Title page

Assessment

Description/ focus

The prevalence of HIV is significantly high among the immigrant community in Australia. New South Whales contains a larger population of the indigenous population who are the risk of developing HIV due to poverty. They are unable to adopt precautionary measures that could minimize the risks of this deadly disease. The facts depict that non-indigenous population is more likely to develop HIV compared to non-indigenous. Total cases of HIV reported in 2017 weer 417 that included 107 overseas. The evidence also reflects that the highest rate of 37% is of the immigrant population that suffers from HIV in NSW. This indicates that one-third of the immigrant population is a victim of HIV. The central reasons include lack of awareness regarding the cause and prevention of HIV. Inadequate access to healthcare also undermines their ability to fight against the disease.

Community assessment

Assessment 1: Patient is Torre Islander living in New South Whales. He was diagnosed with HIV at the age of 32. The patient with HIV revealed low cell count and increased viral load. CD4+ cells are deficiently estimated as less than 200 cells. The patient complained about other infections like pneumocystis and tuberculosis.

Quality of life diminished due to AIDS. The patient encounters mental social and physical issues. Reports difficulty in exercising or activities that demand physical input. Mental health is affected as the patient feels frustrated due to the disease. Reported difficulty in sleeping. The patient face difficulty to take part in social activities. He prefers to stay alone and experience discomfort in crowds.

Assessment 2: Patient is 37 years old Sub-Saharan African living in NSW. CD4+ cells count is less than 200. The patient developed other infectious diseases like pneumonia and extensive oral candidiasis. Low quality of life is recorded due to poor mental, social and physical health. The patient faces the fear of death and complains about pain. Mental issues include stress, sleeplessness and self-worthlessness (Kirby, 2018). The social issues encountered by the patient include isolation, difficulty in interacting with others, aggression and impatience. The patient gets tired after performing a simple activity like walking. Cannot take part in activities that demand more physical input like running, lifting objects or jogging.

Summary of assessment

Both assessments indicate that the indigenous population in NSW, Australia experience mental, social and physical issues resulting from HIV. Fear of death cause unnecessary delays in screening and treatments.

Frequency and causes of HIV

During the past decade, the existence of HIV has increased significantly among indigenous people in New South Whales. Evidence suggests that “in 2017 the largest number of notifications was in the age group 30–39 years (312), followed by those aged 20–29 years (256) and those aged over 50 years” (Kirby, 2018). Compared to non-indigenous, immigrants are facing high risks. The central causes of HIV include sexual contact, blood transfusion, through contaminated needles and breastfeeding. Another concern of HIV is that during pregnancy the disease is transferred to the baby. It is determined that HIV is high among overseas who belong to low-income groups. Poverty increases their chances of developing the disease because women are unable to take precautionary measures. “In 2017, HIV notification rates were highest among women aged 30–39 years (2.4 per 100 000), followed by those aged 20–29 years (1.5 per 100 000). Rates have declined by almost half among women aged 20–29 years since 2008 when the rate was 2.5 per 100 000” (Kirby, 2018). Socio-economic factors have a strong correlation with the occurrence of disease because poor black women don't undergo a regular screening that could help in the timely diagnosis of HIV. Homelessness and poverty are also seen as individual risk factors. Elevation of HIV is also linked to the sexual mixing among low and high-risk groups of indigenous people. Living in poverty and sex ratio imbalance are also dominant factors that promote HIV (Ivy, Miles, Le, & Paz-Bailey, 2014).

Initiatives for addressing the problem of HIV

* Developing and adopting strategies that address the socio-economic factors of the indigenous and immigrant population in New South Whales.
* Providing awareness to the women about safe sex and causes of transmission of HIV (Graham, 'Connor, Chamberlain, & Hocking, 2017).
* Adoption of health communication strategies that target the indigenous communities in New York.
* Cost-effective delivery methods such as campaigning and advertisement can be used as effective tools for spreading the message of HIV prevention.
* Providing guidance on taking precautionary measures such as convincing sexual partners to use condoms.
* Encouraging women to undergo screening and providing free screenings for covering the maximum indigenous population in the city.

Gaps in healthcare and treatment

Some of the serious gaps in healthcare and treatment include the absence of appropriate mechanisms for supporting adherence and retention in care. Gaps in services and lack of funds have also discouraged timely diagnosis. Healthcare organizations poorly integrate the sexual and reproductive healthcare services that minimize the scope of treatment. Gaps in monitoring outcomes and the causes of disease have also increased the prevalence. Most of the organizations are poorly supported due to inadequate financial support from the state and welfare agencies (Ivy, Miles, Le, & Paz-Bailey, 2014). Lack of counselling and supporting programs has also made treatments least practical for the patients (Kirby, 2018).

Evidence-based strategies

The evidence states that the most effective strategy for minimizing the risks of HIV include behaviour change. This suggests the adoption of behaviour prevention programs that means encouraging African-American women to adopt safety measures. This involves awareness about the causes and encouraging to convince partners on using condoms. Improving medication adherence through counselling is also an effective strategy for treating HIV. Extended vaccines are effective for controlling disease among the indigenous population. Adoption of public health policies also helped in minimizing the risks of disease. Clinical preventive services such as regular cost-free screenings for the poor also encourage the indigenous community to receive treatment. Provision of free condoms to the poor black community is also a practical method (Kirby, 2018).

SDH cycle

Barriers to implementation of strategies

The adoption of strategies is dependent on the financial capacity of the healthcare organization. It is thus important for the firm to generate adequate funds that could support the programs of awareness and education. Similarly, provision of free screenings for timely diagnosis also demands to fund from the state and non-state agencies such as NGO's and private healthcare organizations. Disparate healthcare resources and gender barriers have undermined the process of targeting a larger population. Societal barriers such as lack of family support and limited power of black females have also adversely impacted the implementation of strategies (Kirby, 2018).

Conclusion

Healthcare providers have a profound role in helping the indigenous population in Australia that is facing risks of developing HIV. Engaging in treatment and strategic plans and programs can be effective for assisting minority population in minimizing the risks of this deadly disease. Effective strategies include the provision of free of cost screenings and treatment plans. Awareness about the causes of HIV can also be practical methods of controlling the disease.

References

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