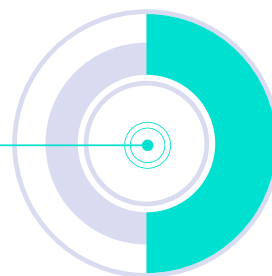
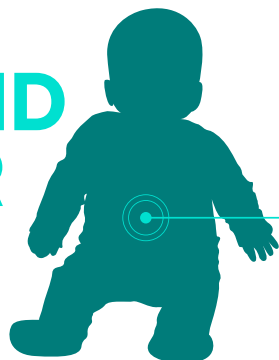


RESPIRATORY CONDITIONS

Mate romahā

CHILDREN AGED
**1 YEAR AND
YOUNGER**
ACCOUNT FOR
MORE THAN
HALF OF ALL
HOSPITALISATIONS
OF CHILDREN FOR
RESPIRATORY CONDITIONS

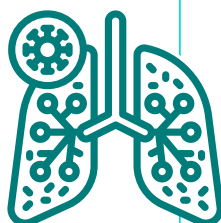


ASTHMA AND / OR WHEEZE WAS
RESPONSIBLE FOR ALMOST
**HALF OF ALL
RESPIRATORY
HOSPITALISATIONS**
FOR CHILDREN AGED
BETWEEN 3 AND 9 YEARS

OVER THE PAST
**TWO
DECADES,**
THEIR
HOSPITALISATION
RATES HAVE
**INCREASED
BY 44%**



RATES OF
HOSPITALISATION FOR
BRONCHIOLITIS
ARE HIGHEST FOR
CHILDREN UNDER ONE YEAR,
ACCOUNTING FOR
41% OF ADMISSIONS
IN THIS AGE GROUP



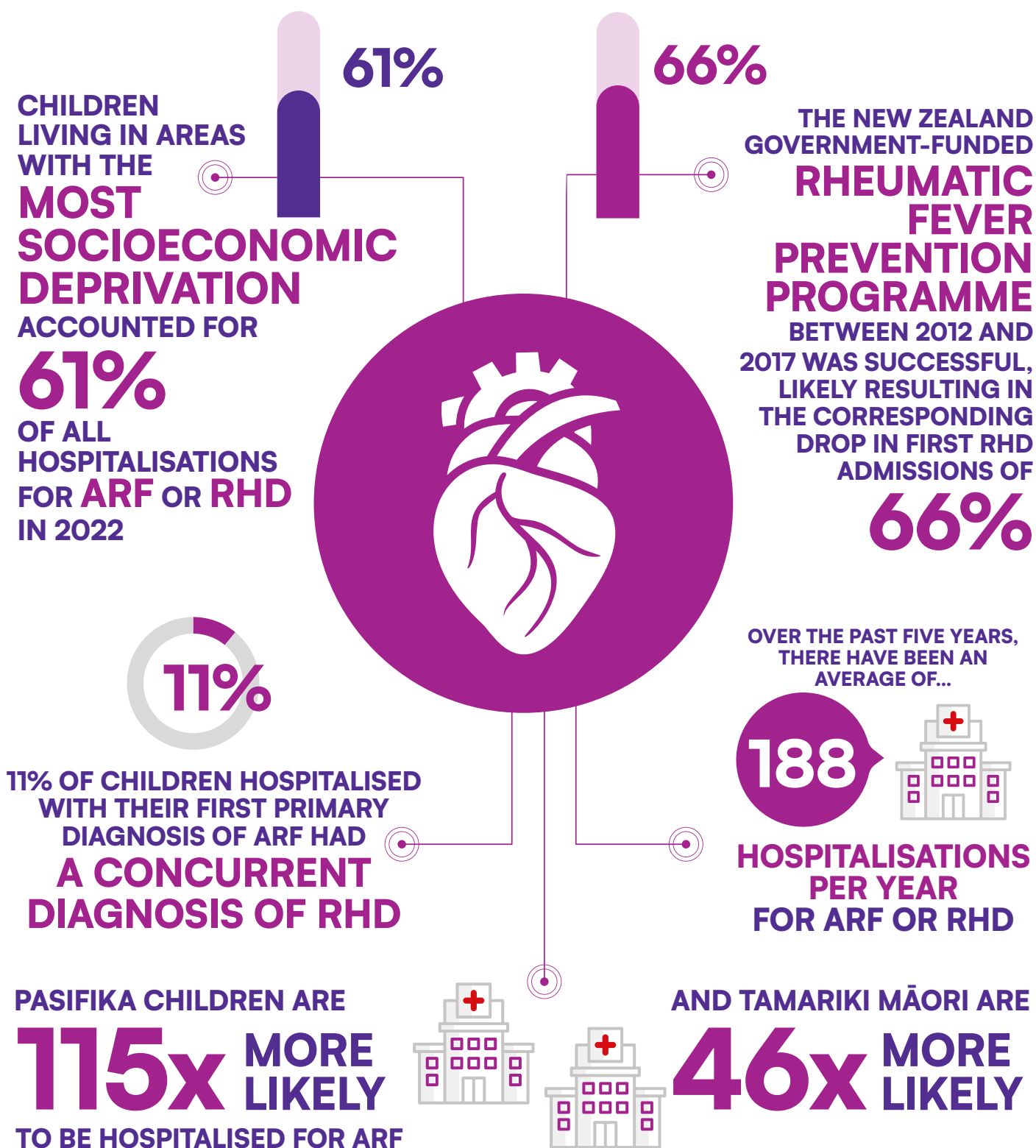
CHILDREN WHO
LIVE IN THE
**MOST DEPRIVED
SOCIOECONOMIC
AREAS**
HAVE
DOUBLE
THE RATE OF
HOSPITALISATIONS FOR
RESPIRATORY CONDITIONS
COMPARED WITH OTHER
CHILDREN



THE EFFECTS OF
**ETHNICITY AND
SOCIOECONOMIC
DEPRIVATION**
ON THE RATE OF HOSPITALISATIONS
FOR RESPIRATORY CONDITIONS ARE
ADDITIVE

RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE

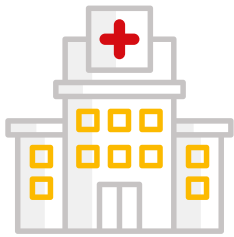
Kirikā rūmātiki me mate manawa rūmātiki



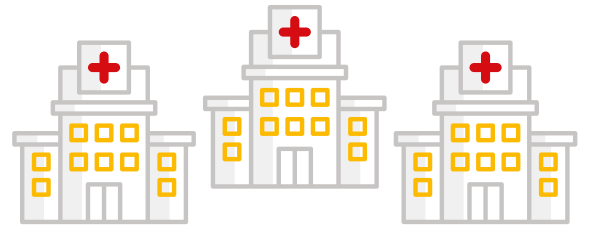
SKIN INFECTIONS

Mate kiri

HOSPITALISATION RATES FOR
SERIOUS SKIN INFECTIONS IS



HIGHEST
FOR CHILDREN AGED
2 YEARS
AND YOUNGER



THE RATE OF HOSPITALISATION FOR
PASIFIKA CHILDREN
WITH SERIOUS SKIN INFECTIONS IS
THREE TIMES
THAT OF CHILDREN OF EUROPEAN
OR OTHER ETHNIC GROUPS

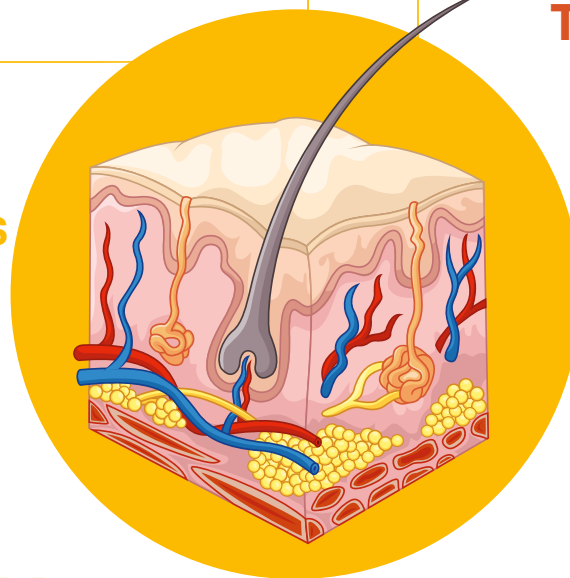
AND FOR
TAMARIKI MĀORI,
IT IS ALMOST

TWICE
THE RATE



OF HOSPITALISATIONS
FOR SKIN INFECTIONS
WERE FOR CHILDREN
LIVING IN THE

HIGHEST
LEVEL OF
SOCIAL
DEPRIVATION



THE MOST COMMON CAUSES
OF HOSPITALISATIONS FOR
SERIOUS SKIN INFECTIONS

37%

CELLULITIS

34%

CUTANEOUS
ABSCCESS, FURUNCLE
OR CARBUNCLE

HOSPITALISATION RATES
FOR SKIN INFECTIONS WERE
DECLINING IN ALL
AGE-GROUPS PRIOR TO
THE COVID-19 PANDEMIC

AND HAVE NOT RETURNED TO
PRE-PANDEMIC LEVELS

DENTAL DISEASE

Ngā take hauora niho

NEARLY
50%

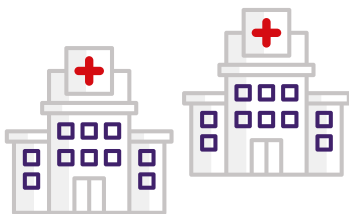
NEARLY HALF OF
5-YEAR-OLDS HAVE
**NOT BEEN SEEN
BY THE COHS**

**LOWER
PROPORTIONS**
OF MĀORI AND PASIFIKA
CHILDREN ARE EXAMINED
BY COHS ANNUALLY

44%

**44% OF THOSE SEEN
HAVE TOOTH DECAY**

THE RATE OF
HOSPITALISATIONS
FOR TOOTH DECAY
IN CHILDREN AGED
5—9 YEARS
**HAS MORE
THAN
DOUBLED**
OVER THE PAST
TWO DECADES

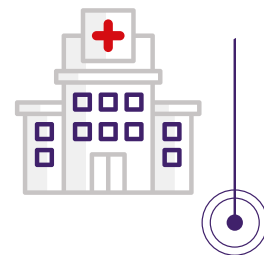


**YEAR 8 STUDENTS
WERE LESS LIKELY
TO HAVE TOOTH DECAY**

AND THIS HAS BEEN DECLINING
OVER THE LAST TWO DECADES



TAMARIKI MĀORI HAVE
**HIGHER
LEVELS OF
TOOTH DECAY**
AND THE
**GREATEST
INCREASE**
IN RATES OF
HOSPITALISATION
FOR TOOTH DECAY



LEVELS OF TOOTH DECAY AS
WELL AS HOSPITALISATIONS
FOR TOOTH DECAY ARE ALSO
**HIGH FOR
PASIFIKA
CHILDREN**

MENTAL HEALTH CONCERNS

Ngā take hauora hinengaro

DISABLED CHILDREN WERE

**10 TIMES
MORE LIKELY**

TO HAVE
**EMOTIONAL AND/OR
BEHAVIOURAL PROBLEMS**
THAN WERE NON-DISABLED CHILDREN



NEARLY
ONE THIRD
REPORTED
UNMET NEED



THERE IS
**SIGNIFICANT
UNMET AND
INCREASING
NEED** FOR
MENTAL HEALTH
ASSISTANCE

EUROPEAN/OTHER CHILDREN
LIVING IN SOCIOECONOMICALLY DREPRIVED
AREAS WERE SIGNIFICANTLY

MORE LIKELY

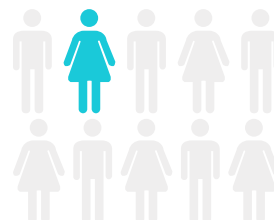
TO RECEIVE
**MENTAL HEALTH SERVICES
OR BE HOSPITALISED**

THAN WERE MĀORI AND PASIFIKA
CHILDREN LIVING IN SOCIOECONOMICALLY
DEPRIVED AREAS

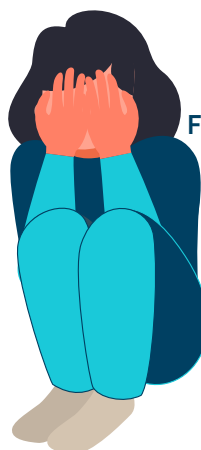


TWICE

AS MANY YOUNG PEOPLE REPORTED
HIGH OR VERY HIGH LEVELS OF
**PSYCHOLOGICAL
DISTRESS**
DURING THE COVID-19 PANDEMIC



**1 IN 10
CHILDREN**
AGED 2—14 YEARS
ARE LIKELY TO HAVE
**EMOTIONAL AND/
OR BEHAVIOURAL
PROBLEMS**



RATES OF HOSPITALISATION
FOR MENTAL AND BEHAVIOURAL
DISORDERS HAVE INCREASED
RAPIDLY FOR

**GIRLS AND
YOUNG WOMEN**

SINCE 2011, AND YOUNG
WOMEN ARE

1.7 TIMES
MORE LIKELY TO BE
HOSPITALISED

 **cure kids**

big research
for little lives