

# Equity in health care delivers the goods

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## Background

In 1994 a case of HIV identified in a remote Aboriginal community resulting in a cluster:

- heterosexually acquired
- women - 80%
- young <22 years
- connected people

In 2012 another six cases were identified linked to the original cohort but in another remote location

- Rural sparsely populated region
- Health services
  - hospital staffed salaried MO
  - Aboriginal Medical Service
  - remote Aboriginal communities- nurse staff clinic visiting doctor weekly
- Public Health Unit
  - 1.Medical management – GP care
  - 2.Support -assistance with welfare/ social needs
  - 3.Follow-up
  - 4.Transport
  - 5.Case management of HIV positive people putting others at risk



Figure 1. Painting by an HIV positive girl after a female HIV positive retreat depicting how she felt now she knew she was not alone- emerging from a black hole to embracing hands

## Methods

Data were collected with regard to

1. Staffing
2. Mortality
3. Type and number of occasions of service
4. HIV viral loads,
5. CD4 counts,
6. Pregnancy outcomes

### Staffing

At its peak 1998 - 5FTE – 1 doctor, PHN, female and male AHO, case manager and secretary – 100% engagement

At its ebb 2008 -1 case manager and a secretary- 40% engagement

Today 2014 - 0.4FTE doctor, 1 PHN, 1 female AHO, case manager and secretary 100% engagement

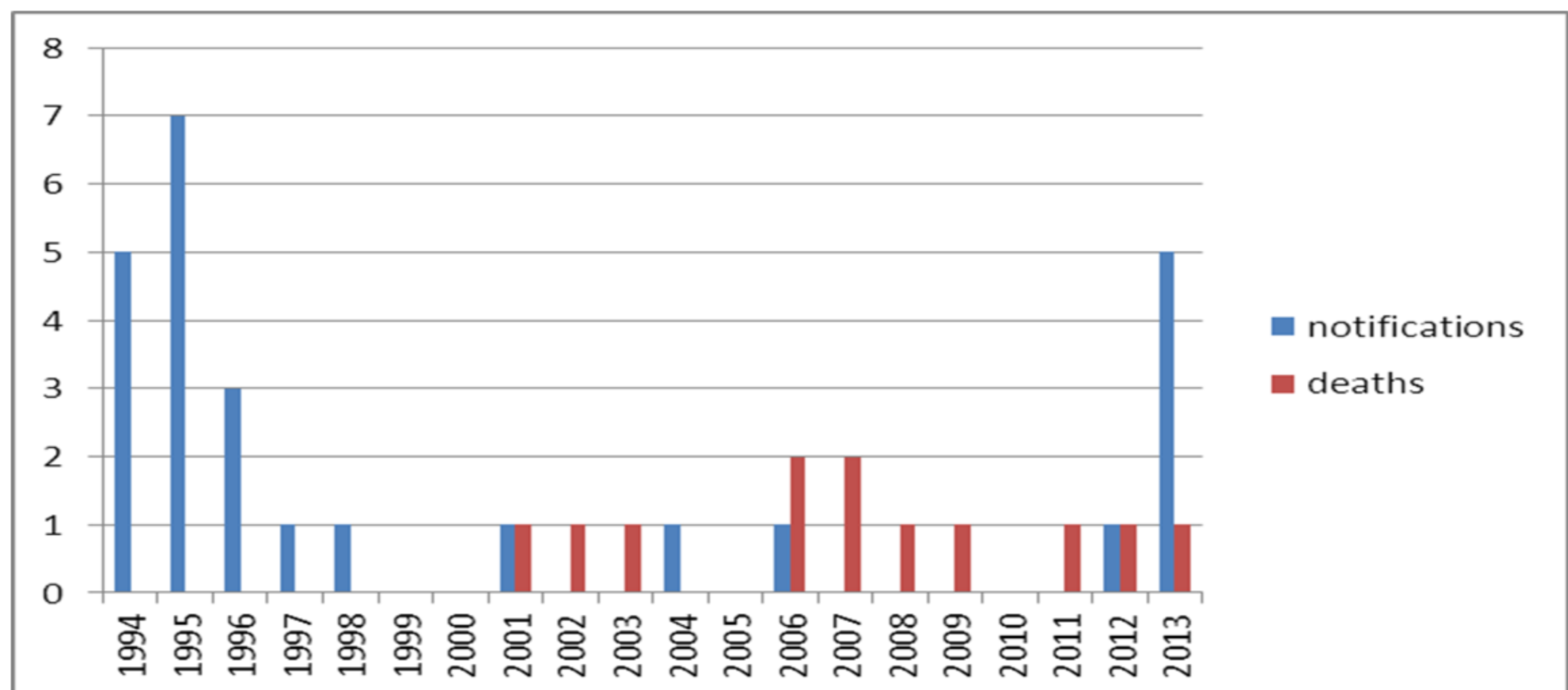


Figure 2. Notifications and Deaths

## Results

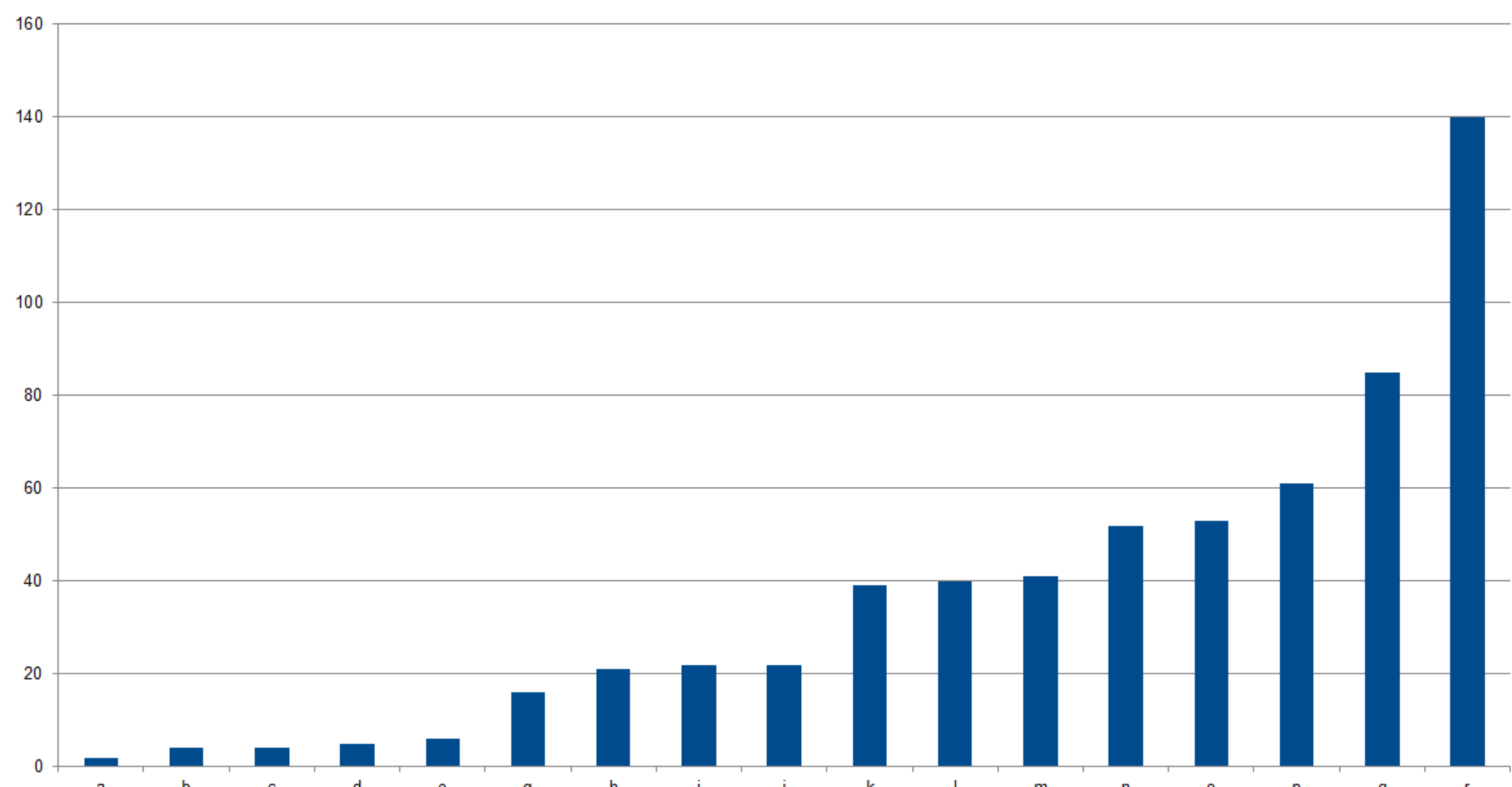


Figure 3 number of occasions of service by client

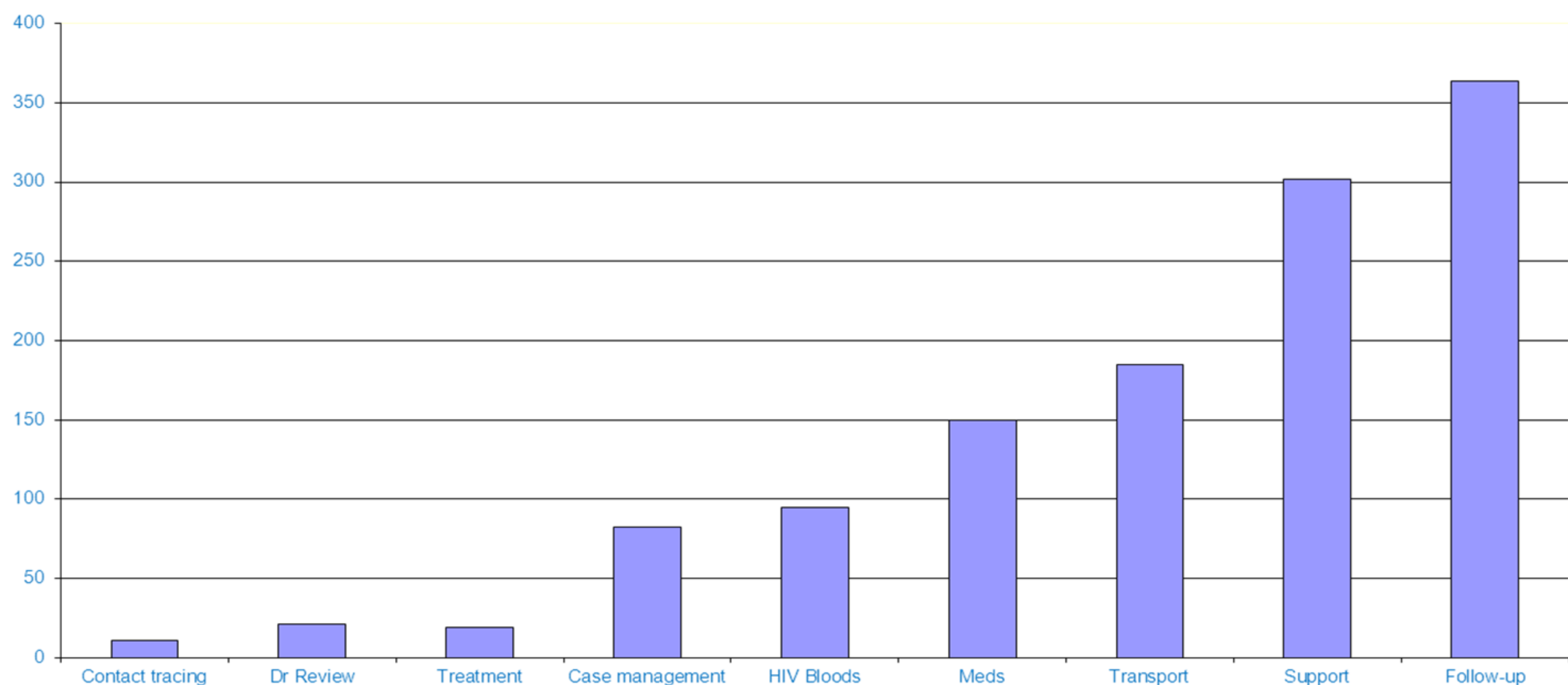


Figure 4 Reason for contact

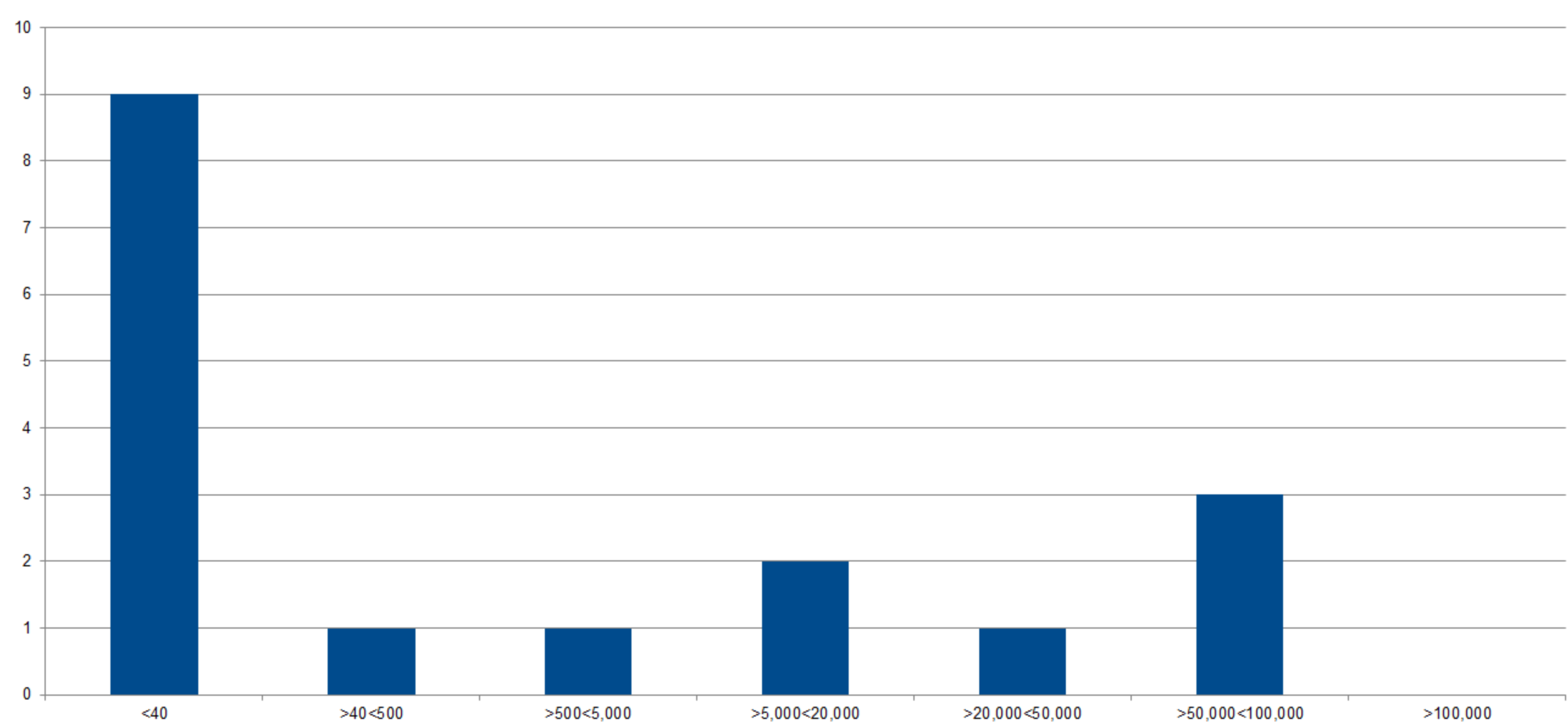


Figure 5 Viral Load

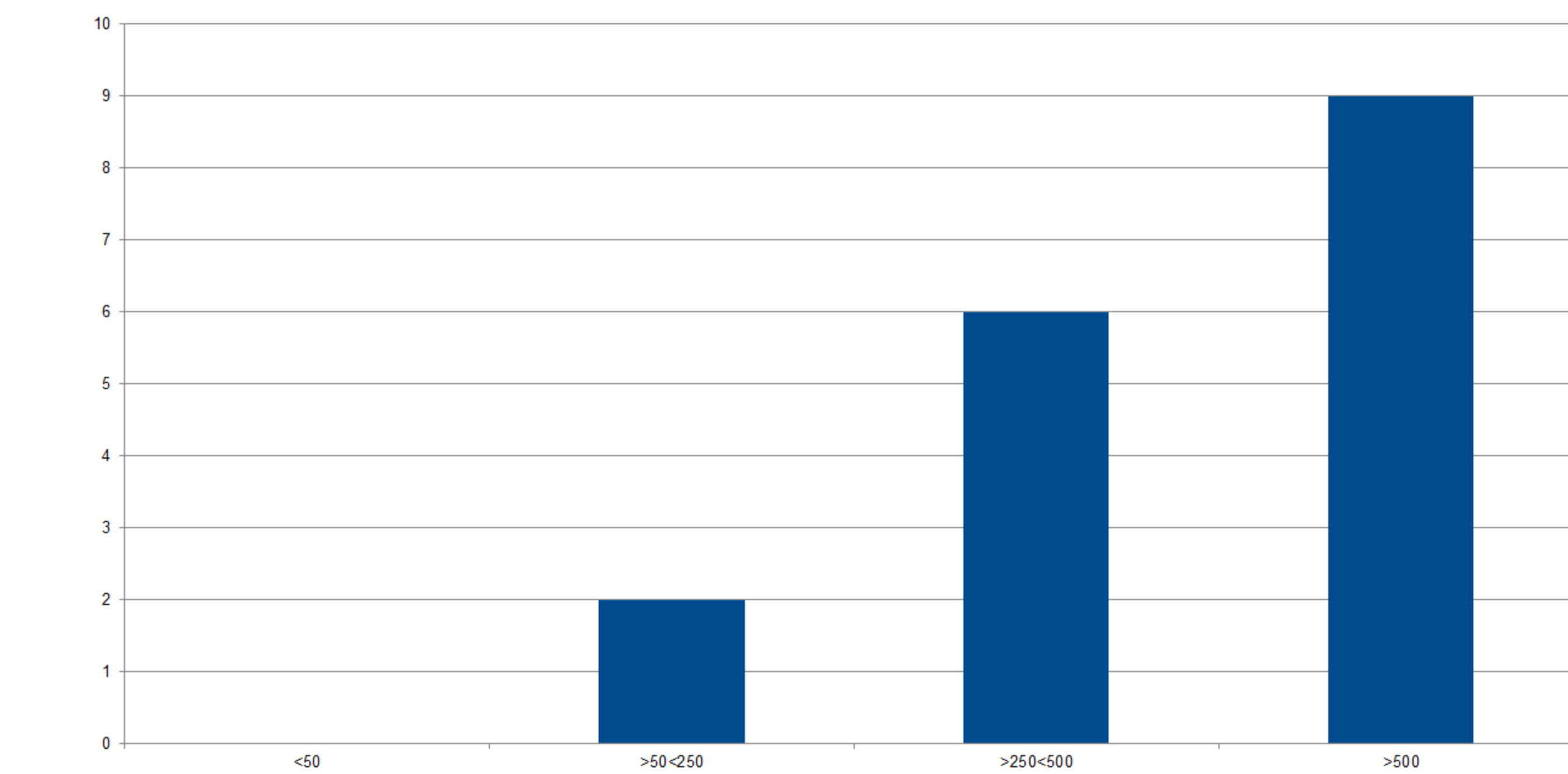


Figure 5 CD4 Count

## Pregnancy Outcomes

There have been 30 pregnancies with three miscarriages and two positive babies.

### The lows

Saying the same thing again and again and again.....  
Dealing with the chronicity of the illness  
Dealing with “failing” to maintain treatment  
Dealing with “failing” to prevent a new case  
Dealing with our own emotions

### The highs

The spontaneous phone calls....  
100% with regular clinical review  
28 negative babies  
Acceptance by the “community”  
The relationships.....

## Conclusions

Although challenges in obtaining ideal outcomes persist, a holistic service delivery characterized by the development and continuation of relationships with the service provided has resulted in complete engagement of this cohort and has achieved positive outcomes in 62.5% of cases. This model of care, although labour intensive, delivers results similar or better than those seen internationally in hard to reach populations. It demonstrates that equal outcomes can be achieved when equitable services are provided in a culturally appropriate manner.

## Acknowledgments

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