Equity in health care delivers the goods

Western Australian Country Health Service - Midwest

Background
In 1994 a case of HIV identified in a remote Aboriginal community resulting in a cluster:
- heterosexual acquired
- women - 86%
- 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 outreach MO
  - Aboriginal Medical Service
  - remote Aboriginal communities- nurse staff clinic visiting doctor weekly
- Public Health Unit
  1. Medical management - GI care
  2. Support- assistance with welfare/social needs
  3. Follow-up
  4. Transport
  5. Case management of HIV positive people putting others at risk

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

Results

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.

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