National Māori Oral Health Equity Action Plan 2020-2023

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Ka pū te ruha, ka hao te rangatahi.

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Introduction

Equitable health care is necessary to the success of any quality health system. Achieving equity in health recognises that different people with different levels of advantage require different approaches and resources to achieve the same outcome (Ministry of Health, 2018). Māori experience unacceptable inequities in health outcomes, and oral health is no exception. Māori are disproportionately represented in measures of oral health disease and outcomes and this is having a huge impact on the health and well-being of whānau Māori across the age spectrum. Child oral health data shows a far greater proportion of tamariki Māori have dental disease and their experience of this disease is more severe. As a result of this severe experience, a greater proportion of tamariki Māori are admitted to hospital for treatment of this dental disease. Rangatahi Māori (13-18 years old) have poorer oral health service utilisation rates compared to non-Māori youth, and from the age of 18 years have higher rates of unmet oral health disease and are more likely to delay treatment due to cost (Ministry of Health, 2010; Public Health Advisory Committee, 2003; Ministry of Health, 2019).

'Good oral health, for all, for life' (Ministry of Health, 2006) provided the platform for designing and delivering an equitable fit-for-purpose oral health system. The reorientation of school dental service to community-focused dental hubs was a main action of the strategy to enable equitable oral health outcomes. But equity has not been achieved. Research, reports, and innumerable whānau voices have identified ongoing barriers to access to care. Unresponsive and inappropriate models of care, and cultural incompetence have been identified as main contributors of continued inequities in oral health for Māori.

The current plan aims to address oral health inequities. Throughout its development, there has been a clear and resounding willingness from the oral health sector to deliver an oral health system that leaves no-one behind. Implementing this plan, and making sustainable improvements, will take substantial effort, and a continued commitment from everyone to ensure all Māori enjoy good oral health, for life.

Being accountable to Māori

The place and role of Te Tiriti o Waitangi in health and health care provision is well established. Māori have unique rights as Treaty partners, and as citizens of Aotearoa New Zealand, to enjoy good oral health. But we know this has not been the case. The WAI2575 Health Services and Outcomes Kaupapa Inquiry identified consistent failures of the Crown in its commitment to achieve equity of health outcomes for Māori. Provisions to ensure Māori have adequate decision making, influence, investment, and appropriate accountability mechanisms to ensure the delivery of quality health care to Māori communities have not been met (Waitangi Tribunal, 2019).

The Health and Disability System Review has also investigated how the system could be better designed and delivered with a specific goal of achieving equity of outcomes for Māori. The review revealed that Māori, as Tiriti/Treaty partners, have not been well served by the health system, and looking forward, mātauranga Māori and rights under Te Tiriti o Waitangi must be fully implemented (NZ Health & Disability System Review, 2019).

Oral health is an integral part of the health system, and is necessary for achieving the overarching goal of He Korowai Oranga, Pae Ora – healthy futures (Ministry of Health, 2014). This action plan presents an opportunity to better implement the partnership established in Te Tiriti o Waitangi, to bring about the fundamental disruptive change needed to move to a model that is whānau centric, kaupapa Māori driven, and where prevention, promotion, and integration are embedded as best practice. But the success of this model will rely on a mix of providers and practitioners, who are clinically competent, culturally safe, and willing to work as a team, with a common purpose to eliminate inequity in oral health outcomes for Māori.

As a united oral health system, we can collectively make ourselves accountable for equity improvements for Māori. This action plan is the first step toward achieving long term, sustainable change.

Māori oral health equity action plan

The development of this plan has been informed by a number of sector activities and wide consultation. In December 2018, the Māori Oral Health Quality Improvement Group, in partnership with Te Ao Marama the Māori Dental Association, held an invited sector Think Tank.

Comprising key experts from across the oral and broader health sectors, the Think Tank identified key issues impacting on whānau Māori, the barriers within current structures and practices that disadvantage Māori, and potential solutions. The Think Tank bought a strategic focus to these issues, and discussed urgent and long-term changes needed to achieve oral health equity.

A Māori Oral Health Equity Matrix ('the matrix') was developed from the Think Tank, and subsequently circulated to wider stakeholders for feedback. A national Māori Oral Health Equity Symposium held in October 2019 provided a further opportunity to gather sector-wide input on the matrix priorities and activities, through workshops built into the programme. The Symposium had a cross representation of oral health, health, and Māori health, and non-health sector stakeholders.

Finally, an analysis of the discussion generated by the symposium workshops – and supported by an expert advisory group, identified four main priorities to focus efforts over the next three years. The four priority areas are:

Priority 1: Achieving an equitable oral health system
Priority 2: Responsive oral health services
Priority 3: Greater whānau participation
Priority 4: Building a fit for purpose oral health workforce

Priority 1: Achieving an equitable oral health system

	Action	Lead	Year	Investment	Measuring Success	Impact
Disruptive fundamental change						
1.1	Commission a model of care that provides quality oral health services across the lifecourse. Key elements: responsive to Māori, best practice for Māori, integrated with primary care, flexible workforce, flexible hours, whānau centric, community centric, focus on oral health prevention and promotion (Ministry of Health, 2006).	QIG Partners: NZDA, Te Ao Marama, NZCGP, Te Ora, MOH	1-3	New and existing	New oral health model for Māori developed with key elements are included, and adopted	Future gain
An equitable national approach						
1.2	Review the National Service Framework for the community oral health service and make explicit equity actions, expectations, and accountabilties.	MOH Partners: QIG, DHB COHS, Te Ao Marama	1	None	NSF reviewed and equity actions, expectations and accountabilites are explicit in revised version	Quick win
1.3	Reinstate, and make mandatory oral health promotion roles as an integral function of oral health services.	MOH	2	Required	Promotion roles established; oral health services model is responsive to whānau needs; Whānau engagement improves	Future gain
1.4	Integrate Kaupapa Māori oral health promotion, prevention, and education into National Service framework service specifications.	MOH	1-3	Required	An upstream and culturally safe approach to prevent dental disease and support good oral health in the home is established and implemented Whānau engagement improves	Future gain
1.5	Introduce a funding formula for universal proportionalism to take into account greater oral health needs of tamariki Māori, and secure total funding envelope.	MOH, DHB P&F, QIG, TAS	1-3	Shift	Implementation of a universal proportionalism funding formula Ring-fenced oral health funding that cannot be used by DHBs for other purposes	Quick win

1.6	Establish national contracts for Māori oral health providers, with set minimum levels of funding, fair reporting, review and auditing practises/processes.	MOH Partners: QIG, DHB	2	Existing	National contract developed and adopted	Quick win
Supporting the oral health environment						
1.7	Urgently advance second and third reading of the Health (Fluoridation of Drinking water) Amendment Bill.	QIG, Te Ao Marama	1	None	Amendment Bill is passed. DHBs mandate to optimise fluoride to all community reticulated water supplies	Quick win
1.8	Work with Māori communities and marae to ensure access to fluoridated water supplies.	DHB Public Health Units	1-3	Required	Proportion of marae with access to a fluoridated water supply Proportion of rural Māori communities with access to a fluoridated water supply	Future gain
1.9	Ministry of Health to develop a national water only policy for all government entities.	MOH	1-2	None	Water only policies are developed and adopted	Quick win
1.10	Introduce a sugary drinks tax to reduce consumption of sugary drinks and promote oral health (Teng et al, 2019).	SSB to lead	1-3		A reduction in the consumption of sugary drinks Improvements in caries experience for tamariki and rangatahi Māori	Quick win
1.11	Review, recommend and establish evidence-based fiscal measures to enable better oral health e.g. subsidies on healthy food to increase consumption of healthy kai, and taxes on unhealthy food.	MOH	1.3	None	Review completed, remedial actions, and recommendations to achieve equity gain for Māori	Quick win
1.12	Make oral health and oral health equity a whole of Government approach especially MOH, MSD, TPK, Oranga Tamariki, research funders, and treasury.	MOH	1-3	None	Get oral health on the agenda of existing cross-agency groups	Quick win
1.13	Investigate and identify actions to address the impact of poverty and social determinants on oral health equity for Māori.	Research Groups	1-3	Required	Social impacts on inequity for Māori are understood and structural solutions identified	Future gain
Leading Māori oral health improvement						
1.14	Establish an executive leadership oral health position within the Ministry, that is equivalent to the chief nursing,	MOH	1	None	Role is established and elevated	Quick win

	medical, and allied health roles, with responsibilities for acheiving equity for Māori					
1.15	Establish a Māori oral health equity role within the Ministry of Health Oral health team and a Māori oral health portfolio within the Māori health unit.	MOH	1	Required	Roles are established	Quick win
1.16	Require Oral Health sector leaders to work with DHB Māori Relationship Board Chairs to establish oral health as a health and Māori development priority.	QIG, Te Ao Marama NZDA NZSSCOHS, OHCAN	1	Existing	# MRB with oral health as a priority	Quick win
1.17	Include Māori participation on the Combined Dental agreement group – The Oral Health Group.	MOH Partners: DHB, QIG, NZDA, ACC	1	None	Māori participation on the Group	Quick win
Being accountable for Māori oral health						
1.18	Elevate the right of Māori to good oral health under Te Tiriti o Waitangi; the right of indigenous peoples to health that is Accessible, Available, Acceptable, and Quality under the United Nations Declaration, and the right of a child to the highest standard of health and care attainable under the United Nations Convention on rights of the Child, and in particular the provision of primary and preventive healthcare (Committee on the Rights of the Child, 2013a).	QIG, Te Ao Marama	1	None	Government is holding itself accountable to Te Tiriti o Waitangi, UN expectations to indigenous peoples, and the UN Convention on the rights of the Child	Quick win
1.19	Measure DHB oral health spending against oral health outcomes in target population to enable greater funding accountability.	TPK	1	None	DHB oral health spending is explicitly accounted for in annual reporting	Quick win
1.20	Investigate the quality, and reporting of, oral health ethnicity data.	MOH	1-2	None	Audit complete Actions identified and implemented	Future gain
1.21	Establish an independent role to monitor equity trends, performance, workforce, model of care, and investment analysis.	MOH	1.3	Required	Role established, trends identified and improvement actions in place	Future gain

Priority 2: Responsive oral health services

	Action	Lead	Year	Investment	Measuring success	Impact
Models of care						
2.1	Improve the community oral health service responsiveness to whānau Māori by making the following changes: - Move away from enrolment to engagement - Review the hub and spoke model and its impact on whānau Māori - Expand operating hours and contracts to allow wider availability and flexibility for whānau - Introduce outreach services that are community based and oriented to whānau in the home - Review pathways and implement actions to improve access to dental care for rural Māori - Review pathways and implement actions to increase attendance rates of Māori - Integration with primary care - Provide targeted oral health services based on need.	MOH, DHB COHS	1	Existing	# and % tamariki Māori seen at age one Report and actions to improve COHS responsiveness to Māori is implemented	Quick win
2.2	Review pathways and implement actions (with Māori) to improve Ambulatory Sensitive Hospital (ASH) Admission rates for GA dental. Tamariki Māori are currently disproportionately represented in this group.	DHB P&F, DHB COHS	1-2	Required	# and % decrease in ASH dental rates for Māori	Quick win

2.3	Move to a model of essential rather than emergency dental for low income adults and make preventive care a core component.	MOH, MSD, DHB	1-3	Required	Decrease in emergency care Decrease in dental decay	Quick win
2.4	Introduce a free oral health care programme for Māori mothers (prioritising 18-30 years olds), low income adults, and for those with chronic conditions.	MOH, DHB, PHO, MOHP	1-3	Required	Increase in engagement of priority groups Improvement in diabetes management	Quick win
2.5	Integrate primary and oral health practices as per Ngā Ara Tika and investigate other models which delineates the activites that primary care teams can take to protect and promote oral health.	MOH, DHB, NZCGP, PHO	1-3	Required	Ngā Ara Tika and/or other models integrated	Future gain
Oral health service monitoring and accountablity						
2.6	Report current targets and actions for remediation by ethnicity, and include in MoH reporting cycle.	DHB, MOH	1-2	None	New targets in place, and embedded in DHB reporting	Quick win
2.7	Hold all DHB Oral Health Clinical Directors accountable and responsible for oral health equity for Māori.	DHB	1	None	# of DHBs with oral health equity champions	Quick win
2.8	Require all DHB funder arms to carryout a tender process for oral health services, with clear expectations, actions, and accountability for improving equity for Māori.	DHB P&F	1-3	Existing	Providers meet expectations for equity, service responsiveness, and value for money	Future gain

Priority 3: Greater whānau participation

	Action	Lead/s	Year	Investment	Measuring Success	Impact
3.1	Develop a Māori oral health research agenda, based on whānau Māori preferences and priorities, and establish a Māori oral health research group.	Te Ao Marama, QIG, Māori health research group, MOH, Ngā Pae o te Maramatanga	2-3	Required	Agenda produced Research Group established	Future gain
3.2	Co-design approaches with whānau Māori to ensure their preferences and priorities are embedded in service design and delivery.	DHB COHS, DHB Maori Health, Māori community, Te Ao Marama, QIG, Māori health research group	1 – 3	Required	Whānau preferences are reflected in services	Future gain
3.3	Undertake a whānau experience survey to gauge service responsive to whānau.	QIG	1-3	Required	Survey findings reported and a plan to implement improvements in progress	Future gain
3.4	Provide a forum for community and stakeholders to advocate for equitable oral health outcomes, be informed, lead research, and provide evidence based policy advice.	MOH, QIG	1	Required	KPI's to be put in place. Research data based information	Quick win
3.5	Establish a Māori Oral Health Equity Reference Group, with Māori community representation, to oversee the implementation of the Māori Oral Health Equity Action Plan.	MOH, QIG Partners: Te Ao Marama, DHB, QIG, Māori community, Primary Care, Tertiary provider, Professional bodies	1	Required	Group established Successful implementation by end of Year 3	Quick win

Priority 4: Build a fit for purpose oral health workforce

	Action	Lead/s	Year	Investment	Measuring Success	Impact
Strengthening the oral health workforce						
4.1	Develop a workforce plan for the non-clinical oral health workforce roles i.e. for those working in oral health education, promotion and integrated settings that includes: training, resources, and competencies.	HWNZ	1-3	Required	Training, resources, and competencies are developed	Future gain
4.2	Develop a comprehensive workforce plan that transitions new graduates into a new entry training programme, establishes an upskilling regime for practitioners. The workforce plan includes clinical competence, cultural safety, social responsibility, and equity.	Tertiary providers, HWNZ, DCNZ Partners: QIG, Te Ao Marama, Associations	1-3	Required	Workforce plan developed # new graduates entering and completing new entry training programmes Workforce plan contains explicit actions for cultural, safety, social responsibility and equity Implementation of workforce plan leads to practice changes reflecting cultural safety, social responsibility, and equity	Future gain
4.3	Expand the HWNZ Voluntary Bonding Scheme to include oral health therapy; provide greater incentive for placements at Māori Oral Health Providers, and report progress to QIG & Te Ao Marama.	HWNZ	1	None	HWNZ expanded to include DT MOHP VBS placements incentivised Reporting to QIG/TAM annually to monitor participation	Quick win
Building a culturally safe oral health workforce						
4.4	Strengthen DCNZ cultural safety standards.	DCNC Partners: QIG, Te Ao Marama	1	None	Approved cultural safety standards	Quick win

4.5	Investigate and improve the cultural safety curricula and teaching within tertiary oral health education.	Tertiary providers, DCNZ Partners: Te Ao Marama, QIG	1-2	None	Curricula meets cultural standards and expectations	Future gain
4.6	Enable all oral health practitioners to complete cultural safety training and competencies.	NZDC Partners: NZDA, NZDOHTA, Te Ao Marama, QIG	1-2	Required	Training available # completed training Competencies confirmed Audits undertaken	Future gain
Building a representative Māori oral health workforce						
4.7	Invest in increasing the number of Māori dentists with post graduate qualifications.	Tertiary providers, HWNZ, DCNZ	1-3	Required	Increase # Māori dentists with post graduate qualifications	Future gain
4.8	Fund dental assistant training within Providers with pipelines to dental therapy or BDS targeting Māori.	HWNZ, MOH, DHB, Te Ao Marama	1–3	Existing	Programme implemented	Future gain
4.9	Increase the number of tauira Māori from low decile schools and high deprivation areas linked to DHB workforce projections based on population forecasts at a minimum of 30%[1].	DHBs, Tertiary providers	2-3	Required	80% of tauira Māori in training or employment leading to tertiary training and higher learning and skills by 2028	Future gain
4.10	Establish annual targets for all universities for Māori entering dental or dental therapy programmes to address the equity need.	Tertiary providers Partners: QIG, Te Ao Marama	1	None	Targets established # and % of Māori enrolled reported annually Increasing # of qualified Māori dentists	Quick win
4.11	Utilise other workforce areas- i.e. Well Child Tamariki Ora, maternity, family start, whānau ora, and primary care sectors - to provide oral health education, prevention, and screen for obvious dental disease.	MOH, WCTO, MSD, DHB, NZCGP, Te Ao Marama, QIG, NZCOM	2- 3	Required	Health stakeholders are involved	Future gain

[1] 30% based in the projected age cohort available for traning are Māori

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