

NZDA Members' Talking Points Toolkit



NZDA Members' Talking Points

Members can use these when emailing MPs, meeting candidates, speaking to media, or advocating locally. Each is in PREP format (Point – Reason – Example – Paraphrase)

[General Roadmap] Poor oral health is a problem for too many New Zealanders

Point:

Too many New Zealanders suffer from poor oral health – it's time to recognise oral health as a national health priority, hence the *NZDA Roadmap* which details strategies and actions to improve New Zealanders' oral health.

Reason:

Poor oral health affects everything from nutrition to employability and school attendance, yet it's been nearly 20 years since Government last had a clear plan for oral health.

Example:

The *NZDA Roadmap* shows one in three adults live with untreated decay, over 9,000 children need hospital surgery each year for rotten teeth, and oral health inequities continue to widen.

Paraphrase:

Oral health isn't a nice-to-have, it's a core part of overall health and wellbeing, and Government must start treating it that way.

[General Roadmap] Oral health inequities are unfair and avoidable

Point:

Oral health inequities between population groups are unacceptable and preventable.

Reason:

Māori, Pacific, disabled people, low-income communities and the dependent elderly experience the worst oral health outcomes – the result of systemic neglect and unequal access to care.

Example:

The *NZDA Roadmap* shows Pacific children are twice as likely to have teeth removed as non-Māori, non-Pacific children, and people in high-deprivation areas are three times more likely to need hospital treatment for decay.

The New Zealand Older People's Oral Health Survey showed 60% of older people in residential care and 40% of older living at home, with home-based support, had untreated dental decay.

Paraphrase:

Oral health equity isn't optional, it's a moral and public health imperative.

[General Roadmap] Government action now will deliver long-term benefits

Point:

Investing in oral health now, as outlined in the *NZDA Roadmap*, will pay social, political and fiscal dividends.

Reason:

Preventive oral health policies save millions in hospital costs, improve economic and social productivity, and enhance public confidence in the health system.

Example:

Implementing the *NZDA Roadmap*, especially around prevention, access and workforce – will reduce the burden of disease, support economic productivity, and improve New Zealanders' quality of life.

Paraphrase:

Fixing oral health isn't just good health policy – it's smart economics and smart politics.



New Zealand Dental Assoc.

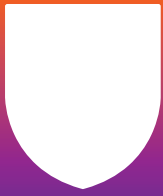
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New Zealand Dental Association

Roadmap

Towards Better Oral Health for New Zealand



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[Workforce] *We need a stronger, better-supported dental workforce*

Point:

New Zealand's oral health workforce is stretched thin and needs urgent investment to keep pace with demand.

Reason:

The number of dentists isn't keeping up with population growth, rural and provincial communities can't attract practitioners, and Māori and Pacific dentists remain under-represented.

Example:

The *NZDA Roadmap* highlights that the dentist-to-population ratio has actually declined in recent years, and Health NZ identified hundreds of vacancies for oral health therapists in the 2023-2024 Health Workforce Plan.

Paraphrase:

If we want equitable, timely dental care, we must rebuild and sustain all of the oral health workforce that delivers it.

[Prevention] *Prevention is smarter – and cheaper – than treatment*

Point:

We can't drill our way out of New Zealand's oral health crisis; prevention is key.

Reason:

Tooth decay is our most common chronic disease, but it's largely preventable through fluoridation, improved food policies that reduce sugar intake, and early oral health education.

Example:

Only half of New Zealanders have access to fluoridated water, and high sugar drinks and foods remain widely marketed to children. Both major drivers of tooth decay.

Paraphrase:

Prevention pays off. Fewer fillings, fewer hospitalisations, and fewer kids and adults in pain.

[Access to dental care] *It shouldn't depend on your income or postcode*

Point:

Every New Zealander deserves access to affordable, quality oral health care.

Reason:

Cost is the main barrier to care for adults, and too many children miss out because of delays or workforce shortages.

Example:

More than half of low-income adults skip dental visits because of cost, and one third of New Zealand's children are overdue for care, even though it's meant to be free and universally accessible.

Paraphrase:

Dental care shouldn't be a luxury. We need a fair system that ensures access based on need, not income.

[Older Adults] *Oral health is essential to ageing well*

Point:

Good oral health is vital to nutrition, communication and dignity in later life.

Reason:

Older people now keep more of their natural teeth, but many live with untreated decay and pain.

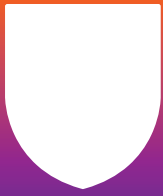
Example:

The Older People's Oral Health Survey found 61% of those in residential care had untreated decay, yet there is no national oral health policy for older adults.

Paraphrase:

Oral health must be recognised as part of healthy aging. It's not an optional extra.





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[Older Adults]

They face systemic access barriers

Point:

Too many older New Zealanders cannot access dental care when they need it.

Reason:

Cost, transport, mobility and limited outreach services make routine care impossible for many.

Example:

Many aged-care facilities have no access to visiting dentists and no mandatory oral health plans.

Paraphrase:

It's time to build dental care into aged-care, not leave it to chance.

[Older Adults] ***Health care integration will deliver better outcomes for older adults***

Point:

Oral health for older adults should be integrated into wider health and aged-care services.

Reason:

Dentists are often disconnected from medical, nursing and social care teams.

Example:

Oral health assessments aren't routinely done on entry to residential care, despite proven links between oral disease, aspiration pneumonia and malnutrition.

Paraphrase:

By connecting oral health with the rest of the system, we can prevent hospitalisations and improve quality of life.

[Complex Health Needs & Disabilities]

These people face sizeable barriers

Point:

People with disabilities and complex health conditions face some of the greatest barriers to dental care in New Zealand.

Reason:

Services are fragmented and underfunded, with hospital units stretched and community practices often unable to meet complex needs.

Example:

The *NZDA Roadmap* highlights wide regional variation in hospital dental availability and workforce shortages that leave many without access to essential care.

Paraphrase:

Oral health care for people with disabilities isn't a luxury, it's a basic health right, and the system must connect so no one is left behind.

[Clinical Governance & Leadership]

We need more and better

Point:

Oral health needs a seat at the clinical leadership table – without it, oral health remains invisible in national health policy.

Reason:

There's no dedicated oral health unit in the Ministry of Health or Health NZ, and current clinical leadership roles are under-resourced.

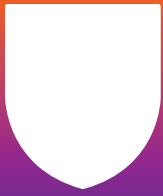
Example:

The *NZDA Roadmap* notes that the Ministry of Health's national oral health leader role was reduced in 2024, leaving very little capacity to guide policy or strategy.

Paraphrase:

It's time to bring oral health into the heart of the health system, with leadership that can make it count.





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[Data & Digital]

More investment needed

Point:

Oral health data in New Zealand is fragmented and disconnected from the wider digital health information system, and that must be remedied.

Reason:

Without shared records and integrated data, dentists can't easily coordinate care or contribute to population-level health planning.

Example:

The *NZDA Roadmap* highlights that national oral health monitoring currently covers only children, leaving major gaps in adult and service data.

Paraphrase:

We can't provide safe care to all of the community without access to the information – connecting oral health data will help deliver smarter, fairer, more joined-up care.

