

Council Statement

Best practices when providing care to Māori patients and their whānau

May 2008

**Primarily based on the MCNZ Statement on best practice when providing care to Māori patients and their whānau (August 2006)
The Dental Council acknowledges the contribution of Mauri Ora and Associates and Te Ao Marama**

Purpose of this statement

This statement outlines the attitudes, knowledge and skills relevant to oral health practitioners in providing advice to and care for Māori patients and their whānau (families). This resource has been developed to enable practitioners to integrate cultural competency for Māori patients within their clinical practice and to achieve better outcomes.

This resource should be read in conjunction with the Dental Council's code of practice on cultural competence.

Introduction

There are many ethnic groups within the New Zealand population as well as other groups that patients may identify with, such as disability culture, gay culture, or a particular religious group. The oral health practitioner group itself includes many internationally trained professionals and a variety of ethnic groups. Cross cultural practitioner-patient interactions are therefore common and practitioners need to be competent in dealing with patients whose cultures differ from their own.

Individual cultures affect the way people understand health and illness, how they access health care services and how they respond to health care interventions. When oral health practitioners use effective communication skills, they can obtain more complete and accurate histories which can lead in turn to more accurate diagnoses and more effective treatment plans. This results not only in greater patient comfort and perception of better care, but also improved patient adherence to treatment recommendations and effective oral health plans¹.

Patient satisfaction and acceptability of health treatments are strongly dependent upon the ability of health providers to appreciate patients' concerns, to demonstrate understanding to the patient, and to explain dental information in terms that can be readily understood by the patient.

There are a number of benefits of appreciating and understanding cultural issues in the practitioner-patient relationship. These include:

- developing a trusting relationship
- gaining increased information from patients
- improving communication with patients
- helping negotiate differences
- increasing compliance with treatment
- contributing to greater willingness and acceptance of the need to consult with oral health practitioners
- ensuring better patient outcomes and increased patient satisfaction
- improving the efficiency and cost-effectiveness of oral health care delivery.

Health and other disparities

Research shows that numerous health disparities exist between Māori and non-Māori New Zealanders². Inequalities are also clearly seen in the oral health in New Zealand, with children in lower socioeconomic areas, Māori and Pacific children, and those in rural areas especially affected. Evidence about the oral health of Māori shows:

- Māori are less likely to have access to fluoridated community water supplies^{3 4}
- Māori pre-schoolers have less access to the 'free' School Dental Service⁵
- Māori children and adolescents have a higher prevalence and severity of dental caries^{6 7 8 9 10 11}
- The availability of 'free' or subsidised dental care for older children is limited because of the uneven uptake of Combined Dental Services agreements by dentists¹²
- Similarly access to hospital dental services or subsidised dental services for low income adults is unevenly distributed¹³
- Māori adults are less likely to report regular visits to a dentist¹⁴, and
- Māori adults are more likely to report going without needed dental care due to the cost involved¹⁵
- For all the reasons noted above Māori adults are more likely to have decayed or missing teeth, but less likely to have filled teeth.^{16 17}

Disparities in Māori health persist even after controlling for confounding factors such as poverty, education, and location, suggesting that culture is an independent determinant of health status and access to services.

Studies demonstrate that some health care providers treat Māori differently from non-Māori,¹⁸¹⁹ most often due to cultural (mis)understanding and unconscious bias. Improved integration of cultural and clinical competence should lead to improved outcomes in Māori health as these factors are addressed.

The impact on Māori of differential approaches to treatment and care

Māori make up 14.6%²⁰ of the New Zealand population. Different standards of health care not only cause poor outcomes for individual Māori but also affect their whānau, and may influence the entire community's perceptions and future behaviour with regards to oral health.

Key issues for Māori

Like other ethnic groups, Māori demonstrate diversity across communities and between individuals. Oral health practitioners should learn the preferences of each patient, Māori or non-Māori, and strive to put them at ease in order to create and sustain a respectful and trusting relationship. Most patients consider that respectful questions about cultural background and preferences demonstrate the practitioner's concern and respect.

Some areas where cultural differences may arise and cause confusion or misunderstanding with a Māori patient and their whānau include:

- interpreting and sending non-verbal signals
- methods of expressing agreement and disagreement
- communicating oral health information
- presence and inclusion of family members in an oral health setting
- the use of karakia (prayers).

Māori culture emphasises familial and community ties, and a world view that acknowledges the wisdom of the past as well as connections to the present, through historic places, ancestors, and the physical world. Practitioners should keep this in mind to help understand the behaviours of many Māori patients.

Māori culture considers the head to be tapu, or sacred. Māori patients seeking oral health treatment will be expecting the practitioner to touch the head as part of the treatment. It is important for practitioners to converse with their patients about what they are doing and show due respect.

Māori culture competence standards

To work successfully with patients of different cultural backgrounds, an oral health practitioner needs to demonstrate the appropriate attitudes, awareness, knowledge and skills. The following standards are a guide for practitioners working with Māori patients.

Attitudes

A willingness to try and develop a rapport with Māori patients. The most effective way to understand the communities you serve is by establishing relationships with local Māori, including Māori health professionals in your area. Attending hui (meetings), sports activities, and community events at local marae will further strengthen the practitioner-patient relationship.

A preparedness to ask patients about their preferences and a willingness to respond to, and be guided by, their preferences. Traditional Māori practices, such as reciting a karakia before a medical procedure, may be desired by a patient and/or their family.

Awareness and knowledge

An awareness that assumptions based upon skin colour or appearance can be misleading.

An awareness that Māori tradition strongly prefers face-to-face communication. On initial meetings, this manifests as an expectation of formal introductions before proceeding to the purpose of the visit. Moving too quickly to the ‘problem’ before some initial sense of contact has been established can result in withdrawal or undue passivity.

An understanding that Māori place great emphasis on the spoken word. The proper pronunciation of names is seen as a sign of respect. If unsure about the pronunciation of a Māori word, ask for help before attempting to say it. Admitting uncertainty and asking for guidance shows an understanding of the importance of names in Māori culture and demonstrates respect for heritage.

Dental practitioners should make every effort to pronounce the names of their patients correctly, regardless of the ethnicity or nationality of the patient. If you are uncertain about how to pronounce a person’s name then ask the patient or the patient’s parent or care giver. This can be a very effective way of establishing a good rapport between the practitioner and the patient. For many Māori people their name or their children’s name is a reflection of their identity, a tupuna (ancestor), iwi (tribal affiliation) or whakapapa (genealogy). There are many avenues within the community today to access basic Māori language learning.

An awareness that body language can be different between Māori and non-Māori. For example, direct eye contact can be seen as a sign of disrespect in Māori culture, and for this reason a Māori patient may choose to look at a neutral area of the room while speaking or listening. Do not automatically interpret a lack of eye contact as anxiety, anger, boredom or fear. It may represent any of these, or could be a sign of respect to you as a health practitioner. If you are unsure about this or any other non-verbal signals, ask your patient.

Skills

The ability to ask patients about their ethnic background. Asking the question demonstrates not only respect for the patient's individual heritage, but provides an opportunity to discuss their cultural preferences.

The ability to involve whānau when a patient brings them to a consultation. In addition to providing comfort to the patient, the presence of other whānau members at consultations can lead to improved care by providing additional background information during the medical history, helping the patient to understand your instructions, and assisting the patient in carrying out treatment plans.

The ability to ensure that patients understand their condition and treatment plan, and not to simply rely upon printed instructions. Māori communities sometimes have lower rates of literacy in English than non-Māori.

The ability to seek advice when appropriate.

Extraction of teeth

Many Māori have very firm views regarding human tissue and body parts or organs. These views are part of the cultural beliefs and practices surrounding te tinana, the human body which has divine origins. For example, many Māori today ensure that the whenua or placenta of a new born baby is returned to Papa-tu-a-nuku, the Earth Mother, with appropriate reverence, respect and ritual. Extracted teeth are no different. When extracting the teeth of Māori patients, children as well as adults, patients must be asked if they would like to take the extracted teeth away with them.

Extracted teeth for research or teaching purposes

If the patient does not wish to take their extracted teeth away with them and there is a need for such teeth for either teaching or research purposes then written permission should be gained prior to retaining the extracted teeth. Patients and/or whānau must be informed on how the teeth will be used and be given the option of having the teeth returned following their designated use. For research purposes, the study must be approved by an Ethics Committee and appropriate consent obtained from the patient.

Other resources

- Dental Council statement on cultural competence
- Practising as an Oral Health Practitioner in New Zealand (2007)

¹ The Code of Rights and Maori Concepts of Health. From The Health and Disability Commission.

² Ajwani, S., Blakely, T., Robson, B., Tobias, M., & Bonne, M. Decades of Disparity: Ethnic mortality trends in New Zealand 1980-1999. Wellington: Ministry of Health and University of Otago, 2003

³ Te Puni Kōkiri. 1999. Māori Living in Urban and Rural New Zealand. Fact Sheet 4. Wellington: Te Puni Kōkiri.

⁴ Lee M, Dennison P. 2004. Water fluoridation and dental caries in five- and 12-year-old children from Canterbury and Wellington. New Zealand Dental Journal 100(1): 10–15

⁵ DHBNZ. 2006. National School Dental Service Review: Final report, December 2004. Wellington: Ministry of Health

⁶ Brown R H, Treasure ET. 1992. Inequities in oral health: Implications for the delivery of care and health promotion. New Zealand Dental Journal 88: 132–¹³⁸

-
- 7 Treasure ET, Whyman RA. 1995. Changing patterns of dental disease and the implications for dental practice. *New Zealand Dental Journal* 91: 8–11
 - 8 Thomson WM. 1994. Day-stay treatment for dental caries at a New Zealand hospital dental unit: a five-year retrospective audit. *New Zealand Dental Journal* 90: 139–142
 - 9 Thomson WM, Poulton R, Kruger E, Boyd DM. 2000. Socioeconomic and behavioural risk factors for tooth loss from age 18 to 26 among participants in the Dunedin Multidisciplinary Health and Development Study. *Caries Research* 34: 361–366
 - 10 Ministry of Health. 2004. DHB Toolkit Oral Health: To improve oral health. Wellington: Ministry of Health. <http://www.moh.govt.nz/toolkits/oralhealth/introduction.htm> Accessed December 2007
 - 11 Koopu PI, *Kia pakari mai nga niho : oral health outcomes, self-report oral health measures and oral health service utilisation among Maori and non-Māori*. University of Otago Thesis, 2005
 - 12 Ministry of Health. 2004. DHB Toolkit Oral Health: To improve oral health. Wellington: Ministry of Health. <http://www.moh.govt.nz/toolkits/oralhealth/introduction.htm> Accessed December 2007.
 - 13 Thomson WM. 1994. Day-stay treatment for dental caries at a New Zealand hospital dental unit: a five-year retrospective audit. *New Zealand Dental Journal* 90: 139–142
 - 14 Ministry of Health. 2006a. *Tatau Kahukura: Māori health chart book*. Wellington: Ministry of Health.
 - 15 Schoen C, Blendon R, DesRoches C, Osborn R, Doty M, Downey D. 2002. *New Zealand Adults' Health Care System Views and Experiences, 2001: Findings from the Commonwealth Fund 2001 International Health Policy Survey*. New York: The Commonwealth Fund. 2007. URL: http://www.cmwf.org/usr_doc/nz_sb_553.pdf
 - 16 Cutress TW, Hunter PBV, Davis PB, Beck DJ, Croxson LJ. 1979. *Adult Oral Health and Attitudes to Dentistry in New Zealand, 1976*. Wellington: Dental Research Unit, Medical Research Council of New Zealand
 - 17 Hunter P, Kirk R, de Liefde B. 1992. *The Study of Oral Health Outcomes: The 1988 New Zealand section of the WHO Second International Collaborative Study, 1992*. Wellington: Department of Health
 - 18 Arroll B et al. Depression in patients in an Auckland general practice. *NZMJ* 2002;115
 - 19 Norris, P, Which Sorts of Pharmacies Provide More Patient Counselling? *Journal of Health Services Research and Policy*, vol 7, supp 1, issue 3, July 2002
 - 20 According to 7 March 2006 census (refer to <http://www.stats.govt.nz/NR/rdonlyres/5F1F873C-5D36-4E54-9405-34503A2C0AF6/0/quickstatsaboutcultureandidentity.pdf>)