

POSTER ABSTRACT

How fair is the dental chair? Equity in oral health access and outcomes for children under five, Hawkes Bay, New Zealand.

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Wietske Cloo

Hawke's Bay District Health Board, New Zealand

Introduction: Health inequities are differences in health outcomes that are avoidable or preventable - and therefore unfair¹. The risk of dental decay begins as soon as the first teeth begin to cut through. In New Zealand dental decay caries is measured at age five as the proportion of children who are caries free¹.

Problem statement: The generic 'equal access system' to community dental services could be contributing to significant and widening inequities in children's oral health in Hawke's Bay. 74% 'Other' children are caries free compared to only 44% Maori and 31 % Pacific Island children². There is also a clear socioeconomic gradient, with children living in low socioeconomic areas experiencing poorer outcomes in oral health status¹.

Our local data on 'did not attend' DNA appointments shows a similar inequity with 46% Maori and 51% Pacific Island children recorded DNA compared to 22% 'other' children. These trends have been stagnant or widening in the last seven years^{1,2}.

Practice change, aim and theory of change for target population: An integrated approach to tackle the oral health inequity for children under five is being trialed^{3,4,5}. Employing a Maori community support worker, a Kaiawhina, who works with families, is one of the first steps in the initial stage of a five-year project. Further changes are adjustments to the recall systems to improve access to services, as well as promoting good oral health. The Kaiawhina is directly involved in both initiatives. This abstract describes the year one results.

Highlights: Working with the whanau family, understanding their challenges, and building relationships and trust are making a positive difference. An improved flexible booking system, enabled the Kaiawhina to make dental appointments with families and provide transport. In the first six months of her appointment she assisted 282 children whom the service had not been able to reach in the past three years. 71% of these children were Maori, 13% Pacific Island and 15% 'Other'. Cultural acceptance⁶ of the Kaiawhina as 'one of their own' has improved accessibility of the oral health services.

Transferability: Transferring the successful model of the Kaiawhina role, and modelling integrated systems^{2,3}, is showing initial promising results in improving access to oral health service. The project employs multiple strategies to address the inequity in oral health access

Cloo; How fair is the dental chair? Equity in oral health access and outcomes for children under five, Hawkes Bay, New Zealand.

and outcomes for children under five^{3,5,6}. The Kaiawhina role also exists in the immunisation service.

Lessons learned and conclusions: Employing a Kaiawhina who understands the community and can walk alongside families has shown the benefits of relationship building. Trust grows through having an understanding of the families' situation and the ability to inform parents in their own home, culture and language. Breaking down barriers of fear and informing families about good oral health and healthy foods, supports families. Systems and services have to be needs-based to address inequity.

Keywords: inequity; oral health; preschool children
