

Oral Health Equity Improvement Matrix

(Actions identified by oral health sector to address oral health equity for Māori and establish priorities)

RED = Priority action QIG = Māori Oral Health Quality Improvement Group TAM = Te Ao Marama/Māori Dental Association

Actions ↓	Aims →	An equitable oral health system	Responsive oral health services	Culturally competent and representative oral health workforce	Greater sector accountability	Greater sector participation
<p>What could be done quickly to improve equity for Māori</p>	<p>Address the absence of explicit equity actions, expectations, and transparent accountabilities in the National Service Framework for the Community Oral Health Service (COHS)</p> <p>Increase Māori representation on the Combined Dental Agreement group</p> <p>Introduce a sugar tax as a reduction mechanism and tied to free oral health care for a broader range of groups</p> <p>Review the regulatory environment to support better oral health e.g. removing GST on fruit and vegetables, restrict marketing of unhealthy foods, and other strategies to increase consumption of healthy kai</p> <p>Urgently find a political solution to advance decision making on the Community Water Fluoridation Bill</p> <p>Prioritise working with Māori communities and marae to ensure access to fluoridated water supplies</p>	<p>Ring fence oral health funding for Māori provided to DHBs for children & remove/minimise overheads</p> <p>Move to a model of essential rather than emergency dental care for all oral health services, and include preventive care</p> <p>Introduce free oral health care for Māori mothers, low income adults (esp 18 – 30yr olds), and for those with chronic conditions</p> <p>Expand operating hours and contracts of COHS to allow wider availability and flexibility for whanau</p> <p>Introduce outreach services that are home oriented</p> <p>Move away from enrolment to engagement and completion – change targets to reflect this and introduce transparent reporting accountabilities</p>	<p>Report statistics of the Voluntary Bonding Scheme (VBS), Health Workforce NZ (HWFNZ) and professional groups to QIG/TAM to inform their policy advice on strategies to improve Māori oral health workforce representation</p> <p>Include Dental Therapy and Dental Hygiene into the VBS alongside scholarship provisions to increase Māori representation</p> <p>Broaden scope of Practice for Dental Therapist to allow whanau focused care</p> <p>Ensure ALL Oral Health Practitioners complete Cultural Safety training and competencies.</p>	<p>Support all Māori health providers to become sugar free – immediately</p> <p>Advocate for Education Sector (esp Early Childhood/Kohanga) to adopt sugar free policies immediately</p> <p>Work with the education sector to develop a national policy to introduce water only policies for all schools</p>	<p>Hold a Sector wide Māori Oral Health Symposium to progress priority actions</p> <p>Pilot and evaluate a targeted service model for Māori – a whānau model, ring fenced, align it, 0 – 100yrs - with a view to roll out (potential Te Ao Auahatanga initiative)</p> <p>Utilise other workforce areas - i.e. Well Child Tamariki Ora (WCTO) and primary care practitioners - to apply fluoride varnish, provide oral health education and scan for obvious dental disease</p> <p>Establish an Oral Health Equity Group (including Māori oral health providers (MOHP), Professional bodies, Regulatory agencies and consumers) to progress next phase of reorientation of child and adolescent oral health service, as per the ESR Evaluation report. The next phase should explicitly achieve equity for Māori</p>	
<p>Urgent changes needed to get better Māori equity traction</p>	<p>Move toward universal proportionalism by adjusting the COHS funding formula to take into account greater oral health needs of tamariki Māori</p> <p>MoH to invest in a Māori model of oral health care for people aged from 0 – 100 years</p> <p>Oral health sector leaders work with Iwi and Post Settlement Governance Entities (PSGE) leaders to establish oral health as a health and Māori development priority</p> <p>Establish a Māori oral health equity role within the Ministry of Health's oral health team, and a Māori oral health portfolio within the Māori Health Unit</p>	<p>Take a whole of sector approach –integrate primary and oral health practices (e.g. investigate US-based Oral Health Delivery Framework which delineates the activities for which primary care teams can take to protect and promote oral health)</p> <p>Review the hub and spoke model and its impact on oral health equity for Māori</p> <p>Establish NZ-wide and consistent MOHP contracts, with set minimum levels of funding with fair reporting, review, and audit practices and processes</p> <p>Investigate and identify barriers to access for rural Māori</p>	<p>Direct HWFNZ to develop recruitment pathways and initiate curriculum competencies</p> <p>Implement a programme within DHBs to fund Dental Assistant training, and with pipelines to Dental Therapy or BDS for Māori</p> <p>Establish annual targets for Universities for Māori entering dental or dental therapist programmes</p> <p>Establish a new dentist graduate programme within MOHP (similar to medical model) to enable culturally competent and responsive dental workforce</p> <p>Set up and administer Māori oral health post-graduate research scholarships</p>	<p>Greater funding accountability – measure DHB oral health spending against oral health outcomes in target population</p> <p>Give whanau a choice – co-design, develop, pilot and evaluate a model of oral health care that meets whanau needs</p> <p>Investigate and highlight actions to address the impact of poverty and the social determinants on oral health</p> <p>Investigate the quality of, and ensure good oral health ethnicity data, throughout the system and including the COHS</p>	<p>Prioritise involvement and co-design approaches with whānau Māori to ensure their preferences and priorities are embedded in service design and delivery</p> <p>Enable greater medical sector commitment and participation to integrated health care practices</p> <p>Develop an oral health research agenda and establish a Māori oral health research group</p> <p>Establish an independent role - possibly the Māori oral health national coordination service or a Māori oral health research group - to monitor trends, performance, workforce, models of service delivery and investment/cost analysis</p>	

	<p>Have a direct funding model from Ministry of Health to Māori Oral Health Providers</p>	<p>Develop solutions (with Māori) to increase attendance rates of Māori at COHS</p> <p>Review pathways for GA dental for Māori, and develop solutions (with Māori) to decrease admission rates</p> <p>Require the DHB Provider arm to tender for oral health services</p> <p>Create new targets (take responsibility for improved health, not just health services e.g. not using enrolments as a measure of success)</p> <p>Increase DHB accountability by identifying a Senior Executive in each DHB to champion and lead oral health equity</p>	<p>Strengthen DCNZ cultural competency standards</p>		<p>Involve community care providers - i.e. maternity sector, family start, WCTO - as a having a key role in achieving good oral health</p>
<p>Elevating Māori oral health as a priority</p>	<p>Make oral health and oral health equity a whole of Govt. approach esp MoH, MsD, TPK, Oranga Tamariki, research funders (HRC) and Treasury</p> <p>Explicitly tie oral health to the Child & Youth Well-being strategy and our obligations under the /United Nation Convention on Rights to a Child/United Nations Declaration on the Rights of Indigenous Peoples</p> <p>Enable integrated oral and general health – as an integral part of primary health and linked to individual and whanau health overall</p> <p>Treaty Claim – potential avenue for Māori to elevate oral health needs among whanau as priority</p>	<p>Provide targeted oral health services (including changes to current services) based on need</p> <p>Have equity as an explicit priority for any future changes to the COHS</p> <p>Carry out a health system cost analysis using existing data and reports, coupled with case studies/stories to highlight individual, whanau and social costs</p>	<p>Create a pipeline for a career in oral health targeting tauira Māori in low decile schools and high deprivation areas linked to DHB workforce forecasts</p> <p>Investigate and improve the cultural competence curricula and teaching within tertiary oral health education</p>	<p>Improve DHB planning and reporting with measureable, hard equity targets, and clearly defined Māori oral health targets for all oral health services. These targets should be co-designed with Māori communities and MOHP, used for performance monitoring and tied to funding to DHBs from MoH.</p>	<p>Establish an oral health collective, with appropriate resource and leadership – unify all stakeholders to provide sector support, advocate for equitable oral health outcomes, undertake research and provide evidence based policy advice</p>

Appendix 1. Sector Think Tank participants that contributed to the development of the Māori oral health Equity Matrix.

Māori Oral Health Quality Improvement Group
Te Ao Mārama: The NZ Māori Dental Association
New Zealand Dental and Oral Health Therapists Association
New Zealand Dental Hygienists Association
New Zealand Dental Association
Māori Oral Health National Coordination Service
The Child Poverty Action Group
University of Otago, Public Health, Oral Health Research
Māori oral health providers
DHB GM Māori representative
Office of the Children's Commissioner
Accident Compensation Corporation
Auckland Regional Dental Service

Appendix 2. Sector Stakeholders invited to comment on the draft Māori Oral Health Equity Matrix

New Zealand Dental Council
New Zealand Dental Association
Te Tumu Whakarae GM Māori Chair
DHB CE's Forum, Dale Bramley (Māori Health)
Ministry of Social Development – Māori and Pacific team
New Zealand Dental and Oral Health Therapists Association
Te Puni Kōkiri
Hutt Valley DHB
Waitematā DHB
Auckland University of Technology
Office of the Children's Commissioner
University of Otago Dental Faculty
University of Otago Centre for Hauora Māori
University of Otago Oral Sciences
Royal New Zealand College of General Practitioners
New Zealand Nurses Association
Te Ohu Rata Māori Doctors Association
Māori Oral Health Quality Improvement Group
Te Ao Marama Māori Dental Association
New Zealand Dental and Oral Health Therapists Association
New Zealand Dental Hygienists Association
Māori Oral Health National Coordination Service
Child Poverty Action Group
University of Otago, Public Health
Māori oral health providers
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