MINISTRY OF HEALTH
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31 July 2020

[redacted]

[redacted]

Please find attached a copy of the report, *HR201806264, Adult Dental Care and Oral Health Issues* in line with the [redacted]. Please note, some information has been withheld under the following sections of the Official Information Act 1982:

- 9(2)(a), to protect the privacy of natural persons; and
- 9(2)(j), to enable a Minister of the Crown or any department or organisation holding the information to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).

[redacted]

Yours sincerely

pp

Deborah Woodley
Deputy Director-General
Population Health and Prevention

[redacted]

MINISTRY OF HEALTH
MANATŪ HAUORA

Security classification: In-Confidence

Health Report: Adult Dental Care & Oral Health Issues

Date:	12/12/2018	Report No:	201806264
		File Number:	AD62-14-2018

Action Sought

	Action Sought	Deadline
Minister Clark	Note	31 January 2019
Minister Genter	N/A	
Minister Salesa	N/A	

Contact for Telephone Discussion (if required)

Name	Position	Telephone	Contact Order
Barbara Burt	Team Leader, Oral Health, Population Health and Prevention	s 9(2)(a)	1st Contact
Grant Pollard	Group Manager, Population Health, Population Health and Prevention		2nd Contact

Actions for the Minister's Office Staff

Return the signed report to Ministry of Health

Note any feedback on the quality of the report	

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Security classification: In-Confidence

Quill record number: H201806264
File number: AD62-14-2018
Action required by: 31 January 2019

Adult Dental Care & Oral Health Issues

To: Hon Dr David Clark, Minister of Health

Purpose

This report responds to your request for a briefing on adult oral health issues. It also addresses your question about overseas dentists in New Zealand who are unable to gain registration under the Dental Council.

Key points

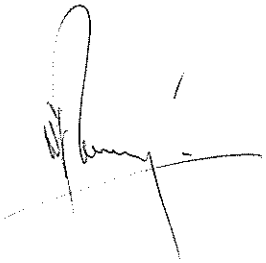
- Good oral health matters to everyone's wellbeing, including in basics such as being able to eat, speak, smile and socialise. An emerging body of evidence indicates that oral health also has significant connections to a range of other important health conditions.
- Government funding for oral health focuses on universal services for children and adolescents, supported by evidence that oral health status at age five predicts oral health status at age 26. There has been significant government reinvestment in the past decade into the infrastructure, model of care, and capacity of child and adolescent oral health services.
- There are encouraging signs of improvement in child oral health outcomes since the reinvestment programme. With the new infrastructure now in place, the focus is on further embedding the associated model of care and continuing to work to achieve equity and improve oral health outcomes for children.
- Following the completion of the reinvestment programme for child and adolescent oral health, it is a good time to consider wider priorities for oral health.
- New Zealanders have been strongly encouraged to maintain their natural teeth, however there is very limited public funding of adult dental care.
- Adult New Zealanders are facing difficulties with accessing affordable dental care. Survey data consistently indicate that a sizeable proportion of the adult population does not access oral health care due to cost. These adults are more likely to be Māori, Pacific or from deprived areas. Rates of acute admissions to hospital for adult dental care have also increased recently. In addition to the potential impacts of untreated decay on general health, productivity and wellbeing, this is a concern because we know that parental and caregiver oral health is an important factor in child oral health.
- Improving adult oral health outcomes could be achieved by implementing preventive oral health strategies and by making oral health services more affordable and accessible for adults.
- Work to increase community water fluoridation coverage, measures to reduce the consumption of sugar-sweetened beverages, and oral health promotion initiatives are preventive measures that can be continued and enhanced.
- This report also presents for consideration a number of new options for making oral health services more affordable and accessible for adults. The proposals include a mix of universal and targeted services to help achieve equity. High priority groups include those for whom oral health has intergenerational benefits, for example, caregivers of young children. Also included are options for those for whom the financial burden is highest. It would be possible to implement these services in a phased approach with strong evaluation built into the service design.

Health Report number: 20181996

Recommendations

The Ministry recommends that you:

a)	**note** the options presented for improving access and affordability of adult oral health care	**Yes/No**
b)	**indicate** whether you wish the Ministry to undertake further work on developing options for improving access and affordability of adult oral health care	**Yes/No**
c)	**indicate** whether you wish to meet with Ministry Officials to discuss adult oral health	**Yes/No**



Dr William Rainger
Acting Deputy Director-General
Population Health and Prevention

Minister's signature:

Date:

Background

1. Good oral health matters to everyone's wellbeing, including for basics such as being able to speak, eat, smile and socialise.
2. A body of evidence links poor oral health to a number of risk factors and determinants that are common to other chronic diseases, such as cardiovascular disease and cancer. Deprivation is also known to be a key factor in poor oral health.
3. Poor oral health is largely preventable, yet it is also one of the more common chronic health problems experienced by New Zealanders of all ages.
4. Public funding for oral health care is targeted towards free universal oral health services for children and adolescents (up to their 18th birthday). This is supported by evidence indicating that oral health status at age 5 determines oral health status at age 26. Child and adolescent oral health services aim to contribute to a good start in life for all New Zealand children.
5. The past decade has seen significant reinvestment into the infrastructure, model of care and capacity of child and adolescent oral health services. The reinvestment was initiated in Budget 2006. The purpose was to move from a 'drill and fill' approach towards a preventive model of care. New fixed and mobile clinics are now in place, and there are signs of improvements in oral health outcomes.
6. The Ministry of Health and district health boards (DHBs) are focussed on improving oral health outcomes for all New Zealanders, with a key focus of achieving equity. A number of challenges exist to improving oral health outcomes, including access, affordability, workforce and an ageing population.

Publicly funded services

7. *Good Oral Health for All for Life*, New Zealand's strategic vision for oral health, highlights the importance of having an appropriate level of service available to adults who may not otherwise be able to access oral health care for various reasons.
8. Adult dental care in New Zealand is generally user-pays. It is estimated that New Zealanders personally spend around $1 billion per annum in the private sector on adult dental care.
9. Publicly funded oral health services are available in certain circumstances. Approximately $54 million per annum is spent by DHBs on adult oral health services, with other government agency expenditure of approximately $46 million per annum. The services provided, with further information attached at Appendix One, include:
    - Hospital dental services (DHB)
    - Services for low income adults (DHB)
    - Financial assistance for urgent dental work (MSD/WINZ)
    - Cover for dental accidents (ACC).

Utilisation of oral health services

10. New Zealanders are strongly encouraged to maintain their natural teeth. However the current funding model for adult dental care presents access and affordability difficulties, especially for low-income or fixed-income New Zealanders. These issues affect many groups, but especially young adults, elderly people, and Māori, Pacific, and low-income families.
11. The 2016/17 NZ Health Survey shows that adult utilisation of primary health care via a GP is significantly higher than their access to oral health services. Less than half (46 percent) of New Zealand adults had visited a dental health care worker in the past 12 months, compared to over three quarters (77 percent) who had visited a GP in the last 12 months. The utilisation disparity between dental health services and primary health care services is even more pronounced in Māori (37.8 percent visited a dental health professional compared with 72.8 percent visited a GP) and Pacific peoples (33.6 versus 73.5 percent).

12. Other key findings from the 2016/17 New Zealand Health Survey include:
    - of those living in high deprivation areas, only 36.3 percent had a dental health care worker visit in the past 12 months
    - almost half of New Zealanders (45.8 percent) have had a tooth extracted due to decay in their lifetime, and this is significantly higher for Māori (52 percent) and for individuals living in high deprivation areas (53.5 percent)
    - over half (53.2 percent) of New Zealanders only access dental care for problems, with Māori (69.8 percent), Pacific peoples (75.4 percent), and individuals living in high deprivation areas (73.6 percent) even more likely only to access dental care for problems.

Improving adult oral health

13. Improved adult oral health outcomes could be achieved by implementing preventive oral health strategies alongside improving affordability of and access to services.

Actions already underway

Community water fluoridation

14. Community water fluoridation (CWF) has been endorsed by the World Health Organization (WHO) and other international health authorities as the most effective public health measure for the prevention of dental decay.

15. Water fluoridation has benefits for all age groups: reductions of tooth decay are reported to be 21 percent among adults aged 18-44 years and 30 percent among adults aged 45 years and over. Among children and adolescents, there is a 40 percent lower lifetime incidence of tooth decay.

16. The greatest benefits go to those who have the poorest oral health, making CWF a good intervention to improve equity. It is reasonable to hypothesise that one underlying cause of the disparity in oral health between Māori adults and children and the general population is lower access to fluoridated drinking water.

17. CWF coverage in New Zealand is much lower than it could be. Public drinking water supplies serve 3.8 million New Zealanders, or about 85 percent of the population. Of those on public water supplies, about 60 percent (or 54 percent of the total population) receive fluoridated water.

18. A recent report by the Sapere Research Group suggests that extending CWF to the rest of New Zealand's networked water supplies would result in 4,400 to 6,850 Quality Adjusted Life Years (QALYs) gained over twenty years, with a proportionately larger benefit to Māori and the most deprived communities. The net savings would then be more than $600 million over 20 years – mostly to consumers, and some to Vote Health.

19. As you will be aware the Health (Fluoridation of Drinking Water) Amendment Bill proposes to shift decision making on CWF to DHBs. It is currently awaiting its second reading.

Oral health promotion

20. The Ministry is delivering an oral health promotion initiative aimed at family and whānau of pre-school children, to promote regular tooth-brushing with fluoride tooth-paste. Māori, Pacific and low income families/whānau are the priority groups. The initiative was rolled out in 2016/17 with the commencement of a social marketing campaign. The second aspect of the initiative, which includes social marketing along with the distribution of toothbrushes and fluoride toothpaste to families/whānau and their young children, is expected to commence in 2019.

21. The social marketing campaign was grounded on insights from a solid platform of consumer and stakeholder research and is centred on a reimagined Tooth Fairy, who is a stern yet loveable 'aunty' figure with a big heart who doesn't sugar-coat her words. She resonates well with parents, children, and the Māori and Pacific audience who are the priority groups for the campaign. A post-campaign survey carried out by UMR Research showed strong unprompted and prompted recall (79 percent recall) of the Tooth Fairy advertisement and its message, particularly among Māori (87

percent) and Pacific (88 percent) respondents. Thirty-five percent of the target audience surveyed said they had made a change to their child's tooth-brushing as a result of seeing the campaign. The advertisement was honoured at the TVNZ-NZ Marketing Awards 2018 by winning the Healthcare / Beauty Sector Award.

22. While the social marketing has been aimed at encouraging parents and caregivers to look after their children's teeth, it may also have an impact on adult tooth-brushing behaviour. The distribution of tooth-brushes and tooth-paste is planned to include the whole whānau.

Reduce sugar consumption

23. The Ministry is working with DHBs, local authorities, the education sector and central government to extend the implementation of healthy food and water policies (i.e. water and plain milk only) in a range of settings. Supporting these initiatives, the Health Promotion Agency has developed public resources promoting the reduction of sugary drinks consumption. Work is also underway with the Food Industry Taskforce to reduce sugar content and improve labelling, and the Health Star Rating scheme is currently being reviewed.

Options for future consideration - improving affordability of and access to oral health services

24. There is potential to extend current universal services or to develop targeted services to improve affordability and accessibility.

25. Some initial options are outlined below for consideration. The proposals include a mix of universal and targeted services to help achieve equity. High priority groups include those for whom oral health has intergenerational benefits; for example, care-givers of young children and pregnant women. Another such group is those for whom the financial burden is highest.

26. It would be possible to implement these services in a phased approach with strong evaluation also built into the service design. Services could be provided by DHBs or by private dentists contracted to DHBs. Phased national rollouts of any initiatives would be required to ensure the necessary workforce, training and service delivery mechanisms were in place.

Basic dental care for young adults

27. New Zealand adults aged 18 to 26 face access issues to oral health services due to the limited disposable income they have available to meet costs.

28. Publicly funded dental care for basic services could be universally extended beyond the age of 18. Extending universal dental care coverage for young adults has an estimated cost of between [redacted] s 9(2)(j) [redacted] per annum for each year of age it is extended. Cover could be phased in by progressive extension of the age of eligibility. Extending cover to the young adult age cohort (up to the 27th birthday) would require an additional s 9(2)(j) [redacted] per annum in additional funding.

29. Currently 71.4 percent of adolescents from school year 9 to age 18 are utilising publicly funded oral health services. To ensure good utilisation and uptake there would need to be additional programmes targeting engagement of adolescents and young adults with the oral health system.

30. Providing services for the 18 – 26 year age group would also capture a high proportion of low-income parents and caregivers and low-income pregnant women.

Basic dental care for low-income pregnant women

31. This initiative would offer a one-off course of basic dental care to pregnant women in deprivation deciles nine and ten, accessible during pregnancy and up to 12 months after giving birth.

32. There is good evidence that targeting the oral health of pregnant women and mothers has a significant influence on child oral health outcomes, and that improved oral health knowledge and behaviour by women during and after pregnancy has oral health benefits for their children and other household members.

33. This initiative would build on the findings of the trial of low-cost oral health services for vulnerable pregnant women which was sponsored by the Ministry and carried out in Counties Manukau and Waitemata DHBs in 2013-15. This trial demonstrated improvements in oral health status of the trial participants and their children, and also in their oral health knowledge and behaviours.

34. Estimated costs for this option are between s 9(2)(j) per annum. Further work on the service delivery model and eligibility would be required.

Basic dental care for low-income parents and caregivers of children (under 5 years old)

35. This initiative would offer a one-off course of basic dental care for low-income parents and care-givers of children under five years of age. Evidence indicates that parental engagement with oral health services has benefits including early engagement of their pre-school children with oral health services and improved oral health outcomes for their children.

36. DHBs are working to make services more accessible and are finding that the parents of children with the highest need cannot access services for themselves. Improving oral health for children is difficult when parents have poor oral health.

37. Estimated costs for this initiative range between s 9(2)(j) per annum. Further work on the service delivery model and eligibility would be required.

Increase WINZ grant

38. Currently, WINZ provides some financial assistance to adults on low incomes for urgent dental work. The current grant is capped at $300 provided once per annum. Expenditure for this service is approximately $11 million per annum through Vote Social Development.

39. Increasing the cap, for example from $300 to s 9(2) (at an additional cost of s 9(2)(j) per annum) would allow for more comprehensive treatment to be provided.

40. Further work on this option would need to be undertaken in collaboration with the Ministry for Social Development.

Gold Card oral health check

41. Consideration could be given to including dental care within any future publicly funded health checks for Gold Card holders. Options for this could include a one-off or an annual dental examination for all Gold Card holders and then treatment up to a specified level of subsidy for those who hold a community services card.

42. The cost of a one-off examination of the dentate population turning 65 each year is estimated at s 9(2)(j) per annum, with approximately s 9(2)(j) per annum for any necessary dental treatment for community service card holders in this group.

43. It is possible to scale and target the eligibility for this initiative.

44. This option would need to be considered within the policy development work on potential Gold Card entitlements being carried out by the Ministry for Social Development.

Workforce

45. You have requested advice about overseas dentists in New Zealand who are unable to gain registration under the Dental Council, and whether these dentists could treat children in the Community Oral Health Service (COHS).

46. The Ministry has discussed this with the Dental Council and understands there is only a very small number of overseas dentists who fail to get registration in New Zealand. In addition, COHS services are provided by oral health therapists specifically trained to work with children. Having unregistered overseas trained dentists working in the COHS would raise quality and supervision issues.

47. Two separate studies recently carried out by the New Zealand Dental Council and DHB Shared Services each identified that there is likely to be a gap in the oral health therapist workforce in the

future, as a high number of members of the workforce are either close to retirement age, or are at the beginning of their careers.

48. Health Workforce New Zealand is undertaking some modelling work that will provide advice on future requirements of the oral health workforce.

END.

Health Report number: 20181996

Appendix One

Service and description	Cost / Expenditure
Hospital dental services Hospital dental services provide dental treatment for hospital inpatients and specialist oral health care services for people with special needs that prevent them from accessing oral health care services in the community. These services are targeted to people of all ages with medical complications, physical or intellectual disabilities, or behavioural problems.	The 2017/18 unaudited DHB expenditure for this service was $49.69 million.
Services for low income adults DHBs provide emergency dental services for adults on low incomes. Services are targeted to people with a Community Services Card (CSC), limited to pain relief and management of infection, and part-charges apply. A small number of DHBs also provide a limited range and volume of basic dental care services as capacity allows. Services are targeted to CSC holders and part-charges apply.	The 2017/18 unaudited DHB expenditure for this service was $7.45 million.
Vote Social Development financial assistance for urgent dental work The Ministry of Social Development (MSD), through Work and Income New Zealand, provides some financial assistance for people on low incomes who require urgent dental work. Financial assistance is provided via grants of no more than $300, usually no more than once per annum.	The 2017/18 unaudited MSD expenditure for this service was $11.05 million, provided to 40,111 grants.
Accident Compensation Corporation The Accident Compensation Corporation (ACC) provides funding cover for dental treatment required due to accidents. Some patients are required to make a co-payment to cover the cost of their treatment.	In the 2017/18 financial year a total of $20.69 million[1] was provided for dental treatment of dental injuries for 32,240 active claims, of which 19,304 were new claims.

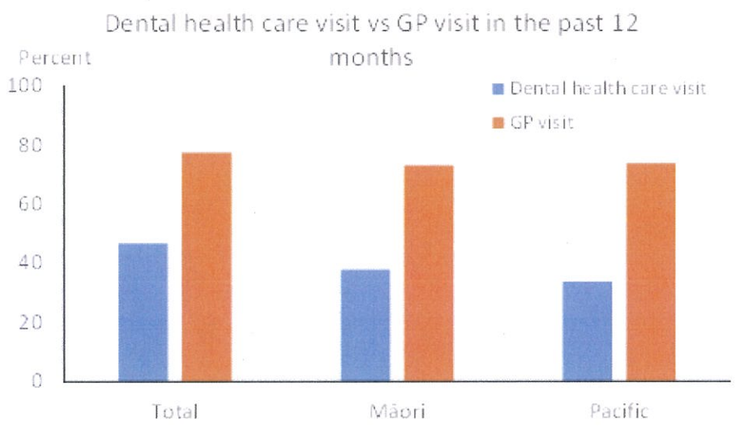
[1] Adults aged 15 years old and above

Adult Oral Health Care in New Zealand

Good oral health, for all, for life

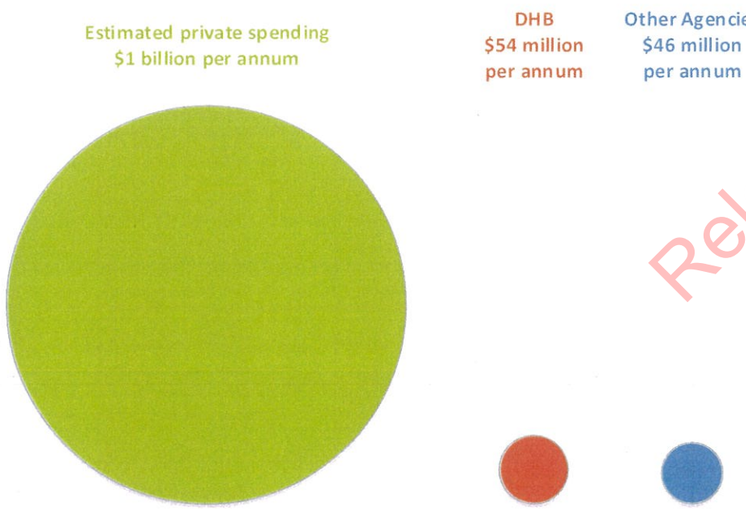
Current utilisation

Adult New Zealanders have been encouraged to maintain their natural teeth but have difficulty with affordability of dental care. This is evident when comparing dental health care visits to GP visits in the previous 12 months.



Current expenditure

The largest proportion of adult oral health care in New Zealand is covered on a 'user pays' basis, limited public funding is available in certain circumstances.



Preventing poor oral health

Community water fluoridation

Current initiative

Community water fluoridation is a safe, affordable and effective method to improve and protect oral health. Community water fluoridation is currently provided to 54 percent of New Zealanders.

The Health (Fluoridation of Drinking Water) Amendment Bill proposes a shift in CWF decision-making to DHBs. This has potential to provide CWF to an additional 1.45 million people, thereby also generating 4,400 to 6,850 QALYs and net savings of more than $600 million over 20 years.

The Bill is awaiting its second reading in the house.

Oral Health Promotion Initiative

Current initiative

Social marketing and toothbrush and toothpaste distribution to improve health behaviours in families.

Reduce sugar consumption

Current initiative

Water only policies in schools

Labelling food for sugar content

Improving affordability and access to services

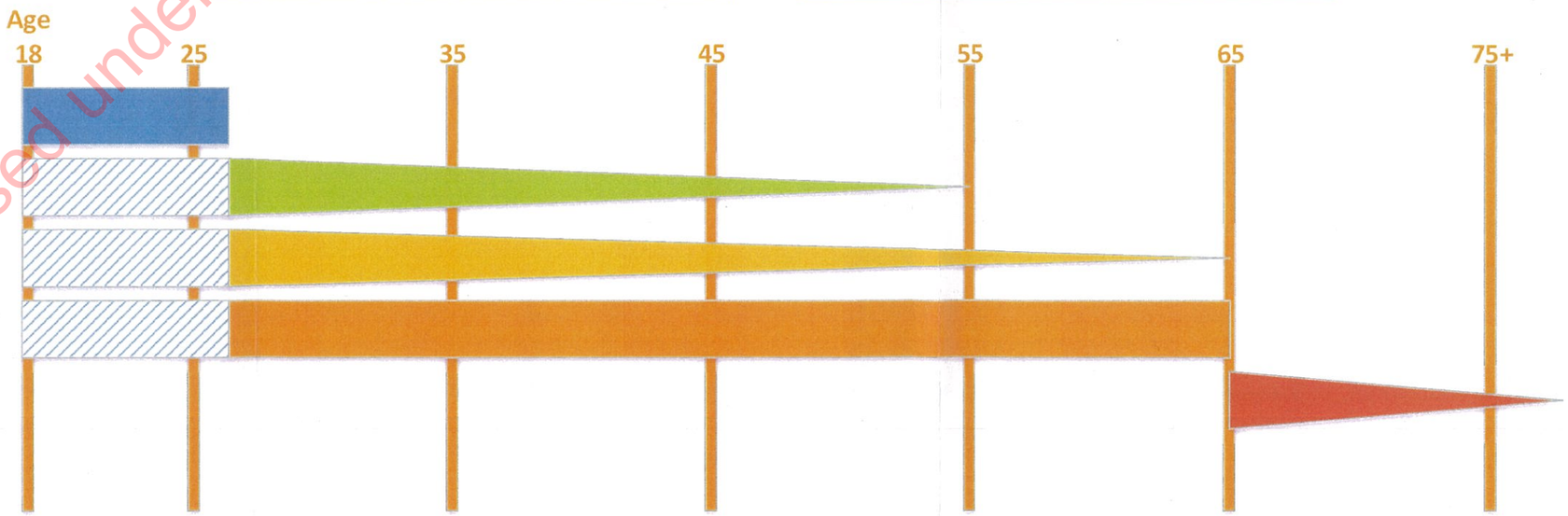
Young adult dental care coverage
Extend universal coverage for young adults. Progressively implemented with the potential to cover up to the 27th birthday.

Increase WINZ grant
Increase the WINZ grant available to CSC holders from $300 to $500. Enables more comprehensive treatment .

Gold Card oral health check
One off or annual examination for all gold card holders. Treatment provided to those that also hold a community services card.

Basic dental care for low-income pregnant women
Provide dental services to low-income pregnant women to improve intergenerational oral health

Basic dental care for low-income parents and caregivers of children (under 5)
Provide dental services to parents and caregivers to improve intergenerational oral health. Provides assistance to parents with the highest needs.



Cover could be through universal young adult dental care coverage.