## Community

Health & Medicine, Nursing



The paper "The Most Common Transmission Categories of HIV and AIDS" is a perfect example of a statistics project on health sciences and medicine.

Population by AGE for yearsYou can change years according to the most recent available data. Remember to compare using percentage, not numbers. (Newton) CountyGeorgiaUnited StatesYears200020042000200420002004Total Population62001815248, 186, 4538, 829, 383281, 421, 906293, 045, 739 <195012971209921400595, 150, 3203, 354, 260Age 1-43966536747415853900514, 364, 42315, 327, 6685-12787610037987299102479520, 549, 50522, 324, 57613-1961478296832, 321876, 38620, 528, 07219, 967, 14220-298518128761, 233, 9461, 307, 67520, 219, 89018, 978, 42030-4415099203002, 011, 0142, 102, 24218, 964, 00123, 221, 98045-5910917132501, 455, 6431, 653, 42539, 891, 72441, 005, 67860-7459347078721500815, 28545, 148, 52749, 829, 20175+2594302334958037051137, 677, 95241, 999, 001Total62001815248, 186, 4538, 829, 383281, 421, 906293, 045, 739 Source: http://oasis. state. ga. us/oasis/qryPopulation. aspx Population by RACE 2004The newer books might have these listed as non-Hispanic, White, etc. Feel free to change. (Newton) CountyBlackHispanicWhiteNative AmericansAsianOther#%#%#%#%#%#%24, 45122. 082, 3761. 8755, 31274, 201830, 219030, 72700, 11 State of GeorgiaBlackHispanicWhiteNative AmericansAsianOther#%#%#%#%#%# %2, 612, 93628. 48598, 3225. 325, 862, 97862. 6527, 4570. 22229, 7412.

10112750. 14 United StatesBlackHispanicWhiteNative

AmericansAsianOther#%#%#%#%#%#%2, 349, 54228. 735, 305, 81812. 55194, 552, 77469. 132, 068, 8830. 7410, 123, 1693. 60467, 7700. 17 LEVEL OF EDUCATION Age 25 + High School13, 60134. 75 1, 486, 00628. 65 52, 168, 98128. 63 Associates 1, 6104. 11 269, 7405. 20 11, 512, 8336. 32 Bachelors 3, 7159. 49 829, 87316. 00 28, 317, 79215. 54 Graduate1, 9775. 05 430, 3058. 30 16, 144, 8138. 86 Source: http://quickfacts.census.gov INCOME BY HOUSEHOLD (Newton) CountyGeorgiaUnited StatesYear200020002000 #%#%#%<9, 999 1, 6817. 64304, 81610. 1310, 067, 0279. 5410000 - 14, 999 8483. 86176, 0595. 856, 657, 2286. 3115, 000 - 24, 999 247711. 26369, 27912. 2813, 536, 96512. 8325, 000 - 34, 999 278812. 68378, 68912. 5913, 519, 24212. 8135, 000-49, 999 455120. 70502, 96116. 7217, 446, 27216. 5350, 000 - 74, 999 525723. 91593, 20319. 7220, 540, 60419. 4675, 000 - 99, 999 235610. 71311, 65110. 3610, 799, 24510. 23100, 000 - 149, 99914646. 66234, 0937. 788, 147, 8267. 72150, 000 - 199, 9992591. 1866, 0842. 202, 322, 0382. 20> 200, 000 3081. 4070, 8432. 362, 502, 6752. 37 **MEDIAN** INCOME (Newton) CountyGeorgiaUnited States200044, 87541, 901 41, 990 HEALTH STATISTICS Legend: T= Total W= White AA= African O= Other Ethnic Group Use the following two forms for American Mortality and Morbidity rates that are specific to your target population. (Deaths and percent of deaths; SIDS) \_\_\_\_\_MORTALITY RATE per 100, 000 population\*\*\*Change years for your data if necessary!!!! \*\* Georgia (Newton) County TWAA TWAA20001134469 20220011126051 10120021417859 4222 0031045054 21120041306859 101 (Source: For US, Health United States,

Statistical Abstract of the US, [will need several years], MMWR, Prevention Profile.) For GA/County, use Georgia Vital Statistics for the year requested. (Sexually transmitted disease cases and rate) MORBIDITY RATE per 100, 000 populations Georgia(Newton) County TWAA TWAA200052, 6425, 00630, 015 21638124200153, 2584, 79525, 479 29647147200255, 3475, 91631, 868 34762175200355, 6246, 23930, 802 38063202200452, 3885, 27726, 340 37142157 (Source: For US, Health United States, MMWR, Prevention Profile, Local and State Health Departments, CDC) The focus of this paper is on AIDS as a community health issue in Newton County, the state of Georgia in the United States. There lacks a representative national system of surveillance of the prevalence of AIDS infections (Prachakul, Grant and Keltner, 67). Estimates, in this case, are therefore based on mathematical models that utilized reported cases of AIDS, a number of serological surveys and on reports on new cases of HIV infections within states. It is important that plans on how health caregivers can be able to handle demands for medical services in case of a rise in the disease incidence and hence estimations have to be carried out. Prachakul et al. (69) reveal that several serological surveys have been done in different parts of the nation and the information thereby obtained used in combination with the estimated number of those at risk of infection so as to come up with a more concise estimate that captures all details and ensures all data is synthesized. The use of a mathematical model involves combining the given data concerning the reported numbers of AIDS cases with the level of AIDS distribution during its incubation period. This is also known as backcalculation. The rate of HIV prevalence can thus be estimated once

information on HIV cases as well as that on past infections is obtained. As of December 2000, the United States had a total of 506, 154 HIV-infected persons on the minimum (Kralik, 35). The prevalence of HIV in the US fell between 900, 000 and 950, 000 according to the year 2000's statistics. It was estimated that each year there were 40, 000 new HIV infections. Hence an annual 20, 000 HIV deaths

Research questions so developed include;

What is the trend in the HIV/AIDS epidemic over time?

What are the behaviors that will most likely lead to HIV infection?

How can clinical outcomes of persons receiving care from health caregivers chosen randomly be monitored?

Centre for Disease Control and Prevention (2011) reveals that over time, there has been a sharp decline in AIDS mortality rates in the United States. It is probable that this decline is due to the improvement in health care provision. For example, it could be because of how effective the very widespread multidrug treatment regimens were. Alongside this rapid decline was the rise in the number of people living with AIDS, which is because of the introduction of effective therapy. Despite this the number of new HIV infections every year has not changed much in recent years; it has remained relatively stable.

The same statistics apply to the state of Georgia. The national trend in HIV prevalence and incidence has also been witnessed from the data acquired from Georgia. Comparing the figures acquired from the year 2000 with those in 2004, it can be concluded that HIV AIDS mortality rates have declined

significantly (Kralik, 36). There was however no data pertaining to HIV knowledge and behavior. Taking a look at the data on access to care and treatment however, we can note that a majority of the Georgian citizens can easily access health caregivers. Life expectancy in this state is 55 years. It was established that the most common transmission categories of HIV and AIDS in the state of Georgia as well as in many other states were through the use of injections during drug use, homosexual contacts, prenatal transmission from the mother to the child, heterosexual contact, as well as through blood transfusions and other unknown causes contributing a small percentage. On whether a certain group of population is at greater risk of infection than others, it was evident that the youth were the most affected owing to the fact that this group of people is the most sexually active. It is usually assumed that the older an individual is the more informed and therefore the more careful he or she will be in matters relating to HIV/AIDS. In addition to this, it was evident from the statistics that the bisexuals, the gays and the men who had sex with men from all races were the most severely affected individuals. Every year in the United States these people account for about fifty-three percent of all new HIV AIDS infections (Regents of the University of California, 2011). They usually account for almost half of all the people living with HIV. Within Georgia, just like within the whole nation, white males who have sex with other men form the largest number of new HIV/AIDS infections annually.

Whereas there is a decline in new HIV infections among injection drug users and heterosexuals, there is a steady rise in the new HIV infections among the gays, bisexuals as well as men who have sex with other men. Of all new

HIV/AIDS infections annually, 31 percent represents those infected by way of heterosexual contact. This group accounts for twenty-eight percent of all the people living with HIV. Nineteen percent of those living with HIV/AIDS represent those individuals who acquired the virus through injection during drug use. This group accounts for twelve percent of all the new HIV infections annually.

The efficiency of the chosen health caregivers will be established through a comprehensive monitoring system (Centre for Disease Control and Prevention, 2011). This system is expected to carry out random surveys and regulatory inspection programs in a random but organized manner. This initiative will ensure that each and every healthcare giver is on high alerts since none is aware when it will be put in the spotlight. The surveys can be done in relation to consumers' experiences.

It is worth noting that hospital performance is increasingly directing its focus on patients' empowerment, complaint mechanisms, comfort, and continuity of care and health education. Another method that can be used to monitor these health care providers is through is third party assessment. This initiative involves systematic mechanisms to link local and international standards to local health practices of public and private health facilities (Regents of the University of California, 2011). Statistical indicators can also be used to reveal the performance issues of the health facility.

In conclusion, the issue of HIV/AIDS affects everyone living on this planet. It, therefore, calls for collective responsibility to ensure that the prevalence and infection rates are significantly reduced. As seen from the statistics analyzed and the data collected, HIV is not just a problem for Newton County or the

state of Georgia; it affects all regions in the whole nation of America.

Whatever we can do, let's forge ahead together and ensure a healthy nation by embracing preventive health and caring for those already infected.