Introduction - Dementia is a condition that is becoming increasingly prevalent both globally and within New Zealand, largely as a result of people living for longer and populations as a whole ageing. In 2011, Alzheimer's New Zealand estimated 48,000 New Zealanders were living with dementia, a figure that is expected to more than triple by 2050 to around 147,000. Despite significant international research efforts aimed at finding treatment for dementia, no miracle cures are likely to be available for clinical use in the near future; therefore global efforts have expanded to consider the quality of life that people living with dementia can enjoy. Creating dementia-friendly communities is a concept that is becoming embraced worldwide, with England, France and the Netherlands appearing as world leaders. Although there is no universal definition of what a dementia-friendly community entails there is a general consensus and agreement with Sam Davis’ and colleagues’ definition that a dementia friendly community is “a cohesive system of support that recognises the experiences of the person with dementia and best provides assistance for the person to remain engaged in everyday life in a meaningful way”. This definition highlights and incorporates the promotion of independence of those living with dementia, the need to enhance the accessibility of local services and networks, reduce social isolation, increase safety and create a physical environment that is easy to navigate and complementary to their needs. Importantly, a city that is designed to be dementia-friendly is also a city that is friendly to all.

The city of Christchurch after the 2010-11 earthquakes is in a unique position because of its rebuild to be the first purpose-designed and built dementia-friendly city in New Zealand and potentially the world. Imperative to establishing what a Dementia-Friendly Christchurch should entail is input from people living with dementia in the city. This project aimed to engage with Christchurch residents living with dementia to elicit their views, thoughts and opinions on what currently works well in their local communities, what doesn’t, what is important to them and what they would like to see as part of the Christchurch rebuild that would make Christchurch a more dementia-friendly city.

Method - The project included 26 participants, 14 males and 12 females, spanning in age from 60 to 95, living with various stages of dementia. Seven of our participants were living in care facilities including two in independent living villas and the remaining participants were still living in their own private dwellings. The interviews took place in the participants’ own homes at a time that suited them in order to make them feel more comfortable. The interviews were semi-structured consisting of a series of broad open-ended questions. Each interview ranged from 40 minutes to 3 hours in length and was transcribed in order to identify common themes by thematic analysis.

Results - Three major themes arose from this research project that broadly capture the big-picture views and opinions of those living with dementia in the Christchurch region about what a dementia-friendly community should entail. These are the importance of social networks, dementia awareness in the wider community and attributes of the physical environment.

Networks - The majority of participants commented on the importance of belonging or feeling part of an organisation or network. Alzheimer's Canterbury was viewed particularly favourably by many participants who found it to be a very supportive organisation. Harakeke Club (a dementia day service) and Probus also received positive reviews. The social interaction aspect of these organisations and networks appear to be the feature most valued by participants who attended meetings/events regularly. Participants commented that their best source of information about living with dementia was from others that were going through the
Dementia awareness – The need to increase dementia awareness in the wider community was another key theme that arose from these interviews. In general the consensus among participants was that better education, awareness and understanding of dementia by the wider community would significantly improve community engagement for people with dementia. For example, one participant and his carer commented that once they informed relevant shop assistants that he had dementia their patience and quality of service was substantially better. Other participants reported negative experiences of mis-treatment in the form of frustrated staff members and even unapproved cash withdrawals; situations participants believe could have been avoided had staff been trained about dementia. The police, young people, work colleagues and anyone in a customer service role were specific groups identified by participants as requiring dementia-specific training. Dementia awareness and education was also identified as a need for many aspects of the health system in order to improve the care people with dementia receive. Several participants recalled negative hospital experiences where general wards did not appear to have a good understanding of dementia resulting in patients wondering or removing medical equipment from themselves. In addition it was raised that GPs need to be better equipped to recognise and diagnose dementia earlier, and to better acknowledge and value the input of spouses/carers in health decisions where appropriate.

Physical Environment -The physical design and environment of the city was the third major theme highlighted by this project and raises some significant points of value when considering the physical rebuild that is beginning in Christchurch. Firstly, it was noted that shiny, tiled floors that appear in many public buildings such as Council buildings and malls, can appear like slippery glass to people with dementia, resulting in the participants being very cautious to step on them and apprehensive to enter these places at all. Smaller, more open planned malls with outdoor spaces were viewed more positively than the larger malls which were perceived to be overwhelming. Signage, particularly in respect of identifying toilets in public places, was also seen as an area requiring improvement. Several participants also voiced their concern about local cracked pavement as a result of tree roots and the slipperiness of pathways when big trees shed their leaves. The majority of participants highly valued have a small shopping village within walking distance of their home that contained the basic necessary amenities such as GP, supermarket and pharmacy because transport was a significant issue. In general participants found the public bus system helpful and cooperative with only a few commenting negatively about bus drivers' courtesy to lower the bus to make it easier to board and young people not forfeiting their seat for senior citizens. Getting somewhere via a two-stage journey was identified as a large barrier and one that increased as dementia progressed. Gold Card taxi service discounts appeared to increase taxi usage; however cost was still an issue with many participants commenting on places they do not go because of the cost. The availability of phones in public places to call a taxi was also mentioned as an area requiring improvement in addition to having a seated taxi waiting area. Accessibility to green spaces and quiet neighborhoods was identified by the majority of participants as important attributes to consider as part of the rebuild.

Conclusion – In conclusion, local consultation with people with dementia has identified a range of important attributes that must be consider by all parties involved in the physical rebuild of Christchurch city, in addition to those involved in service provision and community engagement, to ensure Christchurch’s rebuild is dementia-friendly. The position Christchurch currently finds itself in post-earthquakes is a truly unique opportunity that should not be missed. If we can do it right, we will only have to be done once.