

14 September 2021



Dear 

Re: OIA request – Dental statistics for Counties Manukau District Health Board (DHB)

Thank you for your Official Information Act request received as a partial transfer from Counties Manukau DHB on 2 August 2021 seeking information from Waitematā District Health Board (DHB) about dental statistics for Māori and Pasifika children in the Counties Manukau DHB district.

Waitematā DHB is the metro Auckland provider of child community dental services, known as Auckland Regional Dental Services (ARDS) and, as such, we are providing the response on behalf of Counties Manukau DHB.

You requested the following information:

I'd like to seek the same figures please for Counties Manukau DHB, especially given its high population of Pasifika. Can I have the following:

- 1. Is there a backlog at the moment for children needing any sort of oral treatments in the DHB? And, if so:**
- 2. How many children are currently in that backlog for urgent dental treatment?**
- 3. How many children are waiting for treatment under general anaesthetic**
- 4. How many children are overdue for a routine dental clinic check-up?**
- 5. What is contributing to the above figures?**
- 6. An RNZ report (“Backlog of nearly 2000 Auckland children waiting for urgent dental treatment”, 16 June 2021) notes Māori and Pacific children are over-represented in the figures - so, what steps, if any, is the DHB doing to address this?**
- 7. More generally, what is the DHB doing to address the Bula Sautu report's finding that Pasifika children were more likely to have tooth decay than non-Pacific children?**

Counties Manukau DHB transferred questions 1 and 4-7 to us. Auckland DHB will also be responding to questions 1, 2 and 3 of your request.

In response to your request, we are able to provide the following information:

- 1. Is there a backlog at the moment for children needing any sort of oral treatments in the DHB? And if so:**

- 4. How many children are overdue for a routine dental clinic check-up?**
- 5. What is contributing to the volume of children overdue for a routine dental clinic check-up?**

The following is a combined response to questions 1, 4 and 5:

There are 113,565 children currently enrolled with the Auckland Regional Dental Service (ARDS) who reside in the Counties Manukau district. Currently, 56% (n=64,019) are overdue their examination by at least 30 days. Of these children who are currently overdue, 31% (n=20,150) are Pacific children.

The onset of COVID-19 has had a significant impact on service-delivery to children across the Auckland region. The service has had to make a number of changes to service-delivery models, such as when and how it can be delivered.

Under direction of the Ministry of Health and Dental Council of New Zealand, all non-essential and elective treatments were suspended during Alert Levels 4 and 3. During these lockdown periods, of which there have been several in Auckland, only emergency acute care was able to be delivered for relief of pain. This curtailed the ability to deliver routine oral health care and resulted in an increasing backlog of children requiring appointments.

When re-introducing dental services to schools, some schools allow access to our service only when we are at Alert Level 1. This further impacts access to the service for children at these schools in particular.

Throughout all alert levels, the New Zealand Dental Council requires the service to maintain stricter levels of infection, prevention and control measures to ensure the safety of children and staff. The additional time required for this has an impact on the overall volume of appointments that can be offered. Additional to this is the requirement for COVID-19 pre-screening of all children before attending an appointment. This requires parents/caregivers of all children to be contacted for a COVID-19 screen prior to the children entering the service. This pre-screening is being conducted in a variety of ways to maximise the opportunity to support attendance.

In addition to telephone calls and text messaging, we are using Well Child Tamariki providers, public health nurses and social workers to help with the engagement of parents/caregivers. The ongoing requirement for pre-screening is, in itself, resource-intensive and impacts on staff time to provide oral health care. Therefore, it remains a challenge to effectively engage with many whānau/āgia.

There is an identified nationwide shortage of oral health therapists that impacts on the capacity of the service and its ability to meet the need. Currently, ARDS has a staff vacancy rate of 9.65% for dental/oral health therapists in the Counties Manukau area. Changes to recruitment and onboarding practices have improved staff retention, with ongoing measures in place to ensure vacancies are kept at a minimum.

6. The RNZ report above notes Māori and Pacific children are over-represented in the volume of children overdue for a routine dental clinic check-up, so what steps, if any, is the DHB doing to address this?

ARDS has a strong commitment to providing early intervention and preventative care. As part of a focus on the prevention of tooth decay in Māori and Pacific children, ARDS is applying topical fluoride and culturally appropriate education and advice to complement this.

ARDS has developed an outreach model of care for children with the highest need, whose whānau/āgia generally face more barriers to attending an appointment and engaging with the service. To address these barriers, mobile facilities (vans and transportable dental units) are being deployed to early childhood centres with high enrolments of Māori and Pacific children, where examinations and fluoride applications are offered as part of the *Hauora Niho Kia Hauora Te Oranga* programme.

This model delivers preventative oral health care to our most-vulnerable children in an environment where the children have established relationships and is a means to connect, engage and improve oral health outcomes.

ARDS also works in partnership with community providers including a Well Child Tamariki Ora provider and a Pacific health provider to provide services in a joint clinic setting. This includes the use of consistent key oral health messages, which are available in a range of languages including Māori, Tongan and Samoan (see <https://www.waitematadhb.govt.nz/home/ards/>).

Saturday clinics are also being provided to meet the access needs of the community.

7. More generally, what is the DHB doing to address the Bula Sautu report's finding that Pasifika children were more likely to have tooth decay than non-Pacific children?

ARDS is committed to continually improving the service so that timely and more-efficient preventative oral health care can be provided to Pacific children to improve their oral health outcomes, including removing barriers to accessing the service.

Additionally, ARDS is piloting several initiatives which will be evaluated to determine if they improve the oral health care of Māori and Pacific children in particular.

These include:

- *Hapu Māmā Oranga Niho Ki Tāmaki* – a free maternal oral health programme that aims to improve oral health not only of the māmā, but that, too, of her pepi, tamariki and of the whole whānau/āgia. In the pilot to-date, more than 50% of enrolments are Pacific wāhine, with an evaluation planned for 2022.
- *Niho Kura* – a programme developed in partnership with whānau, schools and the community to develop innovative ways to deliver oral health promotion messages that engage whānau and Tamariki and that support behaviour change, including supervised tooth-brushing with fluoride toothpaste. A dedicated project team is working with schools/kura to establish programmes including supervisors brought in from their local communities.

The ARDS workforce development plan focuses on recruitment and retention strategies for Pasifika and Māori applicants to support a service that is more representative of our Counties Manukau communities.

I trust that this information is helpful.

Waitemata DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



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Waitemata District Health Board**