

2014 Sovereign Wellbeing Index Mini Report Series

Report No.1

Wellbeing of New Zealanders in later life

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Developed in partnership with Sovereign

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Introduction

The Survey

The Sovereign Wellbeing Index is a survey conducted by AUT University's Human Potential Centre every two years in partnership with Sovereign. In 2014, a total of 10,012 adults aged 18 years and over completed the web-based survey about their wellbeing, health and lifestyle. The web-based survey methodology ensures complete anonymity for respondents which minimizes social desirability bias in responses about their psychological wellbeing and health.

In 2014 we found that older New Zealanders were more likely to be in the top wellbeing group (classified as Awesome) than those aged under 30 years (Mackay, Schofield, Jarden, & Prendergast, 2015). In New Zealand the retirement age is 65 years; this report takes a more in-depth look at the wellbeing of adults who are nearing retirement age (55-64 years) or post-retirement age (65-74 years).

A copy of the *Sovereign Wellbeing Index: 2015* report can be downloaded from www.mywellbeing.co.nz

Wellbeing

The classification criteria for wellbeing is based on a scientifically validated scale of 10 items developed to assess wellbeing as a multi-dimensional construct (Huppert & So, 2013). The term *Awesome* is used to describe those that meet the criteria for optimal wellbeing and represent those with the highest levels of wellbeing¹.

Sample Characteristics

Table 1. Sample characteristics for adults aged 55 years and over, 2014

The sample for this mini report is drawn from the Sovereign Wellbeing Index, Wave 2, 2014. Participants of this study were included if they were aged between 55-74 years. Included participants were then split into two age groups (55-64 years and 65-74 years).

- A total of 1,344 adults aged 55-64 years old and 945 adults aged 65-74 years old were included in the analyses for this report.
- Of those aged 55-64 years, 54% were male; of those aged 65-74 years, 66% were male.
- 85% of 55-64 year olds and 93% of 65-74 year olds reported being of European ethnicity.
- Many more adults aged 55-64 years were employed (58%) than adults aged 65-74 years (17%).
- Just 11% of 55-64 year old adults were retired compared with almost three-quarters (74%) of those aged 65-74 years.
- Two-thirds of adults were married in both age groups.

- 13% of adults aged 55-64 years had a child living at home; this was reduced to just 5% in those aged 65-74 years.

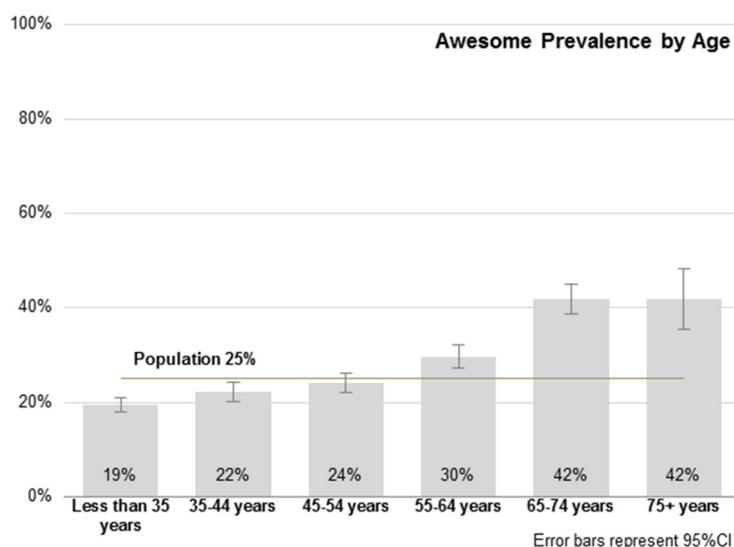
Prevalence of wellbeing and ill-being

Table 2. Prevalence of wellbeing for adults aged 55 years and over, 2014

Key Finding: 30% of 55-64 year olds and 42% of 65-74 year olds were classified as Awesome¹.

In the 2014 report we found that older New Zealanders (aged 55 years and over) were 2.2 times more likely to be in the top wellbeing group (classified as Awesome) than those aged under 30 years (Mackay et al., 2015), and that the prevalence of wellbeing increases steadily with age. **In this sample, 30% of 55-64 year olds and 42% of 65-74 year olds were classified as Awesome, significantly higher than all younger age groups.**

This finding is consistent with results from the 2012 Sovereign Wellbeing Index (Human Potential Centre, 2013) and with international research. For example, the recently released Gallup report on wellbeing rankings for older Americans which shows that throughout the United States adults aged 55 and older have higher wellbeing than the rest of the American population (Gallup, Healthways, & MIT Age Lab, 2015). Scientific studies of lifespan wellbeing also show that wellbeing (however measured, i.e., happiness, life satisfaction) increases with age in western countries up to approximately 75 years of age (e.g., Stone, Schwartz, Broderick, & Deaton, 2010; Ulloa, Møller, & Sousa-Poza, 2013).



Taking a different lens, when we look at the ill-being² rates (depressed mood) among adults aged 55-74 years we see an inverse trend where prevalence of depressed mood decreases with age. We found that just 12% of 55-64 year olds and 6% of 65-74 year olds reported experiencing feelings of depressed mood in the week prior to the survey, which is much lower than those aged less than 55 years (19%). This is good news for those growing old in New Zealand. What we want to know more about is why does wellbeing get better with age? What is driving and enabling older adults' wellbeing?

Research into wellbeing among older populations indicates there are various factors that may explain why older adults have higher levels of wellbeing. These possible factors include increased autonomy, lower rates of worry and an adaptive coping style, not smoking or heavy drinking, a healthy weight and regular exercise, sufficient material conditions, a stable intimate relationship, good social and family relationships, appropriate social roles, years of formal education, and increased participation in activities and hobbies (Sharp, 2015; Vaillant, 2002). Almost all of these factors are within individual control. As these factors increase wellbeing, wellbeing in turn acts as a protective factor for health, reducing the risk of chronic physical illness and promoting longevity (Steptoe, Deaton, & Stone, 2015).

Associations with wellbeing

Table 3. Prevalence of selected drivers of wellbeing for adults aged 55 years and over, 2014

Table 4. Awesome prevalence by drivers of wellbeing for adults aged 55 years and over, 2014

Health and Vitality

Key Finding: Of those who reported being hampered in their daily activities a lot due to poor health or injury, just 9% of 55-64 year olds and 13% of 65-74 year olds were classified as being Awesome.

The scientific study of physical health and mental wellbeing investigates the factors that produce longer life, lower morbidity (disability), lower health care expenditure, better prognosis when illness strikes and higher quality of physical health. This research shows numerous benefits of good physical health for wellbeing and vice versa (Ryff & Singer, 1998).

Similar to previous national surveys (Ministry of Health, 2014; Ministry of Health, 2012) the 2014 Sovereign Wellbeing Index shows that the prevalence of poor health outcomes is greater amongst those aged 65-74 years compared to those aged 55-64 years. Of those aged 55-64 years, 26% had experienced symptoms or been diagnosed with any of the top four chronic disease conditions (cancer, heart disease, diabetes, and depression), compared with 31% of those aged 65-74 years. Those aged 65-74 years had higher rates of physical health conditions such as cancer and heart disease, but lower rates of psychological health conditions such as depression, than those aged 55-64 years. This difference between the two age groups in rates of physical and psychological health is important from a health delivery perspective as we look to invest in pathways for growing old well.

Those who reported being hampered in their daily activities due to poor health or injury had much lower rates of wellbeing than those who did not. Among those who reported that they were hampered *a lot*, just 9% of 55-64 year olds and 13% of 65-74 year olds were classified as Awesome. There was also a clear inverse trend in wellbeing prevalence by the number of chronic health conditions reported. Among 55-64 year olds, 35% of those with no chronic health conditions were Awesome compared with 17% of those with one and 6% of those with two or more chronic health conditions. The same trend was observed for 65-74 year olds, but this age group had higher rates of wellbeing across all groups (none: 47% Awesome; 1 condition: 33% Awesome; 2 or more conditions: 19% Awesome). It is important to acknowledge that it is difficult to be Awesome when suffering from poor physical health.

Vitality, defined as “a feeling of aliveness that is affected by both physical and psychological conditions” (Weinstein & Ryan, 2009, p. 1023) is a key building block for wellbeing. Vitality is linked with energy and zest for life and is largely influenced by our sleep, diet, and physical activity habits. Research shows that those who get good quality sleep (Strine, 2005), eat well and include plenty of

vegetables in their diet (Blanchflower, 2012), and exercise regularly (Fox, 1999 #287), have higher levels of vitality and wellbeing.

Data from the 2014 Sovereign Wellbeing Index shows that the proportion of those getting enough sleep to feel rested in the morning was greater among 65-74 year olds (66%) than 55-64 year olds (52%). Consumption of junk food (confectionary, sugary drinks, and takeaways), weekday sitting, and physical activity engagement were similar across both age groups. Across both age groups, the highest prevalence of being Awesome was among those who avoided junk food, had low sitting time, and engaged in regular physical activity, although these differences were not statistically significant. To increase vitality, be Awesome, and decrease the risk of chronic disease we recommend incorporating the following “vitality boosters” into daily life.

- *Focus on eating whole unprocessed foods, lots of vegetables, fruit, meat, poultry, and seafood.* Previous research shows that fruit and vegetable consumption is associated with increased happiness and mental health (Blanchflower, 2012 #48).
- *Get active – walk to the shops, garden, or grab a family member/friend and go for a walk on the beach.* Being active with someone not only provides an opportunity to increase physical activity, but also provides an opportunity to invest in social relationships by connecting. Research also shows that exercising outdoors rather than indoors has greater benefits for wellbeing (Thompson Coon, 2011 #285). Furthermore, physical activity has been shown to improve sleep (Fox, 1999).
- *Switch off technology – set time to be “technology free”.* Television watching, computer use and tablets are associated with decreased wellbeing (Hamer, 2010). Setting time each week to be “technology free” is important as it allows time to connect with others, engage in a hobby or be active.
- *Increase your daily dose of positive emotions.* Schedule activities that give you positive feelings, like happiness and joy, whatever these activities are (e.g. gym workout, coffee with friends, jazz music). Increased positive emotions both buffer against stress and illness (Schiffirin, Rezendes, & Nelson, 2010; Vázquez, Hervás, Rahona, & Gómez, 2009) but also broaden and build psychological and physical resources (Diener & Chan, 2011; Fredrickson, 2001).

Positive Relationships

Key Finding: 41% of 55-64 year olds and 48% of 65-74 year olds that meet socially with others at least once a week were Awesome.

Wellbeing science has conclusively shown that good social relationships are one of the most important drivers of individual level wellbeing and the prevention of ill-being. For example, loneliness in older adults significantly predicts both depressed mood, psychological distress, and low wellbeing (Golden, Conroy, Bruce, Denihan, Greene, Kirby, & Lawlor, 2009), whereas good quality relationships predict the opposite (Umberson, Chen, House, Hopkins, & Slaten, 1996). One gauge of positive relationships is the frequency with which people meet socially. In this study the frequency of meeting socially with others increased with age; 44% of 55-64 year olds meet regularly with others compared with 54% of those aged 65-74 years. In both age groups, the prevalence of wellbeing was higher among those that were regularly connecting with others (41% of 55-64 year olds and 48% of 65-74 year olds).

To increase positive relationships, be Awesome and reduce loneliness, we recommend focusing on both the quality and quantity of your relationships:

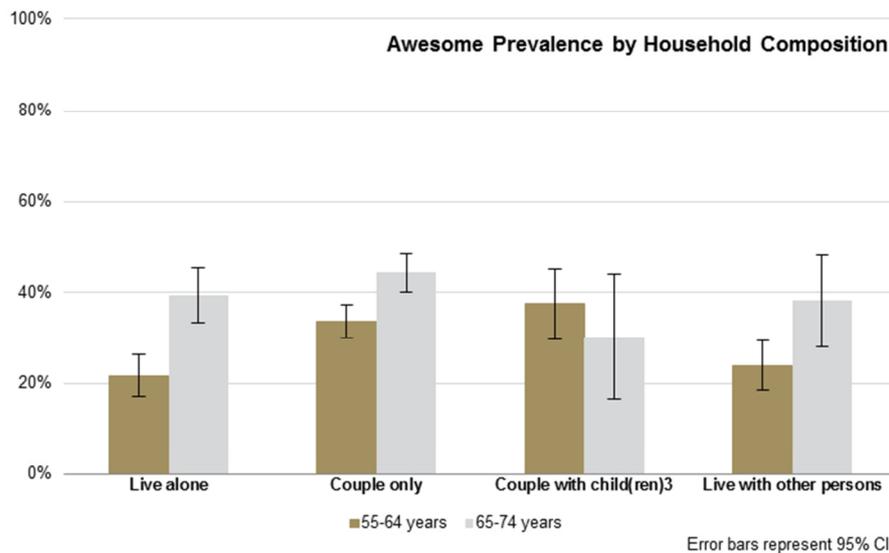
- *Foster “High Quality Connections” (HQC: Dutton, & Heaphy, 2003).* A HQC is a connection with another person marked by mutual positive regard, trust and active engagement on both sides. When HQCs are achieved, both people feel more open, competent and alive. HQC can be built by 1) respecting others and showing them they are important, 2) encouraging, guiding and supporting others in their goals, 3) trusting others, and 4) increasing play.
- *Communicate with enthusiasm and celebrate others’ successes.* Responding to others’ news in an active and constructive manner (in comparison to a passive and destructive manner) has been shown to build solid, strong and lasting relationships the best (Gable, Reis, Impett, & Asher, 2004).
- *Choose to surround yourself with healthy and upbeat people.* A range of factors, from obesity to smoking to depression to happiness, all spread to some degree through social networks (Fowler & Christakis, 2009). Simply, like attracts like. Spending your time with happy and engaging people will improve your relationships.

Another activity which promotes the opportunity to cultivate positive relationships is volunteering; activities that are without obligations, unpaid (or minimal compensation to offset costs), structured by an organization, and directed toward a community concern. Research has demonstrated a strong link between volunteering and increased wellbeing (Thoits & Hewitt, 2001), especially for older adults (Morrow-Howell, Hinterlong, Rozario, & Tang, 2003). Although volunteering and civic engagement is a social good which strengthens civil society, the reasons why people volunteer (e.g., role expectations, friendship formation or loneliness, leaving a legacy, meaning and purpose in life, achieving generativity) vary greatly (Morrow-Howell, Hinterlong, Rozario, & Tang, 2003).

Similar to international research, this study showed that volunteering increased with age, with 29% of 55-64 year olds and 39% of 65-74 year olds regularly volunteering (at least once a month). Of those that volunteered regularly, 38% of 55-64 year olds and 48% of 65-74 year olds were Awesome. This large extent of volunteering amongst these older age groups may be a key avenue of facilitating social connections and positive relationships, which in turn build high wellbeing.

Having an intimate relationship has also been associated with greater levels of wellbeing (Bennett, 2005). In the 2014 survey, two-thirds of both age groups were married, with a greater proportion of married people being classified as Awesome compared to those not married. This is consistent with the research literature which generally shows that, with regard to wellbeing in later life, being married is better than not being married, being in a relationship is better than not being in a relationship, and being in a married relationship is better than being a non-married relationship.

Adults aged 55 years and over are likely to be entering into a transitional period in their lifespan as children grow up and leave home. In this study we observed some differences in the household composition of the two age groups. Of those aged 65-74 years, more were living alone (27%) or in couple-only households (58%), with fewer living as a couple-with-children (5%) or living with other people (10%) than the younger 55-64 year olds. We can also see that associations of household composition and wellbeing are a little different for these two age groups. Interestingly, adults aged 65-74 years had higher prevalence of wellbeing than 55-64 year olds across all household types, except for those living as a couple with children.



Employment and Retirement

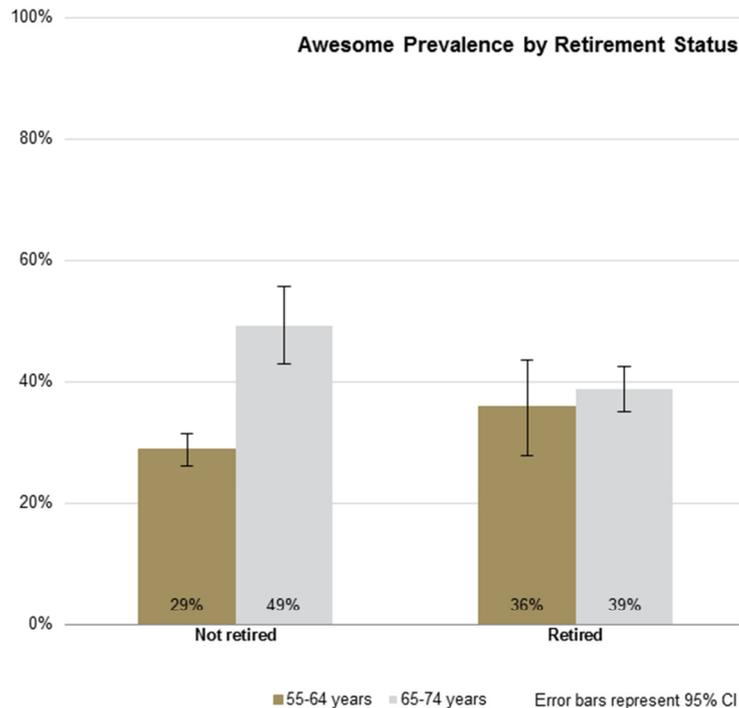
Key Findings: 36% of early retirees (55-64 year olds) were Awesome, compared with 39% of retirees aged 65-74 years. However, 49% of older non-retirees (65-74 year olds) were Awesome.

60% of 65-74 year olds that report high levels of freedom or autonomy were Awesome compared with 21% of those in the same age group with lower levels of freedom or autonomy.

The transition from employment-to-retirement marks a major life change. It is often accompanied by changes in income, time use, social interactions, physical activity and physical health (Butterworth et al., 2006). Whilst New Zealand does not have a fixed retirement age, it is one of the few countries with a state retirement pension, which is not means tested. Thus, from the age of 65 years New Zealanders receive a retirement pension regardless of whether or not they are in employment (Dixon & Hyslop, 2008). The research literature also indicates a strong link between being employed and increased wellbeing (see Creed & Watson, 2003), and a large part of this effect is attributable to the social relationships that the work environment enables (Dutton & Ragins, 2006).

There is a clear difference in employment rates between the two age groups, with 58% of 55-64 year olds employed full or part-time, and just 17% of 65-74 year olds. For both age groups, the prevalence of wellbeing was higher among those who were employed full or part-time than those not employed, indicating that employment is good for wellbeing.

Similar to employment rates, the rates of retirement are significantly greater for the 65-74 year old age group (74% retired) than the 55-64 year old age group (11% retired). However, a differential association was observed between retirement and wellbeing between the two age groups. Being retired prior to 65 years was associated with higher rates of wellbeing (36% Awesome) than non-retirees (29% Awesome) of the same age, whereas being retired after 65 years was associated with lower rates of wellbeing (39% Awesome) than non-retirees (49% Awesome) of the same age.

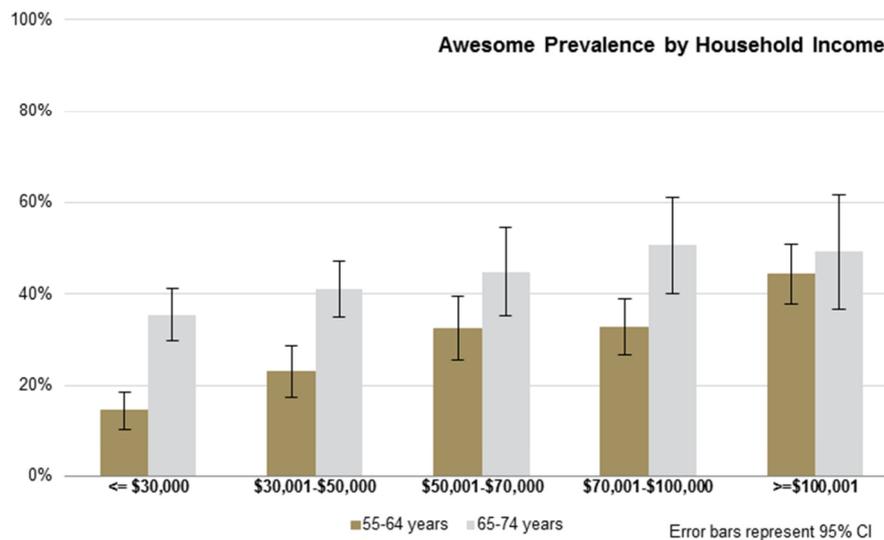


It is possible that the higher prevalence of being Awesome in younger retirees compared with non-retirees is due to voluntary retirement, which may be associated with financial security. Other reasons people choose to retire include: to protect health, to maximise life, and to achieve other goals (Pond, Stephens, & Alpass, 2009). The higher prevalence of being Awesome for 65-74 year old non-retirees compared to retirees of the same age may be due to the benefits of productive engagement. Research shows that older adults who are productively engaged (i.e. those in employment, volunteers, or carers) have better self-rated health (Hinterlong, Morrow-Howell, & Rozario, 2007) and increased life satisfaction (Baker, Cahalin, Gerst, & Burr, 2005). Involvement in productive activities also provides meaning and purpose, enhances social connections and may increase financial resources. For those who are retired, engaging in meaningful activities is likely to be beneficial for wellbeing.

Due to such a substantial change in employment status between these two age groups, it is important to consider how financial resources are associated with wellbeing at this time. The 2014 Sovereign Wellbeing Index report showed that wealth was associated with wellbeing, with those in the highest income quintile (greater than \$100,000 household per year) were 2.8 times more likely to be Awesome than those in the lowest income quintile (up to \$30,000 household income per year) (Mackay et al., 2015). What was more interesting, however, was the finding that those who were living comfortably on their present income were 11.8 times more likely to be Awesome than those finding it very difficult on their present income. This has significant implications for understanding how money matters for wellbeing. Money does not necessarily make us a lot happier, but living within our means certainly has a very large impact on our wellbeing.

Across the whole study population (N=10,012) the sample is spread fairly evenly across the five income quintiles. However, we see a different trend for those aged 65-74 years, with two-thirds of the sub-sample in the bottom two income quintiles (up to \$50,000 household income per year). Despite more people on lower incomes, almost three-quarters of this age group are coping or living comfortably on their present income compared with two-thirds of the 55-64 year old age group. Still, the rates of wellbeing are very low for those in both age groups who are finding it very difficult on their present income (6% of 55-64 year olds, 13% of 65-74 year olds). For those aged 65-74 years,

the prevalence of being awesome was over 40% for all household income quintiles, except for the lowest income quintile which had 36% classified as Awesome. It appears from this data that accumulated wealth, rather than annual income, could be very important for wellbeing. This is an important finding which has significant implications for national policies around retirement savings and retirement age. In the scientific literature, the link between financial security and wellbeing is well documented and shows that lack of financial security has a large impact on wellbeing (Lusardi & Mitchell, 2005). In addition, money does increase happiness to a small degree once poverty is avoided (Diener & Biswas-Diener, 2002).



Another factor that could be important for the wellbeing in this population is freedom or autonomy. For those in this age group that are experiencing a change in lifestyle due to changing family structures (e.g. children leaving home) or no longer being employed, there may be a new-found level of freedom to do things that they want to do. Research shows that autonomy is a key driver of wellbeing for individuals (Reis, Sheldon, Gable, Roscoe, & Ryan, 2000). In this study, the proportion of 65-74 year olds reporting high levels of autonomy (*make time to do the things they want to do*) was greater than for 55-64 year olds (52% compared with 36%). Similarly, freedom to do things they want to do was associated with higher levels of wellbeing for both age groups; 60% of 65-74 year olds who reported high levels of autonomy were classified as being Awesome compared with 53% of 55-64 year olds who rated their autonomy the same. These rates of wellbeing are much higher than for those who report lower levels of freedom or autonomy (17% of 55-64 year olds and 21% of 65-74 year olds with low autonomy were Awesome).

Conclusion

In trying to understand the important question – why does wellbeing get better with age? – we have looked specifically at health and vitality, positive relationships, and employment and retirement. We can see that the rates of wellbeing are higher among those who are in better health and engage in positive lifestyle behaviours, connect socially with others, and are living comfortably on their income. We also see that retirement has a differential association with wellbeing for the two age groups – with younger retirees doing better than non-retirees, and older non-retirees doing better than retirees. What seems key to wellbeing in these age groups is the level of autonomy that allows adults to do the things they want to do, with the people that enable and support them, and within their means. In total, 60% of 65-74 year olds that reported high levels of autonomy were classified as Awesome, compared with 21% of those reporting low levels of autonomy in the same

age group. Across almost all of the indicators of wellbeing, those in the oldest age group (65-74 years) are doing better than the younger age group (55-64 years).

It is clear that much is yet to be understood about positive aging and the steps that we can take to ensure a long life lived well – a happier, healthier, longer life. However, there are some key insights from this study and the broader scientific literature that indicate that a recipe for aging wellbeing may include:

- *Keep active, eat well and ensure good quality sleep.* This will not only improve your physical health through prevention and management of chronic disease conditions, but it is investing in the foundations and building blocks that enable your vitality and overall wellbeing. It is difficult to have high wellbeing when suffering from poor physical health.
- *Connect regularly with other people.* Meet socially with friends, family and colleagues, provide help and support for those around you, connect with your neighbours and community, and give a little of your time or resources when you can through formal volunteering. Investing in and improving good quality positive relationships is a key pathway to both higher wellbeing and improved physical health.
- *Give attention to your financial wealth by saving more and spending less.* Think about your retirement future and living within your means. With optional spending, spend on experiences with people rather than material goods. People who prize material goals more than other values tend to be substantially less happy.
- *Intentionally cultivate more positive emotions.* Increasing emotions such as happiness, joy and awe in the activities you choose to do buffers against stress and illness. It also builds psychological and physical resources.

About the authors

The Human Potential Centre (HPC) is a multi-disciplinary health research group of AUT University. Led by Professor Grant Schofield, HPC comprises a group of multi-talented researchers specialising in positive psychology, nutrition, wellbeing, public health, physical activity, and the built environment. The Sovereign Wellbeing Index brings together HPC's diverse expertise across these areas to understand more about New Zealanders' wellbeing.

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ABOUT SOVEREIGN

As New Zealand's largest life insurer, Sovereign believes it has an important role to play in helping Kiwis improve their health and wellbeing, which is why they partnered with AUT Human Potential Centre to develop the Sovereign Wellbeing Index and related reports.

"Through this research we're not only identifying problems, we're seeking productive change for the challenges identified in our society. It gives us an action plan as individuals, communities, leaders and as a nation as a whole that can help to make New Zealand an even better and happier place to live." – Sovereign CEO, Symon Brewis-Weston.

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¹ The term *Awesome* is used to define those who meet the criteria for optimal wellbeing based on a scientifically-validated scale of 10 items (Huppert & So, 2013). The scale was developed to assess wellbeing as a multi-dimensional construct of positive functioning and measures characteristics that are the mirror opposite of depression and anxiety. These characteristics include: happiness, emotional stability, vitality, optimism, resilience, self-esteem, engagement, competence, meaning, and positive relationships. Refer to the *Sovereign Wellbeing Index: Wave 2, 2014 Methodology Report* for further details (available at www.mywellbeing.co.nz).

² Depressed mood is measured using the CESD-8 depression scale.