

Te Wāhi Tiaki Tātou – Reimagining Sessions

Māmā/Pāpā, Pēpi, and Rangatahi – Dental Care

26 June – 4 July 2023





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Executive Summary

The purpose of Te Wāhi Tiaki Tātou is to share the aspirations and priorities of whānau and individuals in the Porirua community, using their voices to inform the transformation of hauora in the area. Te Wāhi Tiaki Tātou represents a unique opportunity to define and determine how the local health and disability system operates to better meet the needs of the Porirua community.

The community has shared what is important to them, and now the focus is on working together through Reimagining Sessions to create change. The goal of these workshops is **to facilitate community-driven change and redesign the delivery of health and well-being services in Porirua for equitable outcomes.**

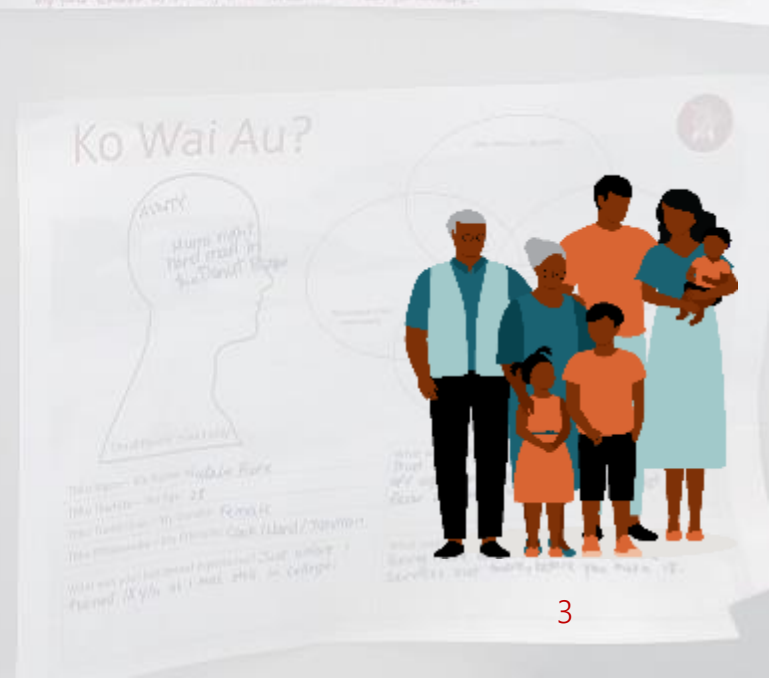
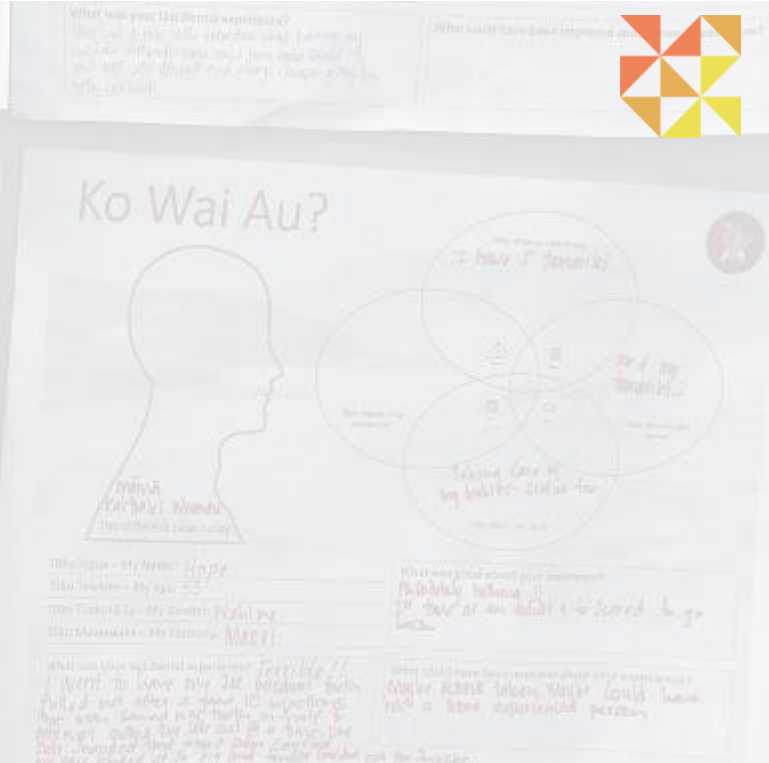
The first Reimagining focus is on dental accessibility and affordability for Māmā/Pāpā, Pēpi, and Rangatahi, as the current system is not effectively meeting their needs and resulting in the deterioration of oral and overall health.

The initiative invites individuals with lived experience and passion for these topics to participate in the focus groups and be part of the journey of creating change.

Recommendations:

Four initiatives have emerged from the Reimagining sessions (identified as key priorities for both whānau and providers) which can be funded first as 'quick wins'. These have been estimated to have the largest impact on whānau, alongside low to medium estimated timeframes and cost to implement. Most of them relate to themes linked to prevention, access to services/hauora services and education, and information provision.

Additional initiatives identified (medium and long term) that carry increased cost, complexity, risk and timeframes, have been documented for further scoping analysis. Many of these initiatives have national-level implications and require a regulatory change to enact. They relate more heavily to themes that are core enablers – funding and workforce development.





Background

Dental and Oral Health 'Reimagining sessions' were held from the 26th June – 4 July 2023 at locations across Porirua. The scope of these sessions was focused on provision of oral healthcare for Māmā (from conception through the first 2000 days of parenthood), Pēpi, Tamariki and Rangatahi through to 18 years of age.

The purpose of our Reimagining sessions was to facilitate **community/whānau driven change** to redesign how health and well-being services are delivered to **create equitable outcomes in Porirua**.

Over the course of the Reimagining sessions, we heard strongly from community and providers the need for both systemic level change at a national level, and locally driven initiatives that would create tangible impact for whānau in the immediate/short term. This document sets out a record of what we heard, in addition to our key recommendations of initiatives that will be undertaken and driven by Te Wāhi Tiaki Tātou.

Leah's* Story Pacific Islander, 28 years old

'I didn't know I could see a dentist at college for free. I was in my final year at college, going to school with pain and taking any painkillers I could get to help it. It had been going on for two years and the pain was so bad. I finally built up the courage to ask a visiting oral health nurse at school when she was walking past in the corridor to have a look at my tooth. By then my gum was growing through the hole in the bottom of my tooth and I needed a root canal. The pain from the root canal was so bad but I was glad that it would help me long term. I was really whakamā about asking for help and was afraid of the dentist, but I'm glad I did. I didn't know I could get that help at school and I wish I had made the most of it before I no longer got free dental care.'

"I told the dentist it hurts, and she told me I would get used to it"
- Focus Group Participant

"I couldn't connect with the dentists, they hardly looked at me or talked to me"
- Focus Group Participant

"It's heartbreaking when I have clients come in who are 18 years and 3 months old. When their dental plan works out to over \$3,000, and you know they can't afford it. But if they had seen a dentist four months ago, they would have had it covered."

- Local private practice provider

"Anytime I get a toothache I know it'll be an automatic extraction..."
- Focus Group Participant

"I used to have a beautiful smile. It makes me sad that now I don't."
- Focus Group Participant

"I just gave up..."
- Focus Group Participant

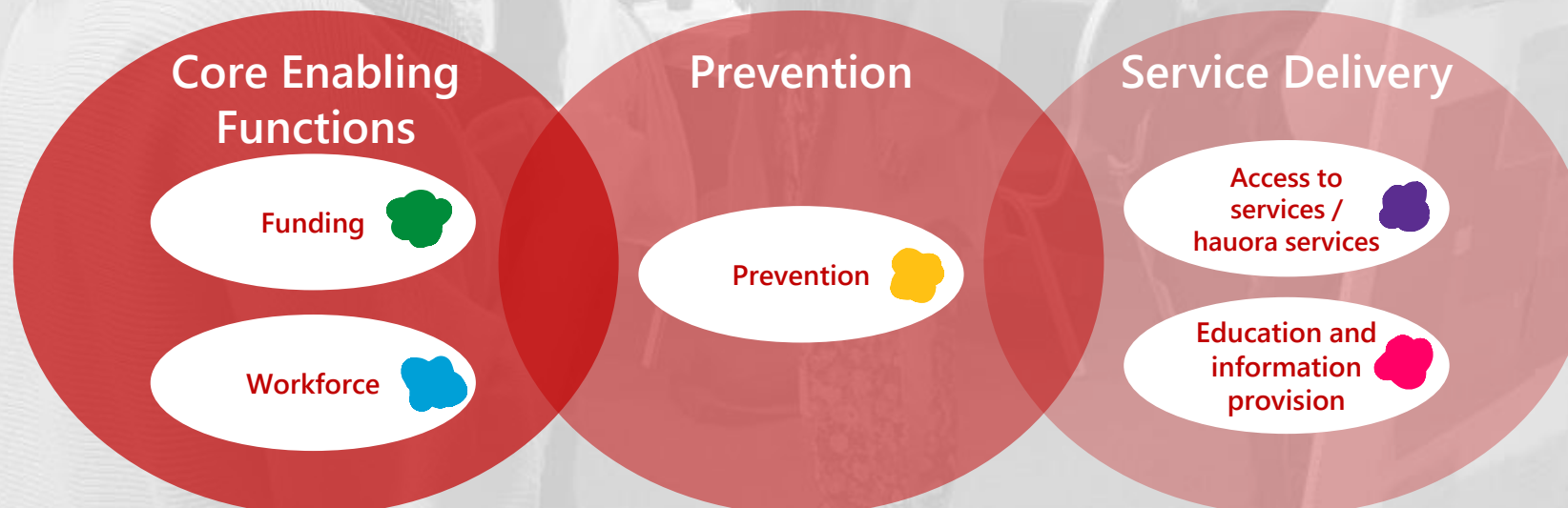




Recommendations

Key recommendations from the Reimagining sessions are themed into five core areas; funding, workforce, prevention, access to services/hauora services, and education and information provision. These groups interrelate and fit into broader groups of core enabling functions for dental and oral health services, prevention and service delivery.

Four key recommendations are proposed to be further developed, funded and delivered in the context of Te Wāhi Tiaki Tātou mahi. Details of these are provided on the following page. The remaining recommendations are recorded in Appendix H. Many of the recommendations in Appendix H sit within the 'Core Enabling Functions' group and will require strategic change at a national level, significant investment and have increased complexity to implement.





Recommendations (cont.)

#	Initiative	Impact for Whānau	Impact for Providers	Estimated Timeframe	Estimated Cost	Complexity to implement	Detail	Theme
1	Develop and implement early intervention oral health programme in areas of high deprivation using Kaiāwhina roles	High	Medium	Short-term	Low-medium	Medium	Recruitment of Oranga Niho Kaiāwhina role for 12 months; Implementation of toothbrushing programme Provide training to practitioners (oral health) Oral health promotion	
2	Community Dental event	High	High	Short-term	Medium	Low	Free dental and oral health treatment Raise awareness of oral health hygiene and maintenance through health promotion	
3	Oral health social media campaign for rangatahi	High	High	Short-term	Low-Medium	Low	A social media campaign, targeted at rangatahi – e.g., 'kiss your girlfriend'.	
4	Cultural capability training	High	High	Short-term	Medium	Low-medium	Option – Rūnanga expands service. Same for the Pacific culture specialist	

Four initiatives emerged from the Reimagining sessions which were identified as key priorities for both whānau and providers. These have been estimated to have the largest impact for whānau, alongside with low-medium estimated timeframes and cost to implement. Most of them relate to themes linked to prevention, access to services/hauora services and education and information provision.

Additional initiatives that carry increased cost, complexity, risk and timeframes have been documented for further scoping analysis. Many of these initiatives have national level implications and require regulatory change to enact. They relate more heavily to themes that are core enablers – funding and workforce development..

Key

Funding	
Workforce	
Prevention	
Access to services / hauora services	
Education and information provision	



Appendices



Appendices

- Appendix A:** Overview of Reimagining Hui
- Appendix B:** Current State Journey Map
- Appendix C:** Challenges - Community
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The appendices in this document serve as a record of the kōrero received from community and providers throughout the Reimagining sessions. Ensuring we accurately document the voices of community is part of our commitment to being kaitiaki of the mauri of this work and the kōrero gifted to us from our whānau, which is a taonga.

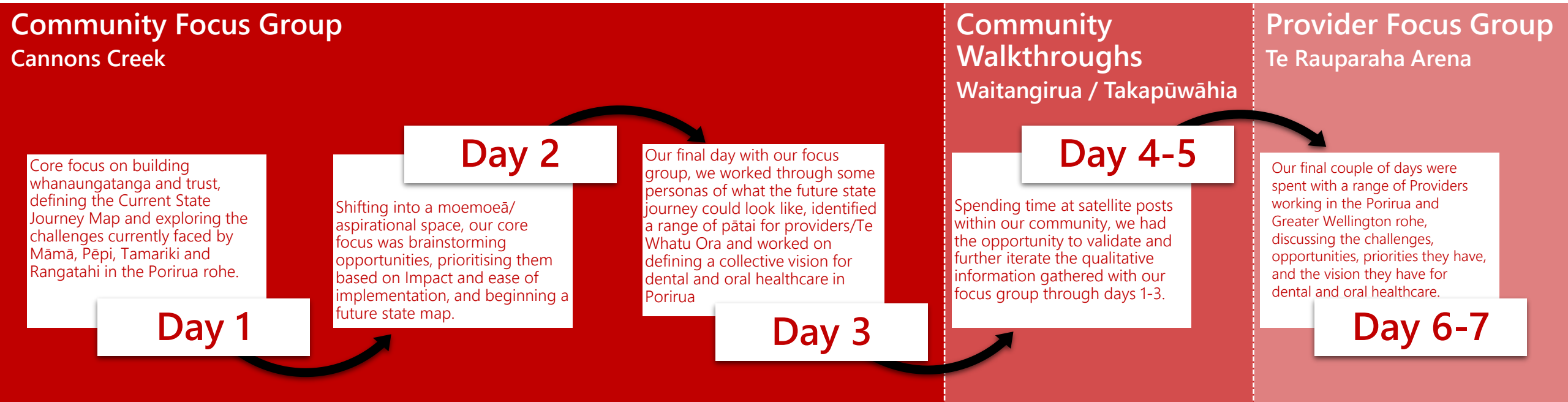




Appendix A: Overview of Reimagining Sessions

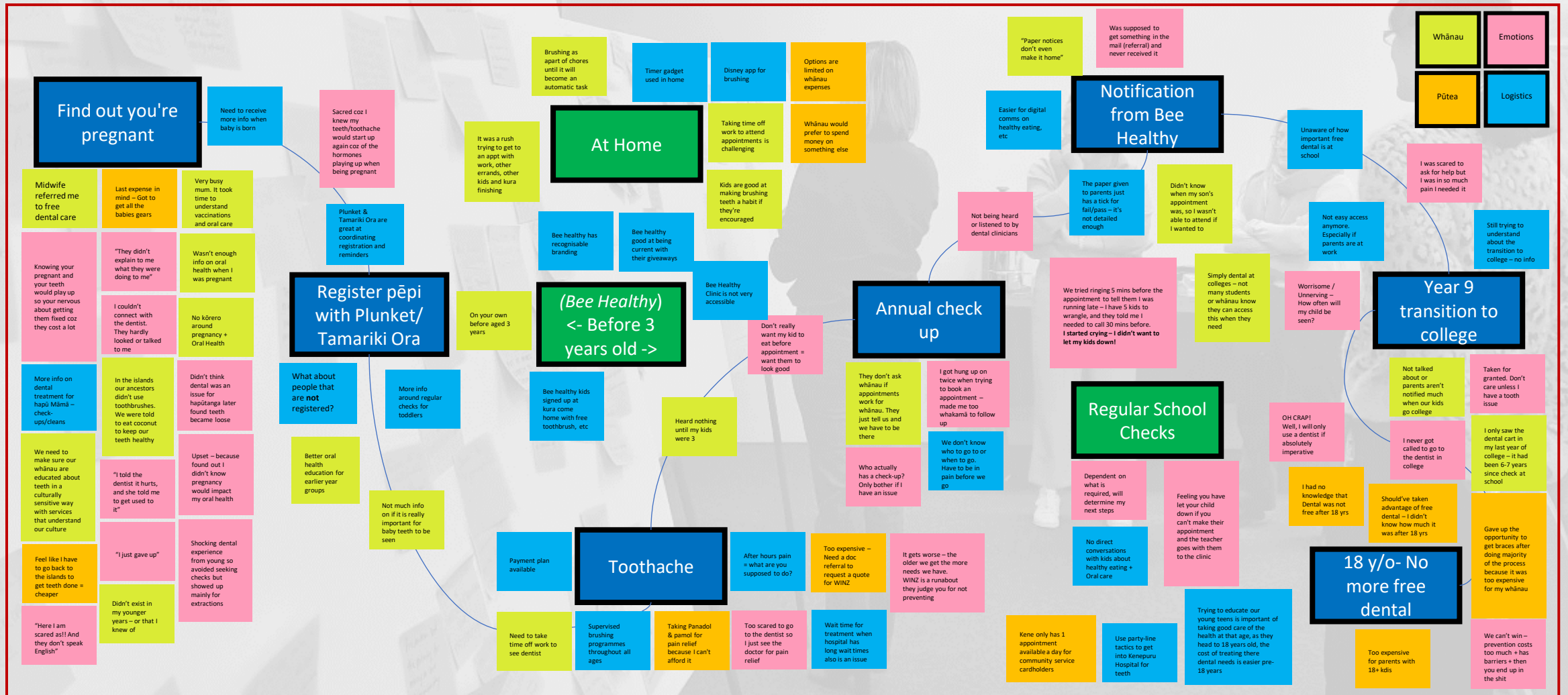
Reimagining sessions for this pilot were held over 7 days in Porirua. The Appendices in this document provide detail of the exercises which the community and provider participants undertook. We focused on understanding the Challenges and Opportunities that the community and providers experienced, mapped the opportunities on a priority matrix based on 'impact for whānau' and 'ease of implementation', created a current and future state journey map, and defined a vision for dental and oral health care in the rohe.

The diagram below sets out the process we went through to get to the recommendations in this report and to develop the content set out in the appendices.



Appendix B

Current State Journey Map



Appendix C

Community - Challenges

Theme	Detail
Timeliness	<ul style="list-style-type: none"> - 'No service provision over the weekend unless it's an emergency and that is still a big hassle'. - 'Takes ages to get an appointment'. - 'Need to increase support for kids while they are still at college -> this is a big risk area'. - 'Available times don't support my whānau needs'.
Logistics	<ul style="list-style-type: none"> - 'Getting to services and their location is hard'. - 'There is a lack of public transport to get to services. This has an impact on our access to services, our whānau and has a pūtea impact'. - 'Tech solutions would be great for people. There is too much paperwork that gets lost'.
Access to Services	<ul style="list-style-type: none"> - 'Bee healthy can only cater to baby teeth. Any adult teeth in kids require private practice'. - 'Availability of providers. It's hard to get appointments'. - 'Extended hours are only for adults and private practice (max 6pm)'. - 'The dental services between Wellington and Kenepuru are different. Better services in Wellington'.
Prevention and Education	<ul style="list-style-type: none"> - 'They are selling cheap food and fizzy drinks to kids and families'. - 'Lack of information provided before they are 3 years old'. - 'Vaping is cool for our rangatahi and has an impact on dental healthcare'. - 'Accessing healthy food is too expensive or time consuming'. - 'Need more information about nutrition and access to healthy food'.
Pūtea	<ul style="list-style-type: none"> - 'Free oral health care products are only available from some providers'. - 'There isn't equitable costs of service. They vary from suburb to suburb'. - 'Too expensive for me to get my teeth checked, let alone fixed'.

Theme	Detail
Workforce	<ul style="list-style-type: none"> - Lack of capability and capacity. - Trust from community is low. - Culturally appropriate care is missing.
Racism and Inequality	<ul style="list-style-type: none"> - 'Aren't empathetic to whānau situation, e.g., nery children, single parent, managing the situation.' - 'Are practices culturally competent or culturally safe?'.
Data Integration and Information Sharing	<ul style="list-style-type: none"> - 'Quality of Information – not set up to capture data, lack of accuracy and completeness'. - 'OIA Process is prohibitive'. - 'Sharing information across services'. - 'Measuring and statistics; accountable to the ministry, what does your preventative care look like'. - 'Human data entry error'. - Lack of flexibility for reporting to accommodate different data sets – larger whānau, indigenous information'. - 'Standardisation of reporting to aid information sharing - we need more that the few square boxes on the bee healthy form'. - 'Different agencies have different priorities for what they capture so they don't integrate'.
Technology	<ul style="list-style-type: none"> - 'Tech solutions would be great for people. There is too much paperwork that gets lost'.
Misinformation and Lack of Information	<ul style="list-style-type: none"> - 'Indigenous approaches to oral health incorporated'. - 'When my teeth hurt, I don't know where to go to get them checked. I just use Sensodyne to help for now'. - 'We don't encourage whānau to go – we misinform them'.

Appendix D

Provider - Challenges

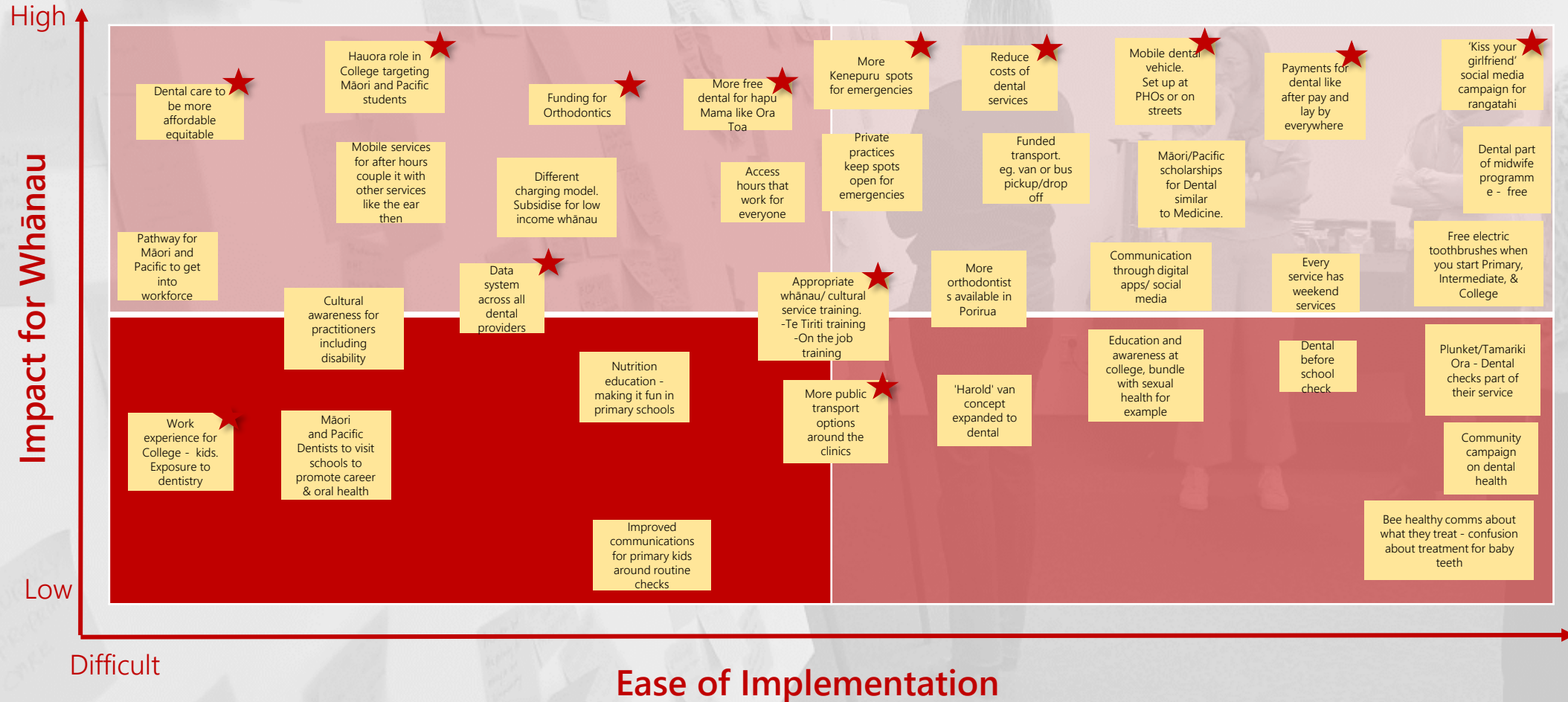
Theme	Detail
Prioritisation & Mindset	<ul style="list-style-type: none"> - Māori and Pacific have the highest % of no-shows (23%). - Missed appointments = wasted capacity at schools. - The school model is good for negating missed appointments but limits our locations. - Attitude towards services – providing the incentive. - Perception risk of checkups – private practices make money. - Reactive system mindset like GP you only go when there's an issue Dental under 18 is set up as preventative with annual checks.
Logistics & Access to Services	<ul style="list-style-type: none"> - Sustainability of service, mobile service “more about the no show than it's about the return”. - Time and resources are limited (especially in prevention and education). - Time is compounded extra time to reach those that aren't engaged. Takes longer and therefore not seeing anyone. - When to access free dental services is just as important as the what and who. - Logistical challenges getting to appointments – time off-work – transport – location – opening hours. - We often have to double book too many no-shows. Attendance and appointments are key issues – no-shows, no \$\$, and no prevention care, lose, lose. - Teacher strikes an issue. - Not sustainable business if not based in schools. - Hospital's ability to communicate with whānau what they can access, is not great.
Prevention and Education	<ul style="list-style-type: none"> - Barriers to toothbrushing – mint flavour, reactions to ingredients, sensory issues. - Dental decay is preventable – prevention and education. - Bigger focus on educating māmā/whānau, to community on knowledge annually. - Getting info to communit on walk-in Relief of Pain service (hospital). - Empower communities with knowledge early – currently limited. - Prevention isn't a priority for many in our community. - Education and dental relationships can determine whether a child gets seen or has an appointment.
Pūtea	<ul style="list-style-type: none"> - Students – Oral Health Therapist (OHT) pay is better in private practices. - How do you keep people in a proactive state when it's not free anymore? Hospital rates increase. - Hauora Hubs. - Fund prevention, as much as treatment. - Bidding war for hygienists – salaries up 30-40% in the last two years, private pay double.

Theme	Detail
Workforce	<ul style="list-style-type: none"> - Workforce issues – OHTs, Dentist, and Dental Assistants – all strained – staffing an issue - Limited Māori & Pacific in dental workforces, dentists, dental therapists, health promotion. - Inflexible workforce – another way with workforce, more flexible roles, connectors/navigators. - Can't import workforce from overseas as the qualifications are not similar internationally. - OHT's – may not examine all kids in 12 months = increase in toothaches. - Kaiāwhina roles to support whānau – takes the pressure off practitioners. - Locating taura at schools (dental students).
Culturally appropriate care	<ul style="list-style-type: none"> - Motivations understanding the whakapapa of niho to tinana hauora in general.
Legislation, regulation and contracts	<ul style="list-style-type: none"> - We are protected but also bound by laws that limit our ability to flex anything like costs. - ACC primary legislation 'only dentist not OHT's or therapists. - ACC through dentist only, not hygienist etc, charge co-payment. - CDA contract issues – to see a dentist doesn't cover cost of TX, treatment is often intense vs check-up, doesn't work for private4 practice, contract doesn't cover actual costs of service. - CDA – in areas of majority good oral health the contract works – not in Porirua. - If CDA PT FTA = No income PVT PT more likely to show as they are paying. - CDA works if you can get patients in a proactive mindset. - Dental funding (CDA contract), drives dental response. - CDA has annual review – “inflation review”. - CDA funding has changed due to decile stuff. Less money more admin. - When people fail to attend, we have a strike policy which we need to remain financially sustainable.
Data & Systems	<ul style="list-style-type: none"> - Private practises can't share data – legislative constraints.
Shared Services	<ul style="list-style-type: none"> - 'People passed onto other services without support to navigate journey (hospital). awareness and managing expectations. - Referrals between public & private referral goes to patient vs direct – “crack”. - Overlapping risk factors with other health issues. - Challenges in getting information from whānau – could GP be involved more?. - Same risk factors dental & diabetes. - Opportunities – support to enable a healthier environment towards preventative. - Dental separate from general health (siloeed).

Appendix E

Community – Priority matrix of opportunities

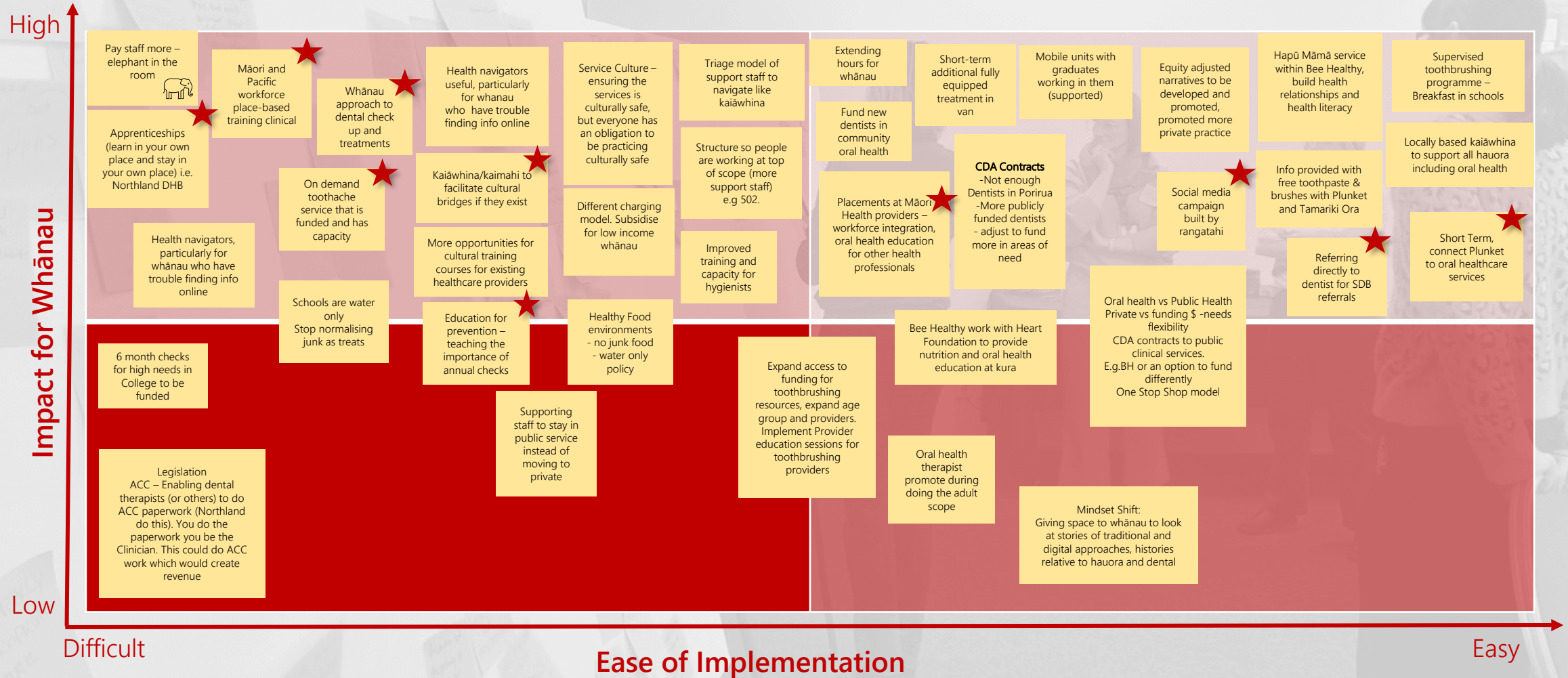
★ = opportunities that community voted as the most important to them



Appendix F

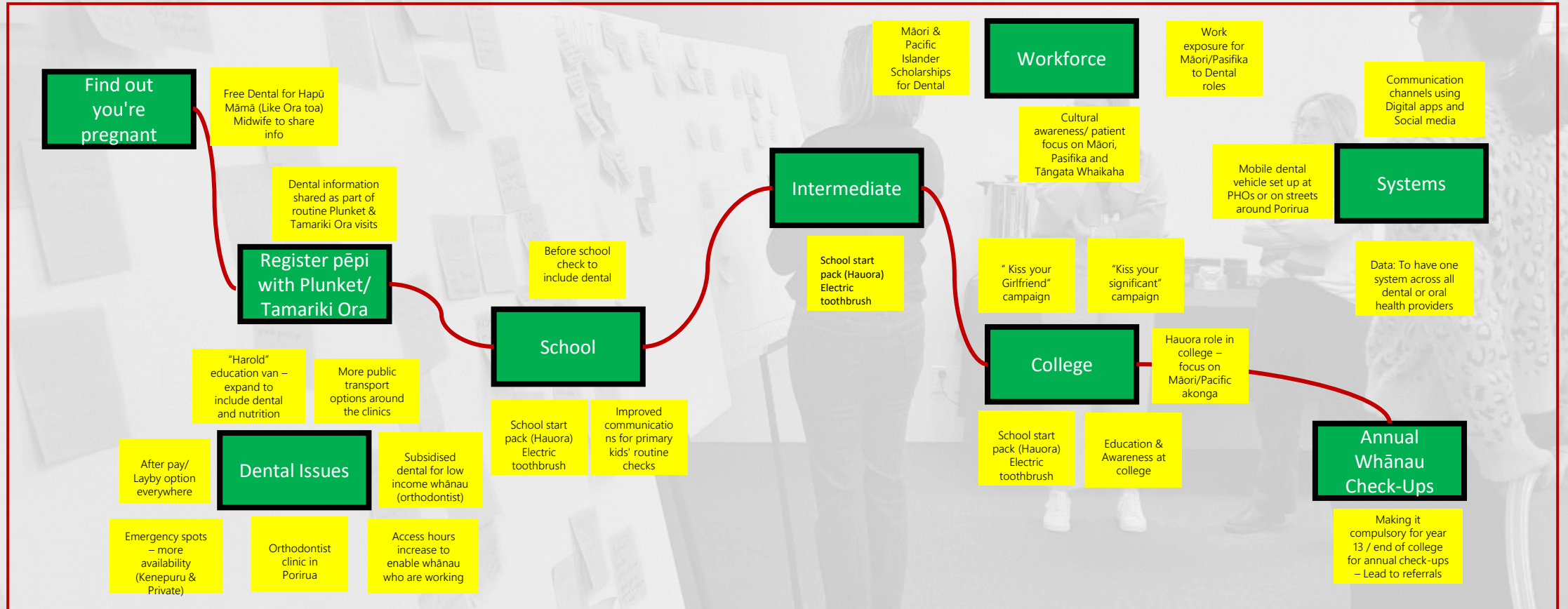
Providers – Priority matrix of opportunities

★ = opportunities that providers voted as the most important to them



Appendix G

Moemoeā Map



Appendix H

Vision

What is your Vision for Oral Health Care in Porirua?







What do we need to do together to realise this vision?








Appendix I

Detailed Recommendations – Medium term

Key



Funding	
Workforce	
Prevention	
Access to services / holistic hauora services	
Education and information provision	








#	Initiative	Impact for Whānau	Estimated Timeframe	Cost	Complexity to implement	Provider impact	Detail	Whānau priority	Provider priority	Theme
1	Community hauora event for integrated service provision in the weekend	High	small	Medium	medium	High	Requires planning + comms only viable with high attendance - alternative calendar campaigns specifically oral health	Yes	Yes	
2	Free dental care for 2000 days - Māmā	High	Long	High	High	High	"Tooth be told" document	Yes		
3	Transport + access to services	High	Medium	High	medium	High	Whānau can't get to services - could consider expanding on specs and scope of PHN/navigators/ kaiāwhina/ roles that allows them to support whānau	Yes	Yes	
4	Māori/P.I apprenticeships to get into oral health care - placements	High	small	High	medium	High	Northland example	Yes	Yes	
5	Whānau approach to dental care	High	Medium	Medium	High	High	Māmā seen at same time as tamariki			

Appendix J (cont.)

Detailed Recommendations – Long Term

Key

Funding	
Workforce	
Prevention	
Access to services / holistic hauora services	
Education and information provision	

#	Initiative	Impact for Whānau	Estimated timeframe	Cost	Complexity to implement	Provider impact	Detail	Whānau Priority	Provider Priority	Theme
1	CDA (Community Dental Agreement) & SDB (Special Dental Benefits)	High	Long	Low	High	High	Creates complexity around delivery of services, restrictive	Yes	Yes	
2	Hauora Hub with service integration	High	Long	High	High	High	More details required	Yes	Yes	
3	ACC funding made available for bee healthy continuation of care	High	Long	High	High	High	Systemic/ National issue. Regulatory issue	Yes	Yes	
4	Orthodontist care free for tamariki	High	Long	High	High	High	Understand only a limited number of orthodontist graduate yearly, workforce issue	Yes	Yes	
5	Integrated data/info sharing platform for whānau across oral health care	High	Long	High	High	High	Systemic/ National issue. Regulatory issue	Yes	Yes	
6	On-demand free toothache services	High	Long	High	Hgh	High	Kenepuru ?	Yes	Yes	
7	Rangatahi to 24 years services provided	High	Long	High	high	High	Service extend definition of Rangatahi to 24 years. Systemic issue	Yes	Yes	



Mā te rongō, ka mohio; mā te mohio, ka marama;
mā te marama ka mātau.

Through listening comes awareness; with awareness
comes understanding; through understanding comes
knowledge and the ability to effect change

He mihi nui ki ngā tāngata katoa i whai
wāhi ki tēnei mahi

Ngā mihi nui and acknowledgement for the
time and energy, community and providers
have dedicated to supporting Te Wāhi Tiaki
Tātou Localities Programme, without whom
this work would be unable to happen. The
Project delivery team and Rūnanga are
deeply grateful.

