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The Koolungar Moorditj Healthy Skin Project: Elder and Community Led Resources Strengthen Aboriginal Voice for Skin Health

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The Koolungar Moorditj Healthy Skin Project: Elder and Community Led Resources Strengthen Aboriginal Voice for Skin Health

Abstract

In partnership with local Aboriginal Community Controlled Health Organisations, the Elder-led co-designed Koolungar Moorditj Healthy Skin project is guided by principles of reciprocity, capacity building, respect, and community involvement. Through this work, the team of Elders, community members, clinicians and research staff have gained insight into the skin health needs of urban-living Aboriginal koolungar (*children*); and having identified a lack of targeted and culturally appropriate health literacy and health promotion resources on moorditj (*strong*) skin, prioritised development of community-created healthy skin resources. Community members self-appointed to Aboriginal Community Advisory Groups (CAG) on Whadjuk (*Perth*) and Wardandi (*Bunbury*) boodjar (*land/place*) provided *local* leadership and led the development of moorditj skin resources. Over several online and face-to-face meetings facilitated by an Aboriginal project officer, CAG members shared local perspectives and cultural knowledge to develop and inform the messaging, medium, and dissemination of health literacy and health promotion resources for healthy skin. All CAG-created research approaches, resources and materials were presented to the Elder Researchers for discussion, final review, and implementation by the project team. Culturally appropriate moorditj skin resources, designed by community for community, build on knowledge of healthy skin to achieve moorditj skin and moorditj health for urban-living Aboriginal koolungar.

Acknowledgements

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Keywords

Aboriginal and/or Torres Strait Islander, urban-living children, skin health, skin disease, community advisory groups, health promotion, health literacy, culturally secure

The skin is the largest and only visible organ of the body. Imperfections can affect wellbeing and confidence, while pain and itch can be debilitating (Thomas et al., 2022). What is less well known, is that bacterial infections starting in the skin as a simple sore can lead to serious complications, including sepsis, kidney disease and rheumatic heart disease (RHD) (Davidson et al., 2020). In Australia, more than 90% of those living with RHD are Aboriginal and Torres Strait Islander peoples; reflecting a devastating history of colonisation, displacement and subsequent ongoing negative impacts on health (Phillips-Beck et al., 2019). A high burden of skin sores among remote-living Aboriginal and Torres Strait Islander children is a significant contributing factor to RHD (Bowen et al., 2015).

A knowledge gap exists, however, regarding skin health and disease in urban-living Australian Aboriginal children. This is despite the rate of urbanisation for Indigenous people increasing globally (Stephens, 2015). For example, in Western Australia (WA), more than 60% of all Aboriginal children (aged 0-17 years) reside in urban settings (*Commissioner for Children and Young People WA*, 2020). A study using linked data indicates hospitalisation rates for skin infections (abscess, cellulitis, impetigo and scabies) are 10 times higher for urban-living Aboriginal children than their non-Aboriginal peers (Abdalla et al., 2017). Eczema, the most common chronic inflammatory skin condition in children and a risk factor for recurring skin infections, has been reported in 13% of urban-living Aboriginal children aged six years and under (Hall et al., 2017). Recently, a systematic review synthesised the available global literature on skin health in urban-living Indigenous children in high-income countries that share a history of colonisation, displacement and subsequent ongoing health inequities, revealing skin infections and eczema to be health inequities faced by these children (Ricciardo et al., 2022).

Since 2020, the Healthy Skin and Acute Rheumatic Fever Prevention research team at Telethon Kids Institute have been working in partnership with Aboriginal Elders, Aboriginal community members and Aboriginal Community Controlled Health Organisations (ACCHOs) through the Koolungar (*children, aged 0-18 years*) Moorditj (*strong*) Healthy Skin (KMHS) project (Ricciardo et al., 2024). This study aims to describe skin health and disease among

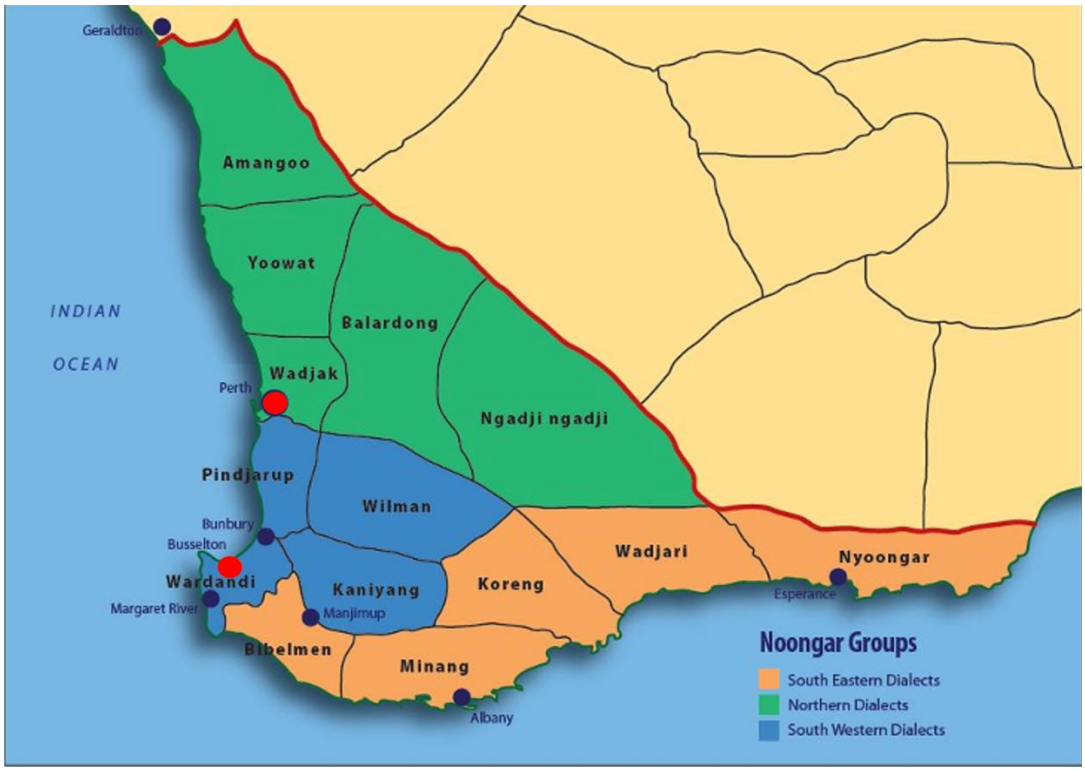
urban-living Aboriginal children in WA, to inform dermatology service provision, treatment recommendations and relevant strengths-based educational and health-promotion resources.

The Koolungar Moorditj Healthy Skin Project

Guided by principles of respect, reciprocity, capacity building and community involvement, the KMHS project is the first Australian co-designed research-service study to describe skin health in urban-living Aboriginal children. The study was conducted in collaboration with Aboriginal Elders and community members representing the Noongar Nation. Noongar people are the Traditional Custodians (Aboriginal Australian people) of the south-west corner of WA. The Noongar Nation is comprised of 14 clans/language groups. This study was conducted on Whadjuk (*Perth*) and Wardandi (*Bunbury*) boodjar (*land/place*), as indicated by the red dots in Figure 1.

Figure 1

Noongar Clans/Language Groups of the Noongar Nation



Respect

From inception, this project was co-designed with Noongar Elders to determine the interest, scope, and importance of skin health for urban-living Aboriginal koolungar. Over several meetings, the intersection between healthy skin and healthy environment emerged as a priority. From here, Elders Dr (Uncle) Noel Nannup and Aunty Dale Tilbrook joined the research team as investigators and Elder Researchers. Their role provided strong cultural governance in the design and methodology of the project to align respectfully with Aboriginal values and oversight of project outputs ensuring cultural accuracy. Integral to shaping all elements of the project, the Elders led the formation of the projects guiding principles.

Reciprocity

With a research-service model prioritised by the Elders, we partnered with Derbarl Yerrigan Health Service (Derbarl) on Whadjuk boodjar and the South West Aboriginal Medical Service (SWAMS) on Wardandi boodjar to establish monthly paediatric dermatology clinics (Figure 1). This ensured that study participants and koolungar in the wider community benefit from timely specialist treatment in a culturally secure setting. Over 2021 and 2022, three Community Skin Screening Weeks took place at these sites, with nearly 250 Aboriginal koolungar participating and more than 30% of these receiving opportunistic same-day treatment (Ricciardo et al., 2023; Ricciardo et al., 2024). In addition, a further 78 Aboriginal koolungar referred by general practitioners within the ACCHOs were managed in the monthly clinics (Ricciardo et al., 2023).

Capacity Building

Aboriginal Health Practitioners embedded within the ACCHOs were funded to join the research team, up-skilling in dermatology and research practices, to be of direct and ongoing benefit to the communities their ACCHOs serve. Mentoring was provided to an Aboriginal junior doctor who has since been selected on to the national Australasian College of Dermatologists training program, ultimately increasing the Aboriginal specialist dermatology workforce.

Community Involvement

To build a strong and genuine partnership with the local communities, Community Advisory Groups (CAGs) were established. The CAGs provided local leadership, direction and cultural guidance for the project; and led the development of culturally appropriate health promotion resources on moorditj skin. The KMHS project prioritised the employment of an Aboriginal Project Officer who conducted community engagement, consultation, and coordinated community involvement. The wider research team also participated in cultural awareness training with leaders from both Wardandi and Whadjuk boodjar to progress a greater understanding of the communities we were working with.

Whadjuk and Wardandi Community Advisory Groups

Illustrated in Figure 2, Aboriginal leadership and governance have been upheld by Aboriginal members of the research team led by Elder Researchers (NN, DT) and including Aboriginal clinicians (HK), health practitioners (NR, BC) and project officers (JW, CM, TU); with support from culturally-trained non-Aboriginal clinicians and researchers (BR, BF, AP, IA, HT, PK, JC, AB), ACCHO representatives (RD, JI), and the Kulunga Aboriginal Research Support Unit at Telethon Kids Institute (LC, SQ, MW). The KMHS research team prioritised the needs, values and knowledges of Aboriginal koolungar, their families, and communities as central to the project. To strengthen this further, two Aboriginal CAGs (RF, AG, JH, KJ, NK, LP, SS, MW, DW) were established, providing a voice for families and community members.

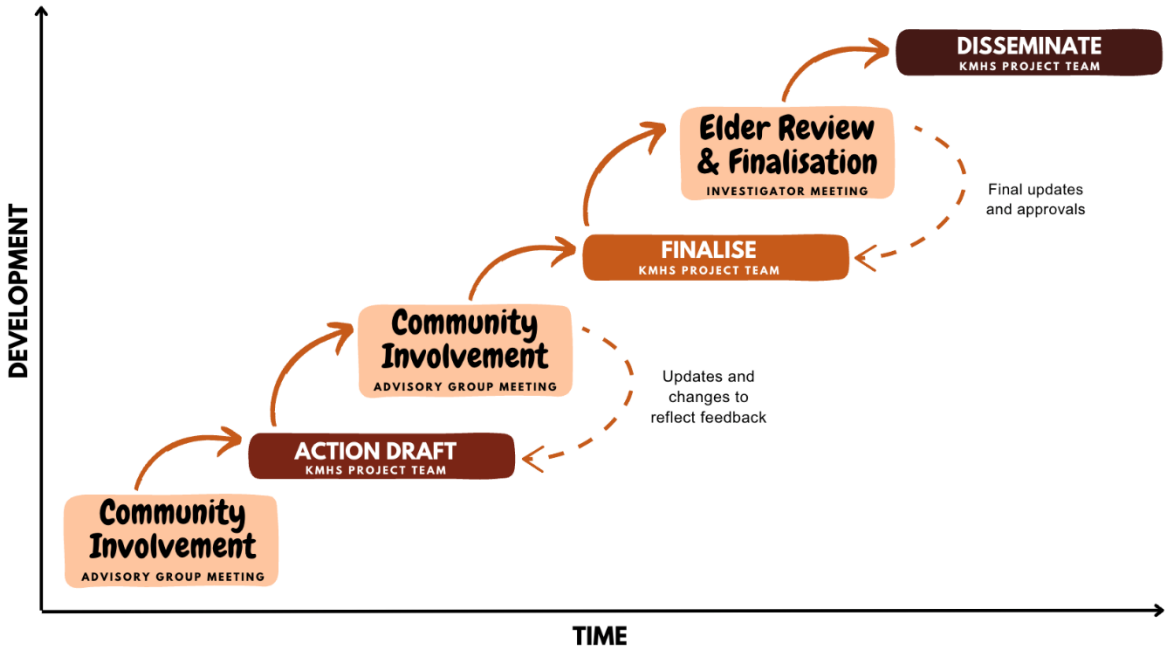
Figure 2

Approach to Aboriginal Leadership and Governance

The CAGs were formed by community members self-nominating through an expression of interest call-out. A formal terms-of-reference, outlining their role within the project, was developed and agreed upon by members. The CAGs met for several face-to-face and online meetings over 2022 and are ongoing. They were critically involved in driving decisions on all project elements, including development of research documents, promotion of the Community Skin Screening Weeks and guiding future research questions. An iterative cycle of consultation and feedback with the CAGs was carried out for the development of health literacy and health promotion resources from creation to finalisation, before being presented to the Elder Researchers at investigator meetings for discussion, final review, and implementation (Figure 3).

Figure 3

Process for Resource Development with CAG Members and Elder Researchers



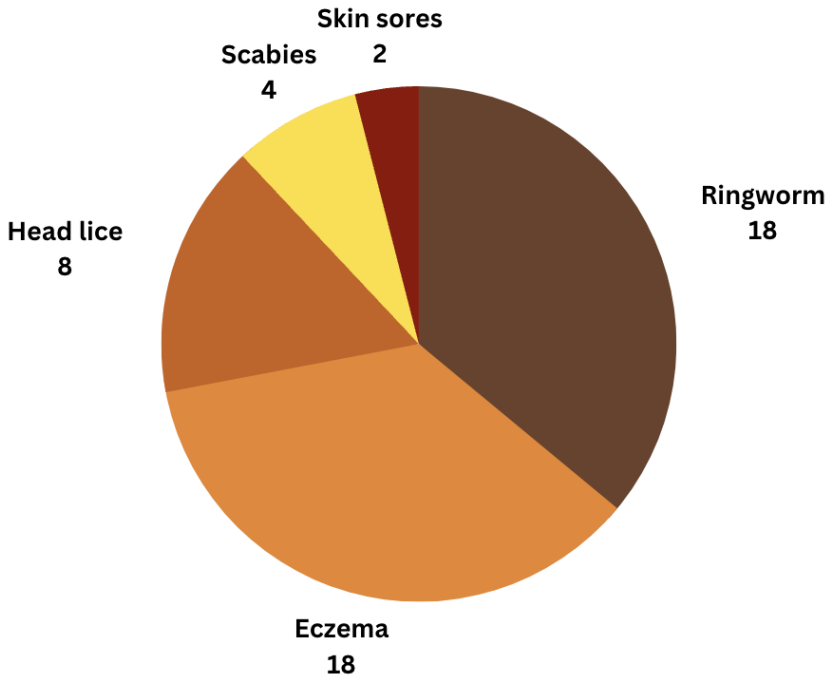
Health Literacy Resources used in the Paediatric Dermatology Clinics

Having identified a lack of culturally relevant health literacy resources for use in the ACCHO-embedded paediatric dermatology clinics, clinical factsheets on common childhood skin conditions were co-created by Aboriginal and non-Aboriginal clinicians. Five of these were selected for CAG review (eczema, ringworm, skin sores, head lice and scabies). The review resulted in readability improvements including the 'common' skin disease name being used as the factsheet's major title, along with other minor modifications to the language and images used (see Appendix A).

Following this, CAG members co-developed a simple parent and/or carer (hereafter referred to as parent) feedback form utilising a 3-point Likert scale to evaluate the readability, utility and acceptability of the factsheets. Over a 12-month period, 50 completed factsheet feedback forms were received from parents of koolungar assessed in the clinics (Figure 4).

Figure 4

Number of Clinical Factsheet Feedback Forms Received by Skin Condition (n=50)

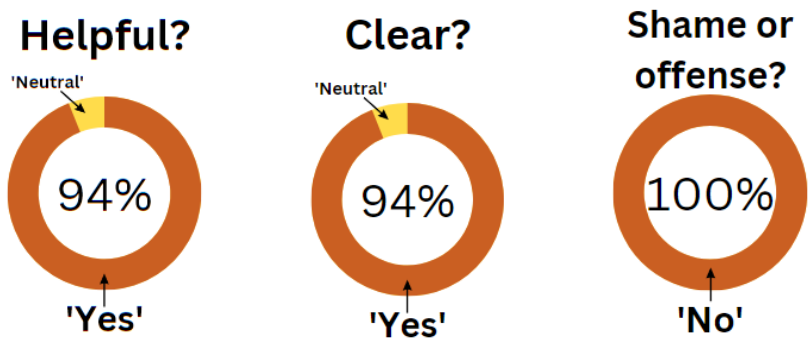


The parent feedback indicated the factsheets were clear, helpful and did not cause shame or offence (Figure 5) for almost all parents. In 3/50 (6%) feedback forms received, parents responded 'neutral' to 'was the information and advice on this factsheet clear' and 'was the information and advice on this factsheet helpful?' Further feedback provided by two of these respondents indicated limited health literacy, *'understood some of the information, but not all.'*

Additional parent feedback included, "*Lots of information, really helpful, pinned on fridge*", "*Really good info, really easy to understand*" and "*I liked how the doctor explained everything clear and also gave me paper to understand*." Feedback received from the factsheet evaluation and CAG members has since been applied to the growing suite of clinical factsheets, with more than 20 currently in use.

Figure 5

Parent Feedback on Clinical Factsheets (n=50)



Health Promotion Resources used in the 2022 Screening Weeks

In the 2021 KMHS pilot project, 80 urban-living Aboriginal koolungar participated in a cross-sectional observational cohort study in the form of a Community Skin Screening Week at Derbarl (Ricciardo et al., 2024). Among this cohort, more than 50% of parents described a current concern with their child's skin, hair or nails; and on examination, skin infections and eczema were found to be prevalent and troublesome. Based on these results and the absence of health promotion resources on moorditj skin for urban-living Aboriginal koolungar, CAG members were upskilled in skin health knowledge empowering them to co-design health promotion resources for use in the larger, multi-site 2022 Screening Weeks. In line with recommended best practice by peak Aboriginal organisations including National Aboriginal Community Controlled Health Organisation, Lowitja Institute and the Australian Institute of Aboriginal and Torres Strait Islander studies, we prioritised the voice and knowledge of Aboriginal people to develop resources that would lead to culturally grounded health improvements (Smith et al., 2023).

The health promotion resources co-designed with CAGs incorporated Noongar language and culture. A factsheet was created for parents (see Appendix B) and an age-appropriate infographic was created for koolungar; the latter resource was prioritised by the CAGs who felt strongly that children should receive targeted education promoting healthy

behaviours that they could implement in early childhood and continue throughout their life. This concept is supported by a systematic review of health literacy in childhood and youth, which demonstrates core cognitive, physical and emotional development processes take place during childhood where health-related behaviours and skills develop (Bröder et al., 2017).

The '6 Steps for Moorditj Skin' infographic was used in various child-friendly resource formats, including a colouring-in page, a puzzle given to each participant in the 2022 Community Skin Screening Weeks and clinics (Figure 6), and a short educational presentation narrated by Elder Researcher Dr (Uncle) Noel Nannup. The presentation can be viewed here: Lets Learn About Moorditj Healthy Skin! with Uncle Noel - YouTube.

Figure 6

'6 Steps for Moorditj Skin' Messaging Applied to an Interactive Puzzle for Koolungar

During the 2022 Community Skin Screening Weeks, koolungar were invited to participate in a concise co-designed online quiz, performed before and immediately after

viewing the educational presentation. The quiz included three pictorial questions assessing what moorditj healthy skin looks like, what skin protects you from, and where in the body bacterial skin infection can spread. Forty-five koolungar participated in the pre- and post-educational presentation quiz. Median age was 9 years (range: 5-13 years) and 42% (19/45) reported adult help with the quiz. The pre-educational presentation responses suggest koolungar have a good understanding of what healthy skin looks like and how the skin protects them. Awareness about how bacterial skin infections can escalate into more serious infections if not prevented was limited. There was evidence of knowledge gain following the educational presentation, particularly with how skin infections can escalate into more serious infections (Table 1). The younger children had more adult assistance and had a higher response rate to this.

Table 1

Average Quiz Scores Before and After Viewing the Educational Video Presentation

	Task	Before	After
1	Select the four photos that show moorditj healthy skin.	97.2%	97.2%
2	Select the three images that your skin protects you from.	64.4%	77.7%
3	Select the body parts where skin infection can spread.	48.3%	59.1%

In the fourth and final quiz question, koolungar were asked, ‘what are some things you can do to keep your skin moorditj?’. Responses from 91% (41/45) of koolungar were deemed valid and these were thematically analysed (Kiger & Varpio, 2020), revealing personal hygiene, sun protective behaviours and general health measures to be most common. Further, all ‘6 Steps for Moorditj Skin’ were reported more frequently by koolungar after viewing the presentation (increased by between 15% and 27%), indicating a change of thinking occurred before and after the health promotion video and suggesting knowledge

gain (Figure 7). The quiz was administered immediately after the educational presentation and so it is not known whether the increases in knowledge were sustained. The health promotion resources (flyers, colouring-in pages, puzzles) were designed with this in mind to create fun ways for koolungar to remember the '6 Steps for Moorditj Skin'.

Figure 7

"6 Steps for Moorditj Skin" with Percentage Knowledge Gain Following Educational Video

"Moorditj Skin Means Moorditj Health!"

To expand the reach of the "6 Steps For Moorditj Skin" messaging, and to reinforce the importance of moorditj skin for moorditj health, the Whadjuk CAG progressed the development of a song and music video. Funded by a Channel 7 Telethon Trust grant, this strengths-based health promotion resource is aimed at koolungar aged four to eight years. It showcases Noongar language, music and creative talent. It has been produced by the Digital Factory (a Supply Nation certified provider) and can be viewed here: Moorditj Skin Means Moorditj Health - YouTube.

Conclusion

Aboriginal Elder leadership and an Aboriginal workforce of clinicians, researchers and CAGs have been critical for the success of the KMHS project, which has led to an understanding of the skin health needs of urban-living Aboriginal koolungar, improved the dermatology service provision and treatment recommendations for these koolungar, translation of research findings that is grounded in Aboriginal world views, and the creation of relevant strengths-

based health promotion resources. Designed by community for community, the moorditj skin resources empower koolungar and their families to prevent, identify, and treat skin disease to achieve moorditj skin and moorditj health.

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Appendix A

Clinical Factsheets

DERBARL YERRIGAN HEALTH SERVICE

Eczema (atopic dermatitis)

What is it?

Eczema is a very common skin condition in children that usually starts in the first few months of life. It causes a red, rough and itchy rash. Children (and their family members) with eczema are more likely to have other allergic conditions like asthma or hay fever. Eczema cannot be cured but can be managed well. Most children grow out of their eczema, but they will always have sensitive skin.

How can we look after our skin every day (even when there is no itchy rash)?

Avoid triggers that can make eczema worse:

- Soaps, shower gels and bubble baths
- Prickly or rough fabrics
- Things that can cause allergies like animal hair and grass
- Overheating and overdressing

Bathing/showering:

- Bath or shower once each day
- Use warm (not hot) water and keep it short (less than 5 minutes)
- Bath oil can be added to the bath
- A soap-free wash can be used on dirty parts of the body at the end of the bath/shower, it can also be used for hair washing

Keep the skin moisturised:

- Moisturise the whole body and face at least once each day, more often if the skin is dry
- Put on moisturiser straight after showering on damp skin
- Use a moisturiser that is thick, like a cream or an ointment

Try not to scratch eczema as this makes it worse– this is known as the "itch-scratch cycle":

- Distraction or putting on more moisturiser may help
- Keep the nails trimmed short to reduce skin damage from scratching

Your recommended products:

TELETHON KIDS INSTITUTE Discover. Prevent. Cure.

WESFARMERS CENTRE OF VACCINES & INFECTIOUS DISEASES

Last updated 2 August 2023

DERBARL YERRIGAN HEALTH SERVICE

Eczema (atopic dermatitis)

How can we treat eczema when it gets worse?

As soon as eczema appears or gets worse (e.g. red, rough, itchy rash), follow these 2 steps:

1. Apply the steroid treatment twice each day to all eczema areas.

- Face, neck and skin folds: _____
- Body, arms and legs: _____
- Scalp: _____

2. Continue twice each day until the skin is smooth and the itch is gone, then slowly reduce how often you use the steroid treatment.

For bad eczema, add in a wet wrap once each day for 1 week:

1. After bathing or showering, pat the skin dry.
2. Apply the steroid treatment to the rash.
3. Put towels (or cotton clothing) in a bowl of warm water then wring them out.
4. Wrap the wet towels (or cotton clothing) over the skin.
5. Wrap a dry layer of towels (or cotton clothing) on top, firmly but not tightly.
6. Leave the wet wrap in place for 10-20 minutes.
7. Remove the wet wraps and apply moisturiser to the whole body.

For infected eczema, take the prescibed antibiotics: _____

For repeated infected eczema, add in a dilute bleach bath 2 times each week.

These are very safe. The mix of bleach and water that is written below is just a little stronger than chlorinated swimming pool water.

1. Fill a standard sized bath tub a **half full of lukewarm water**.
2. Add **1/4 cup of unscented White King Bleach** (or 12mL of bleach for every 10L of water).
   a. Wash the face and scalp while in the bath, avoiding the eyes.
   b. Gently wipe any crusts off the skin while in the bath.
   c. Soak in the bath for up to 10 minutes, no longer.
   d. You do not have to rinse after bathing.
3. Use a fresh towel to pat the skin dry (use old or white towels to avoid bleaching).

Want more information?

- Have a yarn with one of our doctors at DYHS
- https://dermnetnz.org/topics/atopic-dermatitis/
- www.dermcoll.edu.au/atoz/atopicdermatitis/

South West AMS Aboriginal Medical Service
Our Health, Our Way

Head lice

What is it?

Head lice are tiny insects that can live on your scalp and lay eggs (called nits) that stick to your hair. They can make your scalp very itchy and they spread easily to other people through sharing hair brushes, hair ties, hats, beanies, hoodies, pillows or head-to-head contact. They can be all over the scalp but their favourite place to live is behind the ears and the back of the neck.

How can we treat it?

A **combination** of chemical removal with a medicated shampoo, lotion or mousse **AND** daily wet combing with conditioner works best.

Chemical removal with a medicated shampoo, lotion or mousse

- These are available at the chemist and are used to kill the head lice.
- Follow the instructions on the packet; some need to stay in your hair overnight, others for a short period.
- Repeat the treatment in 8 days- this is important to kill any eggs that hatched after the first treatment.

Wet combing with hair conditioner

- This is a cheap and effective way to treat head lice.
- You will need a fine-tooth nit comb, hair conditioner and paper towel.
- First brush out the hair to detangle it. Then coat dry hair with lots of conditioner. Comb down the hair from the scalp using the fine-tooth nit comb. Each time, wipe the comb onto the paper towel to collect the lice and eggs. Repeat the combing for every part of the head at least 4-5 times. Repeat this every 1-2 days for 10 days.

How can we stop it from spreading?

- Everyone who has had close contact or who lives in the same house should check for head lice and also get treated at the same time.
- Don't share combs, hair brushes, hair ties, hats, beanies, hoodies or pillows.
- Keep hair tied back when at school (leaving conditioner in can help).
- Regularly check for head lice after it has been treated.

Your skin care plan:

_____

_____

_____

Want more information?

- Have a yarn with one of our doctors at SWAMS
- Visit www.dermcoll.edu.au/atoz/pediculosis/

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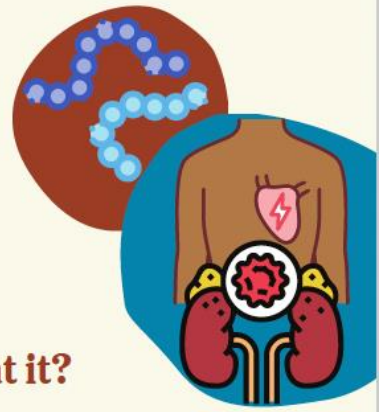
Last updated 31 July 2023

DERBARL YERRIGAN HEALTH SERVICE

Skin sores (impetigo)

What is it?

Skin sores are a skin infection caused by bacteria. They often start with a blister or bump, that develops a scab and sometimes there will be pus. Skin sores are contagious and can spread to other people through skin-to-skin contact or through sharing beds, clothes and towels. If not treated, skin sores can cause other problems like bone and joint infections, and sometimes blood poisoning. They can also lead to long-term kidney and heart problems.



How can we treat it?

- Skin sores are treated with an antibiotic. Often a swab is taken to work out the best antibiotic to use. Today you have been prescribed:

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- Avoid scratching skin sores, it may help to keep them covered with a bandaid.

How do we prevent it?

- Get treatment for any itchy skin condition you may have (like eczema, ringworm, head lice and scabies), because this will make you more likely to get school sores.
- If you are getting school sores often, it may be because you are carrying the bacteria in your nose. We can take a swab to test for this and then treat any bacteria that is there.

How can we stop it from spreading?

- Wash your hands with soap and water if they are dirty.
- Keep your fingernails short and clean.
- Have a shower or a bath every day.
- Wash your towels, clothes and bedding regularly and dry in the sun.

Your skin care plan:

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Want more information?

- Have a yarn with one of our doctors at DYHS
- Visit www.dermnetnz.org/topics/impetigo/

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WESFARMERS CENTRE OF VACCINES & INFECTIOUS DISEASES

Last updated 5 April 2023

South West AMS Aboriginal Medical Service
Our Health, Our Way

Scabies

What is it?

Scabies is a very itchy skin rash. It is caused by tiny creatures called mites that can only be seen with a microscope. Scabies mites dig under the skin, usually on the hands & feet. You can sometimes see little bumps or squiggly lines called burrows where the scabies mites have been. Sometimes the scabies rash can get infected with bacteria, causing pain, redness, pus & scabs. Scabies mites can spread to other people through skin-to-skin contact.

How can we treat it?

Scabies must be treated, otherwise it will not go away. Treatment is with a cream or tablet, or sometimes both. Everyone in the same house needs to be treated to stop it coming back, even if they don't have the rash themselves. If the rash is infected, you may also need an antibiotic.

To treat scabies using a cream:

Step 1: Rub the cream over your entire body from head to toe (but not on the eyes, lips & mouth). Do this at night time so it can stay on all night while you sleep. Make sure you put the cream between the fingers & toes, under the feet, under the nails, behind the ears & in the armpits & around the bottom. If you wash your hands, make sure you put the cream on your hands again

Step 2: In the morning, wash the cream off by taking a shower.

Step 3: Repeat Steps 1-2 again in 7 days

Sometimes, a tablet can be used instead of a cream (only in children > 5years and > 15kg)

To treat close contacts: Follow steps 1 – 2 once only.

To clear scabies from your house:

- Wash all clothes, towels & sheets with hot water & dry them in the sun.
- Seal non-washable items (like soft toys) in a plastic bag for least 3 days.
- Carpeted floors & fabric furniture should be vacuumed.

To treat the itchy rash:

- Use a steroid ointment on the itchy rash twice each day until the skin is smooth & the itch has gone. This may take up to 4 weeks.

How can we stop it from spreading?

- Avoid sharing clothes or towels– especially if someone has an itchy rash.
- Stay home from school, day care or work until after the first treatment.

Your skin care plan:

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Want more information?

- Have a yarn with one of our doctors at SWAMS
- Visit www.dermcoll.edu.au/atoz/scabies/

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Last updated 5 April 2023

DERBARL YERRIGAN HEALTH SERVICE

Ringworm (tinea)

What is it?

Ringworm is a fungal infection of the skin, scalp or nails.

- On the skin, it can look like a red, scaly ring (which is why it is called "ringworm" even though it is not caused by a worm).
- On the scalp, it can cause flaky skin, small bumps or hair loss.
- On the nails, it causes the nails to become thick, crumbly and yellow.

The fungus that causes ringworm can live on people, bedding, hair brushes, hats, beanies, hoodies, hair ties, socks, clothing, damp floors, gym mats, in the soil, and on pets. You can get ringworm from touching any of these things.

How can we treat it?

Before you start treatment, a sample of the skin, hair or nail is taken for testing. Infection of the skin is treated with an anti-fungal cream, usually for several weeks. Infection of the scalp and nails needs a medication taken by mouth, usually for several weeks to months.

Today you have been prescribed:

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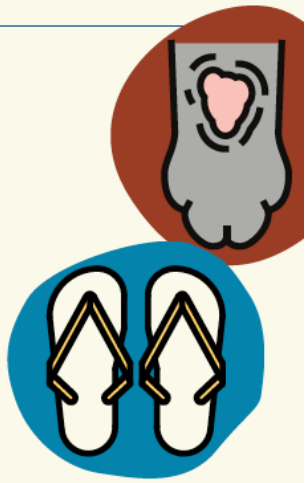
How can we stop it from spreading?



- All people living in your house should have their skin, scalp and nails checked– otherwise infection may be passed back and forth between family members.
- If your pets have skin rash or missing fur, take them to the vet– they may also need treatment.
- Don't share combs, hair brushes, hair ties, hats, beanies, hoodies or pillows.
- Towel-dry well after baths/showers– especially the feet and skin between the toes.
- Wear sandals or thongs in and around public showers and pools.
- Change your socks every day.

Your skin care plan:

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Want more information?

- Have a yarn with one of our doctors at DYHS
- Visit www.dermnetnz.org/topics/tinea

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Last updated 5 April 2023

Appendix B

Parent Factsheet

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What are some common skin problems?

Ringworm (tinea)

- Ringworm is a fungal infection of the skin, scalp or nails.
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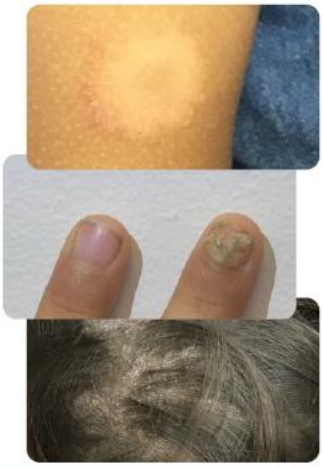

Skin sores (impetigo)

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- It often starts with a blister or bump, that develops a scab. sometimes there will be pus.
- Skin sores is contagious and can spread to other people through skin-to-skin contact or through sharing beds, clothes and towels.
- If not treated, skin sores can cause other problems like bone and joint infections, and sometimes blood poisoning.
- It can also lead to long-term kidney and heart problems.

Eczema (atopic dermatitis)

- Eczema is a very common skin condition in children that usually starts in the first few months of life.
- It causes a red, rough and itchy rash.
- Children (and their family members) with eczema are more likely to have other allergic conditions like asthma or hay fever.
- Eczema cannot be cured but can be managed well.
- Most children grow out of their eczema, but they will always have sensitive skin.