

Counties Manukau Health

Health Literacy Action Plan for Oral Health – 28 October 2014

Summary

This Action Plan builds on the findings¹ of the health literacy review of oral health services in Counties Manukau carried out as collaboration between Workbase and Counties Manukau Health (CMH). Three key possible health literacy approaches have been identified: professional development for the workforce; clarification of patient referral pathways and follow-up; and oral health messages for different audiences. The table below outlines the issues identified together with their corresponding action plan goals and key health literacy interventions in summary form. Following this there is more detail on the health literacy interventions (including possible owners/ partners), plus areas for further investigation, for each action plan goal

| Issue identified | Action plan goal | Key health literacy intervention(s) |
|---|--|---|
| Range of understandings of health literacy among leaders in CMH (including oral health) | <ul style="list-style-type: none"> To develop a shared understanding of, and commitment to, health literacy among CMH and oral health leadership | <ul style="list-style-type: none"> Development of health literacy strategy for CMH Commitment to implementation of the health literacy action plan for oral health |
| Lack of discussion of oral health within primary care | <ul style="list-style-type: none"> To equip primary care teams with skills and resources to support the discussion of oral health in ways which build health literacy | <ul style="list-style-type: none"> Develop clear oral health messages, health literacy approaches to building patient knowledge/ behaviour for primary care, community health workforce |
| Adult population mainly seeking event-based care (rather than regular preventative care) | <ul style="list-style-type: none"> To improve adult understanding of the value of oral health and regular oral health checks | <ul style="list-style-type: none"> Professional development for oral health workforce re conversations which build health literacy Direct messaging strategy (e.g. early intervention) for adult population +/- community champions Clarify pathways for accessing funding, interpreters |
| Low rates of <u>pre-school</u> child participation in oral health services | <ul style="list-style-type: none"> To achieve greater participation of pre-schoolers in oral health services | <ul style="list-style-type: none"> Health literacy education package focused on babies'/ pre-schoolers' health for Well Child/ Tamariki Ora providers Clarify eligibility, processes for accessing services / multi-lingual assistance |
| Adolescents becoming disconnected from oral health services and poor participation (and poor transition to adult services) | <ul style="list-style-type: none"> To increase active participation by adolescents in oral health and successful transition to adult oral health services | <ul style="list-style-type: none"> Develop adolescent-appropriate oral health literacy messages Professional development for oral health workforce re approaches which build health literacy Clarify process for adolescent enrolment, follow-up of those not enrolling |

¹ Workbase, Findings from the health literacy review of oral health for Counties Manukau Health: June 2014

Background

Counties Manukau Health's wider strategic aims for oral health resonate with the Government's vision, 'Good Oral Health for All, for Life' and have three broad objectives:

To reduce oral health inequalities in the district

To support the integration of oral health with the primary healthcare sector

To support oral health treatment with oral health promotion and prevention.

Methods

The health literacy review of oral health was carried out using the framework outlined in the draft document "A guide to undertaking an organisational health literacy review"² developed by Workbase and currently being piloted in three District Health Boards.

The wider project has been managed by Workbase Education Trust and contracted by the Ministry of Health. Counties Manukau Health reviewed oral health and related health services to determine how the DHB and other providers could improve understanding and awareness of oral health among the community. The review was particularly interested in ensuring children and adolescents access the free dental care available to them up to the age of 18 as these are the services overseen by Counties Manukau Health.

A health literacy review is a snapshot of a healthcare organisation or service at a particular point in time. A health literacy review:

- raises awareness of health literacy
- identifies the health literacy demands an organisation places on patients and families
- identifies ways to reduce health literacy demands
- identifies opportunities for improving the design and delivery of services by incorporating any health literacy principles, approaches and strategies
- provides a baseline prior to implementing any recommendations.

Structure of the current document

This Action Plan includes health literacy interventions which have been identified as appropriate to address issues identified in the health literacy review. A range of ideas relevant to each issue have been developed for evaluation of impact, costs / opportunity costs, priorities and sequencing.

Key themes have emerged and have been explored and aligned to CMH's triple aim of

- Reduced inequities /Improved population health
- Value for money
- Better patient experience

In some cases additional (non-health literacy) actions have been identified which could contribute to the action plan goals. These are noted for their importance to work beyond the scope of this plan, but are not included as actions for this health literacy action plan.

² Workbase, A guide to undertaking an organisational health literacy review. Draft March 2014

Goal 1: To develop a shared understanding of, and commitment to, health literacy among CMH and oral health leadership

Background

The review identified that leaders at CMH have a range of understandings of health literacy and the impact of low health literacy in oral health. Oral health is managed as a contracted service and there is little evidence of integration between oral health services and primary care.

At a system-level there are no measures of adult oral health in the district apart from infrequent population based surveys. A lack of shared electronic oral health records between oral health providers, primary care and CMH perpetuates gaps in service delivery, follow up and patient monitoring.

| Strategy | Health literacy intervention | Responsibility | Timeframe |
|---|---|--|--|
| To develop a shared understanding of, and commitment to, health literacy among CMH and oral health leadership | <ul style="list-style-type: none"> Development of health literacy strategy for CMH | Health Literacy Review Project team | Aug 2014 ELT Learning Lab |
| | <ul style="list-style-type: none"> Executive commitment to implementation of the health literacy action plan for oral health | Director Primary Health and Community Services | To be confirmed aligned to restructure |

Recommendations for oral health beyond the scope of the health literacy review

- Review the management and leadership structure for oral health to identify opportunities for better integration with primary healthcare and public health
- Develop managed care network for oral health from cradle to grave
- Measure population utilisation of oral health services and oral health outcomes
- Development of CMH oral health outcomes framework
- Link health information systems in order for better data sharing of patient records
- Include oral health in Project Swift.

Goal 2: To support the discussion of oral health within primary healthcare

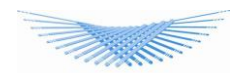
Background

Primary care providers have clinical expertise but often overlook the early manifestations of disease in the mouth. The review identified that ³“Most people could not recall their GP ever asking about their teeth or oral health, nor had people raised oral health matters with GPs”. Most children and adults interviewed did not identify a link between good oral health and general health and wellbeing. The risks of not being able to eat healthy foods or the presence of an on-going infection or inflammation in the mouth and gum disease were not often known.

In the CMH Low Cost Oral Health Trial Initiative, (Oral Health Diabetes In Pregnancy pilot) women were reported as being surprised about the link between their oral health and overall well-being as well as that of their baby. Even where some of the barriers such as transport and cost are addressed, women still missed the free oral health appointments offered in the trial.

There is often a lack of clinical and non-clinical interpreters available to dental providers. Parents, adolescents and adults with English as second language often struggle with giving and receiving oral health information. Multi-lingual staff are often asked to act as interpreters however, this is problematic.

³ Workbase, Findings from the health literacy review of oral health for Counties Manukau Health: June 2014



| Strategy | Health literacy intervention | Responsibility | Timeframe |
|--|---|-----------------|----------------------|
| Strengthen discussion about oral health in primary care (for all age groups/patients) | <ul style="list-style-type: none"> Develop clear oral health messages and health literacy approaches for primary care -as a training pack, resource documents, and clinical references | Workbase | Dec 2014 |
| | <ul style="list-style-type: none"> Design and trial a training resource pack for Continuing Medical Education (CME) in oral health and health literacy for primary care providers | Workbase | Dec 2014 |
| | <ul style="list-style-type: none"> FAQs translated for questions and information between provider and patient or care-giver | CMH ORAL HEALTH | Feb 2015 |
| | <ul style="list-style-type: none"> Include health literacy approaches and resources including DVD within <i>Lift-the-Lip</i> training for Well-Child/Tamariki-Ora providers, LMCs, Midwives, practice and Public Health Nurses, pharmacists and school nurses. | CMH ORAL HEALTH | Feb 2015 to Dec 2015 |
| <ul style="list-style-type: none"> Investigate electronic education and training delivery systems such as you tube link | CMH ORAL HEALTH | | |
| Oral health providers making connection between oral health, other health conditions and wellbeing | <ul style="list-style-type: none"> Develop clear messages and health literacy approaches for oral health providers to use with adolescents and adults linking good oral health to general health and wellbeing. | Workbase | Dec 2014 |
| | <ul style="list-style-type: none"> Training pack to include resource documents, and clinical references | CMH ORAL HEALTH | 2015 calendar year |
| | <ul style="list-style-type: none"> Package for dentist / clinician training, resource for use with adolescents and adults | | |

Recommendations for oral health beyond the scope of the health literacy review

- Develop closer working relationships between CMH oral health/oral health tertiary providers and medical schools
- Provide regular Lift-the-Lip training (every two years) for Well-Child providers, LMCs / Midwives, Practice Nurses and Public Health Nurses
- Align oral health discussion with adult health checks and issues such CVD, Diabetes, cholesterol
- Primary care accountability mechanisms or performance measures such as referral to oral health services.

Goal 3: To build adult understanding of the value of oral health and regular oral health checks

Background

The NZ Oral Health Survey in 2009 identified that inequalities exist in the oral health area.⁴ People from the lowest socioeconomic groups have worse subjective oral health. Poor oral health outcomes and lower participation in oral health services exist in Māori and Pacific population groups and immigrant families. Barriers like language, an unfamiliar health system, socio-cultural beliefs about health, and the low numbers of Māori and Pacific dentists contribute to poor knowledge of and access to oral health services for children and adolescents.

The review found that many adults believe they need only go to a dentist when they have an oral health event, such as a broken or painful tooth. Many adults are also unaware of the impact of oral health on general well-being or the negative impact of oral health disease on chronic conditions such as diabetes and CVD.

⁴ NZ Oral Health Survey 2009

People's behaviour depends not only on their own outcome beliefs, attitudes, and intentions, but also on the beliefs of reference groups and social norms. Therefore we need to affect peer group influencers such as parents, grandparents, and community leaders.

| Strategy | Health literacy intervention | Responsibility | Timeframe |
|--|--|---|-------------|
| Raise awareness of oral health as preventive vs. acute care | <ul style="list-style-type: none"> Advice and professional development for the oral health workforce re conversations which build health literacy including the use of written care or treatment plans Identify a direct messaging strategy for the adult population (note that 'early intervention' may be more of a call to action than prevention, importance oral health and regular checks) Develop messages that can be disseminated through community engagement ie. identify community leaders, participation in community events relevant to health Testing in current cohort pilot group (OHDIP) | CMH ORAL HEALTH AUT Oral Health Faculty Otago Oral Health Faculty | 2015-2016 |
| Support a move to restorative care from acute care for low socioeconomic population | <ul style="list-style-type: none"> Clarify pathways for referrals to hospital and community oral health services from primary care and referring dentists for <i>high needs vulnerable</i> groups (all ages) Clarify pathways for accessing funding from Work & Income for dentists, primary care, public Training resource pack – dentists, primary care, Work & Income Pathways for interpreters, and resource pack FAQs translated | CMH ORAL HEALTH | 2015 – 2016 |

Recommendations for oral health beyond the scope of the health literacy review

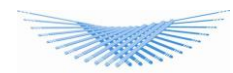
- Clarify the pathway for patients to shift acute emergency oral health patients to Work and Income funded restorative care, review potential for real-time prior approval system
- Consult with stakeholders about oral health model of care required and facilities planning for High Needs Vulnerable/Medically Compromised
- Develop and communicate model of care package.

Goal 4: To achieve greater participation of pre-schoolers in oral health services

Background

Counties Manukau Health has improved the enrolment rates of pre-schoolers with 76% of eligible children enrolled in 2013 but DNAs remain high at average of 43% of pre-schoolers. This is more so in Māori and Pacific communities where the DNA average is 65%. Improvements have been made in the number of caries-free children at 5 years from 49% in 2012 to 51% in 2013. However, this still means that 49% of CMH children at 5 years of age have caries.

Many parents with babies and pre-schoolers do not know why it is important to access oral health services; keep baby teeth healthy or the link between oral health and general health. Some Pacific, Asian and South Asian families have come from environments where there is no free oral health service provision for children and adolescents and they may be unaware of the services in New Zealand.



| Strategy | Health literacy intervention | Responsibility | Timeframe |
|---|---|-----------------|--------------------|
| Oral health education for parents, caregivers (of pre-school children) and pregnant women | <ul style="list-style-type: none"> Develop a health literacy education package focused on babies and pre-schooler's oral health for consumer education package | Workbase | Dec 2014 |
| | <ul style="list-style-type: none"> Cluster meeting training opportunities with Midwives, LMCs and practice nurses for oral health education pregnant women. | CMH ORAL HEALTH | 2015 calendar year |
| | <ul style="list-style-type: none"> Well-Child / Tamariki Ora providers to deliver education package to parents and caregivers to increase understanding of importance of oral healthcare for pre-schoolers* | | |
| | <ul style="list-style-type: none"> Well-Child / Tamariki Ora providers assist parents to work through the eligibility guidelines at enrolment – translated FAQs | | |
| Help families understand how to access services through engaging with pre-schoolers and their parents to reduce DNAs | <ul style="list-style-type: none"> Well-Child providers, Tamariki Ora and oral health services coordinate to follow up DNAs with parents and carry out risk assessments, review processes and messages for accessibility | CMH ORAL HEALTH | 2015 |
| | <ul style="list-style-type: none"> Ensure access to trained multi-lingual staff in oral health services, and have FAQs translated in Te Reo, Pacific languages, main Indian and Asian languages | CMH ORAL HEALTH | 2015 |
| Regular oral health education and screening for pre-schoolers (improving access to information and services) | <ul style="list-style-type: none"> Education pack to all preschool centres with translated FAQs Targeted preschool tooth-brushing education program in high deprivation community preschools with high % of Māori and Pacific children; broaden current reach to include all high deprivation centres. Regular visits by Oral Health services to all preschools for education, enrolment and referrals to oral health clinics. | CMH ORAL HEALTH | 2015-16 |

*Note that professional development for the oral health and child health workforce about conversations which build health literacy in oral health are already included in Goal 2.

Recommendations for oral health beyond the scope of the health literacy review

- Continue with earlier enrolment and engagement of pre-schoolers in oral health services using Well-Child / Tamariki Ora providers to enrol infants in dental services at 5 months immunisations contact, conduct the oral health risk assessment and talk about oral health with parents
- Investigate a dentist educator / coordinator role to provide training and professional development for the oral health workforce.

Goal 5: To increase active participation by adolescents in oral health and successful transition to adult oral health services

Background

Year 8 students are transferred to adolescent services for the start of year 9 where enrolment and attendance depends on the motivation of the dentist, the parent and the adolescent. Unfortunately about half the adolescents do not attend any dentist at all and have to be picked up at school by mobile dentists.

In 2013 CMH contracted dentists saw an estimated 76% of all eligible adolescents. It is difficult to assess the true number of adolescents not receiving dental care as we do not know how many adolescents seek out private care, although we estimate those seeking private care in Counties Manukau may be limited to 5%.

Rather than recognising the benefits of free oral healthcare and seeing this as a establishing a model for adult behaviour (continuing with annual oral health checks), some adolescents saw oral health appointments as a compliance activity – from which they would be free in adulthood. This was further reinforced by dentists telling adolescents about to leave the service that they had fixed everything so they will not need to see a dentist for a few years.

| Strategy | Health literacy intervention | Responsibility | Timeframe |
|---|---|-----------------|-----------|
| Improve dentists / oral health workforce approach to health literacy and making the connection to oral health for adults | <ul style="list-style-type: none"> Develop (multi-cultural) adolescent appropriate oral health literacy messages | Workbase | Dec 2014 |
| | <ul style="list-style-type: none"> Advice, training resources and professional development for dentists and oral health workforce about approaches to build health literacy during youth transition to adult oral health | CMH ORAL HEALTH | Feb 2015 |
| Introduce oral health enrolment check with other health checks | <ul style="list-style-type: none"> Investigate integrating oral health discussion with Year 9 health check | CMH ORAL HEALTH | 2015 |
| | <ul style="list-style-type: none"> Revised presentation pack for secondary school principals and trustees for support for adolescent oral health as part of Health & Well-being. | CMH ORAL HEALTH | 2015 |
| | <ul style="list-style-type: none"> Promote process with school based health services with cluster schools principal meetings and school nurse training opportunities | CMH ORAL HEALTH | 2015 |
| | <ul style="list-style-type: none"> Promote oral health with health services outside the school system | CMH ORAL HEALTH | 2015 |
| Reduce barriers to adolescents remaining connected with oral health services | <ul style="list-style-type: none"> Improve access to oral health education and dental services for at-risk youth with resource packs and external providers | CMH ORAL HEALTH | 2015-16 |

Recommendations for oral health beyond the scope of the Health Literacy Project

- Extend mobile dental clinic service to secondary schools with low enrolments
- Extend accessible dental clinic services to alternate education and private training venues
- Investigate process to cross match patient transfers to adolescent services with actual enrolments
- Follow-up for enrolment of non-enrolled adolescents with families and/or relevant social and health agencies.