COMMUNITY ENGAGEMENT

Faculty of Dentistry community engagement with Māori oral health providers

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Introduction

In 2011 the Faculty of Dentistry of the University of Otago implemented a new program in which final-year dental students participate in a community-based placement with Māori oral health providers. The primary aim is to enhance students’ educational experience with the goal that, upon graduation, students are better prepared to engage with Māori people.

This program had its origins with the Tipu Ora Charitable Trust, a mother and child wellness service in Rotorua in 2000. In this initial program a small group of final-year dental students gave up a week of their mid-year break, paid their own travel expenses to Rotorua, and provided free dental treatment to the parents and caregivers of the Tipu Ora whānau (families). This student volunteer, Māori community-based service has grown significantly and is now incorporated into the undergraduate curriculum in which all final-year students have a five-week clinical placement with one of six Māori health providers throughout the country.

Why was this program initiated?

The Tipu Ora Charitable Trust provides health and wellness support for Māori parents and their babies and infants. The kaitiaki (Māori health community worker) provides an active link for the mothers and their babies to the various health services that may be required for the growth and development of a healthy child.

Tipu Ora established its own dental service in 1997 with a contract from the then Midland Health Regional Health Authority to provide dental care for its registered clients, Tipu Ora babies. This dental service did not extend to the parents and caregivers of the tamariki (children). The dental student clinical placement was developed to ‘fill the gap’ by providing much-needed dental treatment to the parents and caregivers at no cost to the patient group.

Aims and objectives

The specific aim of the marae-based dental clinical placement for the students is to promote oranga niho (oral health) among the local Māori community at the Tunohopu Health Centre, Ohinemutu, Rotorua.
The objectives are twofold:

1. Provide basic dental care for whānau (families), rangatahi (young adults), pakeke (adults) and kaumātua (the elderly) within the local Māori community who are not currently accessing dental care.

2. Provide a Māori community-based learning experience for dental students working with a Māori health provider.

Approach to achieve aims and objectives

Over the ten-year period that this dental student community service program has been operating, the aim and objectives have not changed. What has changed, however, is that this one-week student volunteer program in the semester break is now integrated into the final-year dental curriculum in which the students engage in a five-week compulsory clinical placement during semester time. The Māori health provider Tipu Ora has gone from hosting students for just one week in the year to thirty weeks in the year. Further, the program has been extended to encompass five other Māori oral health providers.

The two underlying principles used to implement and maintain the program are, first, whakawhanaungatanga (relationships) and, second, rangatiratanga (leadership).

When initiating the program in 2000, Tipu Ora and the Faculty of Dentistry built on a breadth of already-existing activities developed over several years between respective colleagues to establish working whakawhanaungatanga, or working relationships. To make this program work, relationships between the Faculty and both the Lakeland Health School Dental Service and other local health professionals needed to be enhanced. It is essential, for instance, to engage a local dentist to whom referrals can be made for clinical procedures that are beyond the available facilities and resources, and who can be available for any follow-up procedures after the students have left, including post-extraction care. A local pharmacist is also an important part of the program, engaged to supply the necessary prescriptions, such as prophylactic antibiotics for rheumatic fever patients.

The relationship with the dental students is equally as important, as it is the students who undertake the clinical work. Those students who participate in this volunteer dental program speak very highly to their peers on their return to the Faculty of Dentistry, resulting in a considerable demand for placements in the following year.

The second important principle is rangatiratanga, or leadership, which is essential for building and maintaining stakeholder trust and confidence in the program. The key outcome is that there is never any shortage of patients wishing to access this dental care. The support from the Faculty of Dentistry is provided through the loan of dental instruments and the donation of dental materials. Support is also provided from dental supply houses through the donation of dental care products, dental materials and some financial assistance.

Challenges

The challenges in this program are threefold: first, to meet the expectations of the client group, the patients; second, to meet the expectations of the Māori health provider; and, third, to meet the expectations of the student volunteers.
The patients who receive dental treatment are identified by the provider’s Māori health community workers, who are aware of those people in their community who would benefit most from the service. Although the students are able to provide basic dental treatment, some procedures, such as prosthetics (dentures) or orthodontics, cannot be undertaken. Great care is taken to ensure that the patient group appreciates the clinical tasks that can be provided to them.

Tipu Ora, as the Māori health provider, has its own processes and procedures for its professional activities, and the students are given a thorough briefing on all appropriate aspects of the host organisation prior to their arrival in Rotorua, including the Kaupapa Māori approach to the provision of health services and the principles of whānau ora (family health). The program commences with a mihikakatau (formal welcome and introductions), along with an explanation of the local provider’s infrastructure and management details, health and safety issues, and the process of clinical supervision.

The increased number of students participating in the program over the ten years of operation has been welcomed by the provider as there has never been a shortage of people wishing to access this service.

The students themselves are all very enthusiastic about participating in the program and are very keen to engage in the clinical work and to experience a range of clinical procedures. The dental surgery at the marae is supplemented by a double unit mobile surgery that is loaned by the Lakeland Health School Dental Service. However, these dental facilities are only equipped to treat infants and children, so the instrumentation is augmented by the loan of periodontal instruments and oral surgery packs from the Faculty of Dentistry.

**Successes**

A gauge for the success of the program can be ascertained by looking at three aspects: the patients, the provider and the students.

The patients are always very thankful for the free dental treatment provided to them and they never hold back in telling the students directly how much they appreciate the dental work that they receive. A typical case is a kaumātua (elder) who, on his first presentation, required as many as six different clinical procedures; the next year he required only two and thereafter none. He returns every year for a dental check-up and routine prophylaxis.

The provider has seen an improvement in the overall health and wellbeing of many of its clients as a result of the improvement in oral health status, as oral health impacts directly on other health indicators, including mental health and self-esteem. The provider was also able to raise the profile of the organisation as a result of the media attention surrounding the oral health program. Over the ten-year period the program has received wide coverage in print media and on television. In addition, in later years a number of dental graduates who had participated in the program as students returned as clinical supervisors on a volunteer basis to further support and participate in the work of the health service.

The students gain considerable clinical experience and also benefit from living and working in a Māori community. The fact that so many students wish to participate in this program each year is a testament in itself to the program’s success in engaging dental students in Māori health during their study.
What are the impacts?

Impacts of the program can be seen across the three groups involved. The patients receive free dental care and there is an improvement in patients’ quality of life as a result of restored dentition. The students gain valuable experience – both clinically and culturally. The impact for the community is reflected in the following comment from the General Manager of the Tipu Ora Health Service:

_The week was an enormous success for our community, who once again were attracted to the wonderful service… we were all able to relish in the sheer numbers and attendance throughout the week._

At the end of the program the students were given an evaluation form. Over the ten-year period from 2000 to 2009, ninety-two students participated and eighty-one evaluation responses were returned. The one key question was: ‘What did you gain most from this clinical placement?’ What came through very clearly were the themes of the whole experience, the clinical experience, the cultural experience and the confidence gained.

With regard to the ‘whole experience’, one student commented that:

_I have more understanding of Māori health. You can read about things in a text book, you can read books and reports on Māori health, but this was real life experience. The whole experience was just so good; I think that one of the most valuable aspects was seeing and treating the whole whānau (family)._ 

One student referred to the experience of interacting with a group of family members:

_Often the patient presented with other family members; mum was there in the chair while the grandmother came as well to look after the children. Sometimes there were kids everywhere and it was no bother at all._

The clinical experience was a major highlight for the participating students. One student summed this aspect up by saying:

_It was the ability to work faster and having a ‘real life’ clinical experience of seeing patients all day, making a diagnosis and carrying out priority treatment._

The clinical confidence gained through participating in such a program was a frequent response by the participating students, highlighted in the two responses below:

_I gained confidence, confidence, confidence!_ 

_The one thing that I gained out of it was the confidence – the confidence in myself to engage with patients, to make clinical decisions and to know that I did all the right things well._

The evaluations elicited many comments about the cultural experience that they were immersed in. Typical responses were:

_I gained a wider perspective of the Māori community and an appreciation of Māori beliefs and value._

_Being on the marae and interacting with the Māori people of that area – it was such a buzz._

_Learning more about the culture and the dental needs has made me appreciate dentistry as a course, and the services that we can offer._
A significant outcome of this program is that living and working in this Māori community with Tipu Ora gave the students first-hand appreciation of ‘Te Whare Tapa Whā’, the Māori model of health and wellbeing. This encompasses te taha tinana (the physical dimension), te taha hinengaro (the mental dimension), te taha whānau (the family dimension) and te taha wairua (the spiritual dimension). In the evaluation one student commented:

This has been the best week in my whole time at Dental School.

How has the program developed Māori leadership?

The Māori oral health providers have shown remarkable leadership in the Aotearoa/New Zealand oral health sector. The mainstream oral health sector tends to be somewhat fragmented in that pre-school children and primary school children receive their oral health care through the School Dental Service, and teenagers receive care through the Adolescent Oral Health Scheme up to their eighteenth birthday, after which the user pays with registered dentists. Māori oral health services, however, aim to provide a seamless service for all age groups with dental therapists and dentists working together as a team. Following the success of the placements at Tipu Ora in Rotorua, a further five Māori oral health providers have embraced the new program, each hosting students in a community placement for up to thirty weeks a year.

What’s next? Program sustainability

During the development of the program, the Faculty of Dentistry was eager to ensure its sustainability and extend the experience of all students by having a community-based placement embedded in the final year of the undergraduate course. The response from the Māori oral health providers was very supportive as they saw it as adding value to their existing services.

In 2010, thirty-five students participated in a one-week community placement in six different locations with Māori providers during their mid-year semester break. In 2011 the five-week clinical placement began as a formal part of the undergraduate curriculum with the two semesters each being divided into three lots of five-week rotations. Two students were assigned to each provider at a time, and although their participation that year was voluntary, almost the whole class chose to participate.

In 2012 the clinical placement was made compulsory for all final-year dental students, with the students undertaking a clinical placement with six Māori oral health providers: Tipu Ora Charitable Trust in Rotorua; Ngati Hine Health in Kawakawa; Raukura Hauora O Tainui in Hamilton; Te Manu Tora in Tauranga; Te Taiwhenua O Heretaunga in Hastings; and Ora Toa in Porirua and Ashburton. An additional program has been established on the East Coast involving Ngati Porou Hauora.

Considerable support for the Māori oral health providers has come through the Ministry of Health’s Quality Improvement Group. This Māori provider group has enabled providers to build a dedicated dental surgery for the students’ use. Funding has also been made available through the Division of Health Sciences of the University of Otago to assist the students with travel and accommodation expenses for their community placement. Some additional support for the program has also come from the dental supply house Henry Schein Shalfoon.
The program’s sustainability relies on the leadership of the Māori oral health providers who value the participation of the students in adding a unique dimension to their existing services. Leadership from within the Faculty of Dentistry is also important to ensure that all the necessary support for both the Māori oral health providers and the students is maintained.

A formal Memorandum of Agreement has now been signed between the University of Otago and each respective Māori health organisation that hosts the students. In every case, a team from the University of Otago, led by the Chancellor and the Dean, travels to the location of each provider for a signing ceremony. This process ensures not only that the dental clinical placements continue well into the future, but that other joint partnerships in Māori health research and Māori student recruitment and retention can be developed. The current program is undergoing an extensive evaluation from both the students’ and the providers’ perspectives.

What began as a dental student community volunteer program with a Māori oral health provider developed into a Māori community placement for the entire final-year dental class as a formal part of their undergraduate curriculum. The partnerships that have been established between the Faculty of Dentistry and the Māori oral health providers enable the students to engage in a valuable clinical service that benefits the local community and the oral health provider.

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