

Pinnacle of Life – Why study outliers?

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New Zealand's future

- Whaia te iti Kahurangi-ki te tuohu koe, me he maunga teitei
Seek the treasure you value most dearly: if you bow your head, let it be to a lofty
- Using census data 2001, predict three quarters of a million people in NZ will be 65 year of age or more
- Number of people in this population group now to then will increase by 72%



Demographic Profile of 65+

- Number of Maori, Pacific and Asian over 65+ will increase
- By 2021 predicted that there will be 57,000 Maori aged 65 years or more and will represent 7.6% of the total Maori population
- By 2021 there will be 655,000 Europeans aged 65 years - one in four Europeans will be in this age group
- Many European countries are now having to consider that one in four are now over 65 years and the implications for the future- pensions, tax, health services , families, communities, employment and so forth



Baby Boomers

- Now considering their age and implications
- What are their needs?
- What support if any do they give to parents, aunts, grandparents, grand children
- We will get old irrespective of whether we want his fact in our life plan



Ministerial Review : Meeting the Challenge

Patient and Consumer Focussed Services

- Diagnosis of the current state of health and disability services
- Review Team aware we need to get better value from money invested in health and disability services
- Recommend changes in structure- more money at consumer end, code of rights, greater clinical accountability, primary health care focus of service delivery
- Missing recognition Treaty of Waitangi rights, UN Declaration on the Rights of Indigenous Peoples', current health inequalities



Health and Disability Services

- Always focussed on increasing life expectancy by way of reducing mortality and morbidity
- Why therefore is such a negative view ageing population
- We should celebrate encourage and support people to live well, be healthy, continue to grow, develop wisdom, be independent and interdependent, maintain connections with people across generations, develop full potential
- Nurture and protect the physical and spiritual environments we live in
- Address all forms of discrimination and abuse- health inequalities increase with age- prevalence of diabetes increases with age- issue for all populations not just Maori or Pacific



Feasibility Study

- Would non Maori aged 85 years and Maori aged 75 to 79 years be interested and would be willing to participate in a study.
- Substantial questionnaire covering whole of life journey, past and current health issues, current economic and social situation, use of health services, daily dietary pattern, different roles they played in their families and communities, recreational and creative interests, views on aging
- Two populations similar but different life experiences



Background

- Commenced in 2006 HRC- part of program grant on Ageing
- Outset recognition of the need to engage with older Maori in all aspects of the study
- Older Maori engagement will not be discussed in depth, this paper
- However we had focus groups identify important questions for Kaumatua and Kuia living in NZ
- Reviewed and commented on all questions- link with other cohort studies



Previous Research : Older Maori

- Study 1997 interviewed 397 Kaumatua aged 60 years or more through a networking sample, (Durie, Allan et.al)
- Study covered wide range of areas, network sample, participants rural and urban
- Used Te Whare Tapa Wha model of health and Kaumatua engagement in Te Ao Maori, participation in whanau, community, economy, health and disability services.
- Same domains included in this feasibility study, but the focus of the questions guided by those in age group of the study or shortly to reach that chronological age and pinnacle of development
- Results of our feasibility study align closely to the findings of those Maori aged 60 years or more.



Location of Study

- Rotorua, Whakatane, Opotiki
- Support provided Korowai Aroha Health Centre, (Rotorua) Maori Health Services, Whakatane DHB Whakatohea Iwi Social and Health Services
- Kaumatua and Kuia Mangere Bridge, Auckland
- Kaitiaki groups of elders- involved in research with older Maori (Dr Mere Kepa) – assisted in the establishment of relationships with different hapu and iwi groups
- Nga Pae O Te Maramatanga-Maori Centre of Research Excellence



Methodology

- Aim to invite and recruit 100 participants of which a third would be Maori aged 75 to 79 years
- Used census information, advice of Maori research partners- use of personal networks, inviting all Maori fit the criteria opportunity to be interviewed- rest home, geriatric care, living with family and those living alone
- Research partners took different approaches to present the study to invite people participate, they identified appropriate local interviewers, we provided training and support



Kanohi ki te Kanohi

- Face to face contact was made with each participant alone or with whanau present study
- Information was left behind for consideration
- Informed consent discussed to decide which parts of study will be involved in
- Comprehensive questionnaire developed, piloted and parts translated into Te Reo Maori
- Involved wide range of questions with different scales to identify which ones are relevant for NZ
- On average 4 to 5 hours complete, 2 or more interviews, assessment on hand strength, respiratory function, ECG, hearing, general mobility, vision, hearing
- Sharing of blood to identify presence of different vitamins and biological markers in this age group
- Little information known physical, mental, social and biological health status of those in their advanced years
- Participants experienced many different issues in their lives, e.g. born end of depression, World War II, loss of family members, changing health status



Overall Research Question

- Would Maori aged 75 to 79 years participate in a study and be willing to test a questionnaire and various tests with the engagement of local Maori health providers and local interviewers
- Further could we establish a possible infrastructure with Maori support to seek funding to implement a larger cohort study of older Maori and then follow this group to end of life



Te Whare Tapa Wha and Poutama Model of Human Development

- Engagement of elders reframed the study *Te Puawaitanga o Nga Tapuwae Kia ora Tonu*”, the blossoming of the path to good health.
- Irrespective of age, human growth and development continues until the last breath of life.
- Poutama model visible inside marae-pattern of weaving of life and Te Whare Tapa Wha- four wall of the meeting house for well being
- Turangawaewae- marae, place to stand- each person knowing who you are- past, present and future



Results : Snap shot

- Sample 45 Maori approached 12 declined, 33 agreed- response rate 73%, 20 Rotorua, 8 Whakatane, and 5 Opotiki
- Just over half participants female, a third were still married and average age was 77 years
- A third of interviews held a health facility operated by Maori health provider



Te Reo Maori

- 92% could converse in Maori, just under half of interviews conducted partly in Te Reo Maori, just over 50% were native speakers and all participants were keen to speak Maori at home, in the community, on marae, work and other places
- Speaking Te Reo Maori important and opportunities were sought use our first language of NZ
- Watching Maori television programs important as well as listening to radio
- Found at times difficult to understand new Maori words
- Mass media provides the opportunity for older Maori to engage in Maori world if you cannot physically attend different events.



Tribal and Whanau Links

- Almost all participants could identify their tribal group, two thirds defining themselves as mana whenua
- Two thirds considered their hapu very or extremely important
- All participants knew their parents, grandparents, great grand parents names – importance of whakapapa
- All participants understood concept of tikanga Maori and consider important
- 4 Participants were cared for as whangai



Cultural Values

- Cultural values significantly influenced and affected their quality of life and how they lived their lives
- Spirituality and religion important
- Cultural identity important for majority developed through their personal values, spirituality, religion, education and upbringing provided by their parents and grandparents
- Two thirds had identified plans like to see happen at end of their life, three quarters had shared these plans with family



Whanau Engagement

- ❑ Majority had children, almost all had grandchildren, and over two thirds had great grand children
- ❑ Over 50% were actively involved contributing to their mokopuna
- ❑ Involvement in whanau main activity, followed by tribal and marae activities, local community, church and wider society
- ❑ Roles played mentors, guardian and elders
- ❑ Help given reciprocal- three quarters received some support from others on a daily basis and also emotional support generally from family members
- ❑ Two thirds were active, able to do recreational activities they enjoyed and half had just the right amount to do
- ❑ Almost third in paid employment and two thirds involved in voluntary work
- ❑ Concept of retirement did not exist, almost all were still active, involved in supporting their families, their communities and or in employment



Home Environment

- Even distribution of participants rural and urban
- Almost all living in a private dwelling and one lived on a marae
- Just under a third living alone in their home, with average temperature being 22C- measured in one room



Health Status

- ❑ Over half of participants were non smokers and 16% still smoked
- ❑ Only 3% were sufficiently cognitively impaired and unable to complete the questionnaire on their own
- ❑ Just under one in four had had fall in the past year and just half were injured as a result
- ❑ Two thirds had cardiovascular disease and one in four mild or more depressive symptoms
- ❑ Physical performance was assessed as high
- ❑ One in four were affected by their vision and slightly less for hearing, just under half had limited respiratory function
- ❑ One in four had high blood pressure and one in three cholesterol rating over five
- ❑ Body mass index on average 33.2
- ❑ Money was identified not a barrier to purchasing items needed for their health care, a third reported sharing transport to keep cost down accessing health services



Healthy Eating

- ❑ Food and access to healthy traditional Maori food important and liked to eat on a regular basis kaimoana, puha, watercress, kamokamo, fermented corn
- ❑ Traditional food often provided by family members or attending cultural functions
- ❑ Pollution of traditional food sources and care of the environment identified as important by almost all participants



Discrimination

- ❑ Over half of participants considered that colonisation had affected the way they lived their life
- ❑ Almost one in five reported that they had been spoken down as Maori and one reported age discrimination
- ❑ Least half reported discrimination in their lives
- ❑ However, despite these experiences the majority reported you can do a lot to keep healthy, and despite their age and health status enjoyed their life.



Dissemination

- Part of the feasibility of the study, results were reported back to participants and given the opportunity to consider whether aggregated data matched their world view and experience
- Each hui was different, all who attended wanted to know more about the process and journey of life
- Those following behind saw our participants as an "elite group", and hoped they would have the opportunity to walk in their shoes and live to long age
- Feedback on questions that some were sensitive and at times difficult to answer honestly due to pride and cultural values, e.g. stating happy with temperature of home but really cold, or the difficulties of providing shelter and support for mokopuna and keeping the living alone allowance



Discussion

- ❑ Study provided limited results on the current quality of life and health status of older Maori
- ❑ Total 33 Maori participants in the study- achieved our objective out of 100 in study
- ❑ Methodology of social networking successful to inviting participants
- ❑ Process to establish relationships with participants, Maori providers and advice given by Kaitiaki group successful
- ❑ Results of study not representative but link with previous research on older Maori
- ❑ Development of framework to understand how older Maori live has been positive, look at the results as whole not as discrete items- older peoples' health in context of their lives



Discussion continued

- Decision has been made at this stage not to compare the results of Maori and non Maori, instead celebrate the lives of the participants
- Participants are unique, represent 1% of the people born the year who are still alive today.
- Participants look ahead and behind see growing old positive experience
- Feasibility study has been successful- answered research question



Next Step

- Funding for a significant cohort study with older Maori and non Maori has been given by HRC and Nga Pae O Te Maramatanga
- Planning is underway for study to commence in 2010, 600Maori and 600 non Maori
- Study called LILAC study Te Puawaitanga o Nga Tapuwae ora Tonu



Conclusion

E kore e hekeheke he kakano rangatira

Our ancestors will never die for they lie on in
each of us

Mihi Aroha

Love and thanks to all who have contributed in
any way to this study and those who gone on
to another place of peace and tranquillity