 2001, making it the second smallest occupation group for people aged 65 and over.

Figure 2.07



Source: Statistics New Zealand, Census of Population and Dwellings, 1991–2001

The type of work people aged 65 and over do is determined by a number of factors. The physical demands of some jobs mean few older people work in them. There were no older people working as metal drawers and extruders, or paper pulp preparation plant operators in 2001, for example. Some jobs require quick reactions, which tend to deteriorate with age, so it is not surprising that there were no people over 65 working as air traffic controllers. Other jobs are products of new technology and new skills that people in this age group may have had less opportunity to be involved in. For example, in 2001, only 99 of the 19,308 computing professionals were 65 and over.

Some occupations, such as those in the police and fire service, have encouraged early retirement in the past and few people aged 65 and over are employed in them. Other occupations are characterised by a youth culture, such as waiting and bar tending, where only 354 out of 42,387 are older workers.

Table 2.01

Top 10 Occupations for People Aged 65 Years and Over in 2001	
Occupation (ANZSIC 4 digit level)	Number employed
Livestock producers	3,387
Crop and livestock producers	2,310
General managers	1,761
Supply and distribution managers	1,704
Salespersons and demonstrators	1,452
Caretakers and cleaners	1,404
Gardeners and nursery growers	1,254
Office clerks	1,227
Fruit growers	879
Personal care workers	804
Total employment in top 10 occupations	16,182
Total specified occupation	39,585

Source: Statistics New Zealand, Census of Population and Dwellings, 2001

The 10 occupations shown in table 2.01 accounted for about 41 percent of the total number of employed people aged 65 and over who specified an occupation at the 2001 Census. The same occupations accounted for around 26 percent of employment among people aged under 65 years.

As figure 2.07 indicates, agricultural occupations were the most common type of job for employed people aged 65 and over. Many older people worked as managers, with the third and fourth most popular occupations being of this type.

In 2001, the largest numbers of employed women aged 65 and over worked as salespersons and demonstrators, with 732 employees. Two occupations were second equal in size with 723 workers: office clerks and personal care workers.

Table 2.02

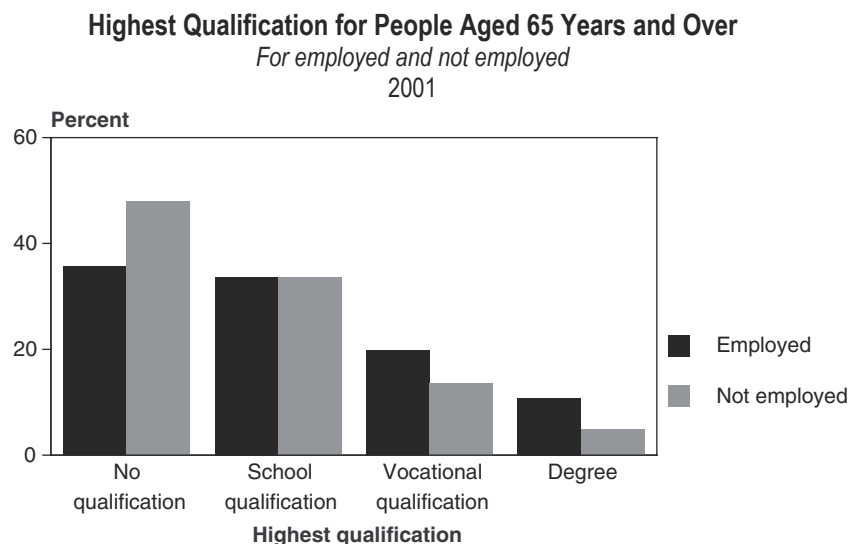
Top Five Occupations for People Aged 65 Years and Over By selected qualification in 2001	
Qualification	Number employed
No qualification	
Livestock producers	1,488
Crop and livestock producers	993
Caretakers and cleaners	612
Supply and distribution managers	525
Salespersons and demonstrators	516
Vocational qualification	
Livestock producers	345
Nursing and midwifery	309
General managers	297
Primary teaching	288
Crop and livestock producers	264
Degree	
Accountants	390
Medical doctors	327
Barristers and solicitors	231
General managers	219
Tertiary teachers	159

Source: Statistics New Zealand, Census of Population and Dwellings, 2001

Table 2.02 gives the top five occupations for three levels of qualification: no qualification, a vocational qualification and a university qualification. The top five occupations for older employed people with no qualifications were very similar to those for the total population of older people (as shown in table 2.01). By comparison, older people with a vocational qualification were more likely to be in nursing or primary teaching, and older people with a degree were more likely to be accountants and medical doctors.

Having a qualification was in fact a good predictor of whether an older person was employed, not just the particular occupation they held. Older people with a qualification were more likely to be employed than those without a qualification, as shown in figure 2.08. Employed older people were less likely to have no qualification and were twice as likely to have a degree as their non-working counterparts.

Figure 2.08



Source: Statistics New Zealand, Census of Population and Dwellings, 2001

Occupations of older people also vary by ethnicity, with figures from the 2001 Census showing that popular occupations for older Māori were as caretakers or cleaners, and primary or early childhood teaching professionals. The latter occupation is an indication of the contribution Māori in this age group make in teaching te reo Māori to youngsters.

Table 2.03

Ten Occupations with Significant Proportions of People Aged 65 Years and Over

	Number of 65 and over employed	Total number employed	Percent 65 and over
Legislators	147	702	21
Musical instrument makers and tuners	30	162	19
Judges	36	270	13
Composers, musicians and singers	390	3,789	10
Mixed livestock producers	486	4,884	10
Bus drivers	456	4,896	9
Crop and livestock producers	2,310	25,917	9
Religious professionals	285	3,492	8
Livestock producers	3,387	43,029	8
Sculptors, painters and related artists	204	2,670	8

Source: Statistics New Zealand, Census of Population and Dwellings, 2001

As shown in table 2.03, some occupations had a relatively high concentration of people aged 65 and over. Whereas people aged 65 and over made up just 3 percent of total employment in 2001, 21 percent of legislators were 65 or over, followed by almost 19 percent of musical instrument makers and tuners and 13 percent of judges.

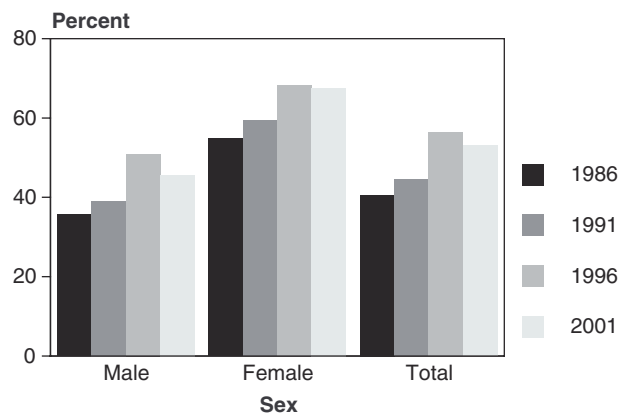
Full-time/Part-time Employment

Part-time work has always been common among people aged 65 and over, and since 1996 more than half of employed older people have worked part time. Between 1986 and 2001, the proportion working part time grew by nearly one-third, from 40.6 percent to 53.1 percent, as shown in figure 2.09. In 2001, 45.6 percent of employed men aged 65 and over and 67.6 percent of employed women aged 65 and over worked part time.

Older people were more than twice as likely to be working part time than those aged between 15 and 64 (22 percent of younger people worked part time compared with 53 percent of older people). The only age group that had part-time employment rates close to those of older people was the 15–24 age group, where it is common to combine part-time work with education. Thirty-eight percent of people in this age group worked part time in 2001.

Figure 2.09

Part-time Status for Employed People Aged 65 Years and Over
By sex
1986–2001



Source: Statistics New Zealand, Census of Population and Dwellings, 1986–2001

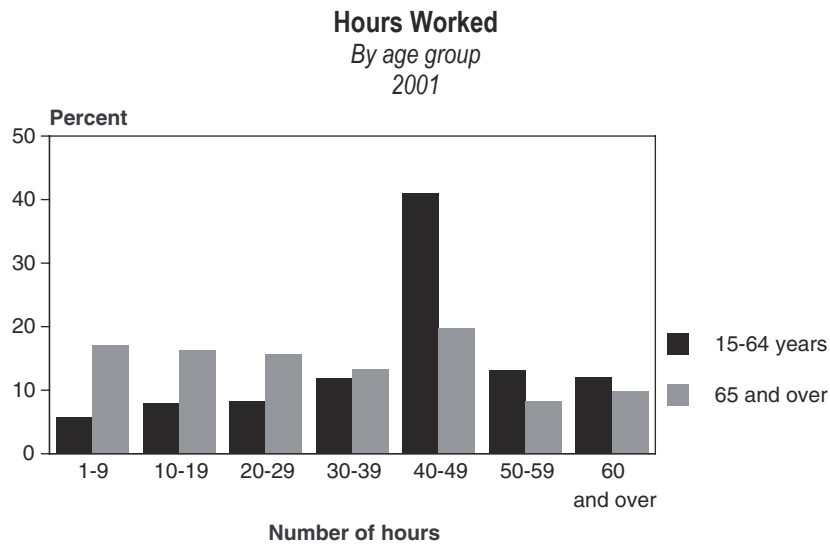
Hours Worked

Older people are much more likely to work fewer hours per week than people under 65, as shown in figure 2.10. Around 17 percent of older people worked nine or fewer hours per week in 2001 and a further 16 percent worked between 10 and 19 hours. The respective figures for the population aged 15–64 were 6 percent and 8 percent. In the younger population, there was a spike in hours worked at 40–49 hours, reflecting the continuing dominance of the 40-hour working week, but this was not a major feature for older people.

Around a quarter of older employed women (26 percent) worked under 10 hours, twice the rate of older men (13 percent). Conversely, 10 percent of men worked 50–59 hours compared with only 4 percent of women.

Overall, older employed people worked about 10 hours per week less on average than their younger counterparts.

Figure 2.10



Source: Statistics New Zealand, Census of Population and Dwellings, 2001

Industry

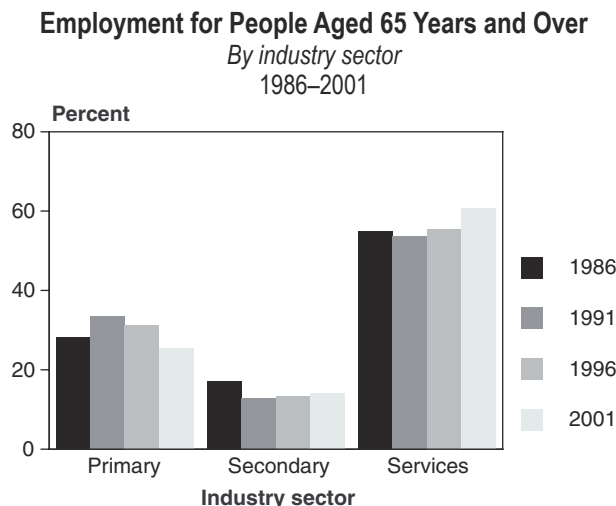
Employment of older people continues to be concentrated in the services and primary sectors.

There have been small changes since 1986 in the employment of older people across industrial sectors, as illustrated in figure 2.11. Employment in the primary sector has dropped from a high of 33.5 percent in 1991 to 25.4 percent in 2001. Similarly, the proportion of older people employed in the secondary sector has dropped from 17 percent in 1986 to 14 percent in 2001. The gains have been in the services sector, rising from 54.8 percent of older employed people in 1986 to 61.1 percent in 2001. These changes reflect the wider changes in the industrial distribution of the labour force. However, employment among older people continues to be more concentrated in the primary sector than is the case for the general population.

For males, the predominant industry group within the services sector in 2001 was property and business services, accounting for 14.2 percent of male employment among those 65 and over. For males under 65, the predominant industry group in the services sector was retail trade, covering about 12 percent of employment for those in the 15–64 age group.

For older females, the predominant industry group within the services sector was health and community services. Like their male counterparts, more females under 65 worked in retail trade than in any other industry group within the services sector in 2001.

Figure 2.11

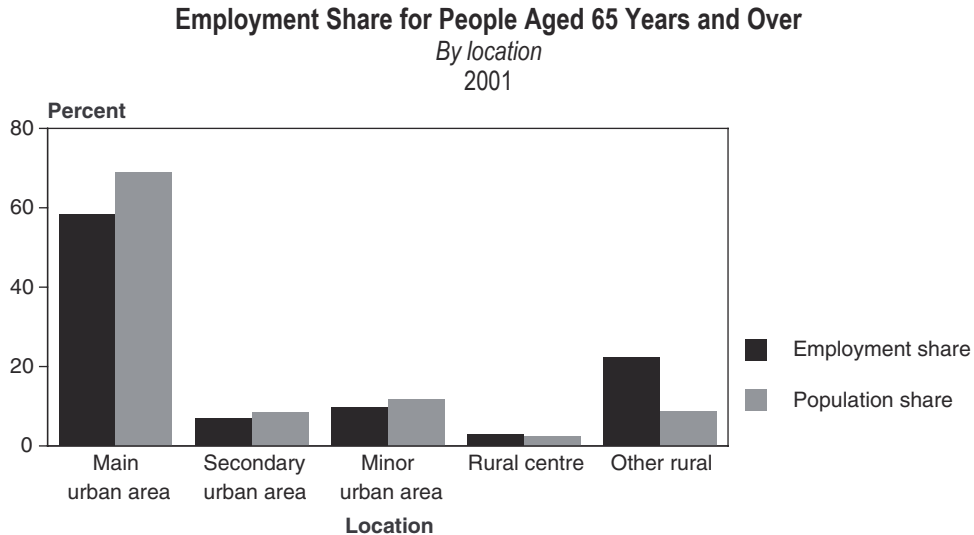


Source: Statistics New Zealand, Census of Population and Dwellings, 1986–2001

Employment by Location of Residence

Over half of employed people aged 65 and over (58.2 percent) lived in main urban areas at the time of the 2001 Census. However, as figure 2.12 shows, the share of the total population aged 65 and over living in main urban areas was much higher, at 68.9 percent. By comparison, 22.4 percent of employed older people lived in 'other rural' areas, despite such areas containing only 8.6 percent of the population aged 65 and over. Other rural areas are the areas left when urban areas and rural centres are accounted for (rural centres are those areas with a population between 300 and 999, while all centres with a population of 1,000 or more are classified as urban).

Figure 2.12

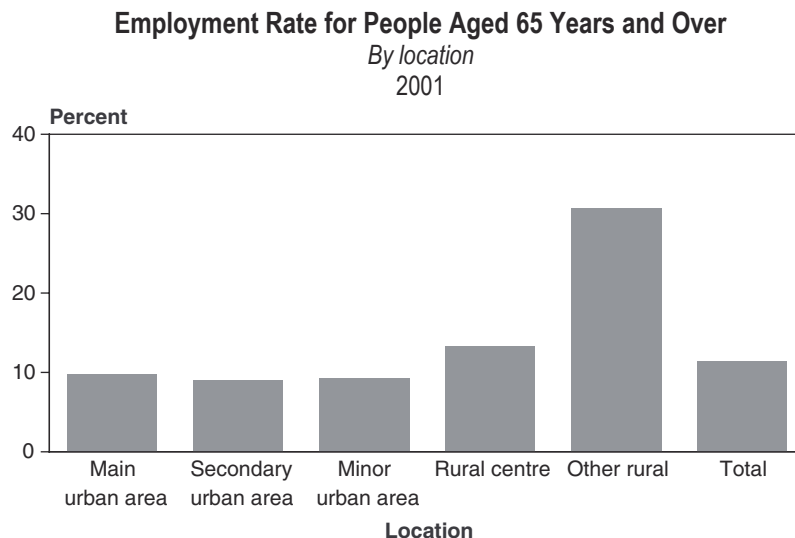


Source: Statistics New Zealand, Census of Population and Dwellings, 2001

Overall, older people living in rural areas are much more likely to be employed than their urban counterparts, as is illustrated by the difference in the employment rates shown in figure 2.13. The employment rates for people aged 65 and over who usually live in main, secondary and minor urban areas sit in a range between 9 and 10 percent, whereas the rate in rural centres is 13.3 percent. Nearly a third (30.7 percent) of older people living in 'other rural' areas were employed in 2001, meaning that this group was three times more likely to be employed than their peers living in urban areas. As stated above, a large number of older employed people were farmers (see figure 2.07).

People aged 65 and over in rural areas were more likely than those in other areas to work full time, with 60.1 percent of those employed in other rural areas working 30 hours or more per week in 2001, compared with just 43.4 percent of those living in main urban areas.

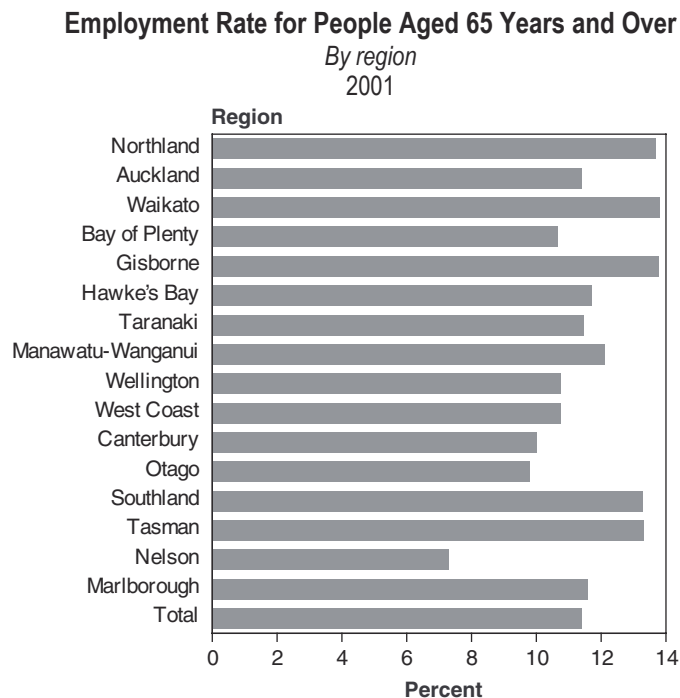
Figure 2.13



Source: Statistics New Zealand, Census of Population and Dwellings, 2001

Figure 2.14 shows that five regional council areas stood out for having above-average employment rates for people aged 65 and over. These areas tended to be largely rural and/or have relatively high numbers of Māori. In descending order, the regional council areas were Waikato, Gisborne, Northland, Southland and Tasman, all of which had employment rates of over 13 percent for people aged 65 and over in 2001, compared with the national employment rate for this age group of 11 percent.

Figure 2.14



Source: Statistics New Zealand, Census of Population and Dwellings, 2001

The territorial authorities with low rates (below 10 percent) of employment in their older population in 2001 can be categorised as follows:

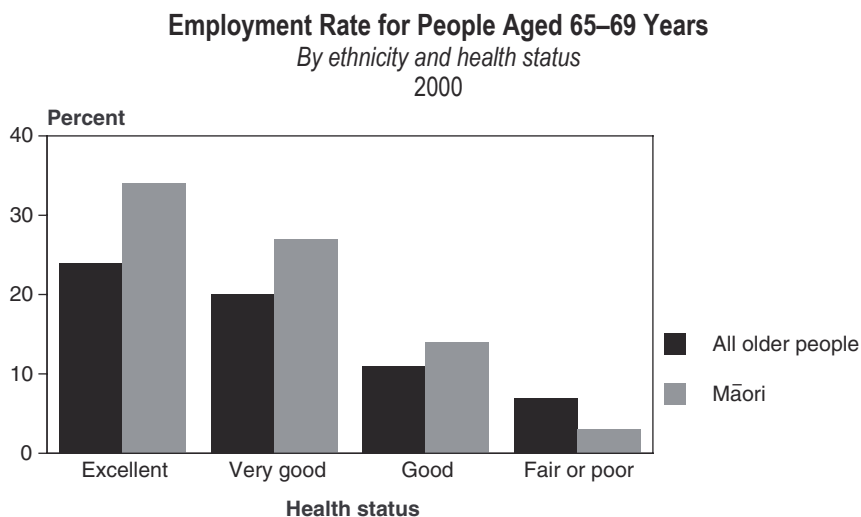
- *Cities:* Hamilton, Napier, New Plymouth, Porirua, Upper Hutt, Lower Hutt, Timaru, Wanganui, Christchurch, Dunedin and Invercargill. (Interestingly, cities in the Auckland area had employment rates close to the national average in 2001.)
- *Areas that are widely known as popular areas for retirement lifestyles, usually because of the weather:* Tauranga, Kapiti, Horowhenua, Nelson and Thames-Coromandel.
- *Areas of specialist employment not usually carried out by older people:* Buller District (forestry and mining) and Kawerau (forestry and pulp and paper making).

Health Status and Employment

Older people are living longer and are encouraged to stay active and have a positive attitude to ageing. At the same time, there has been a shift in employment patterns for the whole working population from manual jobs in secondary industries towards less physically demanding jobs in the service sector. These factors have made it easier for older people to remain in paid employment longer. However, health status is still a big factor in determining whether a person aged 65 and over is employed.

The Survey of Older People in 2000 included information on both the health status and labour force status of people aged 65 and over. The survey also included a separate small sample of Māori people aged 65 to 69. This is the age group, among older people, that census figures show is more likely to be employed, and this analysis concentrates on that age group only.

Figure 2.15



Source: Statistics New Zealand, Survey of Older People, 2000

Figure 2.15 shows that employment rates dropped as health status worsened for both those in the main survey and the Māori sample. For the main survey, the employment rate ranged from 23 percent for all older people with excellent health to 8 percent for those with fair or poor health. For Māori, the range was from 34 to 3 percent.

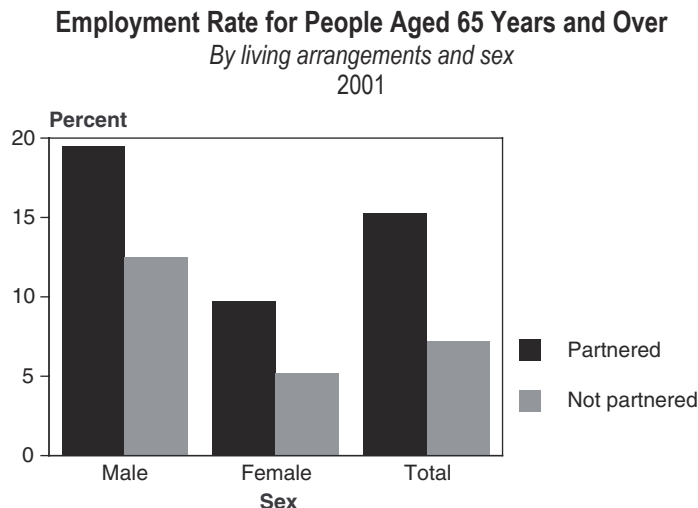
Older People in Employment and Family Arrangements

The support of a partner appears to be one factor in facilitating employment among people aged 65 and over. The 2001 Census showed that around 75 percent of employed older people were living with a partner (36,060 out of 48,153 employed people aged 65 and over who gave their social marital status in the 2001 Census). In the majority of cases where both partners in a relationship were over 65, only one was working. For 19,677 older couples it was the male who was employed and in 3,987 cases it was the female. In addition, there were 5,088 couples where both were over 65 and both were employed (10,176 employed people or 28 percent of those living with a partner).

It is possible that age is a complicating factor in the relationship between living with a partner and employment. Non-partnered people are more likely to be older and the likelihood of employment decreases with increasing age among the older population.

Figure 2.16 gives a simplified look at the proportion of older people who were partnered or not partnered and were in paid employment. It shows that around 20 percent of partnered males and 10 percent of partnered females were employed at the time of the 2001 Census. The comparable figures for unpartnered older people were 12 and 5 percent, respectively, for males and females.

Figure 2.16



Source: Statistics New Zealand, Census of Population and Dwellings, 2001

A Cohort Look at Employment Rates

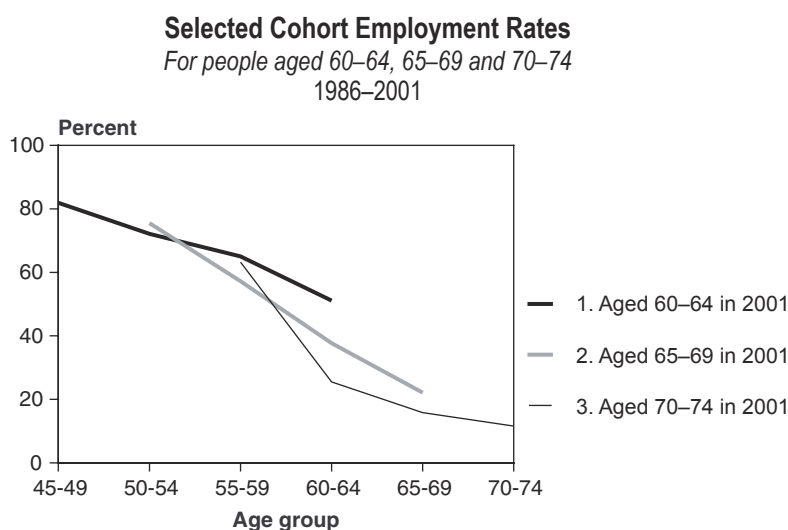
Cohort analysis follows age groups (eg all people born between 1920 and 1924) over time and can show how different experiences at different ages can influence the social and economic outcomes for the age group. Here it is being used to show how labour market activity at earlier ages can influence current labour market activity for different groups of older people.

Three cohorts are used in the following analysis, comprising groups aged 60–64, 65–69 and 70–74, respectively, in 2001. These three age groups were chosen to approximate pre-retirement ages, retirement ages and post-retirement ages.

Census data from 1986 to 2001 was used to give four data points for each cohort.

Figure 2.17 shows that each of the three cohorts had very different labour market experiences in the 15 years to the 2001 Census, particularly in the five years when each cohort was aged between 55–59 or 60–64.

Figure 2.17



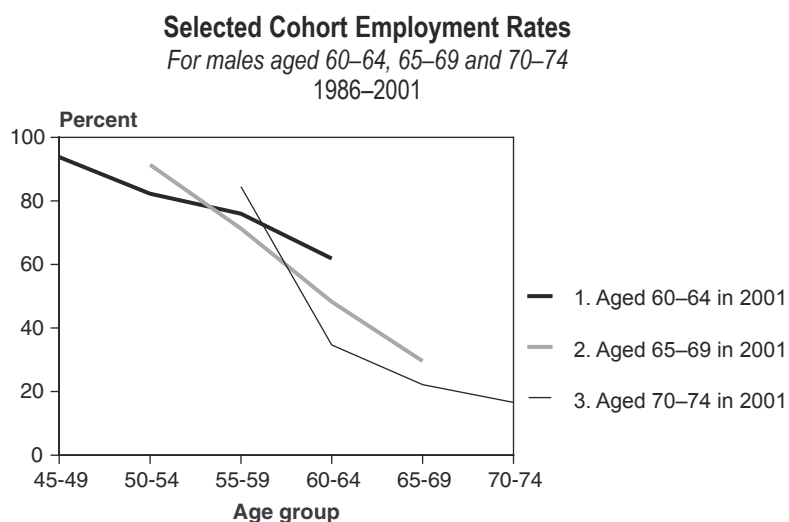
Source: Statistics New Zealand, Census of Population and Dwellings, 1986–2001

The group that was aged 70–74 in 2001 left the labour market in large numbers between the 1986 and 1991 Censuses. They moved from an employment rate of 63.2 percent when aged 55–59 in 1986 to a rate of 25.5 percent five years later in 1991 when they were aged 60–64. While the tight labour market in 1991 may have been a contributing factor, this group was the last that was eligible for New Zealand superannuation at age 60. Between 1992 and 2001, the age of eligibility for New Zealand superannuation was gradually extended to age 65.

Each successive cohort had higher employment rates at age 60–64, with the youngest cohort being the first group to be eligible for New Zealand superannuation at the age of 65. Thirty-eight percent of those who were 60–64 in 1996 were employed, compared with 54.2 percent of those aged 60–64 in 2001.

The pattern for males and females was quite different, as shown in figures 2.18 and 2.19. For males, both of the younger cohorts experienced lower employment rates at age 55–59 than the oldest cohort. From that age onwards, however, the reverse occurred and employment rates became progressively higher the younger the cohort. Of those in the age range 60–64 years, 62 percent of the youngest cohort (they were 60–64 in 2001) were employed; at the same age, 48.3 percent of the next cohort were employed and of the oldest cohort, only 34.7 percent were employed. The influence of the change in the age of entitlement to New Zealand superannuation is very strong in the male population, but with lower rates of employment at age 55–59, the need to work to provide income in older age may also be a factor.

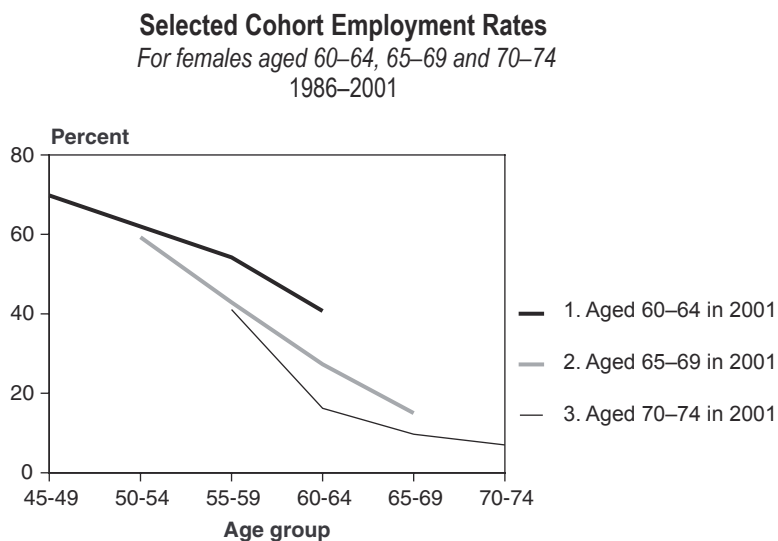
Figure 2.18



Source: Statistics New Zealand, Census of Population and Dwellings, 1986–2001

For females it was the increasing rates of employment at all ages that drove the pattern. None of the three cohort lines crosses the other, and they are widest apart at age 60–64. At this age, the youngest cohort had an employment rate of 40.7 percent, the middle cohort a rate of 27.3 percent and the oldest cohort a rate of just 16.2 percent. As with males in the oldest cohort, females in the oldest cohort recorded a big drop in employment between the ages 55–59 and 60–64, though the percentage point difference in the two employment rates was half that of males (a 24.9 percentage point drop for females compared with a 49.8 percentage point drop for males).

Figure 2.19



Source: Statistics New Zealand, Census of Population and Dwellings, 1986–2001

Unemployment

Overall, unemployment is relatively low among people aged 65 and over, with less than 1,000 unemployed (ie people who said they were looking for work and were available to start work) for each of the last four censuses. Unemployment rates for this age group have been very low since 1991, and the higher rate recorded in 1986 could have been influenced by the way the questions on employment and unemployment were asked at that time.

Interestingly, the figures in table 2.04 show that when unemployment among people aged 15–64 was peaking in the early 90s unemployment for people aged 65 and over was low. This seems to suggest that older people have a flexible attitude to participation in the labour market, and exit when conditions are tight.

Table 2.04

Number of People Unemployed and Unemployment Rate				
<i>By age group</i>				
<i>1986–2001</i>				
Age group				
Year	65 and over		15–64 years	
	Number unemployed	Rate (%)	Number unemployed	Rate (%)
1986	984	4.6	108,207	6.8
1991	402	1.8	163,368	10.6
1996	729	1.9	135,777	7.9
2001	813	1.6	139,095	7.7

Source: Statistics New Zealand, Census of Population and Dwellings, 1986–2001

The Household Labour Force Survey can provide an alternative measure of unemployment, which is not restricted to the requirement to have been looking for work or the requirement to have been available to start a new job. This alternative measure is called 'the jobless'. For the 2002 calendar year, there were, on average, less than 1,000 people over 65 officially unemployed. However, there were 4,100 jobless. Whereas among the population aged 15–64, the officially unemployed make up nearly 60 percent of the jobless, among people aged 65 and over they only comprise 16 percent. This indicates that quite a few older people would be interested in joining the labour market if conditions were suitable.

Summary

Employment rates for people aged 65 and over have risen from 6 percent in 1981 to 11.4 percent in 2001. Among those aged 65–69, the employment rate doubled, from 11 percent in 1986 to 22 percent in 2001. In 2001, 30 percent of males and 15 percent of females aged 65–69 were employed.

Overall, the population aged 65 and over made up 3 percent of total employment in 2001, compared with 1 percent in 1986.

Māori aged 65 and over had the highest employment rate for older people by ethnic group, at 14.8 percent in 2001. A common occupation for older Māori was early childhood education, most likely in kōhanga reo (total Māori language immersion for children up to the age of six).

When those aged 70–74 and 65–69 in 2001 were aged 60–64, they had employment rates of 25.5 percent and 38 percent, respectively. Both had lower rates than those who were 60–64 in 2001, at 54 percent.

In 2001, 45 percent of people aged 65 and over were either self-employed or an employer of others. This rate was twice that of the younger age group where 20 percent were either self-employed or an employer of others.

In 2001, 53 percent of older people worked part time, compared with 22 percent of people aged 15 to 64. Forty-six percent of males and 68 percent of females aged 65 and over worked part time in 2001.

Farming occupations accounted for 23 percent of employment among older people in 2001. Since 1986, the proportion working as farmers has declined, and, like the general population, employment in the service sector is becoming more popular.

Excluding agricultural occupations, those occupations with a relatively high concentration of older people include legislators, musical instrument makers, judges, composers, musicians and singers, bus drivers, religious professionals and sculptors, painters and related arts.

Chapter 3:

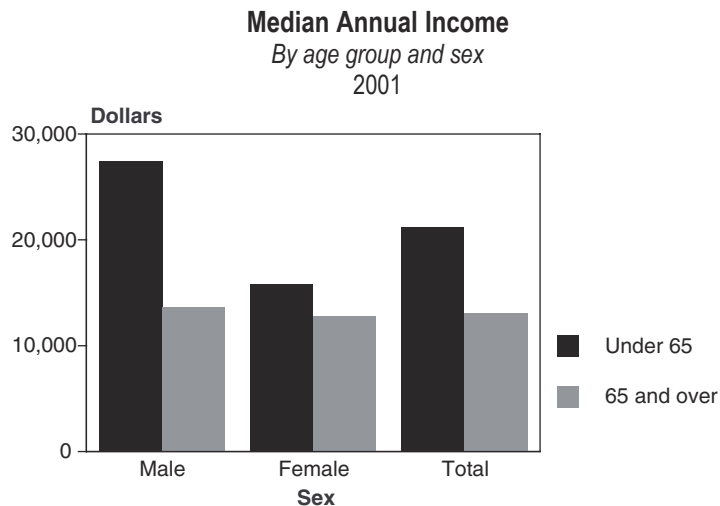
Income and Living Standards

This chapter examines the net worth, income, and living standards of older people. While income is often used as a measure of social and economic well-being, the analysis shows that a wide variety of other factors also contribute to the living standards of older people. This chapter uses data from the Survey of Older People in 2000 and the 2001 Household Savings Survey. Census data is also used to provide an overview and as a source of ethnicity information.

Income Levels of Older People Compared with Younger People

Levels of gross (ie before tax) income for people aged 65 and over are lower than gross income levels for younger people. The median income for people aged 65 and over at the time of the 2001 Census, as shown in figure 3.01, was \$13,100, compared with \$21,200 for people aged between 15 and 64. The median income of older males was just under half that of younger males (\$13,600 versus \$27,500), whereas older females had 81 percent of the younger women's median income (\$12,800 versus \$15,900). This difference in the income ratio between older and younger men compared with that of older and younger women is likely to be the result of the higher employment rates and earnings of younger men, when compared with younger women.

Figure 3.01



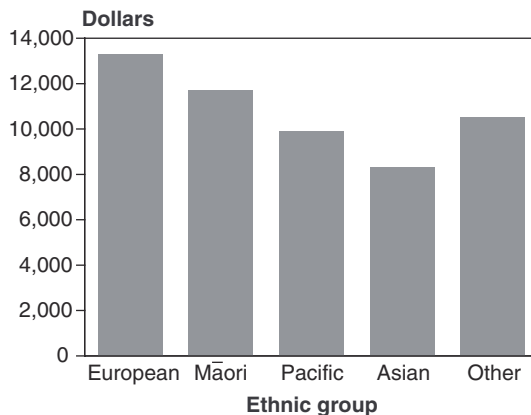
Source: Statistics New Zealand, Census of Population and Dwellings, 2001

Income Levels by Ethnicity

Figure 3.02 shows that, in 2001, older people in the non-European ethnic groups had lower incomes than the total older population. The median annual incomes were \$11,700 for Māori, \$9,900 for Pacific people, \$8,300 for Asian people, and \$10,500 for those in the ‘other’ ethnic group. In contrast, the median income for older people in the European ethnic group was \$13,300. Europeans were more likely to receive income from sources other than New Zealand superannuation. Access to New Zealand superannuation is limited, with some exceptions, to New Zealand citizens or permanent residents who have lived in New Zealand for at least 10 years, five of those years since they turned 50.

Figure 3.02

Median Annual Income for People Aged 65 Years and Over
By ethnicity
 2001



Source: Statistics New Zealand, Census of Population and Dwellings, 2001

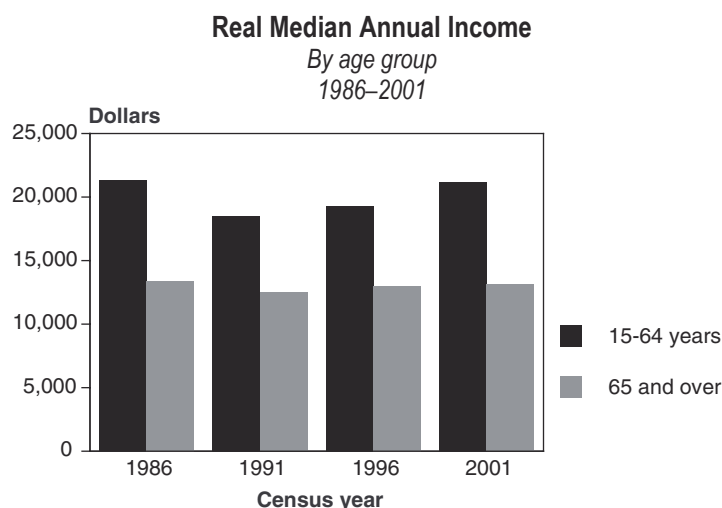
Income Levels over Time

This section uses levels of annual median income over time, based on personal income data reported in the Census of Population and Dwellings, adjusted to March 2001 dollars ('real' annual median income). Figure 3.03 shows that the real income of people aged 65 and over dropped by 7 percent between 1986 and 1991. While real income for this group rose in each of the next three censuses, by 2001 it had still not reached its 1986 level. The period 1986–2001 saw a recession in the late 1980s and early 1990s, and a prolonged period of low inflation and low interest rates during the 1990s. Together, these factors have restricted increases in older people's incomes.

A similar trend is evident among those aged 15–64, but the drop in median real incomes between 1986 and 1991 was sharper, at 13 percent. This sharp drop suggests that those in the working age group were hardest hit by the recession and structural changes to the labour market that took place over that period.

The real median income of older people relative to people aged 15–64 was about the same in 2001 (62 percent) as it was in 1986 (63 percent). However, at the intervening censuses when the labour market was tighter, median income levels for these two groups were closer, with proportions of 68 percent in 1991 and 67 percent in 1996.

Figure 3.03



Source: Statistics New Zealand, Census of Population and Dwellings, 1986–2001

Income Levels by Family Circumstance

From this point on, the analysis uses information from the Survey of Older People in 2000, unless otherwise stated. The survey was conducted by Statistics New Zealand on behalf of the Ministry of Social Development, and covered people aged 65 and over.

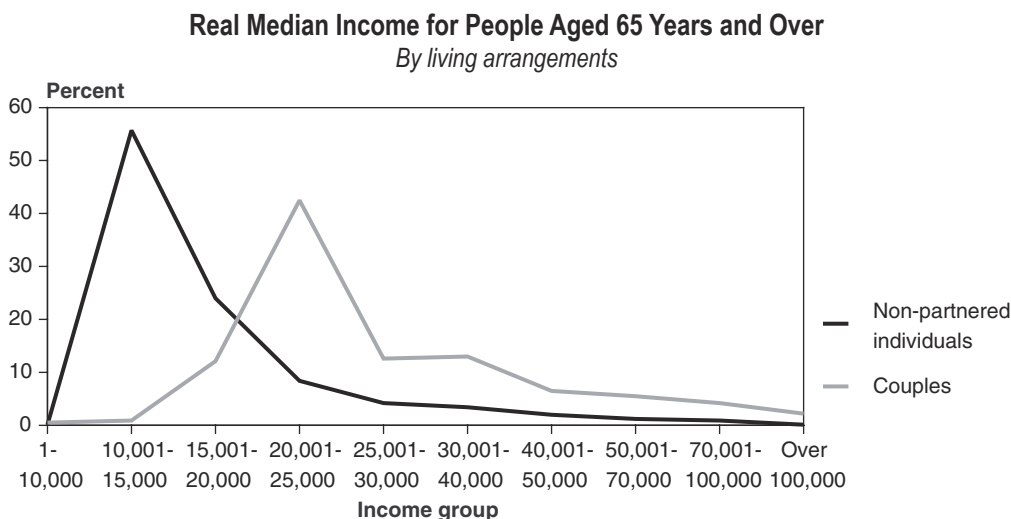
The survey collected extensive information on the income levels and sources of income for respondents. Where the respondent was living with a spouse, information was usually collected separately for both partners. However, some information was collected jointly for the couple. Most of the results reported here are presented separately for couples and respondents who did not have a spouse. The latter group is referred to as 'non-partnered individuals' or 'single people' in this report, despite the fact that they could be living with other family members or non-relatives.

The survey showed that older non-partnered individuals had a gross median income of \$14,800, around 62 percent of the median income for older couples at \$23,800. The levels of New Zealand superannuation very heavily influence these figures. At the time of the survey, the annual superannuation entitlement for non-partnered individuals was \$13,300 and for couples it ranged from \$19,000 where only one partner qualified, to \$20,000 where both partners qualified.

Income Distribution

The income distribution for people aged 65 and over was asymmetrical, very skewed to the right, as illustrated in figure 3.04. Eighty percent of non-partnered individuals aged 65 and over had an income of less than \$20,000 per year, and over half had an annual income between \$10,001 and \$15,000. The income of couples was slightly less concentrated in one group, but 80 percent of couples had an annual income below \$40,000 and 43 percent between \$20,001 and \$25,000.

Figure 3.04



Source: Statistics New Zealand, Survey of Older People, 2000

Income by Age

The annual median income for older non-partnered individuals varied only slightly by age, with people aged 65–69 having a median income of \$16,000, or around \$1,200 more than those aged 70 years and over. This reflects the fact that the majority of older people at all ages received New Zealand superannuation and had little extra income. The higher median income for those aged 65–69 is likely to be the result of a higher employment rate for this age group. There was more variation in average income, which dropped steadily with age, from \$22,300 for those aged 60–65 to \$17,000 at 80 years or over. The reason average income shows a different pattern to median income is that the averages are affected by those people with high incomes. While the majority of older non-partnered individuals are within a very narrow income range, a few have high incomes due to investment income or wages.

For couples, there was no clear pattern in median income and the levels were similar, despite the varying ages of the respondents. When looking at average income for couples there was more variation across the age groups. Couples where the respondent was aged 65–69 had the highest average annual gross income (\$36,000). Average annual income levels then dropped as age increased, with those where the respondent was aged 80 years and over having an average income of \$28,500.

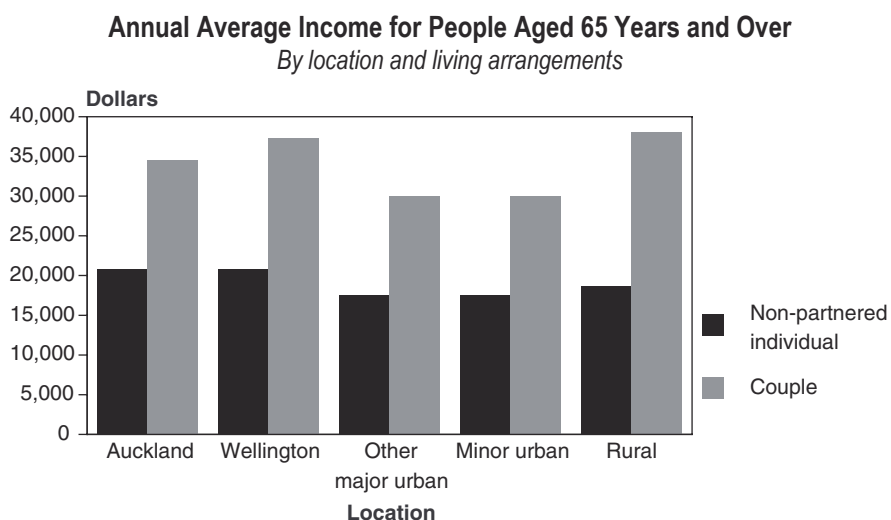
Regional Differences

The examination of the labour market participation of older people in chapter 2 showed that many were farmers. In light of this, some regional variation in the income of people aged 65 and over might be expected. The Survey of Older People in 2000 was able to provide information for broad regional groupings only: Auckland, Wellington, other major urban areas, minor urban areas and rural areas.

For non-partnered individuals there was no variation in median gross income at all between the regions (all had a median annual income of \$14,800). However, as shown in figure 3.05 below, average gross income did vary, from \$20,800 in Auckland and Wellington, to \$17,500 in minor urban areas and other major urban areas. The average gross income in rural areas was \$18,700.

Couples had a similar pattern, with median gross income being very similar in each region. However, as figure 3.05 shows, the highest average income among couples was in rural areas, probably reflecting the fact that a higher proportion of older people were still working in rural areas (farmers tend not to 'retire', particularly if they are supported by a partner).

Figure 3.05



Source: Statistics New Zealand, Survey of Older People, 2000

Sources of Income

Almost all people aged 65 and over receive New Zealand superannuation, but figures show that other sources of income also play an important part, particularly for couples (where one partner may still be aged under 65). Table 3.01 sets out the percentage of total income that comes from each source, averaged over all people aged 65, separately for non-partnered individuals and couples.

Table 3.01

Percentage of Average Annual Income from Each Source of Income
By living arrangements

Income source	Living arrangements	
	Couples %	Non-partnered individuals %
NZ superannuation	58.6	71.6
Government allowances	1.3	2.7
Overseas pensions	0.7	0.8
Private superannuation	7.5	5.0
Wages	7.2	2.6
Self-employment	4.9	1.0
Other income ⁽¹⁾	19.8	16.4
Total	100.0	100.0

Source: Statistics New Zealand, Survey of Older People, 2000

(1) Other income includes interest, dividends, rents, income from a family trust, income from Māori land, honoraria, etc.

Couples were less reliant on New Zealand superannuation and government allowances and more reliant on earned income than non-partnered individuals, partly because non-partnered individuals tend to be female and older. Females who were aged 65 and over at the time of the survey (2000) did not generally have a long history of employment at younger ages.

Apart from superannuation, the other major source of income was 'other income', predominantly comprising investment income. Investment income made up, on average, 20 percent of couples' income and 16 percent of individuals' income. Nearly 80 percent of couples and 70 percent of single people in this age group reported receiving 'other' income.

Around 17 percent of non-partnered individuals reported no income other than New Zealand superannuation. Similar proportions of single males and females were in this situation, but it was less common among people aged 65–69 compared with those aged 70 years and over, probably because the former was more likely to be in paid work.

Table 3.02 shows the proportion of people who reported receiving a particular income source. It shows that the proportion of non-partnered individuals who reported receiving earned income (wages or self-employment) was lower than the proportion of couples who received income from these income sources (4.1 percent versus 14.6 percent for couples). This reflects the older age distribution of non-partnered individuals.

Table 3.02

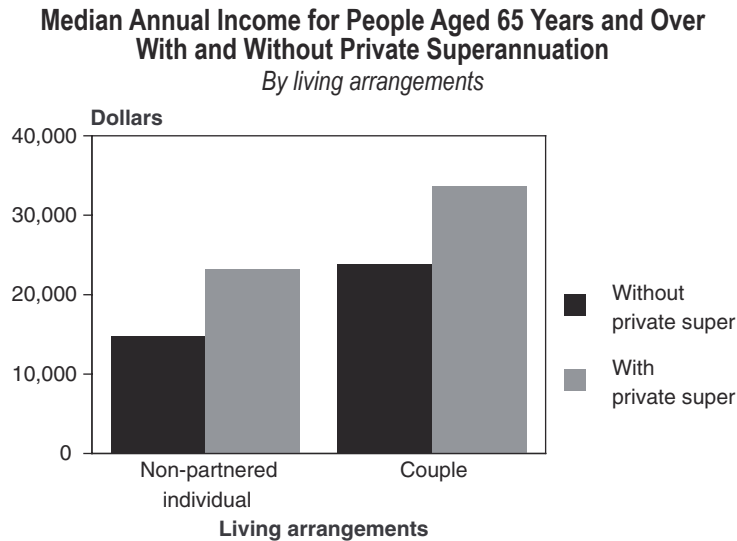
Income source	Living arrangements	
	Couples	Non-partnered individuals
	%	%
Superannuation	99.6	100
Government allowances	16.8	21.8
Overseas pensions	2.4	2.0
Private superannuation	19.3	12.5
Wages	14.6	4.1
Self-employment	9.4	3.0
Other income ⁽¹⁾	79.3	70.6

Source: Statistics New Zealand, Survey of Older People, 2000

(1) Other income includes interest, dividends, rents, income from a family trust, income from Māori land, honoraria, etc.

Table 3.02 also shows that around one in five couples and one in eight non-partnered individuals received some income from private superannuation. As figure 3.06 shows, the receipt of private superannuation adds considerably to the median income of older people. Figure 3.06 shows that the median annual income of couples who received some income from private superannuation scheme(s) was \$33,700, nearly \$10,000 a year more than the median annual income of couples who did not receive income from this source. For non-partnered individuals, the difference in median annual income for those receiving some income from private superannuation compared with people who received no income from this source was \$8,400 a year.

Figure 3.06



Source: Statistics New Zealand, Survey of Older People, 2000

Earned Income

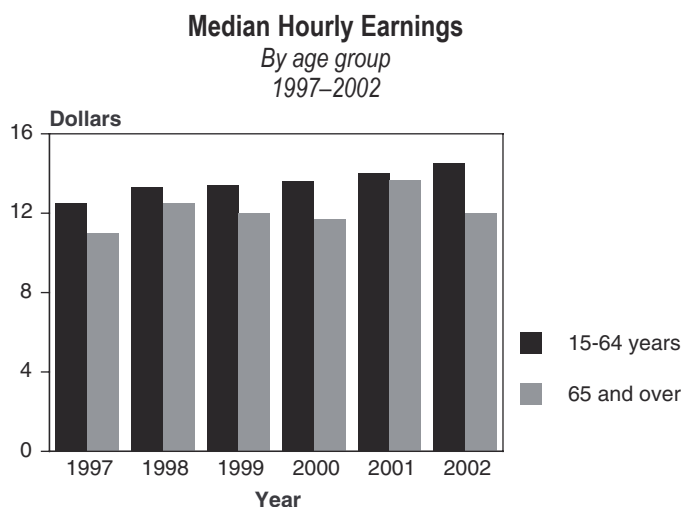
Not surprisingly, older people who work in paid employment have a higher income than those who do not work. As shown in table 3.02, 24 percent of couples and 7 percent of non-partnered individuals indicated they had received income from wages or self-employment. The median income for non-partnered individuals who received income from wages or self-employment was \$20,000 (compared with the overall median for older people of \$14,800). The median income for couples who reported income from these sources was \$32,200 (compared with \$23,800 for all older couples).

However, the amounts earned by older people from both wages and self-employment tended to be small, especially compared with the annual earnings of people aged 15–64. This can be partly explained by the fact that, as shown in chapter 2, the majority of employed older people worked part time, and on average worked 10 hours less per week than younger people. Over half (58 percent) of older non-partnered individuals who received wages received less than \$5,000 per year from this source. Around three-quarters of non-partnered individuals who received self-employment income received less than \$5,000 per year from this source (this proportion includes the 11 percent who made a loss).

Of couples who received wages, 43 percent received less than \$5,000 per year from that source, and 78 percent earned less than \$25,000. Income from self-employment was also small, with half of all couples who received this type of income receiving less than \$5,000 per annum.

The New Zealand Income Survey, which is conducted each year in the June quarter as a supplement to the Household Labour Force Survey, collects information on hourly earnings. The hourly rate earned by people aged 65 and over is lower than that earned by those aged under 65. Over the period 1997–2002, the rate for older people ranged between 83 percent and 97 percent of that for the total population.

Figure 3.07



Source: Statistics New Zealand, New Zealand Income Survey, 1997–2002

Income and Health Status

There is an ongoing debate as to whether low income causes poor health status or poor health status causes low income. This analysis will not try to forward the arguments for either proposition but will attempt to show whether there is a relationship between the two measures.

In general, the income of older people drops as health status deteriorates. However, for older single people, the relationship between health status and median income is weak. For this group, the median income in 2000 was at or near the overall median income for people aged 65 and over, regardless of health status. However, average income did decrease from \$21,400 for people with excellent health to \$16,500 for those with poor health.

For couples, income levels may be influenced by the health status of each partner. Looking at the health status of each partner separately shows that median income dropped by about \$4,500 per year for respondents and \$3,500 for partners, when comparing those in excellent health with those in poor health.

Eighty-six percent of older non-partnered individuals in poor health had a total gross annual income under \$20,000, compared with 72 percent of those in very good health. Similarly, for couples, 86 percent of couples where the respondent was in poor health had an income below \$30,000, compared with 65 percent of those where very good health was experienced.

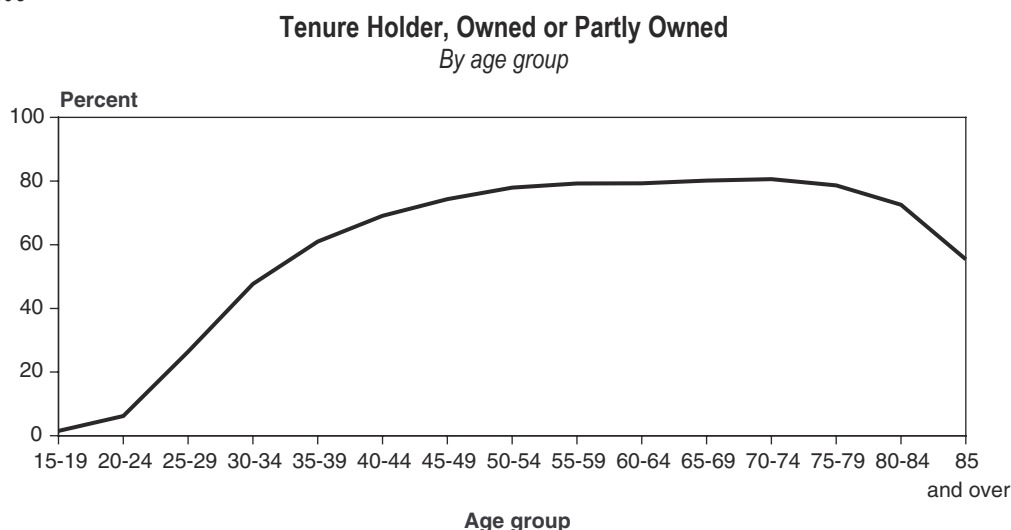
There are at least two complicating factors relating to this analysis. Firstly, income varies with age, with the older old (those 80 years and older) having lower income than those aged 65–69, for example. The older old also tend to have poorer health.

Secondly, income also varies by whether earned income is received; health status has an effect on the ability to undertake paid employment. It was shown earlier that few single older people received income from wages or self-employment, but 91 percent of those who did, also had good health. For couples, if one partner or both were in fair or poor health, then the chances of having earned income was reduced, compared with when both partners were healthy. About 26 percent of couples where both were healthy had received earned income, compared with 15 percent of couples where one partner or both were in fair or poor health.

Housing Costs

Home ownership among people aged 65 and over is high compared with the rest of the population (see figure 3.08). The 2001 Census had a question on tenure holder for the first time, and it showed that around half (51 percent) of people aged 15–64 said they owned or partly owned their usual residence, compared with three-quarters (76 percent) of those aged 65 and over. Home ownership levels peaked at ages 65–74 at the 80 percent level. Ownership levels dropped after that age, probably because people tend to move into residential care or live with family as they get older. Trust ownership of family homes can complicate matters of home ownership because older people living in a trust-owned house do not themselves own it, the trust does. The Survey of Older People in 2000 showed that 6 percent of both non-partnered individuals and couples lived in houses owned by a family trust.

Figure 3.08



Source: Statistics New Zealand, Census of Population and Dwellings, 2001

As well as high levels of home ownership, older people are more likely to own their home without a mortgage than people aged 15 to 64 years. In the Survey of Older People around 6 percent of respondents still had a mortgage on their home. By contrast, the 2000 Survey of the Working Age Population found that 71 percent of people aged 18 to 64 who owned their house had a mortgage.

The Survey of Older People in 2000 asked about a range of housing costs including rent, mortgage, rates and body corporate payments. The distribution of annual housing costs for people aged 65 and over shows that 81 percent of couples paid between \$500 and \$2,000 per year in housing costs, and 80 percent of single people paid between \$500 and \$4,000 per year. When these costs were subtracted from total gross income, the median income for single people dropped by about \$1,100 (to \$13,800) and for couples by about \$1,600 per year (to \$22,300).

Housing costs tend to be particularly high for those who rent. The median annual housing costs for those who rented at the time of the survey were \$5,800, compared with \$1,100 per year for those whose home was either owned by themselves, their family or a family trust. Clearly, older people who owned their own house were in a better financial position than those who didn't. There were not enough older couples renting to carry out separate analysis for couples and single people.

Housing Quality

Problems with the quality of older people's accommodation can be a considerable drain on their income. The Survey of Older People in 2000 asked respondents about problems like draughts, dampness, noise, plumbing, wiring, exterior paint work and fencing.

Noise from traffic, trains or aircraft was a problem for about 10 percent of couples and non-partnered individuals and exterior paintwork for 8 percent of non-partnered individuals and 5 percent of couples.

Overall, 70 percent of non-partnered individuals and 73 percent of couples had no problems with their accommodation, and 18 percent of both had only one problem.

Older people who rented their accommodation were more likely to have problems with draughts and dampness than those who owned their home.

Financial Stresses when Aged 50 to 60 Years

Financial stresses among people in their 50s can have an adverse impact on their well-being when they reach retirement age. Some stresses, like being made redundant, can affect a person's accumulation of money prior to retirement, and others, such as losing a partner, can affect health status among other things.

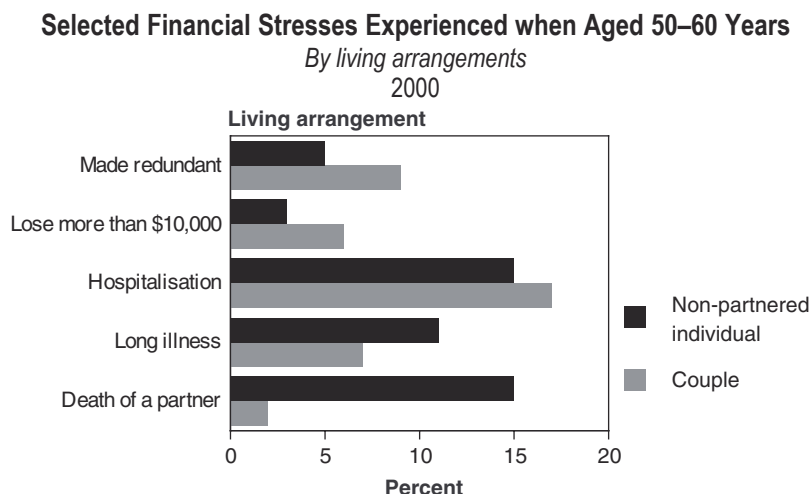
The Survey of Older People in 2000 asked about financial stresses experienced by respondents when they were aged 50 to 60. It covered items such as separation or divorce, mortgagee sales of homes, bankruptcy, losses of \$10,000 or more, being made redundant, being unemployed long term, major damage to house, large legal bills, major illnesses, hospitalisation and imprisonment. A summary of the survey results for couples and non-partnered individuals is shown in figure 3.09.

Unsurprisingly, non-partnered individuals were more likely to have had a separation or divorce, or experienced the death of a partner during their 50s. Six percent of single people had been divorced and 15 percent had a partner die during the decade. The other two common stresses for this group were a major injury or health problem that required hospital treatment (15 percent) and an illness or injury lasting 12 months or more (11 percent).

In the case of people living with a partner it was the respondent's age that defined the period between ages 50 and 60, and couples were asked about joint experiences at that time. The most common stresses during the 10-year period for this group were a major injury or health problem that required hospital treatment (17 percent) and being made redundant (9 percent).

Other results showed that approximately 36 percent of couples and 42 percent of single older people had at least one financial stress between age 50 and 60. Those non-partnered individuals who had at least one financial stress were more likely to be male and under 75, compared with all non-partnered individuals aged 65 and over. It might also be the case that younger older people were better able to recall stresses that were experienced when they were aged between 50 and 60 because these events had happened more recently.

Figure 3.09



Source: Statistics New Zealand, Survey of Older People, 2000

It could be expected that the stress that was experienced when a person was aged 50–60 could have an effect on selected outcomes when they were aged 65 and over and the survey data supports this to some extent. For example, non-partnered individuals who had experienced at least one financial stress when aged 50–60 were, on average, in poorer health than those who hadn't experienced major stress at that time. Whereas 35 percent of those non-partnered individuals who had experienced a major stress said they had fair or poor health, 26 percent of their counterparts who had not experienced stress reported this health status.

There was also a connection between income adequacy and stress. Of those non-partnered individuals who had experienced a stress at age 50–60, 16 percent said they did not have enough income to meet their everyday needs at their current age, compared with 9 percent of those who had not experienced stress.

The pattern is similar, though less clear-cut, for couples. Not entirely unexpectedly, being in a partnership seems to lessen the effect of these major shocks. Of those couples who experienced a major financial stress when they were aged 50–60, 26 percent of the respondents and 27 percent of their partners said they had fair or poor health. The comparable figures for couples who had not experienced the stresses were 22 percent for both the respondent and their partner.

Among couples who had experienced a stress when aged 50–60, 12 percent said they did not have enough income to meet their everyday needs when aged over 65, compared with 9 percent of couples who had not experienced a major stress at that age.

Recent Financial Stresses

While it may have been possible for people to recover substantially from stresses that happened before they turned 65, those that happened more recently are likely to have a bigger impact on current income. The Survey of Older People in 2000 asked a question on financial stresses experienced in the previous 12 months. This question covered items such as legal costs, major housing maintenance, business failure, matrimonial property settlement, natural disaster, death of a partner, funeral costs, unusually large car repair bills, replacement of a fridge or washing machine, being the victim of a crime such as burglary or fraud, and property damage.

For couples, the only significant stresses were 'unusually large car repair bills' (6 percent of couples experienced this stress) and 'replacement of fridge or washing machine' (9 percent). For single people the main stresses were 'a major item of house maintenance' (5 percent) and 'replacement of fridge or washing machine' (10 percent).

It is evident, however, that the occurrence of a recent financial stress had an even bigger impact on income adequacy than a stress that was experienced 5 to 15 years before turning 65. Among older non-partnered individuals, 22 percent who had experienced a financial stress in the last 12 months said their income was not enough to meet their everyday needs, compared with 9 percent of those who had not experienced such a stress.

Couples who had experienced a recent financial stress were also more likely to say they had insufficient income to meet their everyday needs for such things as accommodation, food, clothing and other necessities. Among older couples who had experienced recent financial stress, 19 percent said their current income was inadequate for current needs, compared with 7 percent of couples who had not experienced recent stress.

The presence of recent stress may also be reflected in older people's self-assessment of their standard of living. Older non-partnered individuals who had experienced recent financial stress were twice as likely to report a low or fairly low standard of living (14 percent) compared with those who had not experienced the stress (7 percent). Among older couples, the gap was even wider, with figures of 10 percent and 3 percent, respectively, reporting a low or fairly low standard of living, depending on the occurrence of recent financial stress.

Ability to Pay Bills such as Rent and Utilities

Very few older people reported that they had problems with paying utility bills, rent, credit card debt or hire purchase debt. Older people also said they very rarely borrowed money, pawned or sold anything or had help from a charity to meet everyday living costs. There was also no difference between non-partnered individuals and couples for these measures (approximately 3 percent of both groups reported at least one of the financial problems listed above).

The Survey of Working Age People in 2000, carried out by the Ministry of Social Development, also covered this topic. Among couples in the younger age group, the two most common problems were associated with keeping up with payments for things such as hire purchase, credit cards or store cards, or borrowing money from family or friends to meet everyday living costs (around 9 percent of couples in both cases).

For non-partnered individuals aged 18 to 64 years, having problems paying bills was more common. Twenty-eight percent borrowed money from family or friends to meet everyday living costs, and 16 percent couldn't keep up with payments for such things as hire purchase, credit cards or store cards.

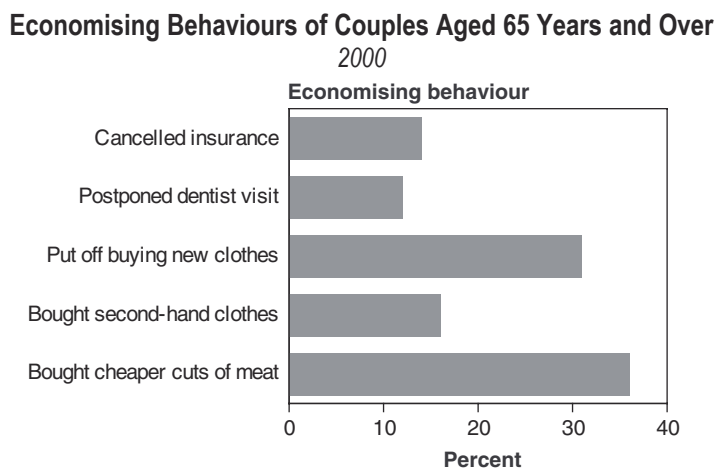
Economising Behaviours

Economising behaviours allow people to stretch their income. People aged 65 and over are in an age group where many lived through the Great Depression and world wars, so they are likely to have experienced economising at other stages in their lives. Information on such behaviours carried out in the 12 months prior to being surveyed was collected in the Survey of Older People in 2000. The information was one of the key inputs into the calculation of a standard of living scale developed by the Ministry of Social Development (Ministry of Social Development, 2001, *Living Standards of Older New Zealanders, A Summary*). Figures 3.10 and 3.11 below show the main economising behaviours of couples and non-partnered individuals aged 65 years and over. Among their responses, both groups answered 'yes' to the following behaviours: 'bought cheaper cuts of meat or less meat than you would like to buy to help keep down costs', 'bought second hand clothes instead of new to help keep down costs', 'put off buying clothing for as long as possible to help keep down costs' and 'cut back or cancelled an insurance policy to help keep down costs'.

There was little difference in the number of single people or couples who experienced none of the economising behaviours (46 percent and 48 percent respectively). In each case a further 14 percent had indicated only one economising behaviour.

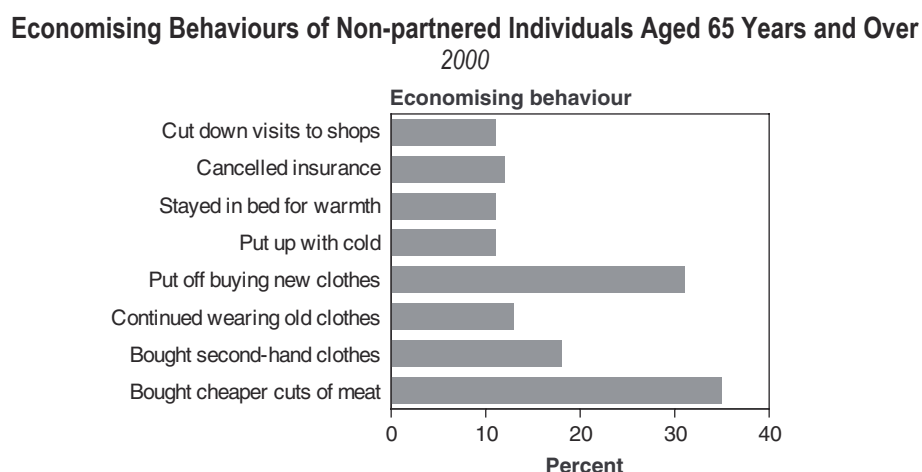
The Survey of Working Age People in 2000 also asked about economising behaviours, but the list of behaviours tested was adjusted slightly for the younger population. Despite this, the most common economising behaviours were remarkably similar among both age groups. Like their older counterparts, both younger couples and non-partnered individuals 'put off buying new clothes' and 'bought cheaper cuts of meat'. These were the top two economising behaviours for those aged 15–64, followed by 'spending less time on hobbies', 'doing without or cutting back on trips to the shops' and 'postponing or putting off trips to the dentist' (the order of the last two was reversed for younger couples).

Figure 3.10



Source: Statistics New Zealand, Survey of Older People, 2000

Figure 3.11



Source: Statistics New Zealand, Survey of Older People, 2000

Does Income Meet Needs?

As shown in figure 3.12, the vast majority of older people had sufficient income to meet their needs. Among non-partnered individuals, 38 percent of those aged 65 and over said they had just enough income, 40 percent said they had enough and 10 percent thought they had more than enough income to meet their basic living needs. Just 12 percent said that their total income was not enough to meet their everyday needs, such as accommodation, food, clothing and other necessities. Dissatisfaction with income decreased with age. Twenty percent of non-partnered individuals aged 65–69 said their income was not enough, compared with 7 percent of non-partnered individuals aged 80 years and over.

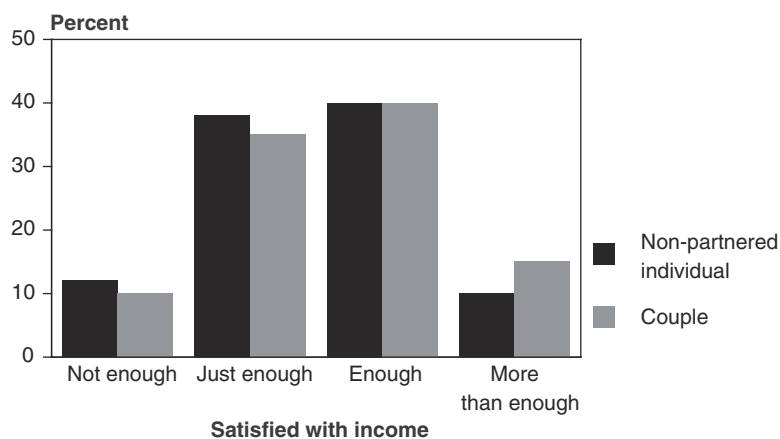
Almost twice as many non-partnered people aged between 18 and 64 did not have enough income to meet everyday needs (23 percent), compared with non-partnered people aged 65 and over. The younger non-partnered group includes single teenagers living at home, students living independently, and sole parents with children.

Among couples where the respondent was aged 65 and over, 10 percent indicated they did not have enough income, 35 percent had just enough, 40 percent had enough and 15 percent had more than enough income to meet basic living needs. As with non-partnered individuals, couples' dissatisfaction with income levels decreased with the age of the respondent.

The pattern for younger couples was similar to that of older couples, with 41 percent saying they had enough income. However, a bigger proportion of couples aged between 18 and 64 had more than enough income (24 percent).

Figure 3.12

Whether Income is Enough for People Aged 65 Years and Over
By living arrangements
 2000



Source: Statistics New Zealand, Survey of Older People, 2000

Similar proportions of older non-partnered individuals and couples said that they were either able to save money most months (33 percent of non-partnered individuals and 36 percent of couples), around half just broke even most months (54 percent and 51 percent) and 13 percent of both groups had to borrow or draw on savings most months.

It was generally more common for both couples and non-partnered individuals aged between 18 and 64 to be able to save money most months (37 percent of singles and 47 percent of couples). However, younger non-partnered individuals were the most likely to spend more money than they received, at 20 percent (compared with 11 percent for younger couples and 13 percent for both older non-partnered and older partnered people).

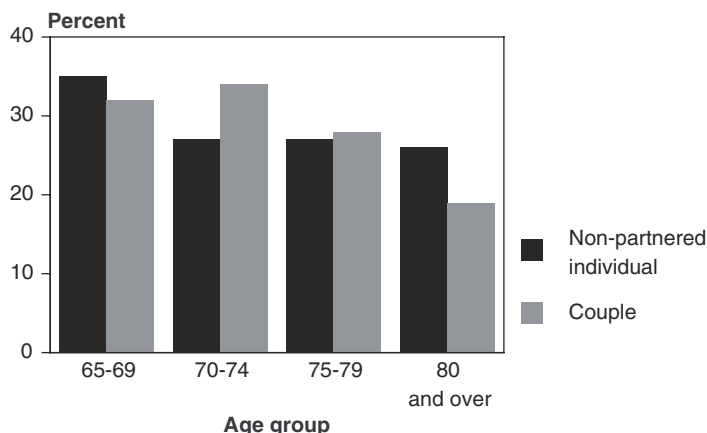
The Survey of Older People in 2000 also asked respondents to assess whether their level of savings had changed over the previous 12 months (couples were asked to look at their combined savings). The results once again showed little difference between couples and non-partnered individuals. Nine percent of single people said they had no savings (5 percent of couples), 49 percent said savings had not changed over the year (50 percent of couples), 14 percent reported an increase in savings (15 percent of couples) and in 28 percent of cases savings dropped (30 percent of couples).

Decreases in savings were more common among the younger old as shown in figure 3.13, with 35 percent of non-partnered individuals aged 65–69 and 34 percent of couples where the respondent was aged 70–74 having this experience. For non-partnered individuals in the other two older old age ranges, the percentages were roughly equivalent at 27 percent and 26 percent for those aged 75–79 and 80 years and over, respectively. Fewer than 20 percent of couples where the respondent was over the age of 80 reported that their savings had decreased.

Figure 3.13

Proportion of People Aged 65 Years and Over whose Savings Decreased in the Past Year

*By age group
2000*



Source: Statistics New Zealand, Survey of Older People, 2000

The final test of the ability of income to meet needs was two questions asking respondents whether they could arrange, within a week, a sum of money at short notice because of an emergency. Credit cards and borrowing from family were included as possible means of raising the money. The dollar amounts used were \$1,500 and \$5,000 – people who could not raise \$1,500 were not asked if they could raise \$5,000.

Eighty-one percent of older single people and 90 percent of older couples said they could raise \$1,500. For couples aged between 18 and 64 years the proportion that could raise \$1,500 was similar to older couples, at 89 percent. However, younger non-partnered individuals were less likely to be able to raise the money, with around 76 percent saying they could.

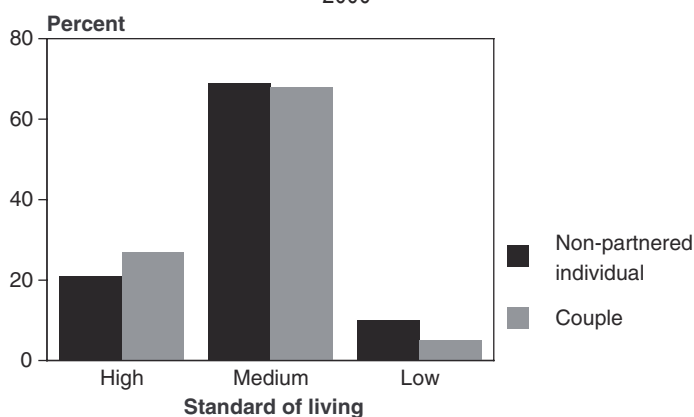
Of those who could raise \$1,500, 72 percent of older single people and 85 percent of older couples could also raise \$5,000. Among younger non-partnered individuals, 68 percent could raise \$5,000 and 83 percent of younger couples could do the same.

Respondents were then asked to rate their material standard of living. Material standard of living covers the things that money can buy, and does not include the capacity to enjoy life. Respondents were also told not to take their health into account. The majority of unpartnered people and couples rated their standard of living as 'medium' (just under 70 percent for both), as illustrated in figure 3.14.

Figure 3.14

Self-rated Standard of Living for People Aged 65 Years and Over

*By living arrangements
2000*



Source: Statistics New Zealand, Survey of Older People, 2000

This analysis has shown that though income levels are relatively low for people aged 65 and over, most report that they are able to live with what they receive. The Ministry of Social Development has done a considerable amount of research on the living standards of older people using data from the survey. Their work showed that material disadvantage was more likely when there were combined risk factors, such as:

- receiving an income equal to or less than provided by New Zealand superannuation
- having no savings or assets
- paying rent or mortgage
- being exposed to financial stress in the last year
- being exposed to adverse economic life events during the period from age 50–59 years
- being aged under 70
- being of Māori or Pacific ethnicity
- having no formal education qualifications, and
- having a low socio-economic status occupation or not having full-time employment at age 50–59.

The Ministry's analysis suggests that respondents having seven or more of these risk factors were over 20 times more at risk of belonging to the most materially disadvantaged (10 percent) of the sample than those who had none of these features.

Net Worth

Information for this section, which covers some of the major issues relating to the net worth of older people, comes from the 2001 Household Savings Survey (HSS), a one-off survey conducted by Statistics New Zealand and commissioned by the Retirement Commission. The survey was the first major attempt to collect information on New Zealanders' assets and debt. Like the Survey of Older People in 2000, information was collected jointly for couples. The HSS attempted to collect the market value of a respondent's assets as at the day of the interview. As the market value of an asset cannot be realised until point of sale, the values collected were the respondent's best estimate. For a more extensive analysis of data collected in the survey, see *The Net Worth of New Zealanders: A Report on their Assets and Debts* (2002) (available online at www.stats.govt.nz).

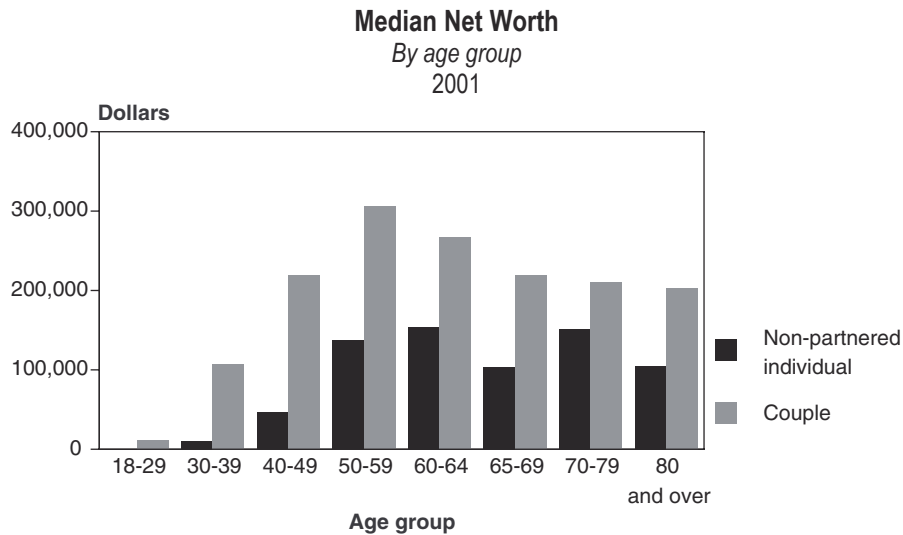
Net Worth by Age

The median net worth of older people in 2001 was relatively high when compared with the younger population (in this case those aged between 18 and 64). While the median net worth for young non-partnered individuals was \$5,000, for older non-partnered individuals, it was \$125,000. The figures are influenced by the fact that assets are accumulated over a lifetime and the very young have very low or even negative net worth. One-third of non-partnered individuals aged 18–64 were aged between 18 and 29 (by comparison, only 15 percent of young couples were in this age group).

For couples, the median net worth of younger couples (based on the age of the respondent) was \$161,000, compared with \$212,000 for older couples. Unlike younger people, the median net worth of older couples is less than double that of older non-partnered individuals.

Figure 3.15 shows that for couples net worth peaks in the 50–59 year age group and remains at a similar level from age 65 onwards. The net worth of non-partnered individuals peaks at age 60–64, with a second, slightly smaller peak at age 70–79.

Figure 3.15



Source: Statistics New Zealand, Household Savings Survey, 2001

To further examine the distribution of net worth by age, it is possible to look at the proportion of net worth held by the top 20 percent of people in each age group. Among non-partnered individuals aged 65–74, ranked by amount of net worth, the top 20 percent owned 59 percent of the age group’s total net worth. For non-partnered individuals aged 75 and over, the figure was 61 percent. Among couples, the top 20 percent owned 59 percent of the total net worth, irrespective of age.

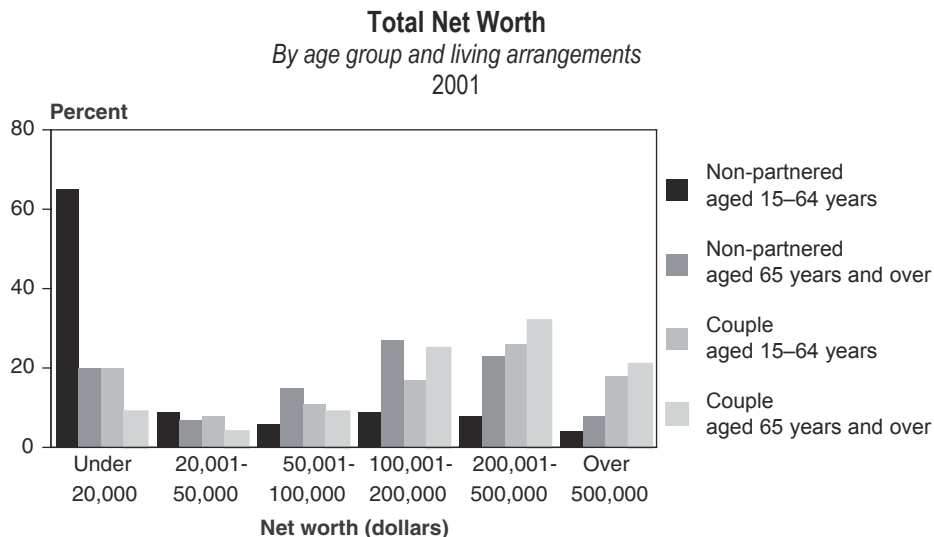
Net worth was even more concentrated among some of the younger age groups. For non-partnered individuals aged 35–44, the top 20 percent owned 79 percent of the net worth in their age group and among couples aged 25 to 34, the top 20 percent owned 78 percent of the group’s net worth.

Level of Net Worth

Figure 3.16 shows that a significant proportion (20 percent) of older non-partnered individuals had a median net worth of \$20,000 or less, but the majority (59 percent) had a net worth over \$100,000. However, compared with younger non-partnered individuals, older non-partnered people were relatively well off. Nearly two-thirds (65 percent) of non-partnered people aged under 65 had a net worth of under \$20,000. The predominance of 20–29 year olds in this group needs to be taken into account when interpreting these figures (see Net Worth by Age, above).

Just over half of all older couples (53 percent) had a combined net worth of over \$200,000. Forty-four percent of younger couples were in this situation. The pattern of net worth was more similar for younger and older couples than it was for their non-partnered counterparts.

Figure 3.16



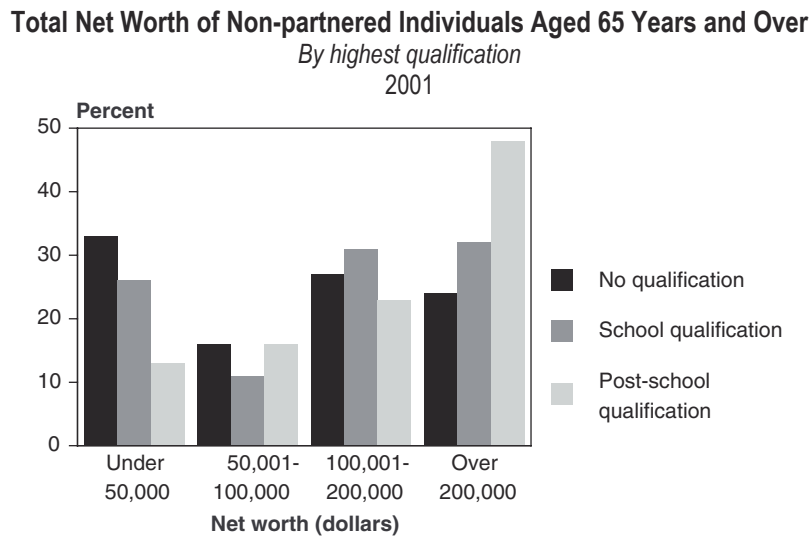
Source: Statistics New Zealand, Household Savings Survey, 2001

Net Worth by Educational Qualification

In the following analysis where couples are used, the highest qualification is that of the randomly selected respondent in the couple. Median net worth rises depending on the qualification of the older non-partnered individual, from \$102,000 for those with no qualification to nearly double, at \$194,000, for those with a post-school qualification. There is a similar trend for couples, with median net worth for those older couples with no qualification (\$164,000) being close to half of those with a post-school qualification (\$316,000). In this case, there will be some effect of the partner’s qualification on the couple’s net worth. Among the younger population, the trends are similar, with a large increase in net worth among those with a post-school qualification compared with those with no qualification.

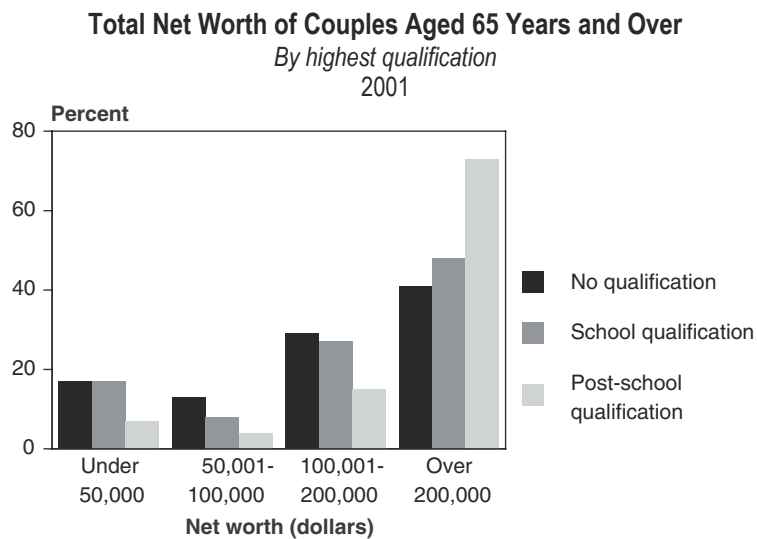
As figures 3.17 and 3.18 show, both non-partnered individuals and couples where post-school qualifications are held are much more likely to have a net worth of over \$200,000 than if lower qualifications are held. The same applies to younger people.

Figure 3.17



Source: Statistics New Zealand, Household Savings Survey, 2001

Figure 3.18



Source: Statistics New Zealand, Household Savings Survey, 2001

Net Worth by Marital Status

In 2001, the majority (76 percent) of older non-partnered individuals were widows and as a result their median net worth was almost exactly the same as the median for all older non-partnered individuals (around \$124,000). Those who had been divorced had a net worth of \$110,000 and those who had never been married had a higher than average net worth of \$180,000. It is possible that older people who have never been married might have spent less during their working life on bringing up children (sole parenting was not a big feature when this age group was young) and possibly more time in paid employment.

Among older couples, in 95 percent of cases the respondent was legally married and the numbers in all other marital status categories are too small to derive statistically reliable estimates of net worth. The median net worth of legally married couples was \$210,000, very close to the overall net worth for older couples overall.

Net Worth by Number of Children Ever Had

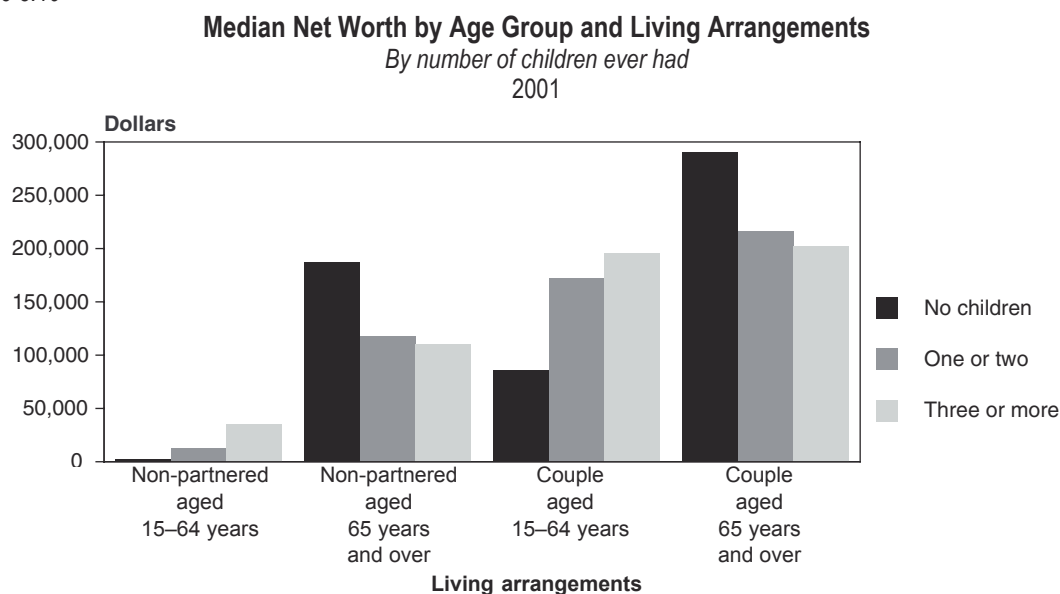
Older non-partnered individuals who have had children have lower net worth than those who have never had children, but the number of children they had made little difference. The median net worth of older non-partnered individuals who had never had children was \$187,000, whereas those who had had children had a net worth between \$110,000 and \$118,000.

Older couples were much more likely to have had children than non-partnered individuals, but, again, those who had not had children had a higher median net worth, at \$291,000. The median net worth of couples who had had children ranged from \$202,000 to \$216,000.

Among the population aged 18 to 64, the patterns of net worth among those who had never had children were very different from those who had, as shown in figure 3.19. Among 18 to 64-year-old non-partnered individuals, those with children had a much higher net worth. This is probably influenced by the age of people in this group – those without children are likely to be young, while those with children are more likely to be middle-aged and separated or divorced. Those with no children had a median net worth of \$2,000, while the median net worth of those who had had three or more children was \$35,280.

For couples aged 18 to 64 years, the pattern is similar, with those who have had no children having a median net worth of \$86,000, compared with \$196,000 for those who had had three or more children.

Figure 3.19



Source: Statistics New Zealand, Household Savings Survey, 2001

The Impact of an Inheritance on Net Worth

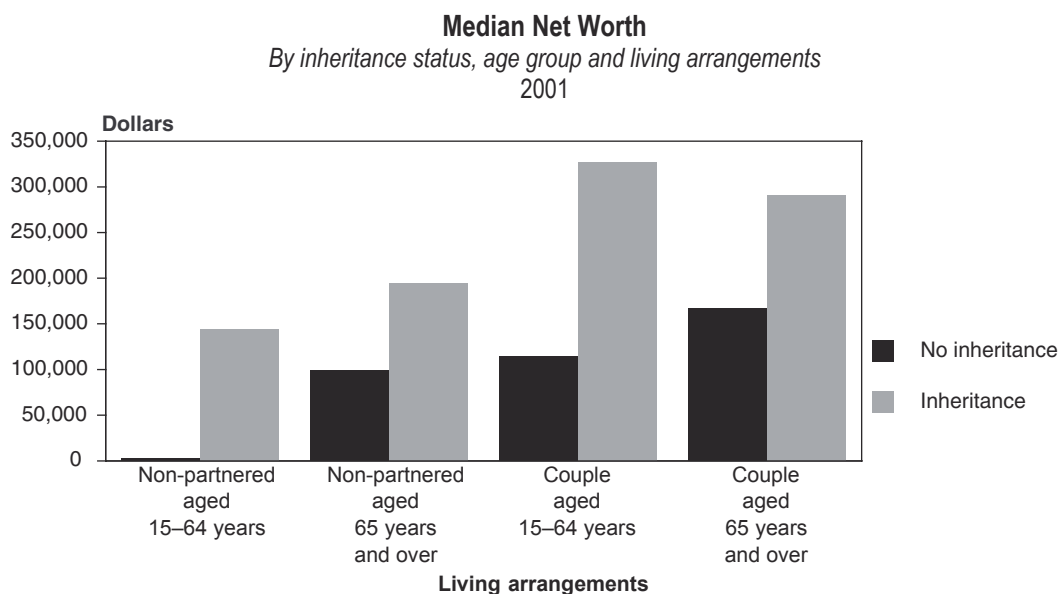
The Household Savings Survey 2001 asked respondents and their partners, where applicable, whether they had ever inherited money or an asset worth \$10,000 or more. The output, as illustrated in figure 3.20, seems to suggest that inheritance has a substantial impact on net worth. For couples in this analysis, the information on inheritance from both respondents and partners has been taken into account.

Around one-third of non-partnered older individuals had received an inheritance. The median net worth of this group was almost double that of those who had not received an inheritance, with levels of \$194,000 and \$99,000 respectively.

The vast majority of younger non-partnered individuals had not received an inheritance, and their median net worth was around \$3,000. This compared with \$144,000 for those young non-partnered people who had received an inheritance. Again, age is likely to be a factor in explaining these differences, with inheritance likely to be more common as age increases, and with those at the upper end of the 18–64 age bracket also being more likely to have accumulated net worth in their own right.

Forty-one percent of older couples had received an inheritance. The median net worth of older couples who had received an inheritance was \$291,000. This compares with a median net worth of \$167,000 for those who had not received an inheritance. While the proportion of younger couples who had an inheritance was lower, the same pattern in levels of median net worth was evident.

Figure 3.20



Source: Statistics New Zealand, Household Savings Survey, 2001

Debt

Overall, debt was not common among older non-partnered individuals and couples and the level of debt was small when it occurred, especially compared to the younger population in both categories. The most common type of debt across the whole population was mortgage debt, and as pointed out earlier, older people were much more likely to own their house without a mortgage compared with the rest of the population.

Both older non-partnered individuals and older couples had a zero median debt level. For younger non-partnered individuals, median debt level was \$4,000, and for younger couples it was \$22,000 (this is the group that is most likely to be paying off a mortgage).

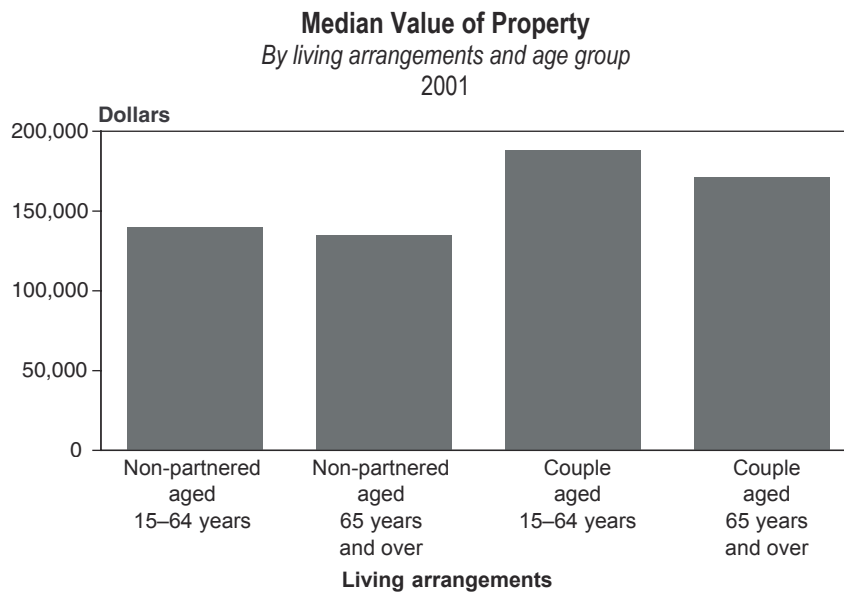
Selected Types of Assets

The asset with the highest median value owned by older people was property, and bank deposits were the asset held by the largest number of older people. These broad trends hold true for the younger population also, but in other aspects there are some big differences between the two groups. Overall, older non-partnered individuals had a median asset total of \$125,000 in 2001, compared with \$10,500 for younger non-partnered individuals. For couples, the pattern was reversed, with older couples having a median asset level of \$217,000 and younger couples having \$245,000.

Property

Property assets were the highest valued assets owned by both older and younger people. Older people had a higher rate of ownership than younger people but the values of the property were similar for younger and older couples, and younger and older non-partnered individuals, respectively, as illustrated in figure 3.21. Around 68 percent of older non-partnered individuals and 78 percent of older couples had property assets in 2001. This compares with 30 percent of younger non-partnered individuals and 69 percent of younger couples. Property assets included the respondent's own home, holiday homes, commercial property and rental properties. The median value of property owned by older non-partnered individuals was \$135,000 and for older couples it was \$171,000. For younger non-partnered individuals, the median value of property was \$140,000, and for younger couples it was \$188,000. The difference in property values between couples and non-partnered individuals could relate to the fact that the figures relate to all properties owned, and a much higher percentage of couples owned rental property and holiday homes than non-partnered individuals.

Figure 3.21

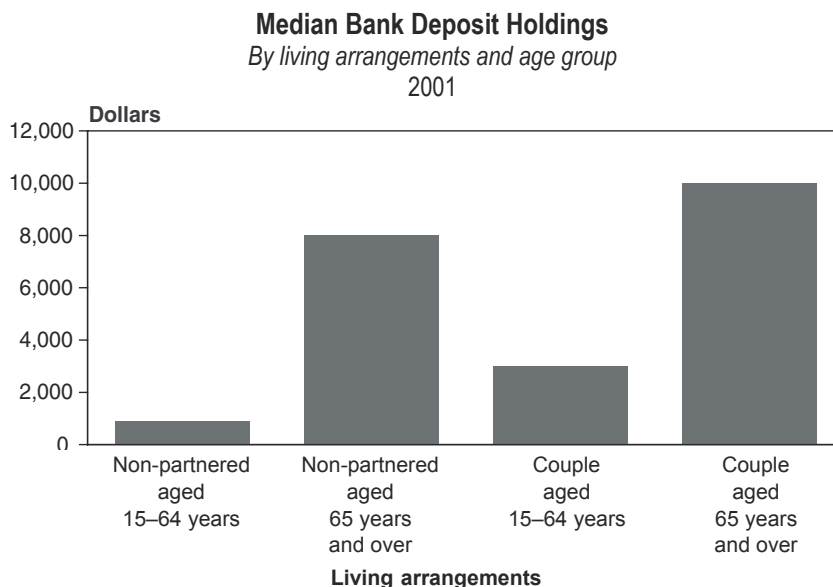


Source: Statistics New Zealand, Household Savings Survey, 2001

Bank deposits

In 2001, almost all older non-partnered individuals and couples held bank deposits valued at \$1 or more. They were the most common assets held by people of all ages. The median value of bank deposits held by single people aged 65 and over was \$8,000 and for couples the median was \$11,000. Younger non-partnered individuals and couples had lower levels of bank deposits, at \$900 and \$3,000, respectively, as shown in figure 3.22. Bank deposits included all bank accounts in credit as well as any bonus bonds held by the non-partnered individual or couple.

Figure 3.22



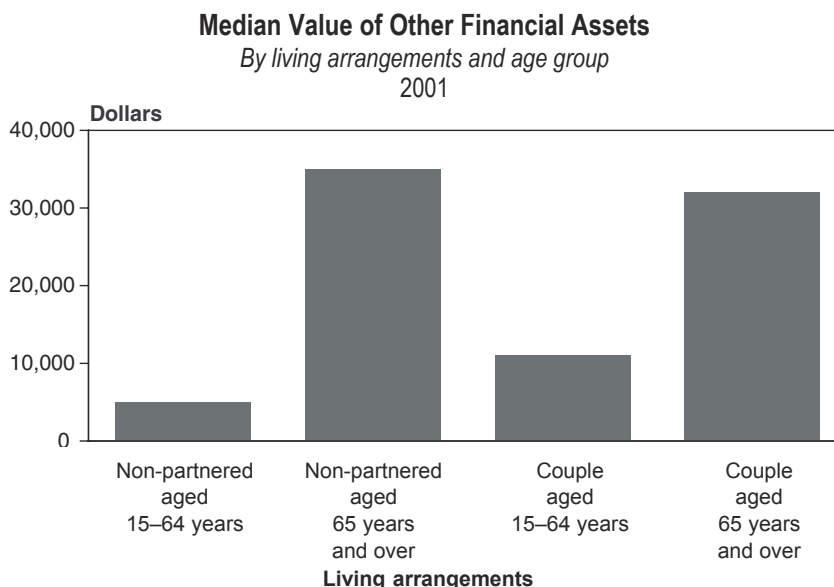
Source: Statistics New Zealand, Household Savings Survey, 2001

Financial assets

Financial assets include shares, managed funds and other financial assets, such as fixed-interest investments, securities, bonds and syndicated investments. These were the third most common asset for older people. A total of 28 percent of non-partnered older individuals had financial assets, compared with 14 percent of their younger counterparts. The pattern among couples was similar, though less marked, with 42 percent of older couples and 35 percent of younger couples having financial assets.

The level of financial assets held by older people is considerably higher than that of younger people, as figure 3.23 illustrates. Older non-partnered individuals had a median level of financial assets of \$35,000, compared with \$5,000 for younger non-partnered individuals. Similarly, older couples had median financial assets worth \$32,000, whereas the level for younger couples was \$11,000.

Figure 3.23



Source: Statistics New Zealand, Household Savings Survey, 2001

Summary

The median gross annual income of people aged 65 and over at the time of the 2001 Census was \$13,100, compared with a level of \$21,200 for people aged between 15 and 64.

Older non-European people had the highest median annual income at \$13,300, compared with \$11,700 for Māori, \$9,900 for Pacific people and \$8,300 for older Asian people.

Some 19.3 percent of older couples and 12.5 percent of older non-partnered individuals received income from a private superannuation scheme in 2000.

Older couples were over three times more likely than older non-partnered individuals to have employment-related income (24.0 percent versus 7.1 percent).

Older people have high levels of home ownership. The 2001 Census showed that 76 percent of those aged 65 and over owned their usual residence, compared with 51 percent of those aged under 65.

The most common economising behaviour among older people is buying cheaper cuts of meat or buying less meat.

In 2001, the median net worth of non-partnered individuals aged 65 and over was \$125,000 compared with \$5,000 for non-partnered individuals aged under 65. The pattern was similar among couples but the gap between older and younger couples was closer, at \$212,000 and \$161,000, respectively.

The level of net worth of older people is influenced by educational qualification (a higher qualification is associated with a higher net worth), number of children (the presence of children is associated with lower net worth), and inheritance (receipt of an inheritance is associated with higher net worth).

Older people have low levels of debt compared with younger people.

The asset with the highest median value owned by older people is property and the most common asset is a bank deposit.

Chapter 4:

Health and Disability

Introduction

Health outcomes among older people reflect a combination of factors, including demographic characteristics, socio-economic factors and life experiences. This chapter uses data from a range of sources to create a picture of the health outcomes for older New Zealanders.

Health outcomes may be measured objectively and subjectively, and the chapter includes examples of both types of measures. In this context, subjective measurement involves asking individuals to give opinions about their health. Objective measurement can involve direct measurement of indicators such as blood pressure or respondent reports on aspects of their health, such as whether they have ever been diagnosed as having high blood pressure.

The importance of acknowledging the heterogeneity of the older population is commonly stressed in literature on older people. Consequently, this chapter examines differences within the 65 and over age group on a number of dimensions, including age, sex, ethnic group and social marital status.

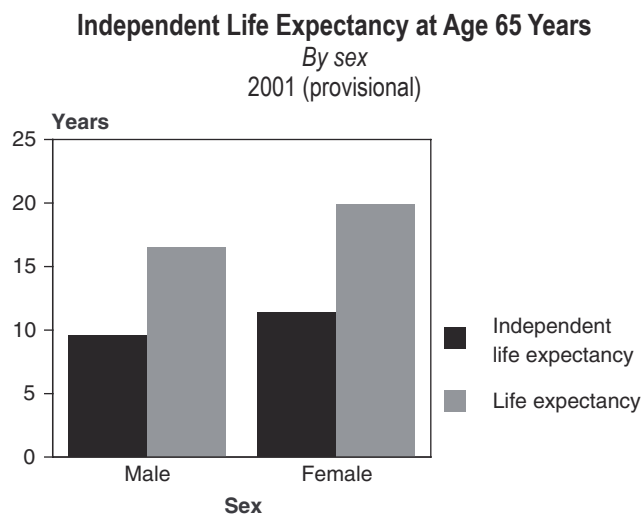
Health Outcomes

The desirable health outcome for New Zealand, as expressed in *The Social Report 2001* is that “[all] people have the opportunity to enjoy long and healthy lives. Avoidable deaths, diseases and injuries are prevented. People have the ability to function, participate and live independently in society” (Ministry of Social Policy, 2001a, 14).

There are two dimensions to good health: the length of life and the quality of life. There are many statistical measures of each of these, but the measure of Independent Life Expectancy (ILE) combines both dimensions, making it a useful overall indicator of progress towards the desirable health outcome. The ILE is defined as the number of years a person can expect to live independently, ie without any functional limitation requiring the assistance of another person or complex assistive device. It is calculated from life expectancy tables and disability rates.

Figure 4.01 shows that women aged 65 in 2001 could expect on average to live a further 19.9 years to the age of 84.9 years, and could expect to live independently for 57 percent of their life after 65. For men, both life expectancy and ILE were shorter: they could expect on average to live a further 16.5 years to the age of 81.5 years, but they could expect to spend about the same proportion as women of their remaining life after 65 living independently.

Figure 4.01



Source: Ministry of Health

In order to further analyse the elements of this indicator, this chapter looks first at fatal outcomes, as measured in statistics on mortality and life expectancy. It goes on to examine non-fatal health outcomes through statistics on physical and mental diseases and conditions, and by looking in some detail at people with disabilities. It also includes information on risk behaviours, health care utilisation and older people's opinions about their health.

Fatal Health Outcomes

Mortality

In 2001, people aged 65 and over made up 12 percent of the population, but accounted for nearly 78 percent of all deaths. Some 44 percent of all deaths occurred among those aged 80 years and over, and more than a quarter involved people aged 85 and over. In the last two decades, an increasing proportion of deaths has occurred in these older age groups, which is attributable to population ageing and the steep decline in infant mortality (Statistics New Zealand, 2003a, 73).

Death rates, expressed as the number of deaths per 1,000 resident population, rise steadily from the age of 40 years. Unsurprisingly, the rate for those under 65 in 2001 (2 per 1,000) contrasted strongly with that for those who were aged 65 years and over (47 per 1,000). Within the older persons' group, the rates also rose, from 16 per 1,000 in the 65–69 age group to 234 per 1,000 among those aged 90 and over (see table 4.01).

Table 4.01

Age-specific Death Rates for People Aged 65 Years and Over
Year ended December 2001⁽¹⁾

Age group (years)	Age-specific death rate ⁽²⁾
65–69	16
70–74	26
75–79	41
80–84	71
85–89	125
90 and over	234
Total 65 and over	47

Source: Statistics New Zealand

(1) Based on resident deaths and the estimated resident population.

(2) Deaths per 1,000 in the age group.

When death does occur among older persons, chronic disease is far more likely to be the cause than it is for younger people. The five most common causes for the two age groups according to *Mortality and Demographic Data 1999* (New Zealand Health Information Service, 2003, 52-62) are:

Population aged 0–64 years	Percentage of deaths
Total malignant neoplasms*	35
Ischaemic heart disease*	15
Suicide and self-inflicted injury	7
Motor vehicle traffic crashes	6
Chronic obstructive pulmonary disease and allied conditions*	4

Population aged 65 years and over	Percentage of deaths
Ischaemic heart disease*	26
Total malignant neoplasms*	25
Cerebrovascular disease*	12
Chronic obstructive pulmonary disease and allied conditions*	8
Other forms of heart disease*	5

* chronic disease

While older people also die from suicide and traffic crashes, these two causes together account for less than 1 percent of deaths among people aged 65 and over, compared with 13 percent of deaths among those under 65 years.

Life expectancy

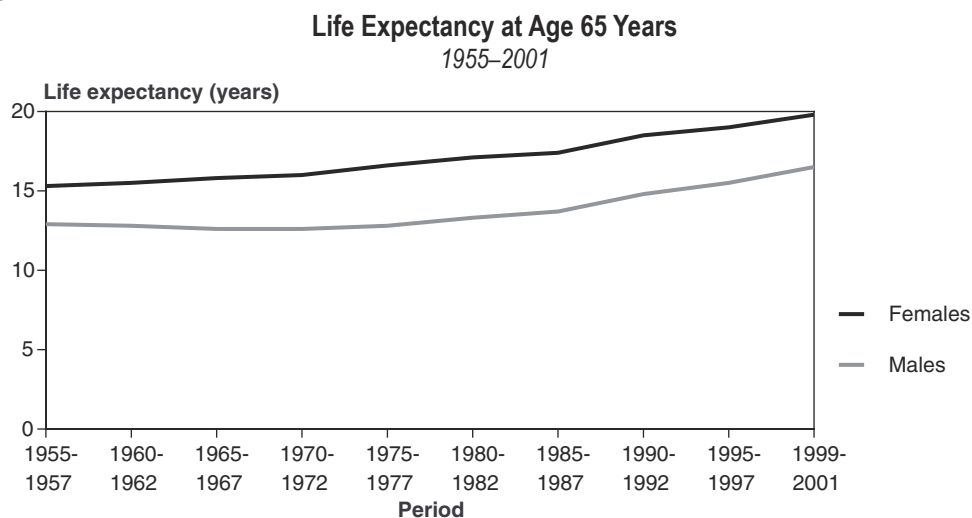
Life expectancy is an outcome measure of the overall health of a population. In New Zealand, life expectancy at birth has been increasing for the last 50 years and the gains have been mainly the result of the reduction in mortality in the late working and retirement ages. This means that about 89 percent of newborn girls and 83 percent of newborn boys are expected to live to 65 years of age. At that point, females can expect to live another 19.9 years on average, and males another 16.5 years. These figures from Statistics New Zealand's 1999-2001 abridged life table represent a gain of 1.3 years for females and 1.7 years for males over the equivalent figures for 1990-1992. At age 75, males can expect to live another 9.9 years and females another 12.4 years (Statistics New Zealand, 2003a, 89).

Figures 4.02 and 4.03 show the size of the improvements since 1955-1957 at ages 65 and 75 years for both sexes for the total population. They show a gradual improvement in life expectancy for both sexes in both age groups, but they also indicate that there has been a widening in the gap between males and females in both age groups.

Māori have lower life expectancy than non-Māori at all ages. At age 65, the gap for males is 3.6 years and for females 4.8 years. At age 75, it is 1.6 years for males and 2.4 years for females.

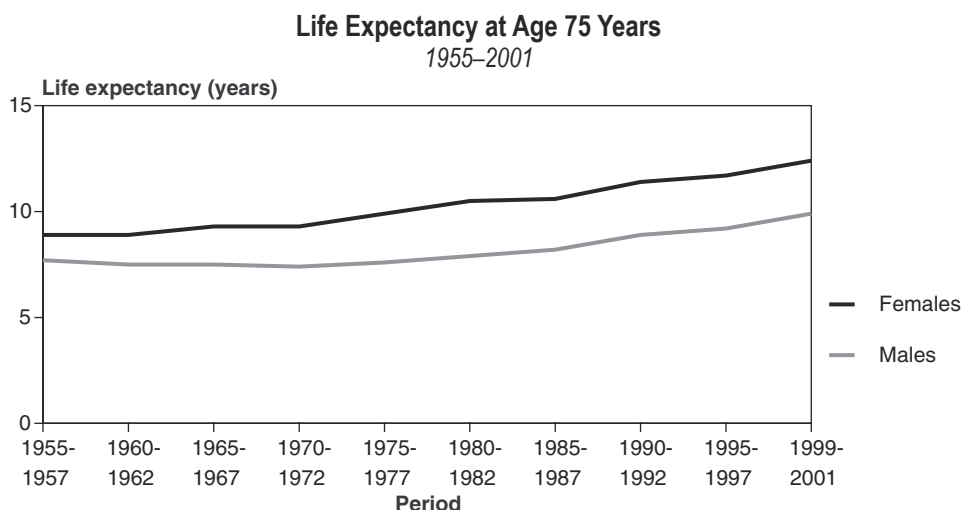
Taken together, these objective measures of the population's health status paint a picture of the inroads of chronic disease among older people being held at bay, resulting in longer lives.

Figure 4.02



Source: Statistics New Zealand

Figure 4.03



Source: Statistics New Zealand

Non-Fatal Health Outcomes

Morbidity

Morbidity can be defined as any departure from a state of physiological or psychological well-being. It may lead to a fatal outcome, a non-fatal outcome (such as disability) or have no impact on health (for example, high blood pressure without symptoms).

The following diseases and conditions are particularly prevalent among older people, and account directly or indirectly for much of the morbidity in the age group 65 years and over:

- coronary heart disease (with related blood pressure and cholesterol factors)
- stroke
- diabetes
- cancer (especially lung, colorectal, prostate, breast)
- dementia
- arthritis
- frailty
- falls
- osteoporosis (leading to hip fracture)
- pneumonia and influenza
- incontinence
- depression
- social isolation
- visual loss (cataract, glaucoma)
- hearing loss
- chronic obstructive pulmonary disease (for example, emphysema)
- neurological disorders (especially Parkinson's Disease).

A number of these conditions and diseases will be referred to in this chapter.

Measures of health conditions

Health status is often measured by asking people to report on various aspects of their health, and to give their opinion as to how good their health is and/or how satisfied they are with their level of physical and mental well-being. In recent years there have been two national surveys in which people were asked such questions, the 1996/97 New Zealand Health Survey and the Survey of Older People in 2000.

The Survey of Older People in 2000 (Ministry of Social Policy, 2001b, 44) asked respondents aged 65 and over a small set of health and disability-related questions, including whether in the previous 12 months they had had treatment for certain health problems. As well, those with partners (defined as married legally or de facto) were asked about their partner's health, or the partner took part in the interview. The results, presented in table 4.02, show the differences between single and partnered people, as well as between partners.

Table 4.02

Health Problems Treated in the Previous 12 Months for People Aged 65 Years and Over⁽¹⁾

By marital status
2000

Health problem treated in previous 12 months	Marital status		
	Single	Partnered	
		Respondent	Spouse/ partner
Percentage of respondents ⁽²⁾			
Hypertension (high blood pressure)	40	36	31
Rheumatism or arthritis	30	20	20
Back pain or other back problem	23	19	17
Colds, flu	21	21	17
Coronary heart disease or stroke	17	14	13
Health problem associated with long-term disability	16	13	5
Asthma, emphysema or bronchitis	13	10	9
Injury or poisoning	8	6	5
Diabetes	8	7	7
Mental health problems	8	4	3
Cancer	7	6	5
Kidney disease	2	2	1
Nervous system disorder, eg Parkinson's disease	1	1	2

Source: Ministry of Social Policy

(1) The sample for the survey comprised people living in permanent private dwellings, but excluded those in institutional settings such as hospitals and retirement homes.

(2) Many had had treatment for more than one problem, so the percentages do not sum to 100.

The relatively high incidence of hypertension and coronary heart disease or stroke reflects the age of the survey population, as does the prominence of rheumatism, arthritis, back problems and colds and flu. As has been observed in many other studies, those who live with a spouse or partner tend to have better health than those who are unpartnered. In looking at the results of the Survey of Older People it is useful to ask whether this difference is influenced by the average ages of the respective groups, which were 76 years for single respondents, 72 for partnered respondents and 69 for their partners.

The same differences by social marital status are evident in the figures on physical difficulties, disabilities and impairments among this group (Ministry of Social Policy, 2001b, 45). For example, 22 percent of single people reported shortness of breath, compared with 17 percent of those with partners, and 12 percent of their partners. Further analysis of the physical difficulties data, using standardisation by age-sex-social marital status group, showed that the differences were statistically significant, leading to the conclusion that being partnered is associated with better health and fewer physical difficulties and disability.

Information on a number of specific health problems is available from the 1996/97 New Zealand Health Survey. The survey covered the whole population, thus allowing for comparisons between those aged under and over 65. It also allows for comparisons between the 65–74 year group and those aged 75 and over.

The survey asked respondents to report on a number of aspects of their health, and it reported separately on high blood pressure, diabetes and injuries. The findings reinforce the axiom that health status declines with age.

Prevalence of chronic disease

High blood pressure

High blood pressure, while not a direct cause of death, is related to three of the five most frequent causes: ischaemic heart disease, cerebrovascular disease and other forms of heart disease. Together these causes accounted for 43 percent of deaths in the population aged 65 and over in 1999.

Respondents in the 1996/97 New Zealand Health Survey were asked whether they had ever (other than during pregnancy) taken pills for high blood pressure, and, if so, whether they were currently taking pills regularly for their blood pressure. Of the 12 percent of adults who had taken pills for high blood pressure, 19 percent were no longer doing so, which suggests an overall rate for the current use of blood pressure pills in the whole population of about 10 percent. In comparison, among those 65 years and over, 36 percent said they were currently taking pills.

In reporting these findings, it is important to note that since there are usually no symptoms associated with high blood pressure; many people are unaware that they have it. This assertion is borne out in the results from the National Nutrition Survey 1997 (Ministry of Health, 1999c, 172), which used a combination of self-reporting and clinical methods to gain the information. As table 4.03 shows, there was a high level of unrecognised high blood pressure among older people. For example, 66 percent of men aged 75 and over had high blood pressure, but only 36 percent were on medication for it. There was also evidence that taking medication was not always effective in alleviating the problem.

Table 4.03

Prevalence of High Blood Pressure and Use and Effectiveness of Medication for People Aged 65 Years and Over
1997

Age-sex group (years)	On medication ⁽²⁾				Total
	High blood pressure ⁽¹⁾	Not on medication ⁽²⁾	Effective ⁽³⁾	Not effective ⁽³⁾	
	Percentage				
<i>Males</i>					
65–74	60	26	21	13	34
75 and over	66	30	18	18	36
<i>Females</i>					
65–74	53	22	16	15	31
75 and over	72	28	22	22	44

Source: Ministry of Health

(1) As measured clinically during the National Nutrition Survey interview.

(2) Self-reported by respondents.

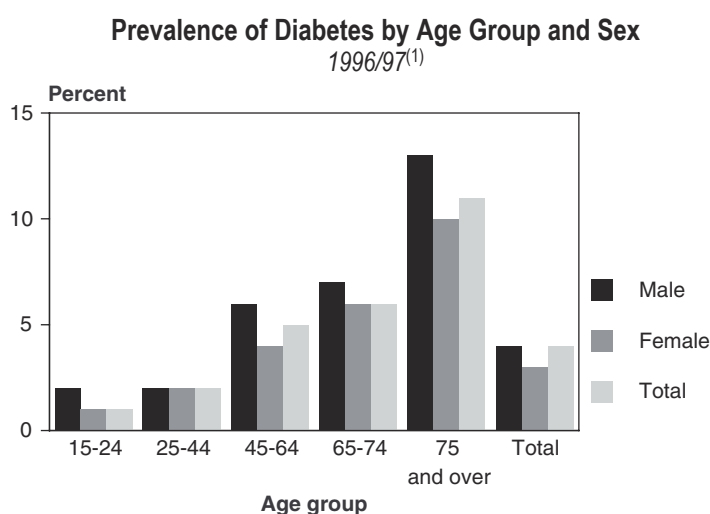
(3) The researchers deemed the medication to be effective if the person's blood pressure was below a threshold specified by the World Health Organization.

This situation held true for the whole population aged 65 and over, but was most evident among women aged 75 and over, where 72 percent had high blood pressure but 28 percent were not on medication for it. Among the 44 percent who were on medication, half still had high blood pressure. In other words, nearly three-quarters of all women in that age group had high blood pressure, but even when their condition had been diagnosed and treated, there was only a 50/50 chance that the prescribed medication would bring their pressure down to a healthy level. This outcome, however, would be influenced by whether people were actually taking the medication, and taking the correct dosage, which may not always be the case.

Diabetes

Diabetes was another topic explored separately by the 1996/97 New Zealand Health Survey, since one form of it, type 2, is recognised as a major and increasing health problem with potentially serious complications. Respondents in the survey were asked if they had ever (except during pregnancy) been told by a doctor that they had diabetes, and if so, how old they were when it was first diagnosed. They were also asked what treatments they currently had for this disease.

Figure 4.04



Source: Ministry of Health

(1) The rates in the graph have been adjusted for age and sex, except where they are age-specific, in which case they have been adjusted only for sex, or when they are sex-specific, in which case they have been adjusted only for age. The adjustment, or standardisation, has been used to remove the possible confounding effects on the results of age-sex compositional differences in the populations being compared.

Among Māori and Pacific adults aged 15 years and over, the prevalence of diabetes was 8 percent, compared with 3 percent for the European/Pākehā group. As with many health problems, the prevalence increased with age, and in this case for both sexes there was a sharp upward movement between the 65–74 year age group and those older (see figure 4.04). The authors of *Taking the Pulse* noted that the median age of diagnosis of diabetes was 50 years, but higher for European/Pākehā (56 years) and lower for Māori (43 years) and Pacific peoples (47 years). One inference from this is that many older people with diabetes have been living with and having to manage their condition for many years, perhaps 20 or more.

Combined cardiovascular risk factors

High blood pressure and diabetes are two factors that influence the likelihood of a person's developing cardiovascular disease, such as heart attacks, strokes and other serious conditions. Two other factors are physical inactivity and smoking. The survey information on all four factors was combined to construct a simple measure of cardiovascular risk. There is a fifth risk factor – blood cholesterol level – that was not asked about in the survey.

Table 4.04

Combined Cardiovascular Risk Factors by Age Group and Sex
1996/97⁽¹⁾

Age group (years)	Number of cardiovascular risks ⁽²⁾								
	Male			Female			Total		
	0	1	2 or more	0	1	2 or more	0	1	2 or more
	Percentage (%)								
15–24	65	31	4	64	30	6	64	30	5
25–44	54	36	10	62	32	6	58	34	8
45–64	48	40	12	56	34	10	52	37	11
65–74	38	47	15	48	37	15	43	42	15
75 and over	37	45	18	36	40	24	36	42	22
Total, 65 and over	38	46	16	43	38	19	40	42	18
Total	52	38	10	58	33	9	55	35	10

Source: Ministry of Health

- (1) The rates in the table have been adjusted for age and sex, except where they are age-specific, in which case they are adjusted only for sex, or when they are sex-specific, in which case they are adjusted only for age. The adjustment, or standardisation, has been used to remove the possible confounding effects on the results of age-sex compositional differences in the populations being compared.
- (2) The factors were defined as: high blood pressure (whether medication had been taken for the condition), diabetes (whether the person had been diagnosed with diabetes), physical inactivity (where no leisure time physical activity had been carried out in the last week) and smoking (whether the respondent smoked one or more cigarettes per day at that time).

The authors of *Taking the Pulse* noted that the risk factor information needed to be interpreted with care, because the factors are not of equal importance in assessing the risk. They caution that “[t]his means that people with the same number of risk factors do not necessarily have the same risk for cardiovascular disease. For example, older people have a substantially higher risk for cardiovascular disease than younger people, regardless of their risk profile” (Ministry of Health, 1999b, 88).

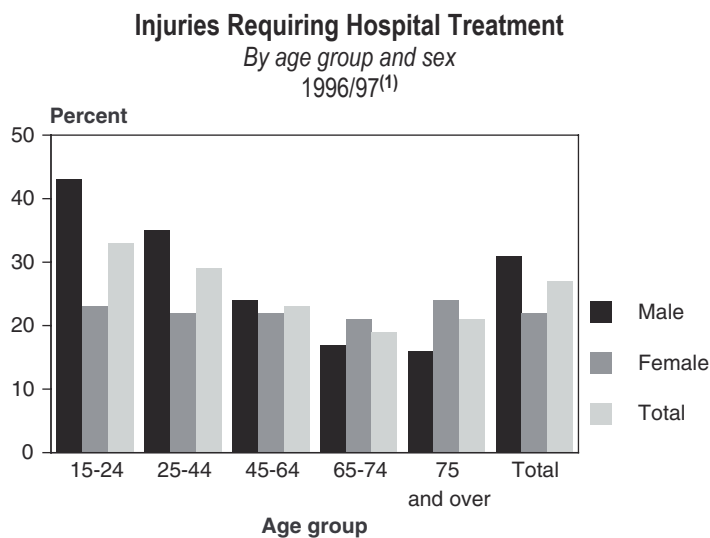
In general, the number of risk factors was greater for older people than for younger (table 4.04). Among men, there seemed to be a ‘threshold of increased risk’ from about age 65, as shown by the drop in the percentage having no risk factors around that age (from 48 to 38 percent). For women, that threshold was later, around age 75 (declining from 48 to 36 percent). Overall, however, the sexes were very similar in their proportions, with no risk factors at either end of the age distribution.

In total, some 71,176 people aged 65 and over were estimated to be in the highest risk category for cardiovascular disease (ie with two or more risk factors), making up 18 percent of the population aged 65 and over (Ministry of Health, 1999b, 94).

Injuries

Respondents in the 1996/97 New Zealand Health Survey were asked whether, in the previous 12 months, they had had an injury for which they had received hospital treatment.

Figure 4.05



Source: Ministry of Health

(1) The rates in the graph have been adjusted for age and sex, except where they are age-specific, in which case they are adjusted only for sex, or when they are sex-specific, in which case they are adjusted only for age. The adjustment, or standardisation, has been used to remove the possible confounding effects on the results of age-sex compositional differences in the populations being compared.

Injuries were one aspect of health status where the prevalence did not increase with age, and where men and women had markedly different profiles. Figure 4.05 shows that for women the prevalence was between 21 and 24 percent for all age groups, whereas for men the proportion was very high at the younger ages, then declined sharply through the age groups, leaving older women with a somewhat higher rate than their male counterparts. The rates for younger males are likely to be strongly influenced by their high rates of work-related injuries and injuries from motor vehicle crashes.

While those aged 65 and over had fewer injuries than those in younger age groups, hospital admission data shows that this group had higher hospitalisation rates for injury and poisoning than younger groups. This could be because older persons' injuries have more severe outcomes, in particular hip fractures resulting from falls (Ministry of Health, 1999b, 123).

Mental health

There has been little measurement of the mental health of the New Zealand population in official statistics. The Survey of Older People in 2000, however, did include a set of questions about 'mood', and used the results to measure depression.

Table 4.05

Symptoms of Depression in the Previous 12 Months for People Aged 65 Years and Over⁽¹⁾

By social marital status
2000

Symptom of depression	Social marital status		
	Single	Partnered	
		Respondent	Spouse/ partner
Percentage of respondents ⁽²⁾			
Felt sad, blue, depressed	12	6	7
Insomnia or hypersomnia ⁽³⁾	11	5	6
Significant weight loss/gain, or marked decrease/increase in appetite	10	3	4
Loss of interest in most things	9	5	5
Fatigue, loss of energy	9	4	5
Inability to think or concentrate	8	4	5
Psychomotor agitation or retardation ⁽⁴⁾	6	3	3
Feelings of worthlessness or guilt	5	3	3
Recurrent thoughts of death	4	3	3
Met criteria for major depression ⁽⁵⁾	6	2	3

Source: Ministry of Social Policy

(1) The sample for the survey comprised people living in permanent private dwellings, and excluded those in institutional settings such as hospitals and retirement homes.

(2) Respondents could have more than one symptom, so the percentages do not sum to 100.

(3) Hypersomnia was operationalised in the survey as 'sleeping too much'.

(4) Psychomotor agitation was operationalised in the survey as 'felt restless, couldn't sit still or paced up and down most days'. Psychomotor retardation was operationalised as 'felt slowed up in speech or movement most days'.

(5) A respondent met the criteria for 'major depression' if she or he had felt sad, blue or depressed and/or had lost interest in most things, and had a total of five or more of the symptoms listed. The timeframe for these symptoms was any period of two weeks or more during the previous 12 months. This method of categorisation is closely modelled on that used by the American Psychiatric Association, as set out in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) 1994.

The chief features of these results are the overall low rates of major depression among older persons, and the consistently higher rates for every category for single people. The fact that between 3 and 12 percent of people aged 65 and over had experienced at least one of the symptoms is not out of line with the 3 to 8 percent reporting having had treatment for mental health problems in the previous 12 months (see table 4.02).

These rates also suggest that mental health is a less common problem for older people than high blood pressure (reported by over 60 percent), having two or more cardiovascular risk factors (over 15 percent), or being injured or poisoned (over 19 percent), with a rate similar to that of diabetes (over 6 percent).

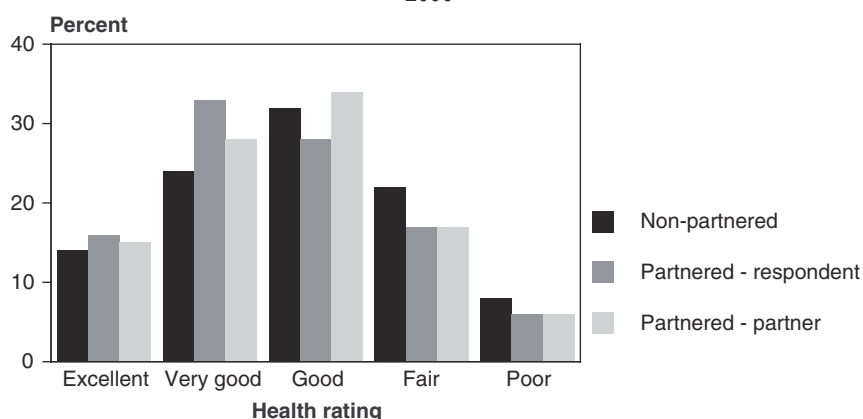
As noted previously, it is not clear whether the difference in rates between single and partnered people owes more to the age difference of the two populations than to an underlying dichotomy, although it seems likely that the differences are real.

Self-reported health status

As well as being asked about their health problems, both physical and mental, respondents in the Survey of Older People in 2000 were asked how they rated their health on a scale of 'excellent' to 'poor'. Interestingly, they were asked this question before any of the detailed questions on health problems, presumably so that their ratings would not be influenced by the answers they had previously given.

Figure 4.06

Rating of Own Current Health for People Aged 65 Years and Over⁽¹⁾
By social marital status
2000



Source: Ministry of Social Policy

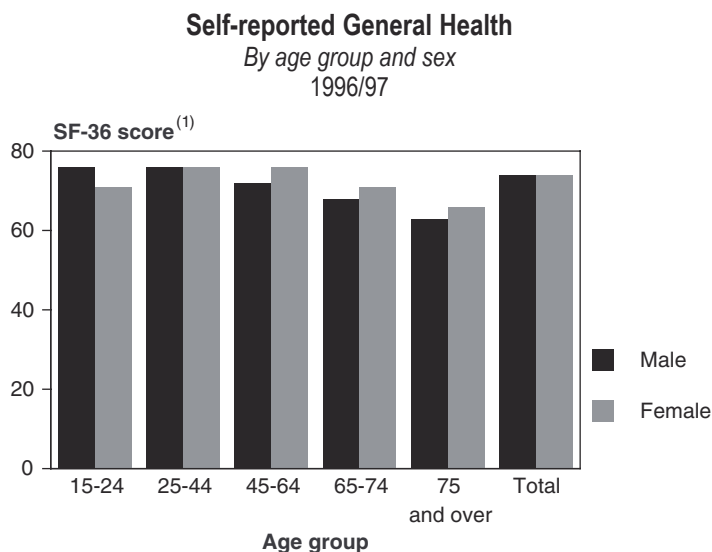
(1) The sample for the survey comprised people living in permanent private dwellings, and excluded those in institutional settings such as hospitals and retirement homes.

As was the case with the objective measures, when it came to self-assessed health, the divide between the single and partnered respondents was again evident. A higher percentage of the single people said their health was fair or poor (30 percent compared with 23 percent), and thus a lower percentage said it was good, very good or excellent (see figure 4.06).

Taking these results together with respondents' reports on their health problems, it seems that the single respondents have poorer health than their married counterparts, and they are less likely to rate their health positively. Again, it is unclear what effect the age composition of the three groups may have had on the results.

A different measure of self-reported health status was used in the New Zealand Health Survey 1996/97. Respondents answered questions on their general health and their responses were scored, with the results presented on a scale of 0–100, averaged by age and sex. The closer the score was to 100, the better the group felt its health to be.

Figure 4.07



Source: Ministry of Health

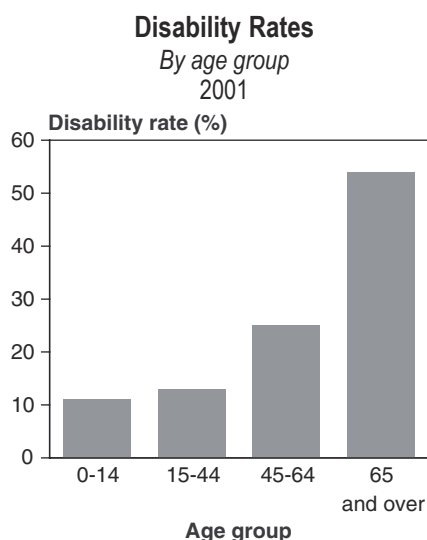
(1) The SF-36 is an international questionnaire widely used to measure self-reported physical and mental health.

Figure 4.07 shows that age had an effect on the scores, with the oldest group of both sexes reporting least positively about their health. When physical and mental health are looked at separately, two different trends emerge. The Physical Component Summary score declined with age for both sexes. In contrast, the Mental Component Summary score increased with age, peaking at ages 65–74, then declining slightly, again for both sexes. On this topic, as on all the others measured by the SF-36, New Zealand respondents had higher scores than respondents from both Australia (1997) and the US (1993), according to *Taking the Pulse* (Ministry of Health, 1999b, 143).

Disability

The 2001 Disability Survey showed that one in five New Zealanders had a disability, but this proportion rose to more than half among those 65 years and over (figure 4.08).

Figure 4.08



Source: Statistics New Zealand, 2001 Disability Survey

The survey defined a disability as any limitation in activity resulting from a long-term condition or health problem. Since health status declines with age, it is not surprising that older people have higher rates of disability than people at younger ages.

The measures of disability obtained through the surveys were self-reported, in that respondents were asked a series of questions that assessed their difficulty in performing everyday activities because of a condition or health problem. The activities included, for example, walking up and down stairs, grasping or handling things such as scissors or pliers, and hearing conversations.

An estimated 241,000 people aged 65 and over had disabilities in 2001 and they made up 36 percent of all adults with disabilities. Within the older persons group, those aged 75 and over had higher disability rates than the 65–74 year olds, with 69 percent of women and 64 percent of men in the 75 years and over group reporting a disability. Among 65–74 year olds, the rates were 43 percent for both sexes. In all age groups, Māori had higher rates of disability than other ethnic groups. Māori aged 65 and over had a disability rate of 61 percent compared with 54 percent for the total population aged 65 and over. For Pacific peoples aged 65 and over, the rate was the same as the overall rate for people aged 65 and over.

Women made up 58 percent of older disabled people in 2001, and were rather more likely than their male counterparts to live in residential facilities, as against the alternative – households. About 10 percent of people aged 65 and over with a disability lived in residential facilities, compared with less than 1 percent among younger adults.

Among older people with disabilities, living in a residential facility was likely to be associated with both the nature of a person's disability, and the characteristics of the person. For example, among adults with disabilities, 73 percent of those aged 65 and over had multiple disabilities, compared with 60 percent of the total adult population with disabilities. Furthermore, 14 percent of older persons with multiple disabilities lived in a residential facility, compared with 7 percent of all adults with multiple disabilities.

Similarly, older people with disabilities were more likely than those at younger ages to be severely limited by their disability, and people with severe limitation were more likely to live in a residential facility. Severity of limitation is a measure of the intensity and extent of a disability. Respondents were assigned a rating of 'mild', 'moderate' or 'severe' depending on how much assistance and/or special equipment they needed in relation to their disability. Twenty-three percent (55,000) of older people with disabilities were rated as having 'severe' limitation, compared with 15 percent (97,000) of the total adult population with disabilities. Of the 55,000 older people with severe limitation, 39 percent lived in a residential facility, compared with 23 percent of the 93,000 adults with severe limitation.

Respondents in the 2001 Disability Survey who had more than one disability were asked which one limited their everyday activities the most, and their choice was deemed to be their 'main' disability. (For those with only one, this was their 'main' disability.) The survey results show that for both older people and the total adult population with disabilities, physical disability was the most common type of main disability. For those aged 65 and over, it accounted for 66 percent, compared with 46 percent for the total adult disabled population.

The other noticeable difference between older people and the overall adult population with disabilities was that for the former, intellectual or psychiatric/psychological disability was relatively rare, with only 2 percent citing it as their main disability, compared with 8 percent of the latter group.

For all adult age groups, 'disease or illness' was the most common cause of their main disability. Thirty-one percent of all adults with disabilities stated it was the main cause, while among those aged 65 and over, the proportion was 37 percent. Among older people, this was followed by 'ageing', which accounted for 21 percent, then 'accident or injury', at 16 percent. Among all adults with disabilities, accident or injury was the second most common cause (24 percent), while 'birth' (meaning a physical or mental health problem present from birth) accounted for a small fraction (6 percent) overall, and an even smaller proportion (2 percent) of those aged 65 and over.

Disability is a long-term condition among adults who have it. In 2001, more than half of the older people with disabilities (54 percent) had been disabled for 10 years or more. It was also the case that more than half of all adults aged 15–64 with disabilities (59 percent) had been disabled for 10 or more years. Assuming that most disabilities, once acquired, are lifelong, it seems that the next few future cohorts aged 65 and over will have even higher proportions with long-term disability than the current cohort of older people.

As has been noted earlier in this chapter in connection with health status, those older people who had partners tended to have fewer health problems. This would lead us to expect that people with partners would be less likely to have disabilities, and that is what the survey results show. An estimated 47 percent of people aged 65 and over living in households with partners were disabled, compared with 58 percent of single people living in households. As noted before, the age composition of the groups may affect the proportions.

Older people with disabilities were more likely to live alone in their households than were their counterparts who did not have a disability, although without further analysis it is not clear how much this was influenced by the age composition of the group. Some 36 percent of older people with disabilities who lived in a household lived alone, compared with 27 percent of their counterparts without disabilities. The 36 percent of older people with disabilities who lived alone amounted to 72,500 people who presumably had to be largely self-reliant in managing their disability and the limitations it imposed.

In general, households that included a disabled person aged 65 and over were likely to have a lower total household income than those where no one was disabled. For both groups, \$15,001–30,000 was the single most common income group, but only 23 percent of households containing a disabled person had a total income of more than \$30,000 per annum, compared with 35 percent of those where no one was disabled. A similar pattern was evident in personal income, where 26 percent of older people with disabilities had an income of more than \$15,000 per annum, while the proportion was 36 percent for those without disabilities.

For both income measures, non-response was relatively high (13–18 percent), so the conclusions drawn from them are indicative only. However, it seems plausible that people with disabilities, and their households, would be disadvantaged in this way because of a lower probability of labour force participation currently (thereby reducing access to employment-related income) or previously (having lower savings and investments which could generate income).

Health Risk Behaviours

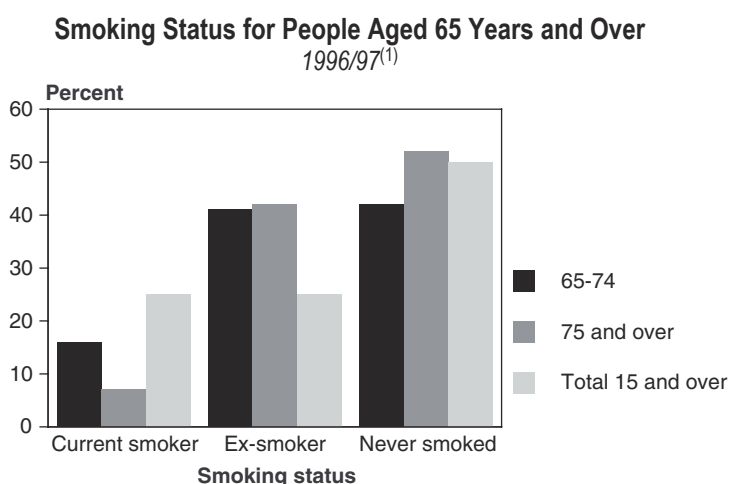
An important part of understanding health outcomes is having information on behaviours that are known to affect health. Such measures are usually self reported, involving asking people about their actions. As noted earlier in this chapter, smoking, lack of physical activity and overuse of alcohol are known contributors to cardiovascular disease, so it is not surprising that the New Zealand Health Survey 1996/97 included a number of questions about these topics.

Smoking

About one-fifth of deaths in New Zealand can be attributed to the effects of smoking, and it is a practice that individuals have some control over. Thus it is useful to measure the characteristics of ex-smokers as well as current smokers.

The New Zealand Health Survey 1996/97 found that the adult population overall was evenly split between those who had smoked and those who never had. However, this pattern did not hold true for those aged 65 and over (see figure 4.09).

Figure 4.09



Source: Ministry of Health

(1) The rates in the graph have been adjusted for age and sex, except where they are age-specific, in which case they are adjusted only for sex, or when they are sex-specific, in which case they are adjusted only for age. The adjustment, or standardisation, has been used to remove the possible confounding effects on the results of age-sex compositional differences in the populations being compared.

Much smaller proportions of older people were current smokers than in the adult population as a whole. Those aged 65–74 years were much more likely than their older counterparts to have ever smoked, but about as likely to have quit. Older people as a whole had been much more successful than the younger age groups at stopping smoking. It is difficult to say what might have motivated them to give up cigarettes, but one explanation is that the older people had more direct experience of the morbidity and mortality associated with smoking than did younger people. Also, the use of alcohol and tobacco generally declines with age because of illness and physiological changes.

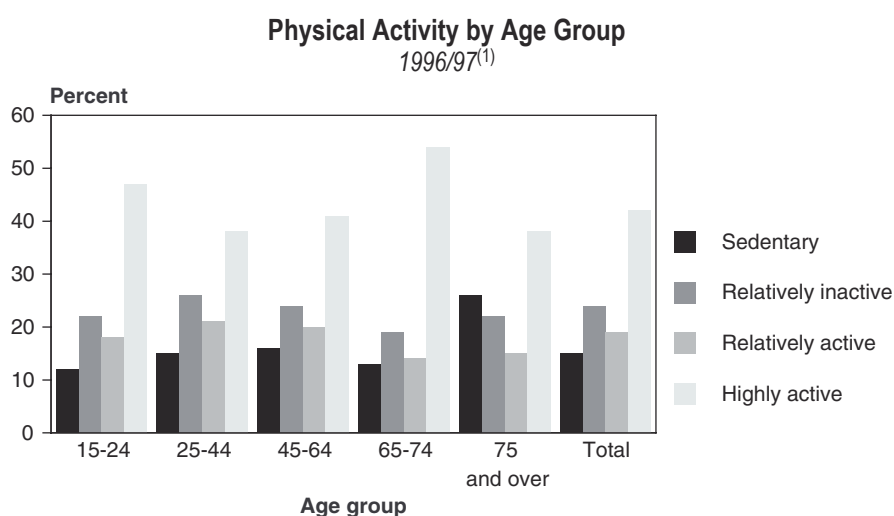
Among those who do smoke, there are well-documented differences by ethnicity as well as by age. Among adults of both sexes, smoking rates among Māori were much higher than for other ethnic groups. It is not possible to tell from the New Zealand Health Survey 1996/97 results whether this differential exists among those aged 65 and over because of the confounding effect of large sample errors.

Physical activity

It is generally accepted that physical activity is associated with better health, and Ministry of Health guidelines recommend at least 30 minutes of moderate physical activity almost every day. In the New Zealand Health Survey 1996/97, respondents were asked about their participation and were counted as physically inactive if they had taken part in some leisure time physical activity in the previous seven days, but fewer than 2.5 hours in total. This category included the 'sedentary' group who had no participation. At the other end of the spectrum were the physically active, divided according to whether they had had more or fewer than five hours of physical activity.

This approach measures the quantity of the activity only, not the quality. Thus, for example, six hours spent jogging is likely to have different effects from six hours of gardening. The results show that there were high levels of activity at all ages, with the 65–74 year group having the greatest proportion in the highly active category (see figure 4.10).

Figure 4.10



Source: Ministry of Health

(1) The rates in the graph have been adjusted for age and sex, except where they are age-specific, in which case they are adjusted only for sex, or when they are sex-specific, in which case they are adjusted only for age. The adjustment, or standardisation, has been used to remove the possible confounding effects on the results of age-sex compositional differences in the populations being compared.

However, while 38 percent of those aged 75 years and over were highly active, this group also had the highest percentage of any age group who were sedentary, at 26 percent. This may well reflect the levels of disability in the age group, rather than unwillingness to exercise.

Alcohol use

The 1996/97 Health Survey also asked several questions exploring alcohol use. It categorised respondents according to whether they had consumed alcohol in the previous year, and for those who had, enquired into the frequency of drinking, the number of drinks and consequences of their drinking. The information was combined into a score for each person known as the Alcohol Use Disorder Identification Test score ('the AUDIT score'), with a score of eight or more indicating hazardous drinking. For a description of the calculation and interpretation of the AUDIT score, see *Taking the Pulse* (Ministry of Health, 1999b, 70).

Table 4.06

	Alcohol Use by People Aged 65 Years and Over		
	By sex 1996/97 ⁽¹⁾		
	Alcohol use		
	No alcohol	AUDIT score less than 8	AUDIT score 8 or more
	Percentage (%)		
Males 65 and over	21	70	9
Females 65 and over	40	60	--
Total population	18	64	17

Source: Ministry of Health

(1) The rates in the table have been adjusted for age and sex, except where they are age-specific, in which case they are adjusted only for sex, or when they are sex-specific, in which case they are adjusted only for age. The adjustment, or standardisation, has been used to remove the possible confounding effects on the results of age-sex compositional differences in the populations being compared.

Persons aged 65 and over were less likely to drink, and less likely to drink hazardously than younger people, and at all ages women were 'safer' with alcohol than men.

Health Care Utilisation

Use of health services by older people

Respondents to health and disability surveys are often asked about how and when they use health services to maintain or improve their health.

In the New Zealand Health Survey 1996/97, use of health services was almost always related to age, usually directly. The exception was visiting the dentist, where older people had lower visit rates than all other age groups in the adult population. However, the oldest groups had the highest rates of use among the adult population of visits to a GP, prescription items and admissions to hospital. This is in line with the prevalence of cardiovascular diseases and complex diseases such as diabetes, which require ongoing monitoring and treatment (see table 4.07).

Table 4.07

Use of Health Services by People Aged 65 Years and Over
1996/97⁽¹⁾

Type of health service	Age group (years)		
	65–74	75 and over	Total adult population
Percentage (%)			
<i>Number of visits to GP in previous 12 months</i>			
None	8	4	21
6 or more	22	28	15
Proportion visiting a dentist in the previous 12 months	28	16	36
<i>Number of prescription items in previous 12 months</i>			
None	20	15	31
10 or more	36	43	18
Proportion admitted to a hospital in previous 12 months	19	25	15

Source: Ministry of Health

(1) The rates in the table have been adjusted for age and sex, except where they are age-specific, in which case they are adjusted only for sex, or when they are sex-specific, in which case they are adjusted only for age. The adjustment, or standardisation, has been used to remove the possible confounding effects on the results of age-sex compositional differences in the populations being compared.

The 2001 New Zealand Disability Survey showed that, among those aged 65 and over, GPs and chemists were by far the most frequently used, a pattern evident among disabled adults of all ages. Where the older people differed from the total population of disabled adults was in their relative high use of opticians or optometrists, and podiatrists or chiropractors, and their relative low use of dentists or dental nurses, and counsellors, social workers or psychologists (see table 4.08).

Table 4.08

**Adults⁽¹⁾ with Disabilities Residing in Households –
Use of Services from Health Professionals in Previous 12 Months**
2001

	People 65 years and over	Total adult population
Health professional seen in previous 12 months	Percent	
GP	91	86
Nurse only	32	32
Chemist or pharmacist	79	76
Dentist or dental nurse	22	31
Physiotherapist	16	19
Medical specialist	41	40
Optician or optometrist	34	25
Counsellor, social worker or psychologist	5	12
Podiatrist/chiropractor	15	8
Other	16	22
Total number ⁽²⁾	216	626

Source: Statistics New Zealand

(1) Persons aged 15 years and over.

(2) A respondent may appear in the table more than once; therefore, the total is smaller than the sum of the numbers in the column.

Respondents in the 2001 Disability Survey were asked whether there had been a time in the previous 12 months when they had needed to see a health professional but had been unable to. About 7 percent of older people with disabilities (just over 14,000) said they had experienced this unmet need, compared with 15 percent of the total adult population with disabilities (Statistics New Zealand, 2002, 74).

Special equipment – use and unmet need

Many types of special equipment were needed by older people with disabilities to help them cope. In the survey they were asked about equipment to help with seeing (such as Braille reading materials, magnifying glasses and guide dogs), hearing (such as hearing aids, visual alarms and computers), speaking (such as artificial larynx, voice amplifiers and computers) and moving around (such as artificial legs and scooters). It also asked about the use of disposable items (such as catheters and needles) and other equipment (such as shower stools and respirators).

Among adults with disabilities, those aged 65 and over were far more likely than their younger counterparts to use special equipment (58 percent compared with 35 percent). This disparity was almost entirely driven by those living in households (54 percent compared with 33 percent). Almost all those living in residential facilities used special equipment, which is not surprising, given that most of them were 65 and over, and they were likely to be in the facility due to their disability.

Respondents were asked about their unmet need for special equipment, with 14 percent of older people with disabilities (about 29,000) saying they had experienced such a need in the previous 12 months. Among all adults with disabilities, the proportion was 12 percent (Statistics New Zealand, 2002, 78).

Summary

Women aged 65 and over in 2001 could expect to live on average a further 19.9 years and men of the same age a further 16.5 years. Women and men could expect to live independently for about 57 percent of their remaining life after the age of 65.

The death rate among older people increases sharply with age, rising from 16 per 1,000 in the 65-69 age group to 125 per 1,000 in the 85-89 age group.

Chronic diseases are the major cause of death among older people. They comprise the five leading causes of death, and together these five causes account for three-quarters of all deaths among those aged 65 and over.

People aged 65 and over tend to report less positively about their health than younger people.

More than half of people aged 65 and over have a disability, with the rate rising to around two-thirds of those in the 75 and over age group.

Chapter 5:

Participation in Family and Community Activities

Introduction

With rising numbers of New Zealanders entering the 'older age' groups, greater emphasis is being placed on understanding and promoting the participation of older people in society. An important aim of the government's Positive Ageing Strategy is to improve opportunities for older people to participate in the community in the ways that they choose.

This chapter examines the extent of contact by New Zealanders aged 65 and over with family and friends, and their participation in the wider community. It looks at the amount and types of support older people receive from their extended family, including financial support. The chapter also explores their involvement in unpaid work, and cultural and civic activities.

Where data is available, the experiences of the population aged 65 and over are compared with the rest of the population. In addition, comparisons are made between different age groups among the older population, and between men and women.

Family Contact and Support

Family and friends form a key support network for older New Zealanders. They have been acknowledged as playing an important role in an older person's ability to retain independent living, providing emotional as well as practical support.

In this chapter, the extent of family contact and support is measured by the frequency of contact, the provision and receipt of financial support and the number and types of support received from family and close friends living in different households. The impact of living arrangements on the frequency of contact and type of support is also examined.

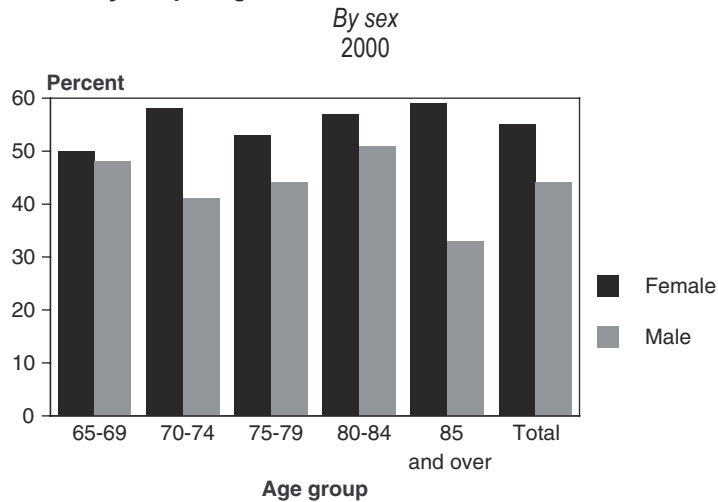
Frequency of contact with family and close friends

Frequency of contact provides a measure of the strength of social networks and intergenerational ties that exist between older people and close friends and family.

Results from the Survey of Older People in 2000 show that women aged 65 and over are more likely than men of the same age to have everyday contact (such as visits, phone calls, letters and email) with close friends and family members who do not live in the same household. Fifty-five percent of women had daily contact with close friends and family, compared with 44 percent of men in the same age group. As figure 5.01 shows, in every age group, proportionately more older women reported daily contact with close friends and family members than older men. Openness among women to not only maintaining social networks but also establishing new friendships at older ages is recognised in the wider literature. This may reflect the comparatively longer life expectancy of women and their greater likelihood of becoming widowed, compared with men.

Figure 5.01

Everyday Contact by People Aged 65 Years and Over with Close Friends and Family

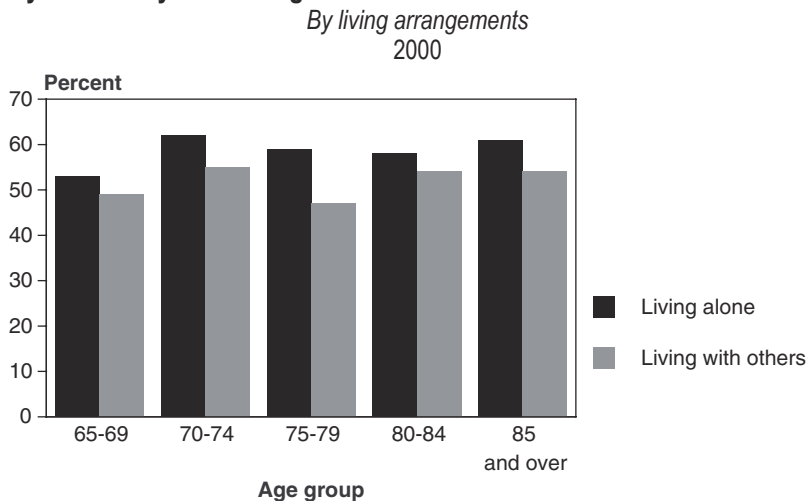


Source: Statistics New Zealand, Survey of Older People, 2000

As might be expected, older women living alone were more likely to have daily contact with friends and family outside the household than older women living with others (figure 5.02). However, this was not the case for older men. As figure 5.03 shows, only at ages 85 and over were men who lived alone considerably more likely than men living with others to have daily contact with friends and family outside the household. Some 41 percent of men aged 85 and over who lived alone reported daily contact with friends and family compared with 25 percent of those who were living with others. At ages below 85 years, the pattern was reversed, with older men living with others having more frequent contact with friends and family than those living alone. The higher level of daily contact among men aged 85 and over who were living alone is likely to reflect the higher incidence of chronic disease and disability in this age group and the corresponding greater need for care and support.

Figure 5.02

Everyday Contact by Women Aged 65 Years and Over with Close Friends and Family

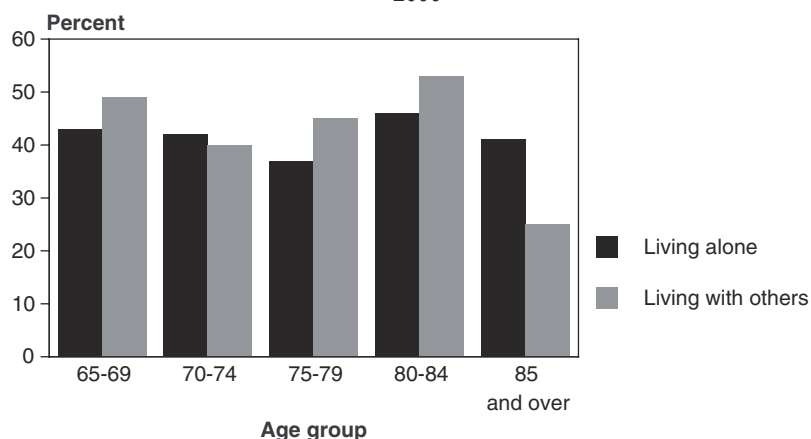


Source: Statistics New Zealand, Survey of Older People, 2000

Figure 5.03

Everyday Contact by Men Aged 65 Years and Over with Close Friends and Family

By living arrangements
2000



Source: Statistics New Zealand, Survey of Older People, 2000

Provision of regular financial support to family members

The previous section showed that everyday interaction with family and friends is an important way in which older people give and receive support. Another more practical way of giving and receiving support is through financial assistance. Results from the Survey of Older Persons in 2000 show that this is a relatively uncommon way in which older men and women support family members. This can be partly explained through lower levels of disposal income associated with retirement.

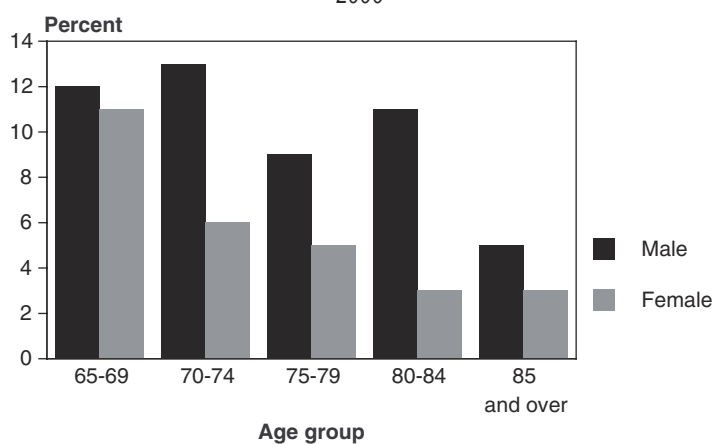
Overall, about one in 12 older people provided regular financial assistance to family members. The provision of this type of assistance was more common among older men, with around 11 percent providing assistance to family members outside the household compared with 7 percent of older women. It was also a form of assistance that decreased with increasing age. At ages 65–69, 12 percent of older people reported providing regular financial support to family members, but by ages 85 and over this had dropped to around 4 percent (figure 5.04).

Not only do few older people provide financial assistance to their extended family, but there is also a distinct lack of reciprocal assistance, with low levels of financial support provided to both older male and female family members. Only two percent of people aged 65 years and over received financial support from family members on a regular basis. It is likely that most financial support from family members is provided on an irregular basis such as in the case of an emergency.

Figure 5.04

Provision by People Aged 65 Years and Over of Regular Financial Support to Children or Other Family Members

2000



Source: Statistics New Zealand, Survey of Older People, 2000

Receipt of other types of assistance from extended family

For older people, support ‘in kind’ is a much more common form of assistance from extended family members than financial support. The Survey of Older Persons in 2000 asked about a wide range of different types of support. These included: helping with major home maintenance, paying for or giving a car, maintaining or repairing a car, paying for or giving a major household appliance, paying for or taking the older family member(s) on holiday, giving clothing or shoes, cooking or providing cooked meals, helping with housework, mowing lawns or undertaking gardening, and cutting hair or paying for a haircut. Overall, 45 percent of people aged 65 years and over received one or more of these types of support.

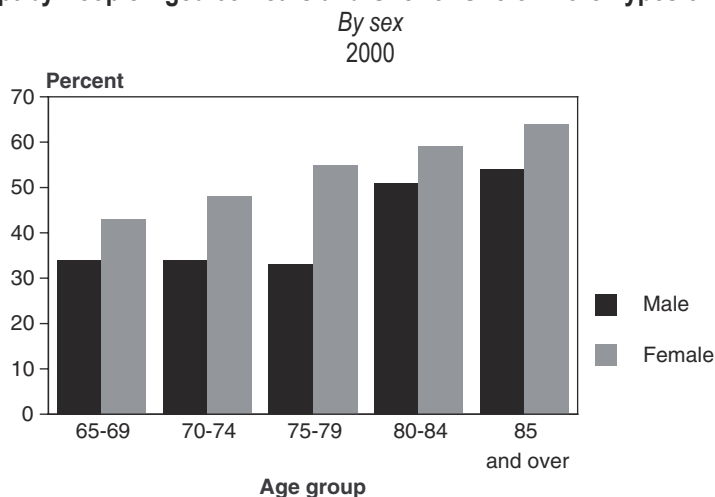
As might be expected, the percentage of older people receiving support in the previous 12 months increased with age, rising from 38 percent for the 65–69 group to 61 percent at ages 85 years and over. Figure 5.05 shows that this pattern was true for men and women, with a higher proportion of women receiving support at every age. Overall, 51 percent of older women received in kind support from their extended family compared with 37 percent of men. For the older population as a whole, the percentage receiving more than two forms of support increased sharply after the age of 80 years. Whereas only 13 percent received more than two forms of support in the 75–79 age group, this jumped to 23 percent at ages 80–84. Poor health and the physical requirements of activities such as lawn mowing, and car and house maintenance is likely to explain not only the increased proportion of people receiving assistance with increased age, but also the increased amount of assistance received.

The proportion of older people receiving ‘in kind’ support also varied by their living arrangements. Overall, those living alone received higher levels of assistance than those living with others. This is to be expected, as older people living alone do not have anyone else in the household to share the burden of different household activities and are therefore more likely to have to rely upon outside family assistance. Also, living alone is more common among the ‘old old’, which is the group most likely to be in need of assistance.

Table 5.01 shows that older men living alone were more likely than those living with others to receive support from their extended family in the last 12 months with meals, provision of groceries and transport, gardening and housework. Women living alone were more likely than their female counterparts living with others to receive support from extended family members with house maintenance, holidays, provision of groceries and transport and gardening.

Figure 5.05

Receipt by People Aged 65 Years and Over of One or More Types of Support



Source: Statistics New Zealand, Survey of Older People, 2000

Table 5.01

Types of Support Received by Living ArrangementsBy sex
2000

	Male		Female	
	Living alone	Living with others	Living alone	Living with others
	Percentages			
House maintenance	8	8	16	13
Car repairs	2	5	4	5
Purchase or gift of major household item	4	2	3	3
Payment for or taken on a holiday	5	4	10	4
Given clothing or shoes	4	3	6	4
Meals	16	9	14	14
Groceries supplied	11	4	12	8
Lawn mowing	7	11	15	13
Gardening	10	7	13	9
Provided transport	18	13	34	17
Helped with housework	9	5	9	9
Paid for or cut hair	6	4	5	6

Source: Statistics New Zealand, Survey of Older People, 2000

Community Participation

For many older New Zealanders, living a healthy and independent life involves active participation in a range of community-based activities. These activities include socialising with other people, participation in cultural groups and activities, religious and civic participation and involvement with voluntary work.

Gerontological research has shown that regular engagement in meaningful activities contributes to the overall health and welfare of older people. Involvement in community activities also establishes and maintains social ties, which are important in later life.

Participation in these and other community activities by those aged 65 and over can be measured in a variety of ways. These measures include the percentage of the population aged 65 and over who participated in these activities, the amount of time spent on such activities, and the amount of financial support provided to organisations outside of one's own household.

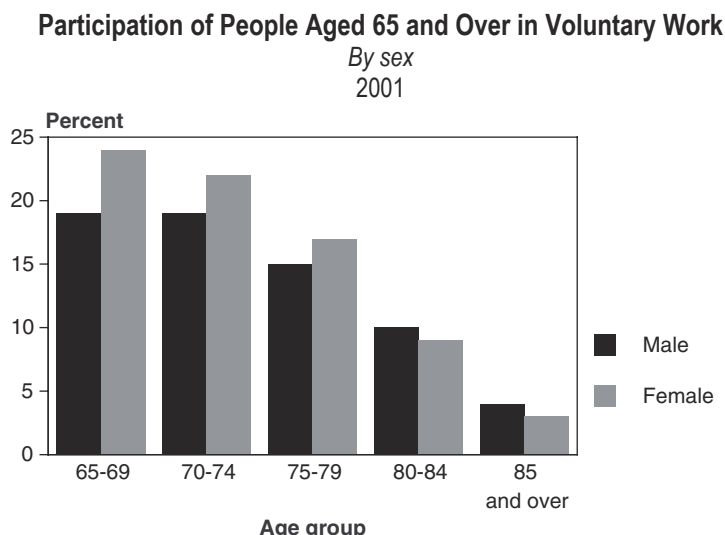
Involvement in voluntary and unpaid work in the community

Around one in six people aged 65 years and over (17 percent) reported being involved in voluntary work for or through an organisation during the four weeks leading up to the 2001 Census of Population and Dwellings. This was similar to the level reported by the 15–64 age group. There was little difference between older men and older women in their propensity to be involved in this type of community activity.

Not surprisingly, the level of participation of older people in formal voluntary work declined with increasing age, as illustrated in figure 5.06. Women aged 65–69 years reported the highest participation, with one-quarter being involved in this type of unpaid work. This proportion dropped to 22 percent among women aged 70–74 years and further to 9 percent among those aged 80–84 years. Men followed a similar pattern, although the proportion fell from a slighter lower level of 19 percent in the 65–69 age group to 10 percent in the 80–84 age group. Older Māori reported a greater involvement in voluntary work for or through an organisation (including a marae) than their non-Māori counterparts (20 percent compared with 17 percent).

Fewer older people were involved in informal unpaid work outside their own household. Nine percent reported looking after a child from another household in the previous four weeks and 7 percent said they had helped someone from another household who was ill or had a disability. Women were more likely than men to be involved in these activities, particularly looking after a child or children from another household. For example, 20 percent of women aged 65–69 reported caring for a child from another household compared with 11 percent of men. As with voluntary work for or through an organisation, the percentage of older people involved in informal unpaid work decreased with age.

Figure 5.06



Source: Statistics New Zealand, Census of Population and Dwellings, 2001

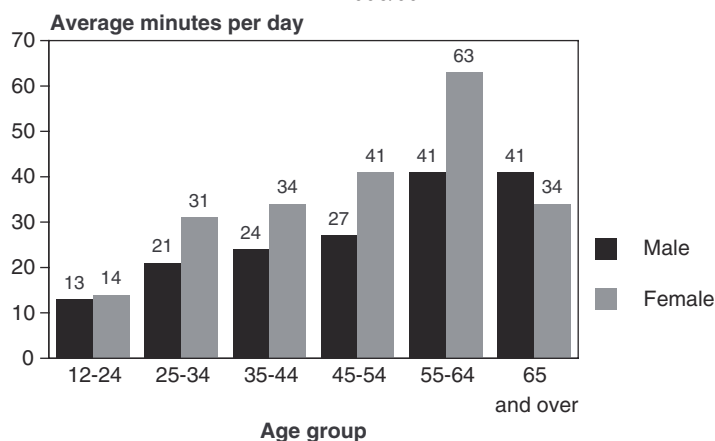
Time spent on community activities outside own household

Another way of measuring the level of involvement of people in community activities is to measure the amount of time they spend on these activities. Data from the Time Use Survey 1998/99 shows that, on average, people aged 65 and over spent more time on unpaid work outside the home than the overall population aged 12 years and over (37 minutes per day compared with 29 minutes).

On average, men aged 65 and over did more unpaid work outside the home than women of the same age (41 minutes per day compared with 34 minutes). This contrasts sharply with the pattern at younger ages where women did more unpaid work than men. Figure 5.07 shows women aged 55–64 spent the greatest amount of time helping other individuals or working for voluntary organisations, at just over one hour per day.

Figure 5.07

Average Minutes per Day Spent on Unpaid Work Outside the Home (primary activity)
By age group and sex
1998/99



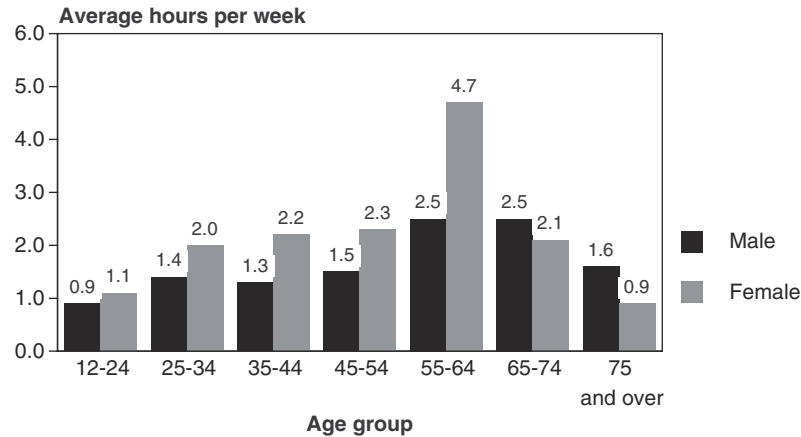
Source: Around the Clock (Statistics New Zealand and the Ministry of Women’s Affairs, 2001), figure 3.1.10

Unpaid work outside the home can be broken down into formal and informal work. Informal unpaid work includes caring for and helping non-household members while formal unpaid work includes activities such as administration, training and fundraising and service provision for or through an organisation or group. Figure 5.08 shows that the pattern of involvement of older people in informal unpaid work outside the home echoes that for unpaid work overall, with older women recording more time on average than older men, and women aged 55–64 recording the most time of any age–sex group.

Figure 5.08

Average Hours per Week Spent on Informal Unpaid Work Outside the Home (primary activity)

By age group and sex
1998/99



Source: Around the Clock (Statistics New Zealand and the Ministry of Women's Affairs, 2001), figure 2.2.33

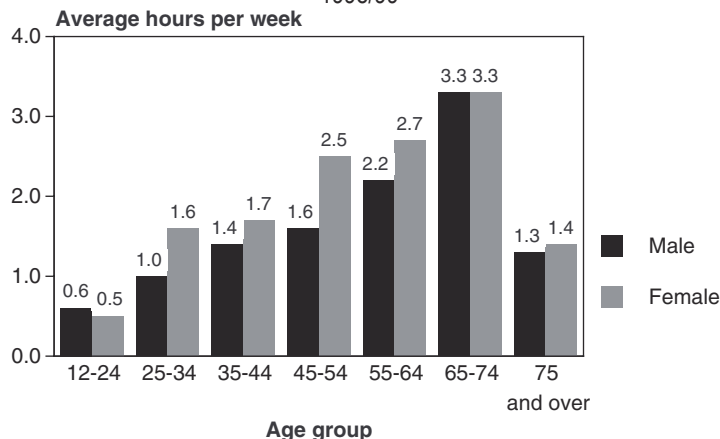
Among older people, Māori and residents of rural areas recorded the most time on informal unpaid activities outside the home, reflecting the importance of social networks and voluntary work in the functioning of Māori and rural communities. Māori people aged 65 and over spent 60 minutes per day on average on these activities compared with 41 minutes for non-Māori people. Similarly, rural people aged 65 and over spent 55 minutes per day on informal unpaid work outside the home, considerably more than their urban counterparts, who spent just 38 minutes on average.

The Time Use Survey 1998/99 showed that, overall, older people spent more time on formal unpaid work than on informal unpaid work outside the home. This reinforces the finding of the previous section, which showed that a higher proportion of older people was involved in formal unpaid work. People aged 65–74 recorded the most time on formal unpaid work of any age group, at over three hours per week for both men and women. This is illustrated in figure 5.09, which shows a rising level of activity in formal unpaid work for both sexes with age, peaking at ages 65–69, followed by a rapid decrease in the average time spent. Up until age 65, when the amount of time spent by women and men on this type of work converges, women spent on average about half an hour to one hour per week more than men on formal unpaid work.

Figure 5.09

Average Hours per Week Spent on Formal Unpaid Work through Organisations (primary activity)

By age group and sex
1998/99



Source: Around the Clock (Statistics New Zealand and the Ministry of Women's Affairs, 2001), figure 2.2.38

Financial support to organisations

In addition to the time older people spend participating in unpaid work outside the home, they also contribute to the community through the provision of financial support to organisations such as churches and marae. Results from the Survey of Older People in 2000 indicated that this form of support is more common among older people than support provided through participating in unpaid work outside the home. The survey found that two in every five people aged 65 years and over provided regular financial support to community groups. For both men and women, the proportion providing financial support declined slightly with increasing age, falling from 42 percent for men aged 65–69 to 39 percent for those aged 75 years and over. For women, the proportion dropped from 44 percent among the 65–69 group to 41 percent for those aged 75 and over.

It is noteworthy that older people were more likely to provide regular financial support to community organisations on a regular basis than they were to family members living in other households. Around 40 percent of older people reported providing regular financial support to organisations, five times the proportion providing regular financial assistance to family members (8 percent).

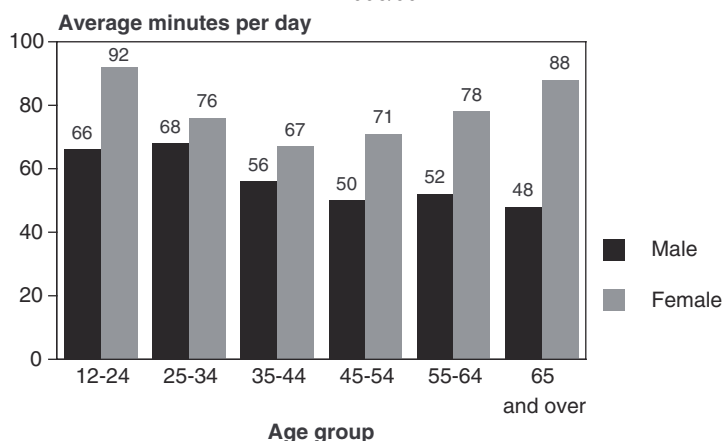
Social, Cultural and Civic Activities

Informal social interaction

Informal social interaction is generally viewed as an activity that does not have any readily identifiable social value. However, informal networks and relationships form the basis of people’s connections with society, and enhance the likelihood of people acting for mutual benefit. The amount of time people spend on socialising and conversation provides a measure of informal social interaction. The 1998/99 Time Use Survey showed that women aged 65 years and over spent an average of 88 minutes a day socialising as a primary activity. This was almost as much as those aged 12–24 years, who recorded the greatest amount of time on this activity. At all ages women spent more time than men socialising, and whereas men tended to spend less time socialising in the older age groups, women’s participation declined after ages 12–24 but then increased from middle age, as illustrated in figure 5.10. Women aged 65 and over spent almost twice as much time on average as men of the same age socialising.

Figure 5.10

Average Minutes per Day Spent on Socialising and Conversation (primary activity)
By age group and sex
1998/99



Source: Around the Clock (Statistics New Zealand and the Ministry of Women’s Affairs, 2001), figure 3.1.2

The majority of socialising and conversation by older people was done at home. This contrasts sharply with younger people who did slightly more of their socialising outside their own homes. The Time Use Survey 1998/99 showed that people aged 65 and over spent 48 minutes a day socialising at home and just 14 minutes in other people’s homes. The comparable figures for 12–24 year olds were 31 minutes and 33 minutes, respectively.

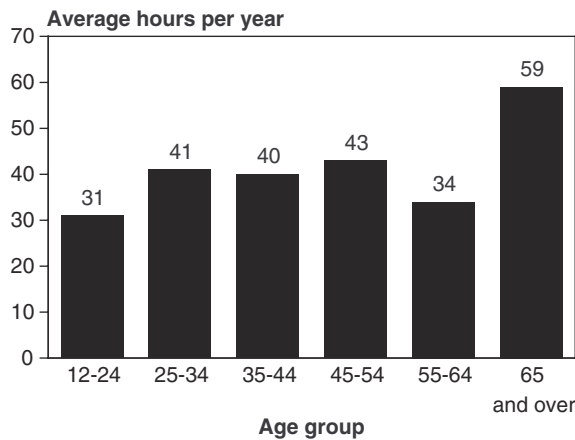
Religious, cultural and civic participation

Another measure of people’s social participation and attachment to their community is provided by the amount of time they spend on religious, cultural and civic activities. Religious, cultural and civic participation includes religious practice; attending weddings, funerals and other ceremonies; participation in ceremonies or rituals significant to Māori culture; civic responsibilities and attending meetings of community or interest groups. Results from the Time Use Survey 1998/99 showed that these activities tend to be relatively infrequent for the majority of the population, with the daily average amounting to just seven minutes. As figure 5.11 illustrates, people aged 65 years and over spent the most time on these activities, averaging 10 minutes per day or 59 hours per year. This compared with five minutes per day or 31 hours per year among people aged 15–24 years. In both younger and older age groups, over half of this time was spent on religious practice.

Figure 5.11

Average Hours per Year Spent on Religious, Cultural and Civic Participation (primary activity)

By age group
1998/99



Source: Around the Clock (Statistics New Zealand and the Ministry of Women’s Affairs, 2001), figure 3.1.9

Summary

In 2000, women aged 65 and over were more likely than men of the same age to have daily contact with friends and family members living in other households (55 percent compared to 44 percent).

One in 12 people aged 65 and over (8 percent) provided regular support to family members outside their household in 2000, but only 2 percent of older people received financial support from family members outside their household on a regular basis.

Forty-five percent of older people received support in kind from extended family members in the previous 12 months. The percentage of older people receiving this type of support increased with age and was higher for women than men at every age.

Seventeen percent of people aged 65 years and over reported being involved in formal unpaid work for or through an organisation during the four weeks leading up to the 2001 Census. The level of participation in this type of work declined with increasing age.

Fewer older people reported involvement in informal unpaid work outside their home. Nine percent had looked after a child in the four weeks preceding the 2001 Census and 7 percent had helped someone who was ill or had a disability. Women were more likely than men to be involved in these activities.

People aged 65 years and over spent more time on average on formal unpaid work than informal unpaid work outside the home. While men and women spent a similar amount of time on formal unpaid work, women spent more time than men on informal unpaid work outside the home.

Among older people, Māori and rural residents recorded the most time on informal work outside the home.

Two in every five people aged 65 and over provided regular financial support to community groups in 2000.

Older people spent 59 hours per year on average on civic, cultural and civic participation in 1998/99 compared with 31 hours per year among people aged 15–24. In both younger and older groups, over half of this time was spent on religious practice.

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