Māori Oral Health in Aotearoa

Māori Oral Health Quality Improvement Group

What we already know

Despite the health systems expressed commitment to Māori oral health care, the disparity between outcomes for non-Māori and Māori continues.

Percentage of population accessing oral health services over the life-course

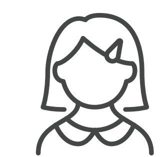
	5 year old	8 year old	Adolescants	Adults
Māori	58%	69%	44%	38%
NZ European	74%	86%	78%	52%
Difference	**-16%**	**-17%**	**-33%**	**-14%**

Source: The Ministry of Health: NZ Health Survey Statistics NZ 2012

What happens in early life matters

The quality of and access to oral health care for tamariki and rangatahi has a direct impact on their health and quality of life as an adult.

Inequity in oral health care is not a one time event in a Māori person's life. Failure at each point of contact has a cumulative impact.



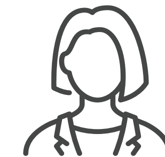
5 years old

8 years old

- Locality and access issues
- Disconnect between primary health care and child oral health care
- Variation in oral health promotion

RANGATAHI

- System failure to follow up missed appointments
- At-risk process failure
- Entrenched mistrust due to failure to address needs as tamariki
- Difficulty in enroling with a dentist



PAKEKE

- 60% - report poor oral health impact's life
- 20% - unlikely to visit dentist within a 12 month period
- 30% - report cost as main barrier
- 50% - refuse treatment due to cost

KAUMĀTUA

Māori have lower life expectancy compared to non-Māori

Peridontal sepsis has a strong connection to systemic disease. This has a direct impact on the health of Pakeke and Kaumātua.

Our recommendations to improve oral health care for life focuses on 6 key areas

SYSTEM

Ensure all parts of the health system are working together to address and improve oral health care for Māori, including the backlog as a result of COVID-19.

SERVICE MODEL

Integrate oral health care into primary health care.

FUNDING

Introduce a funding regime that supports proportionate universalism - resourcing and delivering of universal services at a scale and intensity proprortionate to need.

CONTRACTING

Utilise existing Māori Health Providers to deliver integrated oral health services for tamariki and rangatahi within their practices.

WORKFORCE

Address immediate need and invest in increasing Māori oral health workforce.

ACCOUNTABILITY

Ensure full visibility of what services are being delivered, the quality of those services and who is receiving them.

IMPROVE THE ORAL HEALTH OUTCOMES OF MĀORI

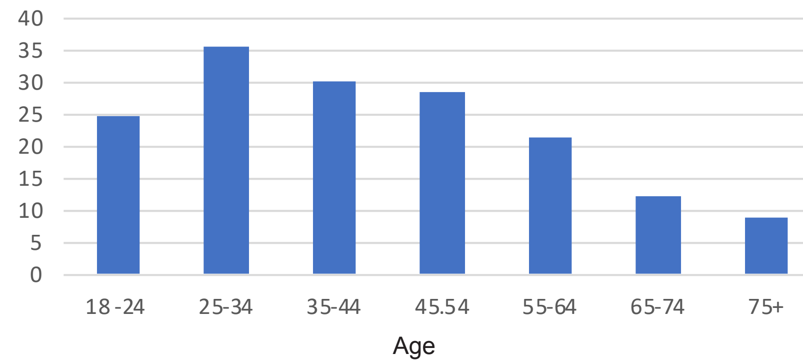
Māori Oral Health
Quality Improvement Group

The system of oral health care in Aotearoa

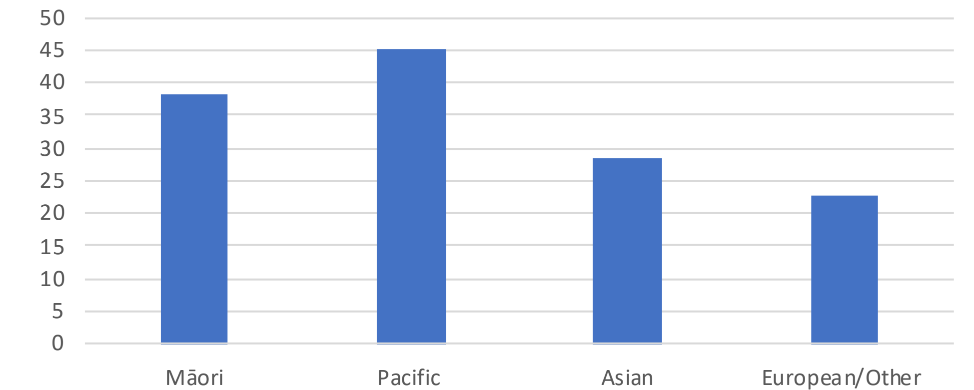
What we already know

Despite decades of compelling evidence that there are significant inequities in oral health status and outcomes for Māori compared to the non-Māori population over the life course, the health system and the oral health care sector have made few inroads in changing that trajectory.

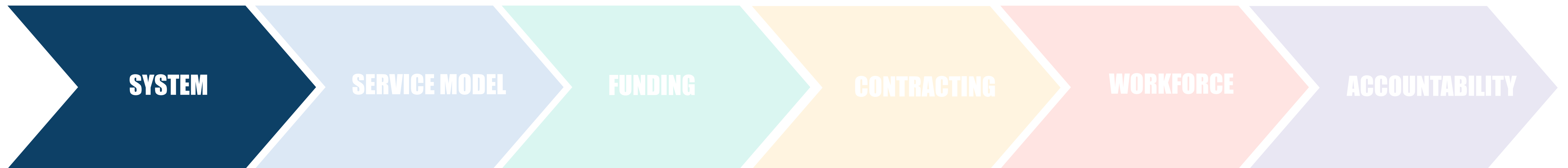
Prevelance of going without routine dental treatment in the last 12 months due to cost among adults 18 years and over



Prevalence of going without recommended routine dental treatment in the last 12 months due to cost among adults aged 18 years and over, by ethnicity



Our recommendations to improve the oral health system in Aotearoa



Elevate the right of Māori to good oral health under Te Tiriti o Waitangi, the right of indigenous people to health that is accessible, available, acceptable and quality under the United Nations Declaration.

Urgently address the backlog of tamariki and rangatahi who require dental assessment and treatment created by COVID-19.

Require oral health sector leaders to work with the DHB Māori Relationship Boards to establish oral health as a health and Māori development priority.

Ensure the Ministry of Health, Health NZ and the Māori Health Authority strengthen accountability mechanisms and use measurable indicators to montior performance and report publicly on progress.

Implement the Māori Oral Health Equity Plan with oversight from a Māori Oral Health Equity Reference Group and include Māori community representation.

Establish executive leadership role in Health NZ and the Maori Health Authority with the responsibility of commissioning to achieve equity in oral health for Māori tamariki, rangatahi, pakeke and kaumātua.

Continue to fund the work of the Māori Oral Health Quality Improvement Group.

Māori Oral Health Quality Improvement Group

The service model of oral health care in Aotearoa

What we already know

The current service model is outdated and fragmented and has introduced more barriers to accessing oral health care and dental treatment for Māori at every stage of their life.

Barriers to accessing oral health care and dental treatment

LOCATION
URBAN vs RURAL

ACCESS CHALLENGES

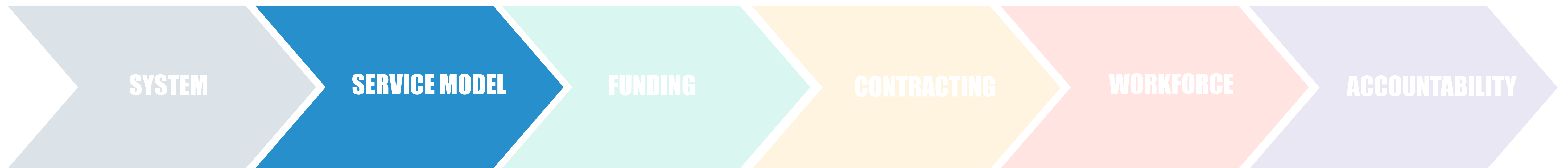
HIGH COST

NO INTEGRATION

VARYING QUALITY OF CARE

LIMITED FOLLOW UP

Our recommendations to improve our Service Model of oral health service delivery in Aotearoa



Commission integrated model/s of oral health care that are informed by equity focused commissioning frameworks (such as the Central Region DHB Equity Framework) that are integrated with general primary care health to provide quality oral health services across the life course.

Use Ngā Ara Tika (The Integrated Practice Guidelines) to inform the integration of oral health and general prrimary health care.

Reinstate public health roles of promotion, education, and the prevention of poor oral health.

Flexible and innovative operating hours and contracts to increase accessibility and wider availability.

Design pathways of care that address the needs of Māori living in rural areas.

Redesign the current child oral health services hub and spoke model to:

- Address the delivery pathway that has led to years of under or no dental care for tamariki
- Reinstate mandatory health promotion roles
- Address high ASH admission rates for surgical intervention under general anaesthetic

Ensure whānau Māori preferences and priorities are embedded in service design.

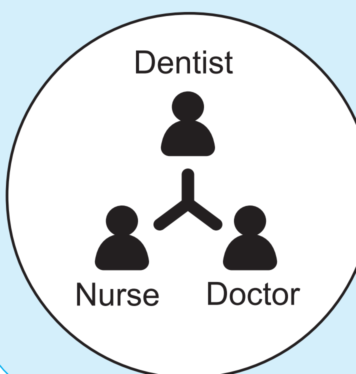
Develop a new adolescent service model that ensures all rangatahi receive their entitlement of oral health care.

Include rangatahi-centric oral health promotion and education.

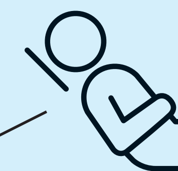
Introduce a free oral health care programme for Māori mothers (prioritising 18-30 years olds), low income adults, and for those with chronic systemc disease.

Introcduce a model that provides essential dental care rather than emergency dental care for low income adults and make preventive care a core component of the Special Needs Grant and the Relief of Pain Contract.

Māori Health Providers



Providing integrated, low cost, accessible and community-based primary and oral health care



To the individual, at all stages of life.

To ensure healthier whānau.

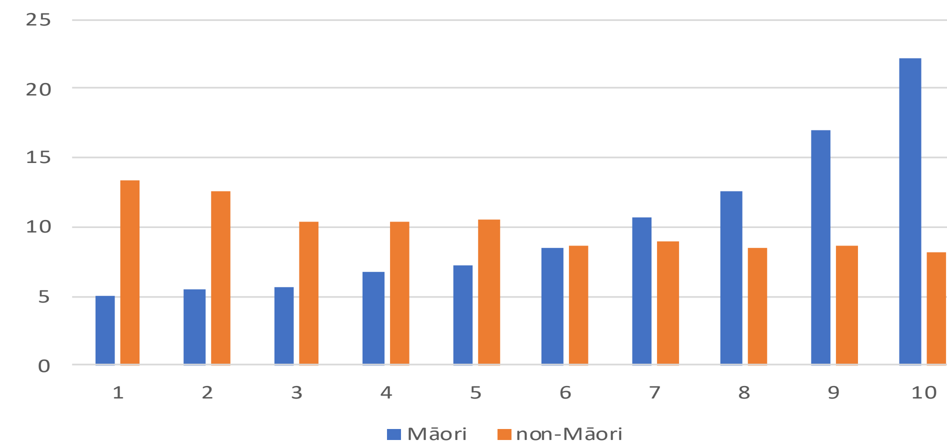
Māori Oral Health
Quality Improvement Group

The funding for oral health care in Aotearoa

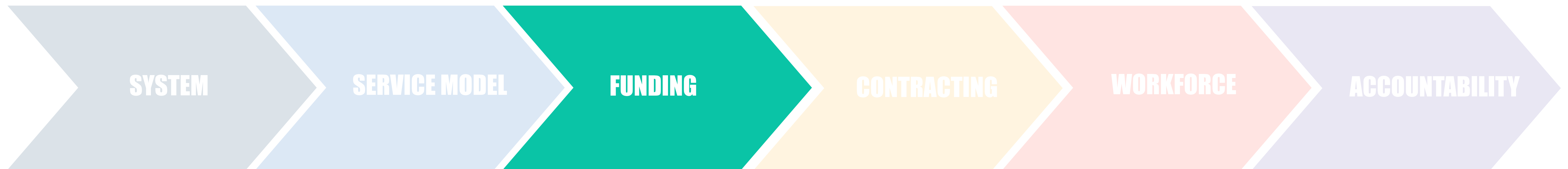
What we already know

The current funding model for tamariki and rangatahi services assumes that oral health need is uniformly distributed but evidence shows that this is not the case.

The three programmes designed to assist low income adults to access dental treatment are inadequate and require an overhaul.



Our recommendations to improve funding for oral health in Aotearoa



Introduce a funding regime that resources and delivers universal services at a scale and intensity that meets the greater oral health need of Māori.

Address the problems with the Special Needs Grant (SNG) administered by WINZ.

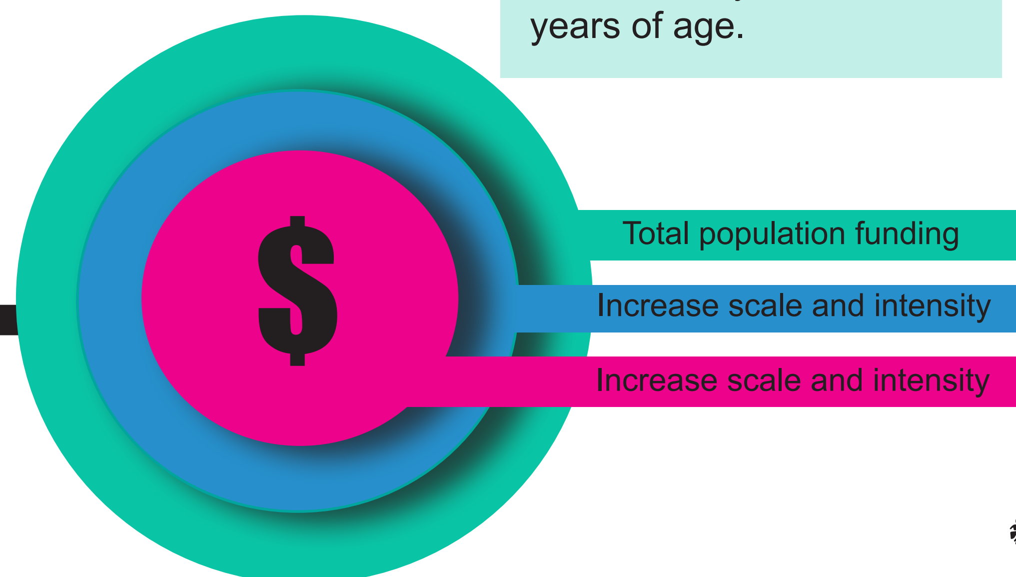
Alter the Combined Dental Agreement for all New Zealanders to extend the age of entitlement for adolescents for 5 years from school year 9 to 22 years of age.

Measure oral health spending in child oral health services and the adolescent universal programme against oral health outcomes for tamariki and rangatahi.

Strengthen the integration of oral health within primary care by introducing capitated funding streams for compromised and at-risk populations, particularly those with systemic conditions that are negatively impacted by chronic and acute oral sepsis.

Include in the Electronic Oral Health Record (EOHR) new clincal descriptions, treatment codes and schedule items specific to the integrated service delivery model.

UNIVERSAL PROPORTIONAL FUNDING



TO ENSURE ALL ORAL HEALTH CARE NEEDS ARE FUNDED EQUITABLY

The contracting of oral health care in Aotearoa

Māori Oral Health Quality Improvement Group

What we already know

Current contract process are woeful, they are not focused on improving oral health, expectations and reporting requirements are weak and there are no consequences for non-delivery of care.

Dental Health status of five-year old population

YEAR	Total Population Number	Total Population % caries free	Māori Population Number	Māori Population % caries free
2005	39,173	51.95%	8983	30.17%
2010	44,752	57.16%	10,069	38.26%
2015	46,060	59.58%	9862	39.36%
2019	39,662	58.85%	9382	41.12%

Our recommendations to improve contracting of oral health services in Aotearoa

Enable Māori oral health providers to expand sustainably, recruit and retain well qualified and trained workforce to provide integrated, quality and safe oral health.

Shift the focus of health agencies particularly planners and funder from an annual cycle of contracting with Māori Oral Health providers to a strategic relational contracting regime over a longer period of time, with contracts that cover the actual costs of delivering to a concentrated population with complex health and social needs.

Allow Māori oral health providers to access the planned investment of $37.5m for additional mobile dental clinics so that they can upgrade their mobile dental clinics and purchase new infrastructure to support expansion.

Enable the entry of other providers to delivery emergency dental care by making the relief of pain contract available to Māori oral health providers (prioritised) and community dentists working in rural and deprived communities.

Enable contracts that build on existing arrangements to address the compounding morbidity caused by the continuing inequity among Māori.

The oral health care workforce in Aotearoa

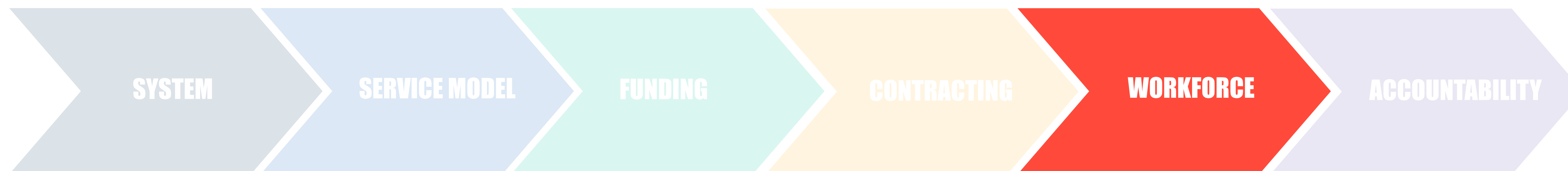
Māori Oral Health Quality Improvement Group

What we already know

The acute shortage of Māori in New Zealand's oral health workforce and the wider overall shortage of dental therapists and oral health clinician's has an adverse impact on all New Zealanders.

Workforce	Registered	Practicing	Māori
Dentists and dental specialists	2969	2465	89 (3.6%)
Dental therapists	458	412	51 (12.4%)
Dental hygienist	467	398	9 (2.3%)
Dental technician	405	361	10 (2.8%)

Our recommendations to increase and improve the oral health workforce in Aotearoa



Promote the oral health career pathway to Māori.

- Career promotion at secondary schools, and with hapū and iwi.
- Increase Māori uptake of high quality science classes in secondary school and distance learning.
- Support attainment of skills that will facilitate selection into the highly competitive Bachelor of Dentistry (BDS) programme.
- Fund dental assistance training in Māori oral health providers with pipeline to dental therapy or the BDS.
- Urgently reinstate dentists on to the Essential Skills in Demand (ESID) lists to enable Māori oral health providers to recruit internationally experienced dentists.

Develop a comprehensive workforce plan:

- Develop tertiary scholarships specific to oral health.
- Professinal development for practitioners that includes clinical competence, cultural safety, social responsibility, and equity.
- Provide training, resources, and competencies for non-clinical oral health workers.
- Invest in workforce roles in oral health education, promotion, and integrated settings.
- All oral health training institutions to establish robust affirmative action policies focused on increasing Māori students in their training programmes and improve the cultural safety curricula and teaching.
- Develop a 'graduate of practice' programme in the Māori oral health provider setting, including a mentoring programme for post-graduates.

Expand the Health Workforce NZ (HWFNZ) Voluntary Bonding Scheme

- Equitably prioritise rural and high deprivation communities.
- Include oral health therapy.
- Provide greater incentive for placements at Māori Oral Health Providers.
- Report progress to the Group and Te Ao Marama.
- Develop Māori oral health providers as centres for immigrant dentist training for NZ registrations.
- Invest in increasing the number of Māori dentists with post graduate qualifications
- Include Post-Grad Y1-3 Dentists at Māori oral health providers or rural/remote practices.
- Strengthen Dental Council NZ cultural safety standards.

The accountability of oral health care in Aotearoa

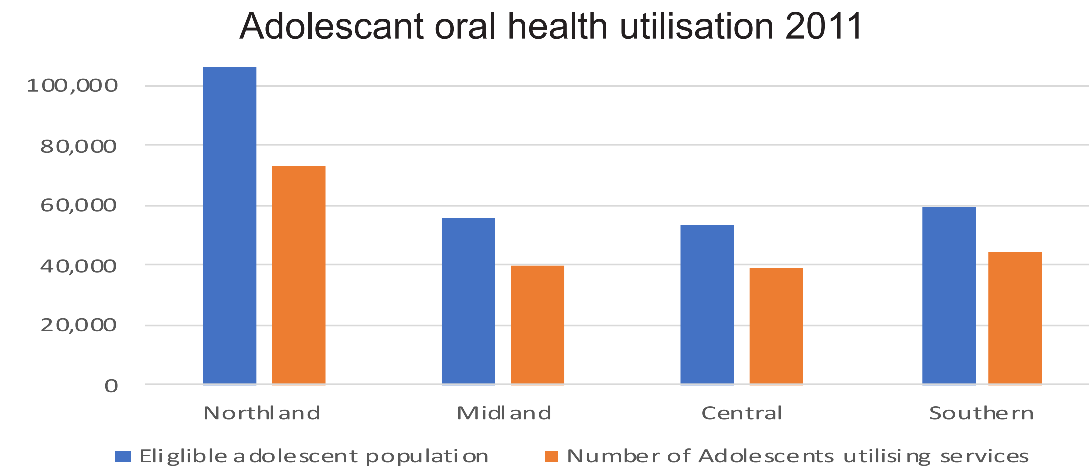
Māori Oral Health Quality Improvement Group

What we already know

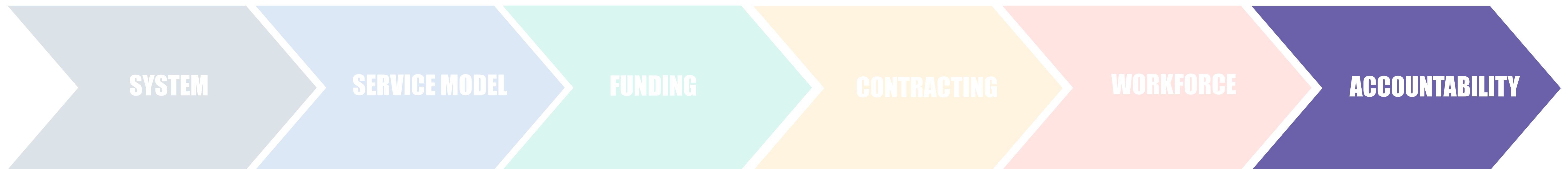
Accountability through public reporting is weak. It has been focused on enrolment into adolescant services, and not outcomes.

Reporting on tamariki has only recently included ethnicity data as a variable and there is no routine reporting on adult oral health.

Information is gained from surveys or research.



Our recommendations to improve accountability of the oral health services in Aotearoa



System

Make oral health and oral health equity a whole-of-government accountablity.

Establish the mandatory collection of ethnicity data in compliance with the HISO 10001;2017 Ethnicity Data Protocols in child oral health services and the adolescent universal scheme, and audit.

Require the public reporting by ethnicity, age, sex and DHB of measures focused on oral health outcomes.

Service model

Regularly survey whānau to assess their satisfaction with the delivery of oral health services for their whānau.

Funding

Provide good information to whānau about adolescent oral health services and their entitlements.

Contracting

Establish an independant role to monitor equity trends, performance, workforce and models of care.

Workforce

Make registration authorities responsible for monitoring and reporting on inequity.

Accountability

Require the Health and Disability Commissioner to examine trends over time and begin to make comments about the wider sector activities and impacts on a population in conjunction with registration authorities.