



BUSINESS SCHOOL

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To: Ministry of Health
c/o HOPStrategy@moh.govt.nz

Submission: Health of Older People Strategy

The Retirement Policy and Research Centre thanks the Ministry of Health for the opportunity to make a further submission on the draft Health of Older People Strategy.

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Background:

The New Zealand Health Strategy released on 18 April 2016 recognises the ageing population as a challenge and an opportunity. Its five strategic themes are: people-powered, closer to home, one team, smart system, and value and high performance. The Health of Older People Strategy sits under the New Zealand Health Strategy. He Korowai Oranga,¹ the Māori health strategy, last updated in 2014, also guides the Government's and the health system's approach to Māori health, including the health of older people.

The Health of Older People Strategy is also designed to comply with the Convention on the Rights of Persons with Disabilities,² to which New Zealand is a signatory. In that Convention, Article 25, Health, affirms that States Parties shall:

- a. *Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons...;*
- b. *Provide those health services needed by persons with disabilities specifically because of their disabilities, ..., and services designed to minimize and prevent further disabilities, including among ...older persons;*
- c. *Provide these health services as close as possible to people's own communities, including in rural areas;*
- d. *Require health professionals to provide care of the same quality to persons with disabilities as to others, including ... raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;*
- e. *Prohibit discrimination against persons with disabilities in the provision of health insurance, ..., which shall be provided in a fair and reasonable manner;*
- f. *Prevent discriminatory denial of health care or health services ... on the basis of disability.*

¹ Ministry of Health's He Korowai Oranga at: <http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga>.

² See the Convention on the Rights of Persons with Disabilities at: <http://www.un.org/disabilities/convention/conventionfull.shtml>.

The Health of Older People Strategy is: Older New Zealanders live well and age well in age-friendly communities, supported by a system oriented towards:

- Healthy ageing
- High quality acute and restorative care
- Living well with health conditions
- Better support for people with high [needs] and complex conditions
- Respectful end of life.³

The Strategy applies a life course approach to achieving the aim of healthy ageing.

*Initiatives for older people that take a life course approach, promoting 'healthy ageing', focus on building and maintaining people's physical and mental function and capacity, maintaining independence and preventing and delaying disease and the onset of disability. Such initiatives aim to maintain quality of life for older people who live with some degree of illness or disability requiring short or long-term care. They enable disabled people to do the things that are important to them, enhancing their participation, social connection and appropriate care and ensuring their dignity in later years.*⁴

People aged 65 years and older make up 15% of the population in 2016, and this could rise to 22% by 2033. This older population currently absorbs 42% of the \$11,000 million health budget and in 10 years that could rise to 50%.⁵ A critical fact is that "We are living longer, but the age to which we are likely to live in good health and without disability is not increasing at the same rate as life expectancy."⁶

Submission 1: Priority to be given to recruiting, training and retaining a health workforce that reflects the diverse population of Aotearoa New Zealand so that culturally appropriate aged-care and support can be provided in homes and residential institutions.

Discussion: Maori and Pasifika peoples comprise an increasing proportion of the population, but their growing numbers are not reflected in the medical and healthcare workforces. For example, while Pacific peoples make up 7% of the New Zealand population, they currently comprise only 1.6% of the medical workforce.⁷ To address this, Pacific providers are implementing a 'strength-based approach', engaging with churches, schools, tertiary providers, community groups and sports clubs, powerful networks that were previously untapped by the health sector. "Cultural competency is therefore crucial for providing a responsive health service and improving the ability of frontline services to meet the needs of Pacific peoples through high quality, patient-centred approaches."⁸

We note Whanganui District Health Board's report on a successful innovation: the Haumoana (navigator) service introduced to support families and staff, 24 hours, 7 days a week. 'The service provides support to families as they navigate their way through the DHB services and links them with community providers on discharge.' It also supports DHB staff, assisting and building their confidence working with Māori families in terms of tikanga and cultural practices. The Haumoana service, embedded into service teams in an integrated way, is delivered by experienced non-clinical Māori staff, working alongside experienced clinicians and health professionals.⁹

³ Ministry of Health (2016). Health of Older People Strategy. Consultation draft July 2016. Wellington, Ministry of Health, p. 6.

⁴ Ibid, p. 7.

⁵ Ibid, p. 4.

⁶ Ibid, p. 8.

⁷ Ryan, D., N. Beckford and M. Fitzsimons (2010). Lalaga. Pacific Providers Making a Difference. Wellington, Pacific Health. Pacific Innovations. Sector Capability and Innovation Directorate, p. 4.

⁸ Ibid, p. 5.

⁹ See He Korowai Oranga, at: <http://www.health.govt.nz/our-work/populations/maori-health/maori-health-case-studies/whanau-centred-care-whanganui>.

Ensuring the diversity of the population is reflected in the medical and healthcare workforces is another strategy to improve the future health and wellbeing of the ageing population, and ensure older people have access to the support and services they require.

Submission 2: All aged care facilities are required to have oral care policies, provide oral care plans for their residents, and ensure access as required to oral health professionals including dentists.

Discussion: The Ministry of Health's survey published in 2010, *Our Oral Health: Key findings of the 2009 New Zealand Oral Health Survey*, pp. xx¹⁰ states in precis:
Oral health, the health of teeth and mouth, is critical to good health and wellbeing. Oral diseases are among the most prevalent chronic diseases in New Zealand... Cost was found to be a key barrier to accessing oral health services: 44.1% of adults surveyed had avoided dental care due to cost in the previous year. In 2009, key population groups who experienced disparities in oral health outcomes and access to services included Māori, Pacific people, and people living in high deprivation areas. These population groups generally had higher levels of untreated decay and missing teeth, poorer self-reported oral health, and higher prevalences of having experienced one or more oral-health-related quality-of-life impacts.

The Overview of key findings of the *Annual Update of Key Results 2014/15: New Zealand Health Survey*¹¹ reports that in 2014/15 the Government spent \$199 million on oral health care, including oral health services provided or funded by district health boards. Children and adolescents up to their 18th birthday have access to free basic oral health services. For adults, some publicly funded oral health services are available for treatment required for accident or injury; for people with medical conditions or disabilities whose conditions prevent them from accessing community-based dental care; and for low-income adults who need emergency dental treatment.

However, the oral health of the aged population, particularly those in long-term residential care, is at risk. The *Age Related Residential Care Services Agreement* between DHBs and Providers of age-related residential care¹² specifically excludes provision of dental care:
*D14.1 The Services do not include: d. Services such as those provided by **dentists**, opticians, audiologists, chaplains, hairdressers, dry cleaners, and solicitors.*

While D20 states that Subsidised residents must have access to services, including Laboratory services, Radiological services and Dental services, that is not provision of the service, and as noted above, cost is often an obstacle, particularly for those elderly who are state-subsidised.

In the RPRC *PensionBriefing 2013-3, Oral health, general health, and residential aged-care*, March 2013¹³ we note that:
oral ill-health or discomfort causes loss of appetite, and loss of well-being. There is also growing international evidence about links between periodontal disease and cardiovascular disease, diabetes and other chronic illnesses.

Given New Zealand's ageing population, investing in the oral health of the elderly would improve the general health and well-being of those currently deprived of this care; and would also be a likely source of future saving from reduced incidence of chronic illnesses.

¹⁰ See: <https://www.health.govt.nz/system/files/documents/publications/our-oral-health-2010.pdf>.

¹¹ See: <http://www.health.govt.nz/publication/annual-update-key-results-2014-15-new-zealand-health-survey>.

¹² See: <http://www.centraltas.co.nz/assets/Health-of-Older-People/ARRC-Agreement-effective-1-July-2015-v-20May2015.pdf>

¹³ See: <https://cdn.auckland.ac.nz/assets/business/about/our-research/research-institutes-and-centres/RPRC/PensionBriefing/2013-3%20Oral%20health,%20general%20health,%20and%20residential%20aged-care.pdf>.

