




Entry category: Commitment to reducing inequities

Māori and Pacific people living in Hawke’s Bay tend to have worse health outcomes than non-Māori, non-Pacific people. Reducing inequities requires us to improve access, reduce barriers and design services that better meet the needs of patients, their family and whānau.

Entrants must complete all sections	
<p>Title of entry</p>	<p>Improving equity in oral health access and outcomes for children under five in Hawke's Bay.</p>  <p>Year 1 of a five year project using a multi-pronged approach.</p>
<p>About your organisation</p>	<p>A project team comprised of Hawke’s Bay District Health Board (HBDHB) Deputy Service Director for Communities, Women and Children Directorate (CWC), Community Oral Health Service (COHS) staff, Population Health Advisor, Māori Health Gains Advisor, Pacific Health Promoter, and Quality Improvement Advisor were supported by Service Director for CWC and Clinical Director for Oral Health as sponsors. A wider Steering Group, including stakeholder such as Well Child Tamariki Ora Providers, Plunket, Before School Check Coordinator and Te Roopū Matuā (Māori consumer’s advisory group) guided the progress of the project in this first year.</p> <p>What we want to achieve is:</p> <ul style="list-style-type: none"> • To improve oral health status by addressing inequity in caries free under 5 year old children who live in high needs areas (Māori, Pacifica and low income Other); • Māori 44% caries free to 70%; • Pacific 31% caries free to 70%; • MoH target is 67% for all (HB 59%); • Improve access to COHS. • Increase knowledge and skills
<p>Name of organisation/s</p>	<p>Equity Oral Health < 5 Project Team, HBDHB</p>
<p>Contact person</p>	<p>Kelly Richards</p>

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SIGN OFF	
Your organisation's CEO, GM, Service Director or Manager who has reviewed and endorsed this entry into the 2018 HB Health Awards	<p>Name: Wietske Cloo, Acting Service Director Communities, Women & Children Directorate</p> <p>Signature: </p> <p>Date: 20 September 2018</p>

Commitment to reducing inequities

Māori and Pacific people living in Hawke's Bay tend to have worse health outcomes than non-Māori, non-Pacific people. Reducing inequities requires us to improve access, reduce barriers and design services that better meet the needs of patients, their family and whānau.

Background

Judges weighting: 15%

Eliminating inequity in dental caries levels is difficult to solve, has multiple causes, is continually developing and changing, and has no universal solution. It represents the outcome of complex societal inequities in social conditions and health services. Dental decay (dental caries) is one of the most common preventable chronic diseases.

Severe early childhood caries reduces a child's quality of life; causing pain and discomfort, affecting eating and sleeping, preventing healthy growth and weight gain, and reducing immunity to disease. Dental caries in early childhood is a strong predictive of a lifelong, increased risk of dental caries.

In New Zealand dental decay (caries) is measured at age five as the proportion of children who are caries free. Fewer Māori and Pacific Island children are caries free at age five than their 'Other' counterparts. This gap has not improved over the last 7 years, there is a clear socio economic gradient. Children living in low socio economic areas experience poorer outcomes in oral health status. In 2016 44% of Māori were caries free, 31% Pacific and 74% 'Other' (see figure 1).

All children are enrolled with COHS from birth through an initiative known as Quadruple Enrolment from 2014 (see figures 2 and 3). Access to community oral health services measured as Did Not Attend rates, showed a similar inequity in 2016. 46% of Māori, 51% Pasific and 22% Other families with children under five years did not utilise their free dental check.

In order to address this inequity, a projet team was formed to work on a number of workstreams to improve access to services and in the long term oral health outcomes.

Summarise the approach and process

Judges weighting: 35%

The project combined evidence based public health, quality improvement methodologies as well as working in partnership with stakeholders to identify change ideas to address this inequity in oral health. Six drivers for change capture the change ideas below:

- Consumer engagement
 - Establishing Te Roopū Matuā (Māori community leader's advisory group). This group provided feedback on the project work and direction by initiating Water 4 Kids Paediatric Ward and water only church in Flaxmere, assisted in building community connections when mobile oral health services were in their community for example Camberley and Raureka

- improving attendance and reducing barriers for children to come.
- Surveying teen parents, talking to our kaumatua group and Māori staff.
- Collaboration and engagement with stakeholders
 - Work with families of children under five in and outside of the health sector.
 - Pasifika Community Initiatives such as the development of a network group of the learning nests, parent and staff education evenings, oral health programmes in the centres, water only policies, Central Region Pacific Research Group findings to inform change ideas for year two.
- Policy changes
 - Continue to advocate for community water fluoridation with local councils, water only policies for Paediatric ward, early childhood centers, including Kohanga Reo and Pasifika learning nests and churches.
- Re-orienting health services by
 - Changing the Community Oral Health Service Model, employing a Kaiawhina (community support worker) instead of a Dental Therapist. The Kaiawhina works with whānau, understands their challenges while at the same time building relationships and trust, making dental appointments through a flexible booking system and provides transport.
 - Additional visits are contracted with Well Child Tamariki Ora and Plunket to provide education, information and improving access to dental appointments alongside core visits, providing transport for whānau if required. These providers have access to the COHS clinical booking system (Titanium).
 - COHS staff all attended education and training in relationship centered practice model.
- Population health partnerships
 - Integrating oral health messages as part of other population health programmes for families with children under five, for example healthy start – healthy weight, outreach immunisation team (toothbrush and toothpaste and educational Apps in home setting, Before School Check conversations starter tool kit (flip chart and portion control plate), I-Pads in dental clinics with educational Apps, games increasing compliance of children in the chair.
- Quality improvement through data collection and feedback
 - Working with the business intelligence team to improve reporting in detail, to be able to track and monitor progress regarding access and utilisation by location and ethnicity.
 - General anaesthetic file audit and whānau interviews were held to identify areas for improvement in the pathway for children

<p>Outline the benefits and results</p> <p>Judges weighting: 35%</p>	<p>under five who come into hospital to have their teeth treated under sedation. The recommendations are being used to inform change ideas for year two of the project, i.e., COHS to inform GP's when a child is referred to hospital dental.</p> <p>Access has improved. . The results of the first year were that 551 tamariki attended a dental check of which 379 Māori (69%) 98 Pasifika (18%) and 73 Other (13%) children under five. 124 families were supported with transport (23%).</p> <p>The new contract with Well Child Tamariki Ora/Plunket is too early to report results in numbers but the relationships, systems and collaboration has improved</p> <p>This initiative commenced at the Hastings Central Oral Health Clinic as a pilot site and with preschool attendance rate improved from 72.8% to 76.7%. The Kaiawhina has expanded her catchment to Mahora, Flaxmere and other Community Oral Health Clinics and is also working with Kohanga Reo tamariki attending clinic in groups.</p> <p>Community champions, Te Roopū Matuā guided and suggested service improvements, they also assisted with key messages and improving access or implementing water only policies at locations.</p> <p>Project presentations increased awareness to staff at HBDHB about the inequity in oral health outcomes and access for children under five.</p> <p>Population Health, Māori Health and Health Hawke's Bay all participated and joined forces to tackle this inequity and keep challenging status quo.</p> <p>Pacific Island Language Nests have identified training needs for staff and families regarding oral health, this was confirmed by central region research and the training sessions have started to address this need. The GA audit report and recommendations gave a voice to whanau. A number of recommendations will be implemented in year two, for example informing general practice.</p> <p>COHS to continue to question the best the model of care for delivery of preschool oral health while also maintaining positive outcomes for the primary school child population.</p> <p>Improving equity is a responsibility of us all. The project has made a start, there is much more to do in the next years of the project. (see project presentation)</p>
<p>In summary what were the lessons learned</p> <p>Judges weighting: 15%</p>	<p>What went well</p> <ul style="list-style-type: none"> • A strength was the project membership, varied representation and workstreams with committed people doing the work. • No additional resources were requested from project office or Transform and Sustain funding for the first year. • Joining forces, working to a collaborative plan, listening to people

were key success factors this first year.

- Identifying where to pilot new ideas, starting in a positive environment (Hastings Central) worked well, but was hard to stick to as the service wanted to change in other areas as well.
- This stretched the Kaiwhina role and was therefore harder to measure impact as it was shared wider than intended.
- Respectfully progressing recommendations and valuing the work of Te Roopū Matuā, our Kaiwhina, our staff, GA audit report and Pacifika Islands research in following years.
- This public health, quality improvement and stakeholder engagement approach can be used for other inequity health issues.

What we could do better is

- That we are still doing to, rather than doing with.
- Focus on under five year old children may have had an effect on service delivery for school age children, watch out for unintended consequences.
- Community consultation - Te Roopū Māatua gave suggestions e.g., to have more mobile services and go to Kohanga Reo, we could not deliver this change as it required a planned year schedule to change and capital investment needed, which is a longer process. Managing expectations and continued communication with stakeholders is important.
- Contract changes take longer and implementation and collaboration takes time.

Figure 1

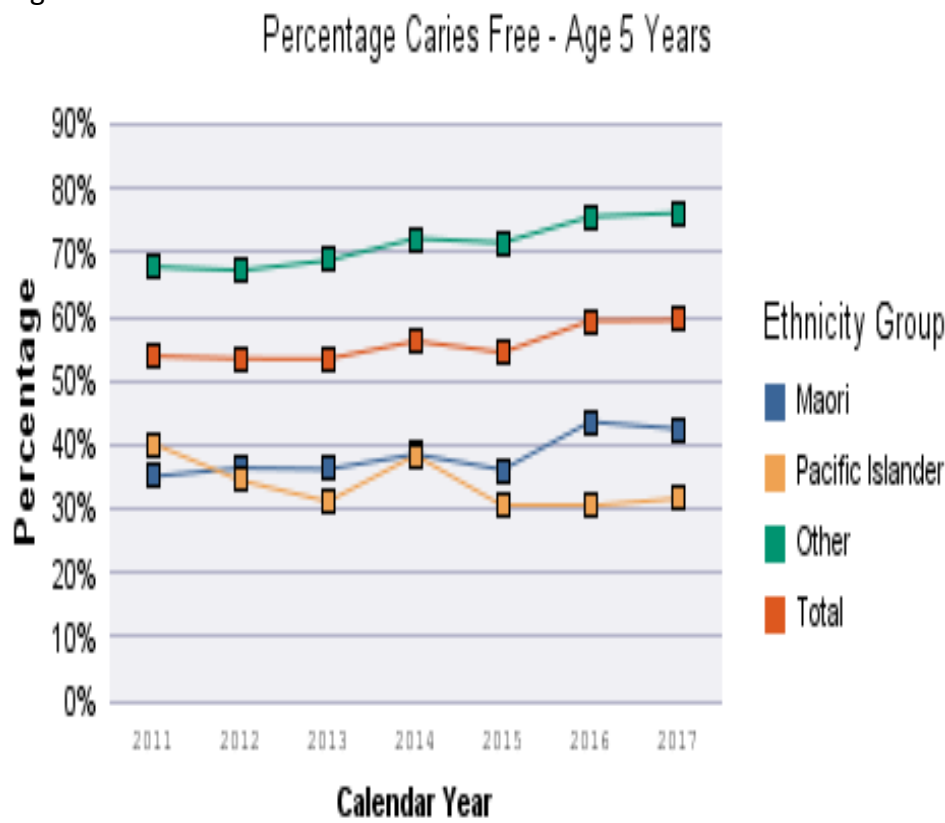


Figure 2

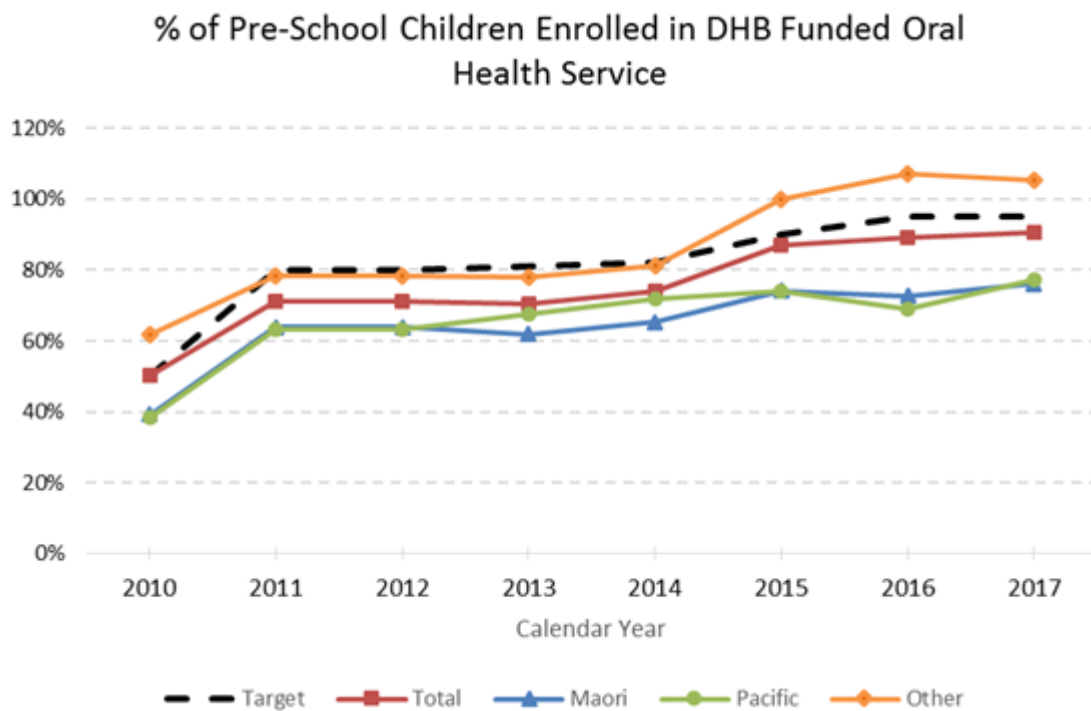


Figure 3

	Target	Total	Maori	Pacific	Other
2010	50%	50.4%	39.2%	38.3%	61.9%
2011	80%	71.1%	63.8%	63.3%	78.4%
2012	80%	71.1%	63.8%	63.3%	78.4%
2013	81%	70.4%	61.9%	67.4%	78.0%
2014	82%	73.9%	65.3%	71.7%	81.3%
2015	90%	87.1%	74.1%	74.2%	99.8%
2016	95%	89.2%	72.7%	69.1%	107.0%
2017	95%	90.5%	76.1%	77.1%	105.2%

Year 1 presentation send separately

Improving equity & access for oral health < 5 A five year Project Year 1



Project Goal- what do we want to achieve

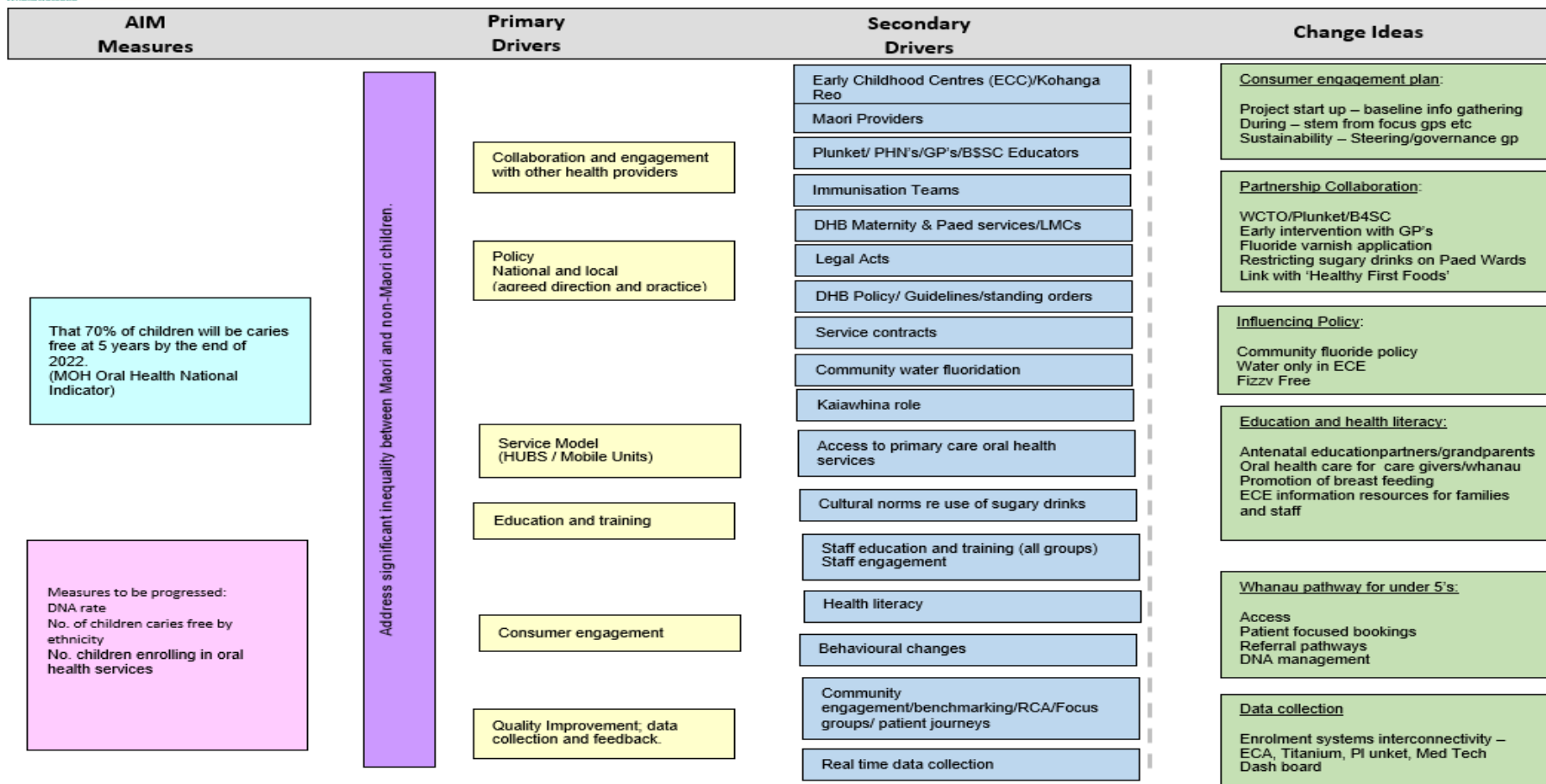


- To improve the oral health status by addressing inequity in caries free under 5 year old children who live in high needs areas (Maori, Pacific and low income)
- Maori 44% caries free to 70%
- Pacific 31% caries free to 70%
- MoH target is 67% for all (HB 59%)
- Improve access to COHS



Driver diagram

Driver Diagram: Under 5 Years Caries Free Project – April 2017



- Supporting and guiding project
- Suggestions and feedback
- Work along side project and steering group
- Community champions, Camberley, Raureka, Flaxmere

Population health partnership

- B4SC & Skin Project flip charts
- Teen parent – Face Book competition
- iPads in Dental clinics
- Appointment letter
- Outreach Imms team
- Wrigley's Foundation Grant
- Baby Teeth Matter Campaign



If you need to reschedule please call 873 4864.

Dental care is free and easy from 0-18yrs of age.

Water 4 Kids

- Clinical Director support
- Aligned to 'Best Start Healthy Weight Strategy' & building on MOH Policy
- Education/resources/communication strategy
- Changing culture through the power of social movement
- Evaluation after 3 months
- Church in Flaxmere water only



Water 4 Kids



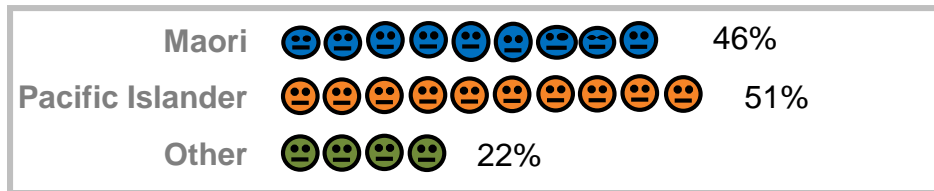
Our Paediatric Ward and Special Care Baby Unit today launched a 'Water 4 Kids Campaign' to encourage water only in the wards...

Pacific Community Initiatives

- Pasifika team introduced to COHS staff
- Relationships developed with language nests
- Research completed
- Recommendations for 18-19
- Parent and staff education, oral health messages part of healthy food



'did not attend' (DNA) in 2018



- integrated approach to tackle oral health inequity
- employ a Kaiawhina, a Maori community support worker
- adjust recall system, and integrate health promotion
- provide transport



Kaiawhina improving access



	Maori	Pacific	Other	Total
Accessed	379 (69%)	98 (18%)	73 (13%)	551
Transport	124 (23%)			124

GA Audit and whanau interviews

Recommendations

- post procedure follow up within 6 weeks
- referrals for GA must include the child's GP
- develop collaborative outreach approach for high need and vulnerable children and whanau
- continue to raise awareness raising about COHS
- explore ability to supply Antibiotics



Project Results so far



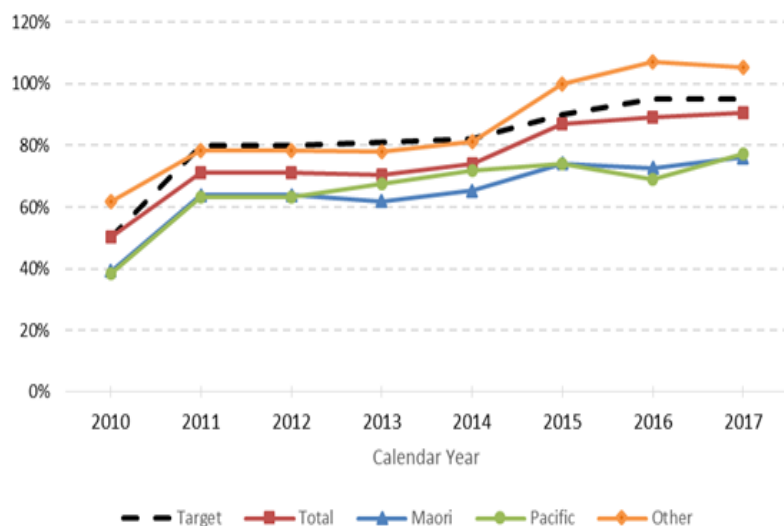
- Access improved for 551 tamariki & whanau
- Systems and measures improved
- Great collaboration with Maori Health, WCTO, Population health and link with B4SC and Whanau Wellness (HHB)
- Water 4 Kids



Data collection improved

enrolment

% of Pre-School Children Enrolled in DHB Funded Oral Health Service



data quality improved

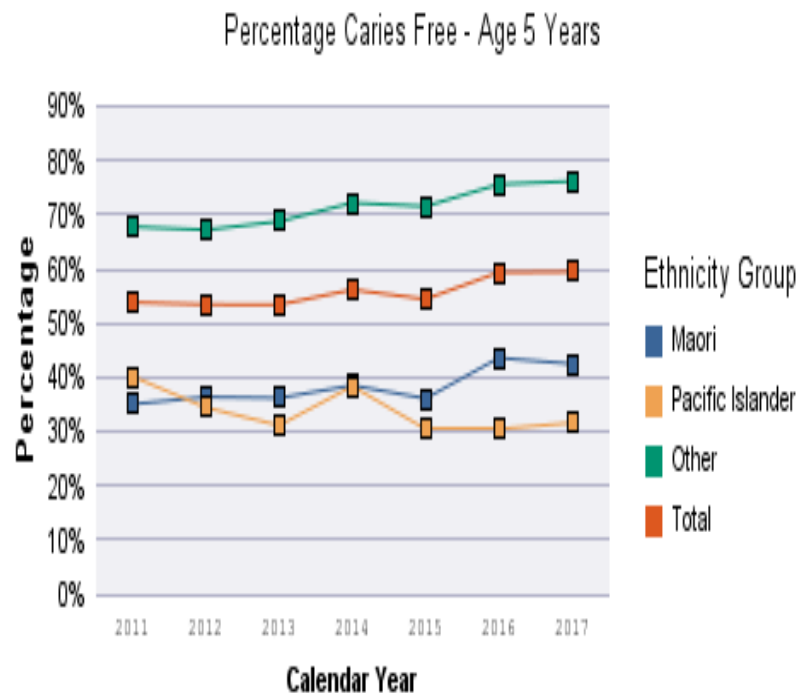
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Measures

% caries free at 5

	Target	Total	Maori	Pacific	Other
2010	58%	58.4%	38.1%	34.2%	72.5%
2011	54%	54.0%	35.1%	39.8%	67.5%
2012	54%	54.1%	36.9%	39.2%	65.5%
2013	64%	54.2%	36.7%	31.2%	66.3%
2014	65%	56.5%	38.7%	38.0%	71.2%
2015	65%	54.4%	36.0%	30.5%	70.1%
2016	67%	59.0%	44.0%	31.0%	74.0%
2017	67%	59.5%	42.5%	31.6%	75.1%

outcomes

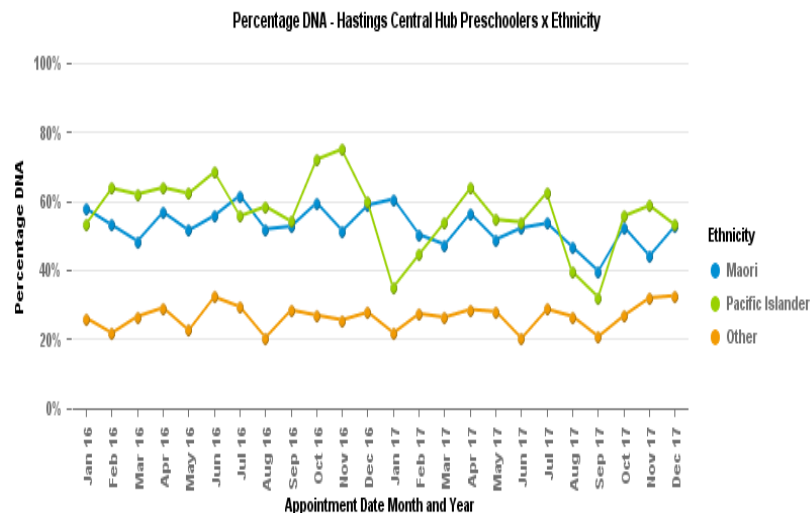


Improved Data Collection

Outcomes

- Hastings Central
- Increased attendance
- From 72-76%

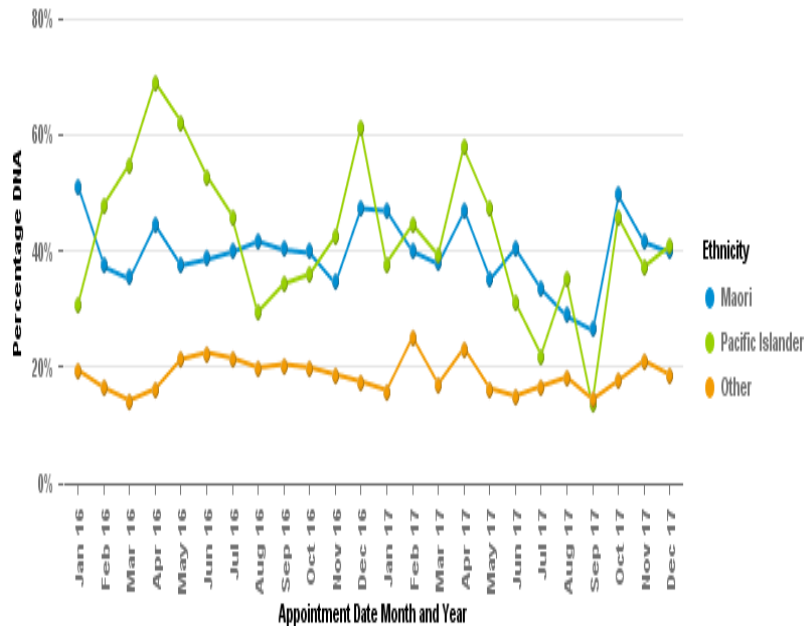
Hastings Central 0-2 DNA



Improved Data Collection

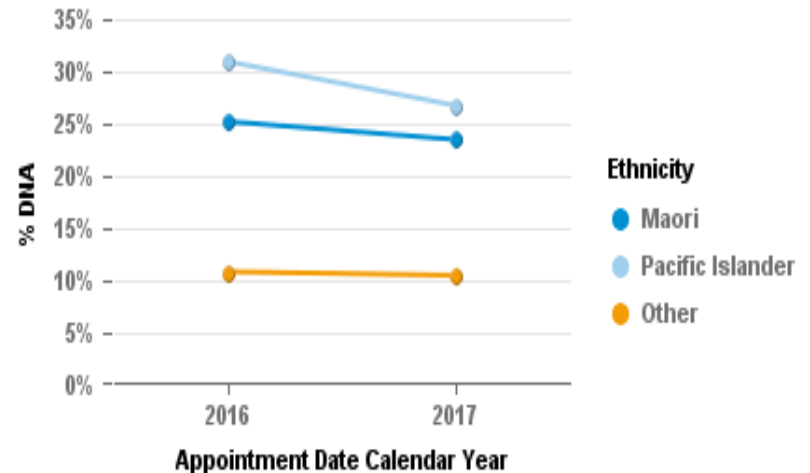
Hastings Central 3-4 DNA

Percentage DNA - Hastings Central Hub Preschoolers x Ethnicity



All preschool DNA

Oral Health Pre Schoolers - Percentage DNA



Next steps....2018

- Community action: community champions, supporting kaiawhina
- Implementing Pasifika research recommendations
- Fluoride varnish standing order for more practitioners
- Increasing awareness of the service
- Water only policies in settings - e.g. churches, ECE
- Collaborate with primary care & population health & Maori Health & WCTO
- Improve booking systems: Text to Remind, Call Centre Trial