



**Ageing and Dementia:
A Compendium of New Zealand
Research Literature**



P.S.D.V. PRASADARAO



CONTRIBUTORS

Dr. Gary Cheung

Jane Currie

Dr. Kathy Peri

Dr. Kay de Vries

Dr. Stephen Jacobs

DESIGN

Angela Ross

DISCLAIMER

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Dr Kay de Vries

Dr Phil Wood

Dr Stephen Jacobs

Fran Marsh

Jane Currie

National Dementia Cooperative

Prof. Peggy Koopman-Boyden, CNZM

Ruth Thomas

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CONTENTS

INTRODUCTORY ARTICLES

CHAPTER 1

Ageing research 1

CHAPTER 2

Research dissertations and theses on Ageing 42

CHAPTER 3

Book chapters and books on Ageing
related issues 51

CHAPTER 4

Dementia research..... 63

CHAPTER 5

Research dissertations and theses on Dementia..... 101

CHAPTER 6

Books and book chapters on Dementia
related issues 108

CHAPTER 7

Conference presentations and posters
on Ageing and Dementias..... 114





CHAPTER 8

Policy Documents, Guidelines and
Reports on Ageing and Dementias 129

CHAPTER 9

Organisations associated with Ageing,
Dementias and related conditions in
New Zealand 144

CHAPTER 10

Research funding agencies In New Zealand 146





FOREWORD

The rising number of people living with dementia poses a significant challenge for health and support services in this country and internationally. The New Zealand Ministry of Health has for some time advocated for improvement in services and recently identified target actions for the next three years (2014). A commitment was also made to support District Health Boards to develop and implement their own regional dementia care pathways by 2014. The New Zealand Framework for Dementia Care was therefore published by the Ministry of Health (2013) and was intended as a guide for all services in development of comprehensive dementia care pathways. The Framework was developed after New Zealand wide consultation and consideration of local resources but also relied extensively on international evidence for best practice in dementia care. Many of those involved in the recent development of dementia care pathways have been struck by the enormous volume of literature from overseas and by the relative paucity of local evidenced based literature. It is widely agreed that pathways also need to be clearly relevant in local contexts and not simply extrapolated from overseas perspectives. To achieve this there needs to be development of a broad literature base drawn from the New Zealand context blending evidence from research, local experience and local information.

It is apparent, however, that much local information did in fact exist and this compendium of New Zealand research literature goes a long way toward development of a local evidence base, which can be blended with international evidence to ensure that local dementia pathways are designed to meet with the specific needs of local population groups. This review will also provide valuable insights into where the local knowledge gaps are and therefore inform the direction of further studies. This will provide a national data base for access to information about evidence based practice in dementia care in New Zealand and help to encourage establishment of consistent and comprehensive locally suited care pathways.

I congratulate the authors on their efforts to collect the most comprehensive compendium of New Zealand research literature to date.

Dr Colin Patrick, FRANZCP
Consultant Psychiatrist and Clinical Director
Mental Health for Older People
Waikato DHB, Hamilton





MESSAGE

We are all aware of the challenge of supporting increasing numbers of people with dementia in Aotearoa / New Zealand as our community ages. However, until now, we have not known what local research and writing tell us about how we might do this.

Dr.P.S.D.V. Prasadarao with others has compiled a comprehensive database of published and unpublished work in this area. The information will be widely disseminated and available to people from across the dementia spectrum: people with dementia and their support-partners, volunteers, clinicians, academics, policy-makers and the general public.

With increased knowledge, we hope for greater understanding of the condition and better care. Another great advantage of this work is that we can identify gaps in our knowledge and direct research into these areas.

I am hugely grateful to those who willingly shared their research and insights, making this collection possible. I hope that researchers and writers themselves will now be more readily accessible to others who want to investigate similar areas or to share ideas. In a small country like our own, with limited research funding, the more we can collaborate, the better.

Dr Chris Perkins
Director
Selwyn Centre for Ageing and Spirituality
The Selwyn Foundation, Auckland





DEMENTIA IN NEW ZEALAND: AN OVERVIEW

**Dr. Kathy Peri,
School of Nursing, Faculty of Medical and Health Sciences,
University of Auckland, Auckland.**


Dementia including Alzheimer's disease is purported as one of the biggest global health challenges of this century. Currently, worldwide it is estimated that 44 million people are living with dementia. Dementia is a disease of ageing with the prevalence of 1-2% in those 65-74 years of age and increasing to 40% in people over 90 years of age (Treves & Korczyn, 2012). Over 41,000 New Zealanders are currently living with dementia pre and this will almost double to 75,000 people by 2026. Alzheimer's disease is the most common form of dementia and may contribute to 60–70% of cases. Other major forms include vascular dementia, dementia with Lewy bodies and a group of diseases that contribute to frontotemporal dementia (degeneration of the frontal lobe of the brain). The boundaries between different forms of dementia are indistinct and mixed forms often co-exist.

Dementia as a neurodegenerative disorder generally considered a syndrome caused by a number of progressive symptoms that can affect memory, thinking, behaviour and eventually the ability to perform everyday activities. It is also associated with high levels of disability and dependence. It can be overwhelming not only for the people who experience it, but also for their caregivers and families. The impact of dementia on caregivers, family and societies can be physical, psychological, social and economic implications. Evidence has shown the significant social and economic implications in terms of direct medical costs, direct social costs and the costs of informal care. In 2010, the total global societal costs of dementia were estimated to be US\$ 604 billion.

Dementia affects each person in a different way, depending upon the impact of the disease. Research in the last 30 years has led to an improved understanding of what dementia is, who gets it, and how it develops and affects the brain. This work is beginning to pay off with better diagnostic techniques, improved treatments, and even potential ways of preventing these diseases.

While treatments cannot reverse or halt disease progression, patients can benefit to some extent from treatment with available medications and other measures, such as cognitive training. Drugs to specifically treat Alzheimer's disease and some other progressive dementias can improve symptoms and slow the disease progress. This may improve the patient's quality of life, ease the burden on caregivers, and/or delay admission to a nursing home. Many people with dementia, particularly those in the early stages, often benefit from practicing tasks designed to improve performance in specific aspects of cognitive functioning. For example, people can sometimes be taught to use memory aids, such as note taking, keeping a diary, etc.

Current international research promises to improve the lives of people affected by the dementias which may eventually lead to ways of preventing or curing these disorders. Research identifying modifiable risk



factors of dementia is promising. This includes countering risk factors for vascular disease, such as diabetes, midlife hypertension, midlife obesity, smoking and physical inactivity.

The current understanding of the existing biopsychosocial literature on Dementias and related conditions in New Zealand is scant. This systematic review synthesizes existing biopsychosocial and cultural literature available on dementias in New Zealand. It is anticipated this review will provide important insights into what research has been undertaken to date which should provide significant leads to future research direction.



THE NEW ZEALAND MODEL OF CARE AND CARE PATHWAYS FOR DEMENTIA SERVICES

Dr. Stephen Jacobs,
School of Nursing, Faculty of Medical and Health Sciences,
University of Auckland, Auckland.


On the 10th September, 2014, the Ministry of Health published *Improving the lives of people with dementia*, (Ministry of Health, 2014) in which it stated that over the next three years, the Ministry will support action in nine key areas to improve the quality of life for people with dementia.

These action areas are to:

- Implement a nationally consistent approach to dementia care
- Increase dementia awareness
- Reduce the risk of dementia
- Increase access to a timely diagnosis of dementia
- Provide navigation of services and increase the quality of information and education
- Increase the ability of people with dementia to remain living at home
- Increase the quality of information and education for the workforce
- Develop dementia-friendly health and social support services
- Provide respectful and supportive end-of-life care.

Action about the health and support service aspects of these actions is already underway. A New Zealand Framework for Dementia Care was published by the Ministry of Health (2013) to provide leadership for District Health Boards (DHBs) and the wider sector. In the 2012 Government budget, \$10 million over four years was committed to support DHBs to develop and implement their own dementia care pathways by 2014, with the Ministry monitoring the progress of development and implementation of these pathways.

The framework was developed using international evidence, good practice resources, expert opinion and conversations with people with dementia and their families and whānau. It provides a guide that DHBs can use as they work with primary, secondary and community health and social support services (including social, information, emergency and housing) to develop clear, consistent, well-resourced and easily accessible dementia care pathways. The framework has three guiding principles and highlights five key elements for effective dementia care. It also identifies overarching factors that must be considered across all five key elements.



A noticeable point made by the Ministry of Health in their introduction to the Framework is that it was developed “using international evidence” (p3). The implementation of pathways that deliver patient centred care that is evidence based requires practitioners to meld a broad evidence base that includes research, clinical experience, patient experience and information from the local context (Rycroft-Malone, Harvey, Seers, & Kitson, 2004). In other words, the local context is a major factor in the success of any care pathway.

This compendium is a step towards meeting the challenge and opportunity facing New Zealand to develop local evidence that practitioners, patients and their families can meld with the overseas evidence, their own experience and what they know about their local context.

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ISSUES RELATED TO DEMENTIA RESEARCH AND KNOWLEDGE TRANSFER

**Dr. Gary Cheung,
Department of Psychological Medicine,
Faculty of Medical and Health Sciences,
University of Auckland, Auckland.**

Dementia health care delivery has become a growing challenge in many parts of the world. It was recognized as a public health priority by the World Health Organization in 2012. In New Zealand dementia was recognized in 2010 as a national health priority as part of the Alzheimers New Zealand National Dementia Strategy. Two of its main strategic goals were: improving research in dementia care; and delivering quality dementia care through workforce development. Although it is important to strive for these goals, a significant gap remains between what is known in research and what is practiced clinically in dementia care. The gap of knowledge translation from research to clinical practice can often take many years.

Translating research evidence to clinical practice has many challenges involving various clinician-related, patient-related and organizational factors. In 2012, members of the National Dementia Cooperative were surveyed how their organizations acquired, assessed, adapted and applied research. The objective of the National Dementia Cooperative is to cooperate and collaborate with people who are passionate about advancing knowledge of approaches to dementia care in New Zealand. At the time of the survey, the cooperative had 456 members from a wide range of occupations and backgrounds including medical, nursing, allied health, carers, managers and academics in New Zealand. Of these, 146 (32%) members responded to the survey. The results of this survey have identified ways for the New Zealand dementia care sector to improve knowledge translation which include:

1. Create more time and incentives for staff to undertake and use research to inform their clinical practice.
2. Provide staff with tools, knowledge-brokering skills, plans and training to enable them to optimize their use of research and routinely engage in evidence-informed practice.
3. Extend the strengths of peer-to-peer networking to connect practitioners with researchers.
4. Enhance leadership and organizational support for research through hosting research events and offering staff designated time for research activities.
5. Establish a central platform where people can access information about evidence practice in dementia care in New Zealand.

This current project is aimed to provide a comprehensive review of the literature and research on dementia and dementia care in New Zealand. Information collected from this project will be made available to clinicians, academics, managers and policy makers of dementia care.



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RESEARCH IN DEMENTIA IN NEW ZEALAND

**Dr. Kay de Vries,
Graduate School of Nursing, Midwifery and Health,
Victoria University of Wellington, Wellington.**


New Zealand is in a very early stage of research on dementia syndromes and related conditions and prior to 2000 very little empirical research was conducted in New Zealand in the field of dementia. Only 30 research papers published in the field of dementia were located in this search (excluding theses) and these were extremely varied in focus with no one area targeted. Since 2000, again excluding theses, there has been a steady increase in research publications within the field. The focus of the published research on dementia by New Zealanders has been predominantly in the area of neurophysiology or neuropsychology. Funding priorities to support biomedical research in general may explain the predominance of research in the neurosciences.

The second area where there has been some significant research (in terms of number of publications) is on medication use for people with dementia, with a focus on antipsychotic medications. Research publications related to diagnosis and assessment, service evaluations, and caring for people with dementia in residential home environments have been produced in equal amounts and are varied in focus. Assessment and diagnosis of dementia or cognitive impairment is a major focus in international literature yet only three publications in this area of research were located.

Some of the most significant areas, where there is a substantial international literature, are poorly represented in New Zealander research publications. Specifically these are: social, ethical and cultural issues for people with dementia; end of life care and Advance Care Planning; abuse and neglect, of which only one published study was located; younger people with dementia; and the actual experiences of people with dementia.

It is clear that there are a small number of discrete groups of New Zealand researchers who publish in specific areas of dementia, who have been well funded for the research, and who have developed international research collaborations. It is extremely important that New Zealanders take opportunities to undertake research through collaborations with clinical and academic environments and with international researchers in the field of dementia. Unfortunately, research funding in New Zealand is not internationally competitive. Funding for research in New Zealand, in general, is less than one-third of that in Australia, less than one-fifth of that in the United Kingdom, and about 10% of that in the United States (Reid et al., 2014). This lack of funding has a significant impact on research outputs and retention of academic research activities in New Zealand.

Furthermore, funding for biomedical research, within the field of dementia, far exceeds that for research within the behavioral and social sciences. Research in the social sciences can offer




insights into dementia that are not identified in biomedical research as it is a large and multifaceted field, employing a wide variety of methodological approaches.

It is also a field within which theory-driven research and the search for general principles of behavioural and social functioning can be explored.

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INTEGRATIVE REVIEW OF THE NEW ZEALAND LITERATURE ON DEMENTIAS AND RELATED CONDITIONS

P.S.D.V. Prasadarao, PhD

Mental Health for Older people/The Institute of Healthy ageing, Waikato Hospital, Hamilton.

In line with the global trends, the New Zealand population is ageing. As people grow older, there is an increased risk of developing dementias. There have been several people working with persons, and families/whānau affected by dementias in New Zealand. A wide range of health professionals including clinicians, policy makers as well as consumers have specific information needs. They need information on the effectiveness, meaningfulness, feasibility and appropriateness of studies conducted within New Zealand. An integrative review is integral to the evidence informed practice in the area of health. Such a review attempts to examine the available literature which including searching, collating, and assessing the studies to establish conclusive evidence which could be drawn from such literature.

Current understanding of the existing literature on dementias and related conditions in New Zealand is meagre. It is important that persons working in this area well informed about the existing biopsychosocial literature within New Zealand. In this project we attempted to collate, summarise and synthesize the existing biopsychosocial and cultural literature available in New Zealand on ageing and dementias. Such an attempt certainly has significant implications within the wider community of professionals, clinicians and researchers as well as policy makers working with ageing and dementias. Such an approach will provide insight into what has been done thus far in this important area of health in New Zealand and will provide some significant leads into understanding the gaps existing in the literature, thus the future search needs of this country.

In this project, we systematically reviewed the existing biopsychosocial and cultural literature on ageing, dementias and related conditions in New Zealand. Attempts were made to identify the available literature in the context of New Zealand. A comprehensive search was conducted using the following sources:

- A comprehensive scientific literature data base search (health, science and social sciences data bases including Discovery, Medline, Psycinfo, Cinahl, Google Scholar, NZ research, and Worldcat).
- University theses/dissertations through New Zealand based university libraries.
- Internet search engines (google).
- Conference abstracts.
- Individual journal websites.
- Ministry of health and Ministry of social development websites.
- Websites of institutes specialising in ageing and dementias (i.e., Van der Veer Institute, Health and ageing research team, Massey University)
- Contacting agencies working in New Zealand in ageing and dementia care.
- Contacting persons who are involved in ageing, dementia related care and research.

Information about the following types of materials was collected:


- Scientific research published in peer reviewed journals, books and book chapters.
- Clinical guidelines and manuals.
- Policy documents and reports.
- Conference proceedings.

In view of the heterogeneity of literature available within New Zealand, a wide range of parameters were used. Specific key words were identified and used to search within each of the above databases. In this regard, help and guidance were sought from expert librarians. Following the collection of the above information, categories were formed and organised into this monograph.

Information obtained was classified into:

1. Published research on ageing
2. Research dissertations/theses on Ageing
3. Book chapters and books on ageing related issues
4. Published research on dementias
5. Research dissertations/theses on Dementia
6. Books and book chapters on Dementia related issues
7. Conference presentations and posters on Ageing and Dementias
8. Policy Documents, Guidelines and Reports Ageing and Dementias
9. Organisations associated with Ageing, Dementias and related conditions in New Zealand
10. Information on research funding agencies

We hope that this integrative review will provide insights into the nature of literature available within New Zealand on ageing and dementias. We also hope that it provides significant insights into the information gaps and needs, thus offering directions for future research in New Zealand. Analysis of such a research existing within this country can be explained within the sociocultural, biopsychosocial context of New Zealand.



CHAPTER 1

AGEING RESEARCH



SECTION ONE

AGEING: PSYCHOSOCIAL ISSUES

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SECTION TWO

AGEING: PHYSICAL HEALTH ISSUES AND APPROACHES TO MANAGEMENT

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CHAPTER 2
RESEARCH DISSERTATIONS
AND THESES ON AGEING



RESEARCH DISSERTATIONS/THESES ON AGEING

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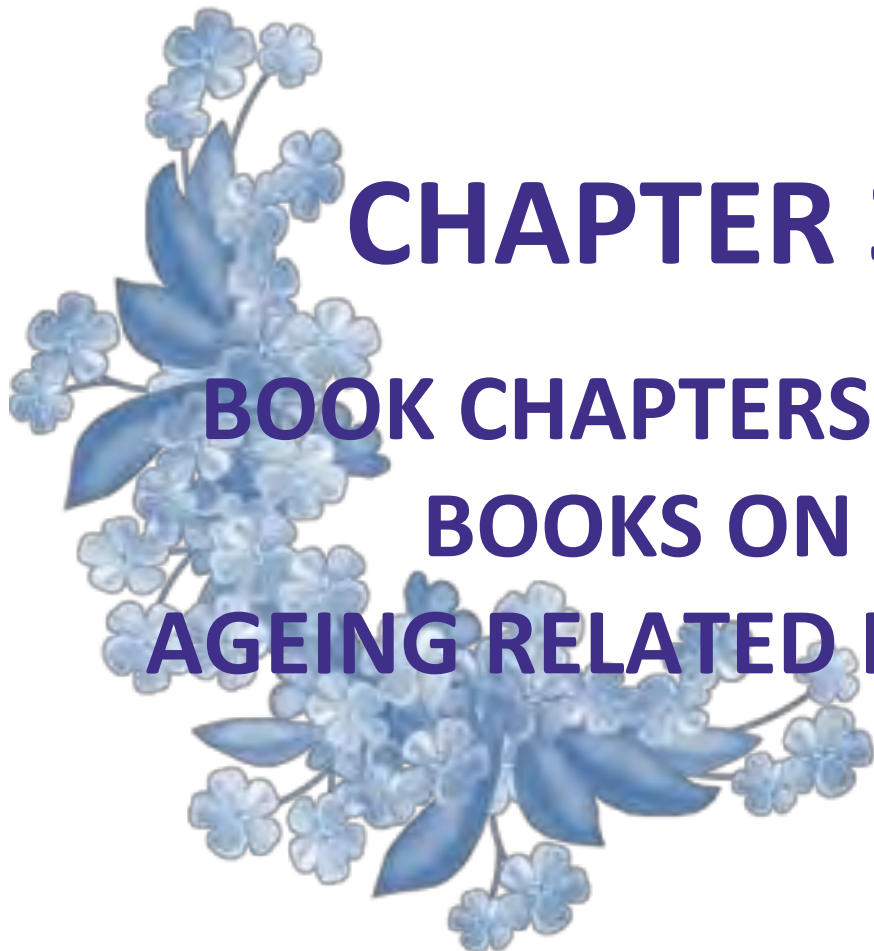

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CHAPTER 3
BOOK CHAPTERS AND
BOOKS ON
AGEING RELATED ISSUES



BOOK CHAPTERS AND BOOKS ON AGEING RELATED ISSUES

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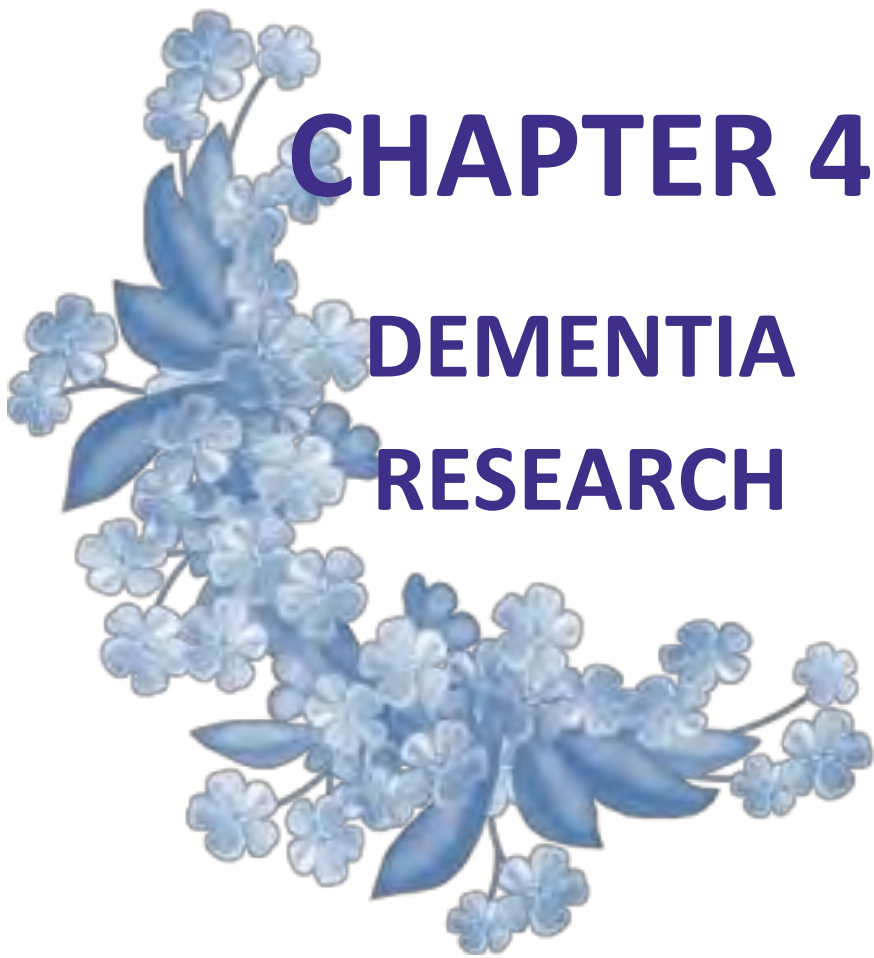
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CHAPTER 4

DEMENTIA

RESEARCH



SECTION ONE

DEMENTIA: NONMENCLATURE AND DIAGNOSTIC ISSUES

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SECTION TWO

PSYCHOSOCIAL AND MENTAL HEALTH

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SECTION THREE

DEMENTIAS: BIOMEDICAL ISSUES AND PHARMACOLOGICAL APPROACHES TO MANAGEMENT

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SECTION NINE

MĀORI AND DEMENTIA



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CHAPTER 5

**RESEARCH
DISSERTATIONS AND THESES
ON DEMENTIA**



RESEARCH DISSERTATIONS/THESES ON DEMENTIA

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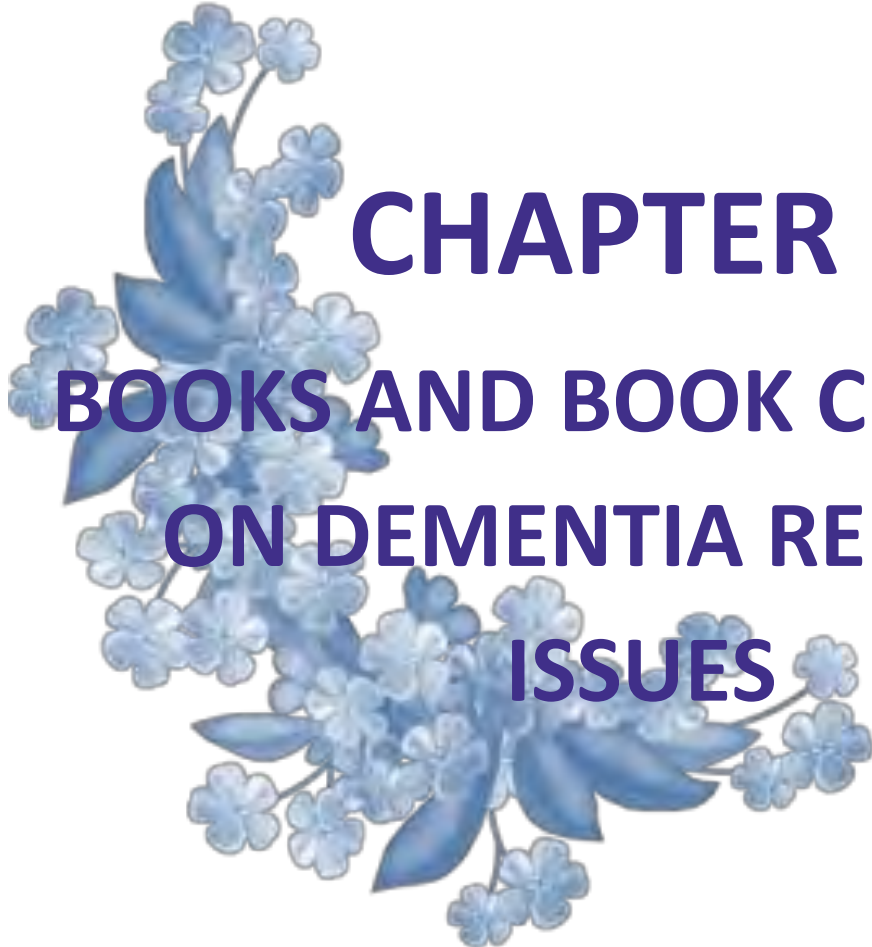

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CHAPTER 6
BOOKS AND BOOK CHAPTERS
ON DEMENTIA RELATED
ISSUES



BOOKS AND BOOK CHAPTERS ON DEMENTIA RELATED ISSUES

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CHAPTER 7
CONFERENCE PRESENTATIONS
AND POSTERS ON
AGEING AND DEMENTIAS



CONFERENCE PRESENTATIONS AND POSTERS ON AGEING AND DEMENTIAS

PAPERS:

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Chang, L. (2013, June). Alzheimer's disease in the human eye – molecular evidence and prospective clinical application. Paper presented at Brain Health Research Centre (BHRC) 7th Annual Conference.

ABSTRACT

Alzheimer's disease (AD) is the most common form of dementia with progressive deterioration of memory and cognition. Complaints related to vision are common among AD patients, and over the years researchers have investigated the cause of these visual complaints. Various groups have reported molecular evidence of AD in the eyes of transgenic animals. In human, several changes in the retina, lens and in the vasculature have been noted in the eyes of AD patients, which may be related to the visual symptoms. The question still remains whether anatomical changes may be detected within the eye before clinical diagnosis for AD is established. We are searching for candidate ocular biomarkers that could enable diagnosis of AD through the detection of abnormal changes in ocular anatomy and function.

Chang, L. (2013, June). Alzheimer's disease in the human eye – molecular evidence and the role of optometry in prospective clinical application. Paper presented at Symposium of the Biomedical Research Centre, University of Valparaiso, Chile

ABSTRACT

Optometrists as primary eye care providers have been involved in the diagnosis, treatment, and co-management of many ocular conditions, some secondary to systemic health problems. The role of optometry has expanded over the years, and become more recognized for the provision of healthcare, for example, liaising with family doctors and public hospitals for the photo-screening of diabetic retinopathy. What are the possibilities of diagnosing other systemic conditions by looking at the eyes? More specifically, is it possible to diagnose Alzheimer's disease (AD) through the eyes? AD is the most common form of dementia with progressive deterioration of memory and cognition. Complaints related to vision are common among AD patients, and over the years researchers have investigated the cause of these visual complaints. Various groups have reported molecular evidence of AD in the eyes of transgenic animals. In humans, several changes in the retina, lens and in the vasculature have been noted in the eyes of AD patients, which may be related to the visual symptoms. The question still remains whether anatomical changes may be detected within the eye before clinical diagnosis for AD is established. We are searching for candidate ocular biomarkers that could enable diagnosis of AD through the detection of abnormal changes in ocular anatomy and function.



Chang, L. (2013, October). An eye on Alzheimer's disease. Presented at Trans-Tasman Three Minute Thesis final at University of Western Sydney, Australia.

ABSTRACT

Alzheimer's disease (AD) is the most common cause of dementia with concurrent deterioration of body function. The eyes are sensory extensions of the brain, and recent evidence suggests that the visual pathway is affected early in AD pathological process.

We are searching for ocular biomarkers that could help in the diagnosis of AD before detrimental cognitive impairment becomes apparent. Future diagnosis of AD may be an eye examination away, which is more cost-effective and accessible for both patients and clinicians. Early diagnosis and intervention will improve the preservation of brain function, and ultimately quality of life for our ageing population.



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- Gilmour, J., O' Reilly, H., Brannelly, T., Leighton, M., & Naughton, M. (2014, November). *Complementary partnerships in dementia care: practice and research collaborations.* Paper presented at Alzheimers New Zealand 2014 Conference Rotorua, New Zealand.
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- Lavin, B. & Stuart, L. (2014, November). *An approach to assessment of functional capacity for people with dementia*. Paper presented at Alzheimers New Zealand 2014 Conference Rotorua, New Zealand.
- Martin, J. (2014, November). *Innovative respite service for people with dementia living in South Auckland*. Paper presented at Alzheimers New Zealand 2014 Conference Rotorua, New Zealand.
- McIntyre, M., & Brandford, S. (2014, November). *Ageing in place for people with Intellectual Disabilities*. Paper presented at Alzheimers New Zealand 2014 Conference Rotorua, New Zealand.
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- Merrick, P. L. (2001). *Psychological Nature of Depression in Older People*. Paper presented at Aged Mental Health Research & RANZCP Conference, Monash University, Melbourne, Australia.
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- Merrick, P. L. (2001). *Psychological treatments for Depression and Anxiety in the Elderly*. Paper presented at Joint Scientific Meeting of International Psychogeriatric Association and RANZCP, Lorne, Australia.

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- Merrick, P. L. (2007). *Psychotherapy and Older People. Is it worth the Effort?* Paper presented at Annual New Zealand Psychologists for Older People Conference, Auckland.
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- Prasadarao, P. S. D. V. (2014, November). *Healthy Brain, Healthy Ageing: Neuroprotective and preventative factors in Dementia*. Paper presented at Alzheimers New Zealand 2014 Conference Rotorua, New Zealand.
- Prentice, J., & Shallard, T. (2104). "Our residents don't live in our facility, we work in their home": Our journey towards resident-centred care. In M. Steur & Gee, S. (Eds.), *Sharing evidence, supporting Action: Proceedings of the NDC Dementia Knowledge Exchange Forum 2013* (pp.79-82). Christchurch, NZ: National Dementia Cooperative.
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- Smith, E. (2014). From the black hole to new frontiers. The challenges of young onset Alzheimer's. In M. Steur & S. Gee (Eds.), *Sharing evidence, supporting Action: Proceedings of the NDC Dementia Knowledge Exchange Forum 2013* (pp.39-44). Christchurch, NZ: National Dementia Cooperative. <http://ndc.hiirc.org.nz/page/45414/proceedings-of-the-ndc-knowledge-exchange/?tab=4891§ion=19790>
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- Spence, J. (2014, November). *The Group*. Paper presented at Alzheimers New Zealand 2014 Conference, Rotorua, New Zealand.
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- Vickridge, H. (2014). Blokes Club: Facilitating a social club for men with younger-onset dementia. In M. Steur, & S. Gee (Eds.), *Sharing evidence, supporting Action: Proceedings of the NDC Dementia Knowledge Exchange Forum 2013* (pp.117- 123). Christchurch, NZ: National Dementia Cooperative. <http://ndc.hiirc.org.nz/page/45414/proceedings-of-the-ndc-knowledge-exchange/?tab=4891§ion=19790>
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CONFERENCE POSTERS

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Burmester, B., Leathem, J. M., & Merrick, P. L. (2014). *Assessing subjective memory complaints*. Poster session presented at the meeting of NZCCP/ACPA Joint Conference: Ehara taku toa i te toa takitahi, engari he toa takitini ke. My strength does not come from me alone but also from others. Christchurch, New Zealand.

Daniel, N. (2014). *Need based patient centred model of care (NBPC). Breaking through the barriers to wellbeing*. Poster session presented at Alzheimers New Zealand 2014 Conference Rotorua, New Zealand.

Hall, C., & Butler, J. (2014). *Dementia: The challenges ahead*. Poster session presented at Alzheimers New Zealand 2014 Conference Rotorua, New Zealand.

Jeffs, T., & Smit, D. (2014). *Creating culture change: Transforming dementia care through the Eden Alternative principles, compassion and leadership*. Poster session presented at Alzheimers New Zealand 2014 Conference Rotorua, New Zealand.

McKinlay A., Leathem J., & Merrick P. L. (2012). *"Where did I park my car?" How do Older Adults Cope with a Diagnosis of Mild Cognitive Impairment*. Poster session presented at the Joint NZCCP and NZPSS Conference, Wellington.

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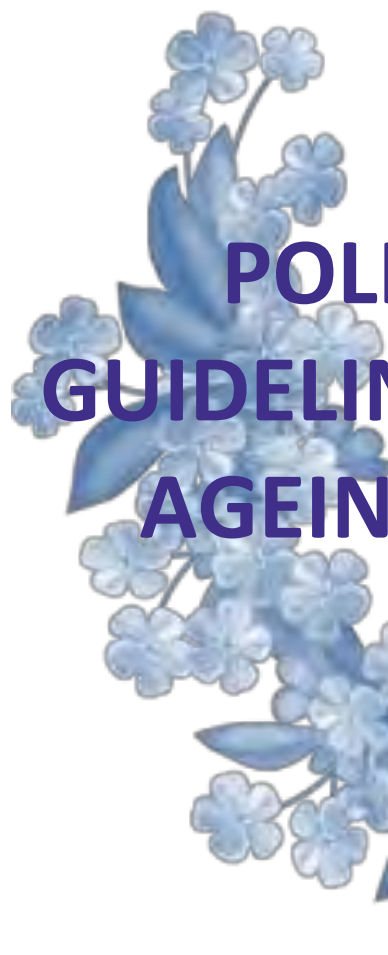
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CHAPTER 8

POLICY DOCUMENTS, GUIDELINES AND REPORTS ON AGEING AND DEMENTIAS



POLICY DOCUMENTS, GUIDELINES AND REPORTS ON AGEING AND DEMENTIAS

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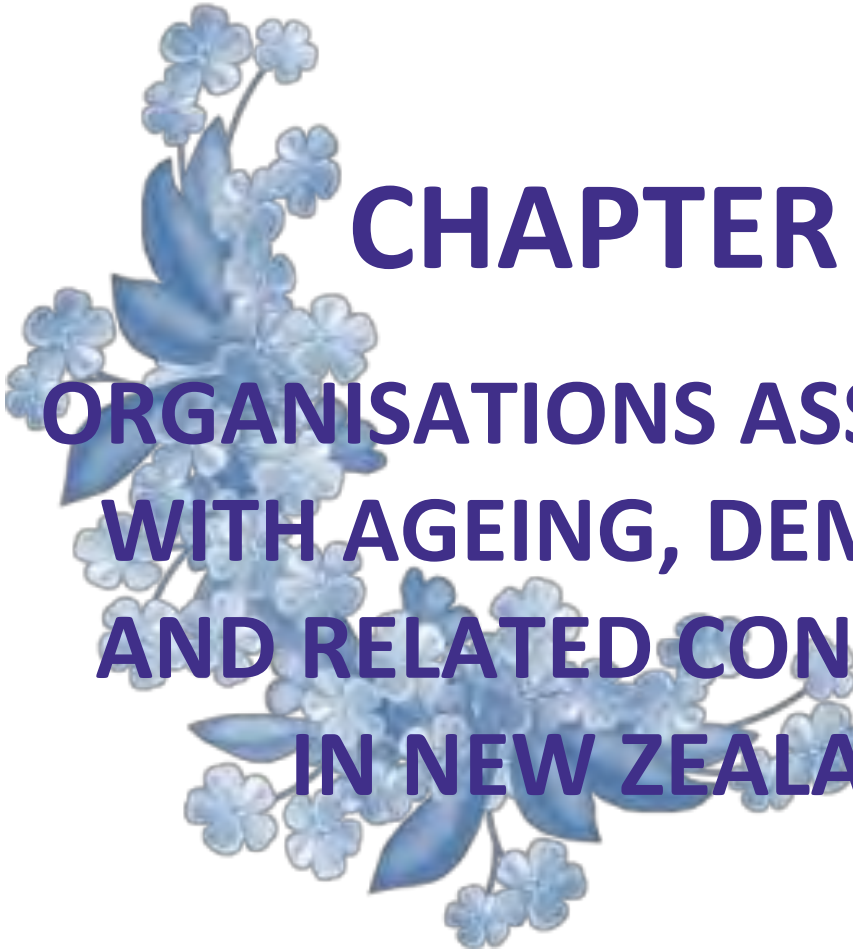

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CHAPTER 9
ORGANISATIONS ASSOCIATED
WITH AGEING, DEMENTIAS
AND RELATED CONDITIONS
IN NEW ZEALAND



ORGANISATIONS ASSOCIATED WITH AGEING, DEMENTIAS AND RELATED CONDITIONS IN NEW ZEALAND

1. New Zealand Association of Gerontology. Te Ropu Maturanga Kaumatua O Aotearoa. <http://gerontology.org.nz/>
2. Alzheimer's New Zealand. <http://www.alzheimers.org.nz/>
3. New Zealand aged care Association. <http://nzaca.org.nz/>
4. Alzheimer's New Zealand charitable trust. <http://www.alzheimersresearch.org.nz/>
5. National Dementia cooperative. <http://ndc.hiirc.org.nz/>
6. Neurological foundation of New Zealand. <http://www.neurological.org.nz/>
7. Carers net. <http://www.carers.net.nz/>
8. Eldernet. <http://www.eldernet.co.nz/>
9. Bupa. <http://www.bupa.co.nz/aged-care/>
10. Ministry of Health, Govt. of New Zealand. <http://www.health.govt.nz/your-health/conditions-and-treatments/mental-health/dementia>
11. The Selwyn Foundation. <http://www.selwyncare.org.nz/>
12. Agewell. Health promotion for older people in New Zealand. <http://www.agewell.org.nz/>
13. New Zealand Nutrition foundation. <http://www.nutritionfoundation.org.nz/>
14. The hopeworks foundation. <http://www.hopeworks.org.nz/>
15. The Parkinson's society of New Zealand. <http://www.parkinsons.org.nz/>
16. The stroke foundation of New Zealand. www.stroke.org.nz
17. The New Zealand brain research Institute. <http://www.nzbri.org/>
18. Age concern. <http://www.ageconcern.org.nz/>



CHAPTER 10
RESEARCH
FUNDING AGENCIES



RESEARCH FUNDING AGENCIES IN NEW ZEALAND

- This is a very useful document Otago University's Funding Opportunities <http://www.otago.ac.nz/research/otago078212.pdf>>
- Breakout – the governments funding information service – free to access if you go to a public library <http://www.fis.org.nz/products/breakout/>
- NZNO and Nursing Education Research Foundation <http://www.nzno.org.nz/Portals/0/Files/20140819%20Grant%20List%20%20%28Final%29%20as%20at%20August%202014.pdf>>
- NZORD New Zealand Organisation for Rare Disorders. This includes HRC funding, The Marsden Fun, The Centres of Research Excellence etc also a very good website http://www.nzord.org.nz/about_nzord>
- Auckland Medical Research Foundation. <http://www.medicalresearch.org.nz/>>
- Malaghan Institute of Medical Research. <http://www.malaghan.org.nz/>>
- Clinical Trials New Zealand. <http://clinicaltrials.health.nz/>>
- Health Research South. <http://www.otago.ac.nz/dsm/research/#hrs>>
- Canterbury Medical Research Foundation. <http://www.cmrf.org.nz/>>
- New Zealand Association of Clinical Research. <http://www.nzacres.org.nz/>>
- Royal Society of New Zealand. <http://www.royalsociety.org.nz/>>
- Wellington Medical Research Foundation. <http://wmrf.co.nz/>>
- Lottery Health Research. <http://www.communitymatters.govt.nz/Funding-and-grants---Lottery-grants---Lottery-Health-Research>>
- New Zealand Winston Churchill Memorial Trust. <http://www.communitymatters.govt.nz/Funding-and-grants---Trust-and-fellowship-grants---New-Zealand-Winston-Churchill-Memorial-Trust>>
- The Charles Hercus Health Research Fellowship
- Foxley Fellowship
- Girdlers' New Zealand HRC Fellowship
- Clinical Research Training Fellowship
- Clinical Practitioner Research Fellowship
- Maori Health Research Career Development Fellowship
- Pacific Health Research Career Development Fellowship

<http://www.hrc.govt.nz/funding-opportunities/career-development>

PACIFIC HEALTH

- Sir Thomas Davis Te Patu Kite Rangi Ariki Health Research Fellowship
- Pacific Health Research Summer Studentships
- Pacific Health Research PHD Scholarships
- Pacific Health Research Postdoctoral Scholarships
- Pacific Health Research Masters Scholarships
- Pacific Health Research Development Grant

<http://www.hrc.govt.nz/funding-opportunities/pacific-development>.

MĀORI HEALTH

- Maori Health
- Maori Health Research Development Grants
- Maori Health Research Knowledge Translation Grants
- [Ngā Kanohi Kitea Development Grant](#)
- [Ngā Kanohi Kitea Full Project Grant](#)
- Maori Health Research Summer Studentships
- Rangahau Hauoara Award
- Maori Health Research Masters Scholarship
- Maori Health Research PHD Scholarships
- Maori Health Research Postdoctoral Fellowships
- Irihapeti Ramsden Research Fellowship in Maori Health
- Erihapeti Rehu-Murchie Research Fellowship in Maori Health
- Eru Pomare Research Fellowship in Maori Health
- Hohua Tutengahe Research Fellowship in Maori Health

<http://www.hrc.govt.nz/funding-opportunities/maori-development>>

- Health and Wellbeing in New Zealand HRC – Investment signal 2015
- Improving outcomes for acute and chronic conditions in New Zealand – Investment signal 2015
- New Zealand Health Delivery – Investment signal 2015
- Rangihau Hauora Maori – Investment signal 2015

<http://www.hrc.govt.nz/sites/default/files/2015%20Investment%20Signal%20-%20Improving%20Outcomes%20-%20Final.pdf>>

- The Oakley Mental Health Research Foundation. <http://www.oakleymentalhealth.co.nz/>
- The Waikato Medical Research Foundation. <http://www.wmrf.org.nz/>
- [Māori Economic Development Request for Proposals 2014.Nga Pae O Te Maramatanga. Māori Economic Development Research Fund.](#) <http://www.maramatanga.co.nz>

