

# KAUMĀTUA MANA MOTUHAKE PŌI: KOTAHITANGA RESEARCH NETWORK

November 2019

## Provider Forum: Rauawaawa

We at the Rauawaawa had several challenging experiences about integrating kaumātua with mate wareware (dementia) into our usual programmes, while maintaining their mana. In 2018, Rauawaawa were supported by Alzheimer's New Zealand to develop and implement a culturally responsive programme to promote understanding of mata wareware and the services available to support both the individual and whānau. The programme is called Hiki te Wairua (Lift the Spirit) and includes four key components:

- ◆ A weekly group-based programme incorporating opportunities to engage and participate in activities such as te reo, waiata, poi and rākau.
- ◆ Individualised visits that incorporate opportunities to educate and share information on mate wareware with whānau and Kaumātua.
- ◆ The incorporation of mate wareware service providers in our quarterly health presentations to promote awareness and to develop relationships.
- ◆ To increase awareness about mate wareware at our annual Kaumātua Olympics.

Kaumātua are a cultural *taonga*. Symptoms that change them from what they have been in the past to who they are with *mate wareware* are challenging. Their significant contribution to the wellbeing of a whānau, iwi and community is a small reminder of why they deserve the best of care available to ensure “Hei manaaki i ngā Kaumātua.”

### Upcoming Events

- *Ageing Well National Science Challenge Conference, 14-15 Nov 2019 Wellington*
- *National Kaumātua Service Providers Conference, 18-21 Nov 2019 Rotorua*

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Image Source: Kaumātua Mana Motuhake Research Photo Archive, Tuatahi Oct-Nov 2017



: Kaumātua Mana Motuhake Research Photo Archive, Tuatahi Oct-Nov 2017

## Loneliness

Jamieson, H., Gibson, H., Abey Nesbit, R., Ahuriri-Driscoll, A., Keeling, S., & Schulter, P. (2018). Profile of ethnicity, living arrangements and loneliness amongst older adults in Aotearoa New Zealand: A national cross-sectional study. *Australasian Journal on Ageing*, 37, 68-73.

This study examined a large sample of kaumātua who completed a residential assessment. For Māori, 38% were living alone although only a quarter of them feel lonely. Further, there were no differences in loneliness between kaumātua living alone and those living with others. The key conclusion is that you can't simply conclude that someone is lonely because they live by themselves. There are kaumātua who feel lonely that live with others.

## Understanding Mate Wareware (Dementia)

Dudley, M., Menzies, O., Elder, H., Nathan, L., Garrett, N., & Wilson, D. (2019). Mate wareware: Understanding 'dementia' from a Maori perspective. *NZ Med J*, 132, 1503.

This study investigated Māori understandings of mate wareware (dementia). The authors conducted 17 focus groups with 223 kaumātua across seven regions in Aotearoa. They found five key elements to understanding mate wareware: a) Ngā Pūtake (causes such as social isolation & colonisation); b) Ngā Rongoā (protective factors such as te reo Māori and tikanga Māori); c) Aroha & Manaakitanga (compassion and caring by whānau working together); d) Kaitiakitanga (caregiving based on Māori ways); and e) Ngā Ratonga (dementia services). The results point to the need for service providers to work with the whole whānau and not just the person with mate wareware. They also point to the need for culturally responsive services that include the whānau in the management of mate wareware.

Cullum S, Mullin K, Zeng I, et al. Do community-dwelling Māori and Pacific peoples present with dementia at a younger age and at a later stage compared with NZ Europeans? *International Journal of Geriatric Psychiatry*. 2018; 33(8):1098–104.

This study sought to identify whether there are ethnic differences in presentation of dementia. The authors examined the records of 360 patients presenting to a memory service with a new diagnosis of dementia. The authors found that Māori with a new diagnosis of dementia were 8.5 years younger than Pākēha and 3.3 years younger than Pacific peoples. There were no difference in the rates of dementia across the three groups.



Kaumātua Mana Motuhake  
Research Photo Archive, Pilot  
2017

## Reasons for Hospitalisation

*Teh, R., Menzies, O., Connolly, M., Doughty, R., Wilkinson, T., Pillai, A., . . . Kerse, N. (2018). Patterns of multi-morbidity and prediction of hospitalisation and all-cause mortality. Age and Ageing, 47, 261-268*

This study examined clusters of health conditions in kaumātua aged 80+ to see how they were related to certain health outcomes. The authors found that people with a complex multi-morbidity profile had the highest prevalence of inappropriately prescribed medications. Further, the diabetes cluster has a higher risk of hospitalisation and mortality after four years. The authors conclude that for older kaumātua, it is better to predict health outcomes by clusters of conditions rather than any single condition.



: Kaumātua Mana Motuhake Research Photo Archive, Tuatahi Oct-Nov 2017

## Frailty and Kaumātua

*Richards, S., D'Souza, J., Pascoe, R., Falloon, M., & Frizelle, F. (2019). Prevalence of frailty in a tertiary hospital: A point prevalence observational study. PLoS One, 14, e0219083.*

This study examined the level of frailty in a hospital in Christchurch. It found that nearly 49% of patients in the hospital were frail. While Māori patients were a small percentage of the total, they were 4 times more likely to be frail than Pākēha. This finding is consistent with other studies. The authors offered no specific reasons why this is the case or what interventions might help. However, a new study is being undertaken that might provide a solution.

*Teh, R., Kerse, N., Waters, D., Hale, L., Pillai, A., Leilua, E., . . . Connolly, M. (2019). Study protocol of a randomised controlled trial to examine the impact of a complex intervention in pre-frail older adults. Aging Clinical and Experimental Research, 31, 1407-1417.*

This article provides a study protocol for a study that is underway to help improve frailty through an intervention involving nutrition, strength and balance exercise, or both. The nutrition is an 8-week class and the strength and balance is a 10-week class. Participants will be from different ethnic groups and be older adults (60+ for Māori). Results are supposed to be out in 2020 so watch this space.



# Research on Housing and Falls

*Pledger, M., McDonald, J., Dunn, P., Cumming, J., & Saville-Smith, K. (2019). The health of older New Zealanders in relation to housing tenure: analysis of pooled data from three consecutive, annual New Zealand Health Surveys. Australian and New Zealand Journal of Public Health, 43, 182-189*

The study examined the type of housing that older adults (55+) have. The authors found that 83.2% are owner-occupiers, 12.4% private renters, and 4.5% public renters. Rental housing is associated with poorer health and unfortunately the proportion of renters is increasing. Further, Māori are more likely to be renters than Pākehā.

*Jamieson, H., Nishtala, P., Scrase, R., Deely, J., Abey-Nesbit, R., Connolly, M., . . . Schluter, P. (2018). Drug burden and its association with falls among older adults in New Zealand: A national population cross-sectional study. Drugs Aging, 35, 73-81.*

This study examined the association between exposure to anticholinergic (block involuntary muscle movements) and sedative medicines and falls in older people. The authors created a drug burden index based on the amount of medicine and dosage. They found that the greater the drug burden index, the greater the risk of falling. They conclude that clinicians can use the drug burden index alongside electronic prescribing to reduce the risk of falls.

## LET US KNOW

Let us know any thoughts you have for the newsletter or what we can be doing as part of the network.

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## Upcoming Events and Updates

- The whole network will be meeting at the National Kaumātua Service Providers Conference in Rotorua on 18 November. We are looking to seeing you there.
- The tuakana-teina project is moving along. Planning is coming along as providers work through adaptations and identifying their greatest needs. There will be an in-depth working meeting at the conference.
- The Mātauranga Tuku Iho project won't start formally until next year. However, at the conference meeting, the researchers and providers will meet to start the co-design process of the intervention. It is a great opportunity to get started.
- We are interested in profiling each of the providers in the newsletters. This first one was about Rauawaawa to give an idea of what we are thinking about. It is a way to share some innovations, challenges or positive work that you are engaged in. Let us know if you have something to share.