

Presentation to The Rotary Club of Plimmerton by Geoff Annals

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The topic of my discussion tonight is 'Living well beyond sixty'.

I must begin with a disclaimer. I have no particular credentials in ageing, beyond the obvious fact I am getting older myself. Less obvious is that I have long experience in health, have a growing interest in ageing, and I like to keep abreast of the research on the things that interest me.

I was born and raised on a small dairy farm in a large Waikato peat swamp. When I occasionally saw the world beyond the surrounding manuka scrub the idea slowly came to me that I would become a sailor.

At thirteen I headed off to a bewilderingly large Hamilton Boys High School. There I learned Latin and physics and all the great subjects but decided my ambition was really in farming – or at least to live a life where the sky is bigger than the man.

Initially I resisted the tide that swept all my class-mates to university to become doctors, lawyers, scientists and businessmen. I left Waikato, not for University. Instead, I left Waikato to work as a musterer and fencer on a high-country sheep station at the head of Lake Tekapo.

My mother cried. My father gave me a heavy-buckled leather belt, with a muttered, "useful in a scrap". It never was.

\$8 a week was ample wage for a life in the mountains of the Southern Alps. I learned to call them the hills.

In a corrugated iron hut, with all the mutton I could want, one weekend off a month, I had little need for cash.

This experience affirmed my ambition to live a rural life as a farmer, but with the qualifier - only under my own direction. Straightening old nails and staples because it is too cold or too wet to work 'on the hill' pales after the first few buckets full.

With one sibling already lined up for the dairy farm back home, I attempted to find another road that would get me a farm of my own. In a flurry of enthusiasm I embarked upon a Massey University degree in Agricultural Science but ultimately I found the way to farm ownership

needed either more money than I seemed able to earn, or marriage to the only daughter of a well-landed farmer.

Alas that insight was gained too late. I had already married the very lovely and intelligent, but second daughter, of a bookseller, unencumbered by sheep, cattle or land of any sort.

So in a stroke of inspired genius I decided to become a nurse!

You don't see the connection? Well, every community needs a nurse and I reckoned that as a nurse I could work and live anywhere, and anywhere rural would approximate my ideal. Besides it seemed to me that nursing was pretty much like farming.

I have to acknowledge that while I knew a fair bit about farming I knew only as much about nursing as an 18-year-old might expect to discover in a heady, but passing romance with a student nurse.

But I've got to say nursing was both, much different and much more than I expected. In nursing I found a trade that, if anything, suited me too well. I immersed myself in its practice forgetting that it was meant to be the way to living the big sky, remote, rural dream. A year in a city hospital to hone my nursing skills in preparation for a life of nursing in the remote rural back blocks of New Zealand became nigh on forty years in roles from clinical practice to hospital management and health policy, and strategy. My children grew up in the city and their big sky was restricted to an occasional holiday experience. Not that they would say they missed out on anything and nor did I. It was just different to the plan I had in my youth.

I have had, continue to have, and expect to have many more, wonderful and privileged experiences of life in all its fullness. I agree with those who say experience teaches and I also understand I will always be the beginning student. There is just so much to learn, to understand and to apply.

So what is old age?

Old age is at least 15 years more than the age you are, isn't it?

Can I ask you to cast your minds back a year or two to when you were ten years old? Of course this will be a challenge for some of you. Many

gerontologists determine impairment due to ageing on three areas of assessment:

1. Memory loss;
2. Umm

Well, moving along.

Making it a bit more specific sometimes helps. Try thinking back to your tenth birthday perhaps. I got a watch for my tenth birthday.

Now recall how many grandparents you had still living when you were ten.

This isn't a trick question. But I do want us to identify whether most of us had 1, 2, 3 or 4 grandparents when we were ten.

Yes, the usual maximum is 4.

If you had 4 living grandparents when you were ten, raise your hand.

If you had 3 living grandparents when you were ten, raise your hand.

If you had 2 living grandparents when you were ten, raise your hand.

If you had 1 living grandparent when you were ten, raise your hand.

If you had no living grandparents when you were ten, raise your hand.

What did you notice?

Most of us lost at least one grandparent by the time we were ten.

The most common response was ...

If we were at a meeting of ten-year-olds here today, what do you think would be their most common response?

It would be 'all four'.

80% of ten year olds have all four of their grandparents still alive. This compares with just 40% of ten year olds sixty years ago.

The obvious point is that this is a good thing. Children need all the grandparents they can get.

And gathered here in this beautiful venue we illustrate a significant change that has occurred in the last 60 years.

Life expectancy has increased significantly. A century ago, life expectancy at birth was just under 60 for males and just over 60 for females. By 2000 it had increased to just over 76 and just over 81. The life expectancy at birth in New Zealand today is just under 80 for baby boys and about 88 for baby girls.

Life expectancy at birth is now well-beyond 60.

For those of us who have survived the particular hazards of childhood and youth, our life expectancy is greater still. 85 year olds today will, on average, live into their 90s.

And the trend for living 'well-beyond 60' is to lengthen still further.

Auckland University epidemiologist, Professor Rod Jackson, reports "We're gaining about a month a year in life expectancy."

He goes on to say, "I don't think there's any suggestion that it's slowing down. I don't think there's any indication that there's any kind of upper limit that we can't go beyond."

Goodness!

Life expectancy continues to lengthen. There is no doubt we are living **well-beyond** sixty.

Which brings us to a second and more interesting aspect of increasing life-span, '**living-well**' beyond sixty.

The more we extend our life span 'well-beyond sixty', the more important it becomes to live those extended years well.

So what does living well mean? Is it simply a matter of medically determined or measured health, or is it more than this?

Medicine is an impressive and ever-advancing science and associated technology, and we are living longer. The corollary seems to be that our

health, living longer, is largely out of our hands and dependent on science and technology. But is this really so?

Let me digress for a moment and consider some observations that challenge the notion that our health is a matter best left to our health professional.

Cambridge University physician and medical science writer, James Le Fanu, has identified what he describes as four health paradoxes that have unexpectedly followed the vast achievements medicine has made in the last sixty years.

Briefly outlined Le Fanu's paradoxes are:

The disillusioned doctors paradox

In 1996 1 in 10 doctors graduating in the UK had doubts about their chosen career. By 1990 it was 1 in 2.

The worried well paradox

Increasingly large numbers of people, who would objectively be said to be healthy, are spending large amounts of time and money trying to identify and treat illnesses often causing them significant distress.

The soaring popularity of alternative medicine paradox

Increasingly large numbers of people are seeking health advice and treatment from non-medical practitioners.

The spiralling cost of healthcare paradox

Healthcare costs are increasing so dramatically they are imperilling spending in all other areas of public and private expenditure.

They are paradoxes because each has arisen at precisely the time that medical science has become dramatically more effective in range, scope and modality.

The fact that vastly better medical knowledge and technology has not led to a rise in doctor confidence and fulfilment; has not led to a rise in patients' sense of health and wellbeing; has not led a reduction in healthcare costs; suggests to me that for most of us the experience of health and well-being, of living well, is not a matter fully determined by the capacity to make a medical diagnosis and the availability of treatment options.

Don't get me wrong. I am not questioning the validity of science and medicine. The advances made are real and important. I am a strong advocate of medical science and technology. I have spent most of my life involved in its delivery and management. No. What I am suggesting is that being well, that living well, is not a matter that can simply be left to the doctor. Let's be clear also. Nor have I ever heard or read of a competent doctor claiming otherwise.

The challenge is not to medicine. It is to us.

Should we leave our health and wellbeing to health experts and to science or should we recognise that living well is largely our own responsibility - in partnership with science and health practitioners?

I admit it is hard not to perceive medical science and technology as omnipotent in the face of the overwhelming messages of limitless capacity to cure inherent, in so many TV shows, news reports and in the advertising of health products and treatments.

It's easy and rather attractive to conclude that regardless of what I do there will always be a pill or an operation that will fix me; that I can leave my health to the experts. Indeed that I have to leave my health to the experts because it is far too complex a matter for me.

The existence of Le Fanu's paradoxes may well be because we have given up on being able to manage our own health and demand more from medicine than can be delivered. Medicine has never claimed to be the fix-all, cure-all we have come to expect.

Let me refer again to Auckland University epidemiologist Rod Jackson. He attributes three-quarters of the long-term reduction in the coronary death rate to lifestyle changes and just one-quarter to medical advances.

Lifestyle is fully in our own hands. There is no pill or surgical procedure that ensures I will keep active, get enough sleep or eat sensibly. Most of what makes a difference to my health is up to me. When we consider what needs to be done to stay healthy as we age, mostly it is up to us.

My health is my responsibility because what I choose to do is the major determinant of how well I achieve my full health potential.

When we eat well, sleep well and exercise regularly we feel better because we *are* better. Despite the advances in medical knowledge and the ever expanding range of medical treatment options available, for most of us what matters most to our health is our own decision to take responsibility for our own health.

Again, I'm certainly not saying you should stop having regular, professional health check-ups or that you should stop any medically prescribed treatment or regime. But I *am* saying, important as medical supervision and treatment is, for most of us the health gain potential available to us through medical treatment is substantially less important than the health gain potential available to us through the lifestyle choices we make and the healthy living habits we form.

Taking responsibility for my own health requires me to enter into an active partnership with my health professional where I take final responsibility; where I accept it is my daily decisions about eating, sleeping and what I do that have the biggest impact; and where I keep myself well informed about what is likely to be helpful or harmful to my health.

That may seem like a naïve and overly optimistic belief about our potential to remain in good health as we age. Perhaps it is at odds with the perceptions and expectations many of us have about ageing - that ageing is all downhill. That oldies are past it and have nothing to offer but problems.

But let's test some commonly held perceptions against the evidence. Then we can decide whether the view I am offering is overly optimistic or that the common perception is overly pessimistic.

Let's start with expectations about paid employment beyond 65. Common perceptions are that at 65 it is time for a retirement party because older workers are unhealthy, they take more time off work and they are stuck in old ways, being too old to learn new things.

Well, 2013 census data show fully 40 per cent of 65 to 69-year-olds and 21 per cent of 70 to 74-year olds remained in full-time or part-time employment. The expectation of retirement at 65 is becoming less of a reality. More than two in five pensioners under 70 are still working.

A 2013 study commissioned by the Ministry of Social Development found that by 2031 over 65s will make up around 12 per cent of the workforce compared with 5 per cent now.

We just haven't caught up with the changing face of retirement because it's quite recent. Census data show a substantial jump in the numbers of people working beyond 65 since the 2006 census and today. And how could that be happening if they were dodderly, unreliable and unhealthy?

It is certainly true that ageing is associated with deterioration in important physiological dimensions such as vision, hearing, bone and skeletal muscle strength, pulmonary function, skin integrity, metabolic function, motor function and immunity. It is also well documented that cognitive functions decline with age as measured by slower response rates and deficits in memory.

Yet despite these facts, the research literature on older workers offers little support for the contention that over 65s are too unhealthy for employment.

Age has been found to account for only a small percentage of the variance between different individuals' cognitive, perceptual and psychomotor abilities after type of occupation, experience and education have been controlled for. There is considerable variability among older people with respect to their general functioning and well-being, just as there is among younger people. This makes generalisations about potential performance based purely on age impractical. And the impact of age-related declines can be minimised by an individual's physical conditioning and their adoption of adaptive measures. For example, older people who achieve good motor and cardio-respiratory function by keeping fit and active can perform as well or better than sedentary, younger workers. Older people with deteriorating vision can compensate with an increasing range of options from glasses and better lighting to larger font settings and screens for their reading devices. Being older doesn't, in itself, mean you are less physically or cognitively able than a younger person.

But what about time off work sick. Is it true that older workers are sick more frequently? The research data on age related absenteeism are interesting. First there is a consistent finding that older workers are less likely to 'throw a sickie'. Researchers term this a 'voluntary' absence. Second is the finding that older workers have less workplace injuries and therefore take less time off work due to this than younger workers. We are also of course less likely to suffer a high impact sporting injury out of work or exhaustion from being awake through the night attending to a baby.

The reality is that people of all ages have circumstances that may impact on their attendance at work and the data on absenteeism show that older workers generally are less likely to be absent although I have to acknowledge that when they are it tends to be for longer periods.

One of the most pervasive stereotypes of older workers is that we are stuck in our ways, resistant to change and can't learn "new tricks".

Once again this perception is not supported by the facts. What research suggests is that while older workers typically take a little longer to pick up something new this does not effectively impair their ability to learn new skills and keep up with the learning of younger workers.

It seems that older workers compensate with better perseverance in learning and better application of what they learn. And in any case, the average difference in initial learning performance between groups of older and younger workers is less than the differences between workers within any age groups. In other words just being older doesn't mean you have less capacity to learn as quickly as a younger person.

The reality is that older people have the capability and enjoy the challenges of learning new skills, new technology and adapting to change. Recently retired Retirement Commissioner Diana Crossan cites the increasing and prolonged use of the internet by people over 55 years as further evidence of that adaptability. [Actually Diana Crossan didn't retire when she moved on from the Retirement Commission at 62. She is now the CEO of Wellington Free Ambulance]

But there is evidence that older workers are less likely to receive opportunities for training and professional development than younger workers, perhaps because of the stereotypes, and this can mean that older workers are less able to contribute in a changing workplace.

So now turning to actual job performance. Is the performance of older workers poorer than that of younger workers?

The short answer is no. In fact, in some respects, it is better.

There have been numerous studies over many years in many different workplaces. For a time all that could really be said from all these studies was that no real difference in performance had been found between older and younger workers, just different characteristics.

But a more recent meta-analysis of 380 studies involving more than 70,000 workers, examining the relationship between actual job performance and age, uncovered some differences.

This analysis found the performance of older workers was the same or better than that of younger workers on all dimensions deemed significant, except initial performance in training. Older workers performed better on dimensions crucial to productivity and business success such as safety performance, absenteeism and organisational citizenship.

That doesn't mean old workers are better than young workers but it does mean older workers are fully able to contribute and that age itself is not a predictor of job performance. There is a real place for both old and young in the workplace, just as in all aspects of society.

It's important to understand that there's more variation within age groups, than between groups of younger and older workers.

Who you are is more important than how old you are.

Let's come back now to the proposition, 'living-well beyond sixty'.

It is clear from extensive research that so long as we keep fit and continue to learn and adapt, we can continue to work safely, productively and happily well past sixty. It makes good sense that the age profile of the workforce is changing. We place great value on education, learning, skill development and experience when selecting workers at all other age levels. It doesn't make any sense to decide these things suddenly became irrelevant when an employee reaches the arbitrary age of 65. It's good to see that the tide is turning. We need the continuing contribution of highly capable people with all the accrued skills and wisdom of education and experience.

Traditional societies have recognised this by elevating the leadership status of older people and have adjusted for any physical frailties by engaging them in roles that are less physically demanding and appropriately supported. Recognising, valuing and realising the contributions of older people is good for society and good for our health.

My maternal grandmother, the last one of my four still going strong at 101, told me that 'many more folk rust out than wear out you know'. And evidence supports her aphorism, social participation, physical and

mental activity, a sense of meaning and self-worth, stress even – these all are important health supporting factors.

Of course not everyone wants to keep on working. Many of us want to retire. Are the options as stark as ‘retire and die young’ or ‘keep working and die old’? No. Not at all.

The good news is that living-well beyond sixty isn’t so much about whether we continue to work in paid employment. Just as at any other age, living-well involves many factors. Satisfying and rewarding work continues to be a particularly important factor but generally the need for this to be paid work, or even work in the usual sense of the word, may become less critical when we are older. The health risks that are associated with retirement are not so much to do with ceasing paid employment but whether or not in doing so we cease to do and gain the employment associated health benefits of that employment.

To the extent we gain our sense of identity and self-worth in our employment we need to ensure we are gaining it through other forms of social participation and engagement.

To the extent our physical and social security is gained through our employment we need to ensure these requirements are met in other ways.

To the extent our physical and mental capacities are exercised through our employment we need to ensure they are exercised in alternative pursuits.

The real problem is when we eliminate our healthiest options by choosing to withdraw from active participation in family, social, community or economic life simply because we perceive ourselves, or are perceived by others, to be too old.

Of course that is not you. Simply by virtue of the fact you are Rotarians, and all that entails, it follows that you are developing, or have already developed, aspects of your life that deliver essential health attributes.

I applaud you for that, I am gratified to be in your company and I am keen to glean more from your experience and wisdom.

Thank you and may you all live-well in living well-beyond sixty!

Reference

Ng, T.W. H., Feldman, D.C. (2008). The relationship of age to ten dimensions of job performance. *Journal of Applied Psychology*, 93, 392-423.