

What inequities are experienced by population groups in Australia?

Option 5: Equity and Health

12PDHPE

Class of 2017

Student summaries of each population. You will need to be able to compare two of these populations for the HSC. #WORKSMARTERNOTHARDER

Inequities experienced by population groups in Australia

Aboriginal & Torres Strait Islanders



Nature of population

- 2.4% of the Australian population identify as Indigenous
- Indigenous people experience poorer health compared to the rest of the population
- There is a 17 year gap in life expectancy between Indigenous and non-Indigenous Australians

Extent of Inequities

- **Behavioural & Medical risk factors**

ATSI have higher mortality rates from preventable diseases such as diabetes & CVD

Less likely to take part in preventable health behaviours

- **Social determinants: Education, employment & income**

Lower levels of education lead to poor levels of health literacy, decreased understanding of health information

Lower education, lead to limited employment opportunities and lower levels of income. Limits access to quality health services & medicines

Extent of Inequities

- **Poor quality housing**

Do not have equal access to primary health care and health infrastructure

Overcrowded & poor housing contributes to spread of communicable diseases

- **Reduced access to affordable & culturally appropriate health services**

Services are not accessible – living in rural & remote locations

Services too expensive, limits access

Differences in cultural understanding of health

Media's role in social attitudes & public policy

- The media can play both a positive role (informing/ health promotion) and negative role (creating stereotypes)
- The media has come a long way in building a more positive attitude to our Indigenous population
- The fact this was NEEDED indicates that many generalisations about their culture and their population existed leading to prejudice.



Media's role in social attitudes

- are primitive and nomadic,
- lack complex laws and social organisation,
- are drunks,
- are violent,
- live in the outback,
- are un-educated no hopers,
- are involved in too much crime,
- receive too much from welfare,
- get more than the whites,
- eat the wrong foods (white sugar, flour, McDonalds, etc.),
- don't have a religion, have sinned and need to pray for forgiveness,
- don't use the land they get for free,
- get treated too leniently by police and courts,
- do not want to work and are lazy,
- must fit the image of a dark-skinned, wide-nosed person (i.e. a 'full-blood'),
- live a traditional tribal/ancient lifestyle,
- are not really attached to their land because they live on the fringe of towns and cities,
- are like leeches and drain away each others' resources,
- are problems ('the Aboriginal problem') and Aboriginal people have problems.

WHAT HAS
BEEN DONE TO
FIX THIS??

Source: <https://www.creativespirits.info/aboriginalculture/people/stereotypes-prejudice-of-aboriginal-australia/#xz74rCKvXDV>

Government Intervention

CLOSETHEGAP

oxfam.org.au/closethegap

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Groups Experiencing Health Inequities

The Nature of Population

- Australia's population is ageing. Australia's population is much older today than it has been in the past, and both the number and proportion of older people is growing steadily.
- With the ageing of the population, analysis of health inequalities among the elderly has become a priority in public health.
- The aged includes those individuals 65 years and over living on pensions or as self-funded retirees.
- They live either at home, in hostels, residential care units or nursing homes.
- Chronic diseases and level of independence are of particular importance for the elderly.

The Extent of Inequities

Mortality	Morbidity
<p>Aged 65 → Life expectancy of 83.9 years for males and 86.4 years for females</p> <p>Aged 85 → Life expectancy of 90.9 years for males and 92.2 years for females.</p> <p>The leading causes of death are coronary heart disease and cerebrovascular disease, followed by cancer, COPDs, dementia, diabetes and diseases of the arteries.</p>	<p>The elderly are most affected by chronic disease, with 80% of the elderly suffering from type 2 diabetes, coronary heart disease, cerebrovascular disease, arthritis, osteoporosis, COPD, depression or hypertension.</p> <p>The elderly also have higher rates of diabetes. Diabetes is more common in men than women, and affects 20% of the elderly.</p> <p>Over 1 in 5 elderly people have heart disease, stroke or vascular disease, which all result from atherosclerosis.</p> <p>The elderly have higher rates of disability, with half of the aged population having a disability.</p> <p>Dementia is another significant health condition in this age group, and is more prevalent in females than males. Dementia and Alzheimer's disease is the third most common cause of death for older females and the sixth for older males.</p> <p>The elderly also have the highest rate of injury-related hospitalisations. 1/3 of male and 2/3 of female injury deaths occur amongst the elderly.</p> <p>Falls are a common cause of these injuries, often producing fractures or other injuries. Falls are more frequent for females than males amongst the elderly.</p>

The Gap

- Life expectancy has increased over the past century, with the number of people aged 65 years or over increasing at a faster rate than total population growth.
- With increasing life expectancy, a greater proportion of the overall burden of ill health is being carried by this older population, constituting a notable health inequality.
- However, the gap the aged population is experiencing is **decreasing** as older people are generally living longer and healthier lives than in previous generations.
- This is reflected by 2/3 of older Australians who report their health as being good, very good to excellent despite the higher rates of chronic diseases.
- Moreover, with the improvements in living and working conditions, as well as quality of healthcare services, the proportion of elderly people living healthily has risen significantly and will continue to increase during the coming decades.

Health Determinants

Individuals

- Genetic factors can act to protect or place some individuals at higher risk of particular diseases, such as cancers.
- Females tend to adopt healthier lifestyles than males and seek out preventative health services more often.

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Groups Experiencing Health Inequities

- The cumulative effects of risky health behaviours, such as smoking tobacco, drinking alcohol and patterns of diet and exercise over many years are likely to have an influence on the health of elderly people.
- Physical inactivity and sedentary lifestyle also increase with age, contributing to problems associated with body weight or musculoskeletal strength.
- Loss of mobility have a detrimental effect on the quality of life of elderly people restrictions in movement result in the development of high blood pressure, high cholesterol levels and increased weight gain, all of which contribute to the impact of diseases of the circulatory system.

Sociocultural

- Among the elderly, family becomes very important for health and social activity.
- The fracturing of family groups lessens the support available of the aged and increases the reliance on residential care, which may lead to depression in the aged.
- Australian society tends to undervalue the aged people and their contributions, resulting in the aged feeling forgotten and neglected.
- Australia's ageing population places greater demands on health services and the tax system, limiting the financial support to the aged, which could further reduce their quality of life.
- Much of the aged population is from the migrant backgrounds who may still persist with traditional medicines

Socioeconomic

- Socioeconomically, the health of the elderly is affected by their reduced employment.
- As the elderly reduce their workloads or retire, their support networks are reduced and their mental health is affected.
- Retirement also often brings with it a reduction in income, which restricts choice of health services.
- Aged people receiving pensions can afford only basic necessities and as a result, diets can become restricted which contributes to poor health.
- Furthermore, many of the aged are forced to sell their homes and move into assisted care, which may not always be near their family or in their local area in which they have friends.
- On a positive note, there is an increase in volunteer work amongst the elderly, and those who participate report increased mental health and higher rates of social activity.
- The aged also receive government assistance for health care and subsidised medicines through the Pharmaceutical Benefits Scheme.

Environmental

- Due to the increased incidence of chronic illnesses and disability amongst the elderly, access to services can become difficult, as the elderly need to attend specialist services that may not be available in their local areas.
- The increased number of retirement villages, hostels and nursing homes for the elderly helps improve access to services as often these locations provide services on a regular basis, or at least transport to health centres.
- House maintenance can be an issue for some aged people living at home. Older homes can be damp, have stairs and require expensive plumbing and electrical work. These increase the risks of pneumonia, falls and burns, all of which are common among aged people.
- Public transport is not suitable for the aged so they may rely on food deliveries such as Meals on Wheels, or taxi services including ambulance transport.

The Role of Media

- The role of media is to provide society with a sympathetic perspective of the issues faced the aged people.
- Some negative issues such as diminished driving skills and limited knowledge of technology must be addressed in a compassionate and caring way, providing a supporting and empowering environment for the elderly.
- The media can work in a positive way to focus on issues such as lobbying the government for increases in the pension, improvements in residential care and support service, greater subsidisation of medicines, treatments and research into conditions that affect the aged and continued recognition of the sacrifices made by war veterans and widows.

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Groups Experiencing Health Inequities

Government Intervention

The Home and Community Care (*HACC*) is a specific government intervention that provides a range of basic maintenance and home support services for the aged with health care needs.

Developing Personal Skills

- Promoting good health and positive attitudes towards older people and ageing.
- Encouraging older people to lead active lifestyles, as many health conditions are not a result of aging, but of lifestyle choices.

Creating Supportive Environments

- Providing a safe and accessible living environment for the elderly.
- Enhance the safety of a home environment by means of home modification such as installing handrails, smoke detectors, and other devices to minimise electrical and tripping hazards, which reduces the likelihood of home accidents.
- Increases access of the aged to community resources by providing transportation and other infrastructures for elderly with functional limitations.

Strengthening Community Actions

- Provision of services such as home help and the running of Senior Citizen's clubs and social activities in community-based groups.
- Providing instrumental social support to the elderly, such as direct assistance with daily living activities, meal delivery and escort services.
- Support from kin, friends, and neighbours as well as the interactions between the elderly and their social environment are likely to influence their adaptability, access to information, and motivation to seek help from others.

Reorienting Health Services

- Collaborative efforts of government agencies, non-government organizations, and the community as a whole to carry out interventions that focus on meeting individual needs and enhancing the quality of life.
- Provision of allied health and therapy services such as physiotherapy for exercises, mobility, strength and balance, podiatry, speech pathology, occupational therapy for recovery and maintenance of physical ability, and dietician for health eating.
- Paid care workers and volunteers provide informational support to the elderly through frequent contacts and home visits.

Building Healthy Public Policy

- Provision of health care services through mainstream programs such as the hospital systems, the services of medical practitioners and the pharmaceutical benefits scheme.
- Subsidising a range of aged care services to keep client fees reasonable and affordable for the aged people, with the aim of producing equity in health status.
- Medicare provides older people with equitable access to medical and hospital services at little or no cost.
- Vouchers by the Commonwealth enable them to access various hearing services at either Australian Hearing Services or relevant private providers.
- Private health insurance premiums ensure that older people cannot be charged a higher premium, as they are older or chronically ill.

Unemployed

- **Nature of the population** – including health inequities they experience
 - Being unemployed can be short term or long term and fluctuates according to economic and climatic factors. The longer an individual is unemployed, the closer their health begins to resemble that of the socioeconomically disadvantaged. Unemployment can affect any person of working age and is concentrated in some households, which then become dependent on welfare payments. Young people are especially vulnerable and more than a quarter of the long-term unemployed in Australia are aged 15-24. Unemployment is also an issue because individuals want to work but cannot get enough hours or an adequate wage, which results in them living in relative poverty.
- **Extent of the inequities**
 - Areas of inequity**
 - The longer a person remains unemployment the lower their lower their expectancy
 - Long-term unemployment contributes to premature mortality for the most disadvantaged groups of the jobless
 - The long-term unemployment have higher death rates for nearly all causes of death
 - Have higher rates of problematic drug use and poor mental health, such as depression. These conditions can develop after the person becomes unemployed and is not necessarily the initial cause of joblessness.
- **Explain whether the 'gap' they are experiencing is decreasing or increasing?**
 - The health gap is widening because unemployment is affecting an increasing number of people from various socioeconomic circumstances and can result in individuals living in relative poverty for long periods of time, which dramatically affects mental health.
- **Describe the impact of health determinants on their health**
 - Individual – age can limit some people to certain types of employment. For examples labourers tend to be younger males, not older men.
 - Sociocultural – parents who are both long-term unemployed set an example for their children, who may adopt a welfare mentality
 - Socioeconomic - young people with conduct disorders are often unable to continue with schooling and leave prematurely without skills. They therefore cannot find employment easily.
 - Environmental – some people are exposed to dangerous environmental conditions, such as asbestos, which places them at greater risk of developing severe respiratory illnesses
- **Examine the medias role in influencing social attitudes towards population**

The media's role is to provide society with a sympathetic perspective of the issues faced by the unemployment. Negative issues that focus on laziness, 'dole bludging', rorting the system, generational unemployment or drug abuse must be addressed in a compassionate manner. The media needs to work in a positive way to focus on issues such as stimulating the economy, providing jobs and training for young people, removing the stigma of being

labelled as unemployed and the effects of unemployment on families, who descend into poverty. The media can also remind people that unemployment can affect people in all walks of life in times of economic uncertainty

- **Evaluate 1 government intervention aimed at population**

Community development program

INCARCERATED PEOPLE

Nature

- Includes adults in prison + young offenders in juvenile justice centres.
- Males make up 93% of incarceration population
- Experience slightly higher mortality rates + high rates of mental illness, blood borne diseases, substance use disorders and traumatic brain injuries.

Extent

- In 2014:
 - 16% of prison offenders completed Year 12
 - 1 in 3 had a chronic health condition, with Asthma being most common
 - Smoking rates for the incarcerated were 50x the rate of those of the general population
 - Mortality rates for young off. Were 9x higher than those of a similar age

Is the gap increasing or decreasing?

INCREASING

Impact of determinants on health

INDIVIDUAL	SOCIOCULTURAL	SOCIOECONOMIC	ENVIRONMENTAL
<ul style="list-style-type: none"> • High rates of smoking > lead to different cancers. • High rates of alcohol/drug use > lead to mental health problems, chronic health conditions, injury. 	<ul style="list-style-type: none"> • Stigma set by society > lead to depression. • Social exclusion due to incarceration > lead to depression, anxiety • Family instability/parental Imprisonment > contribute to poor mental health. • Indigenous 	<ul style="list-style-type: none"> • Have low levels of education attainment > low self esteem + impacts ability to understand health info. To make informed health choices. 	<ul style="list-style-type: none"> • Placed in cells w/other violent offenders > increased risk of injury. • Lack of privacy + boredom > contribute to high incidence of self harming behaviours.

<ul style="list-style-type: none"> • High rates of unsafe tattooing > lead to blood borne diseases e.g. Hepatitis • More likely to engage in u safe sex > lead to STIs. 	<p>cultures value freedom – incarceration can be difficult to deal with > lead to mental health problems.</p>		
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Role of the Media

- Media’s role to provide balanced perspective of incarcerated people.
- Media can address issues such as violence, substance abuse so that it increases public awareness + forces Gov. Action.
- Media can also highlight positive issues (e.g. successful rehabilitation programs, community work performed by offenders) to help break negative stereotypes of incarcerated people.

Aboriginal Visitors Scheme (AVS)

- AVS includes a group of Aboriginal staff who visit correctional and detention centres, providing support and counselling to Aboriginal people in custody.
- Positives:
 - Provides culturally appropriate support.
 - Addresses over-representation of Indigenous people in the criminal system.
 - Recruiting and training members of Indigenous comm. Helps strengthens comm. action and partnerships.
- Negatives:
 - Not available in all states.
 - Fails to address other groups in the population who are over-represented in the criminal system e.g. Pacific Islanders
- Overall, AVS is moderately effective in addressing health inequities as it targets social and cultural factors that contributes to the ill health of Indigenous offenders by culturally appropriate support and services. To further address inequities faced by the incarcerated population, this type of scheme could be extended to cater to the whole incarcerated population .

Culturally + Linguistically Diverse Backgrounds (CALD)

Nature of population + health inequities they experience: People from 'culturally and linguistically diverse' backgrounds refer to those from Australia's non-Indigenous cultural groups other than the English-speaking Anglo-Celtic majority. In general, immigrants on arrival to Australia have better health than the Australian born population. This is known as the "Healthy Migrant Effect". However, their health becomes worse as they stay longer. Access to healthcare/services, discrimination and equity in their workplace, language difficulties, lack of support networks are health inequities that they experience, more likely to be unemployed are inequities that they experience.

Impact of health determinants on their health:

Individual: Health knowledge is linked with health literacy. They have lower health literacy resulting in minimal ability to understand and interpret health information in order to promote the health of themselves and others. Some cultures have beliefs and values to not value health.

Socioeconomic: Language is a barrier to education, employment and income. They have poorer numeracy and literacy rates. They often migrate as adults, resulting in a lack of English education and restrictions on employment opportunities.

Sociocultural: Poor skill of understanding English is linked with lower employment, poorer self-assessed health, lower life satisfaction and low levels of social participation.

Environmental: Language barriers affect accessing health information and services.

Is the gap they are experiencing increasing or decreasing? Decreasing; the government is implementing services and initiatives to aid them in obtaining the basic necessities of health.

The media's role in influencing social attitude towards population: The media has played a more positive role. The media has been used to develop and show Australia as a tolerant multicultural society through the telling of stories and promoting social connectedness, such as Australia Day activities and refugee support groups, as well as local multicultural days, such as the Woolgoolga Curryfest that shows Sikh Indian culture in a positive light.

One Government intervention aimed at population:

NSW Multicultural Health Communication Service

It is a government funded service and was established in 1997 as a result of NSW Health's plan, Health Services for a Culturally Diverse Society (1995). The plan identified the need for the development of a co-ordinated state-wide approach to provide information about health issues and health services to people who speak languages other than English.

Developing personal skills: Develops knowledge and build individual skills around accessing education and health services.

Creating supporting environments: Provides and manages quality translations to the health sector, as well as any other departments or services wishing to provide multilingual information to CALD communities.

Strengthening community actions: Works in partnership with UNSW Dementia Collaborative Research Centre (DCRC), the Council on the Ageing (COTA) and the Centre for Volunteering NSW.

Reorientating health services: The role of the health sector moves increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services.

Building healthy public policy: Undertakes a wide range of activities to address racism and racial discrimination, which includes coordinating the Multicultural health week for women's health.

Submitted by: Carmen Dizon
Year 12 PDHPE

Geographically remote areas

Nature of health inequity

- People in rural and remote areas have a lower life expectancy and higher levels of illness and disease risk factors than people living in major cities. People living in rural and remote Australia do not always have the same opportunities to achieve good health than those in major cities. For example, people living in rural and remote areas have restricted access to resources and health services, education and employment opportunities.

Extent of the health inequity

People living in rural and remote areas have:

- Lower life expectancy than major cities, higher mortality rates, higher rates of participation in health risk factors, such as drinking alcohol and not eating the recommended serves of fruit and vegetables

Higher incidence and prevalence rates of:

- cancer, chronic injury, obesity, diabetes, osteoporosis, asthma, cardiovascular disease, road accidents

Determinants

Individual- high levels of alcohol use which leads to CVD, poor mental health and injuries, higher rates in smoking, decreased physical activity, low levels of healthy eating, high rates of using cannabis but hardly any other illicit drug.

Sociocultural—The proportion of Aboriginal and Torres Strait Islander (ATSI) people is higher than other areas - contributes to the poorer health outcomes for rural and remote living people. Parents that are overweight/obsessed means they are predisposed and have lower rates of physical activity, risky drinking and cholesterol levels. Some cultures/religions do not prioritise health - increased risk of developing preventable diseases. Peers influence the attitude you have towards health for example they will either encourage you to participate in physical activity or risky behaviours (depending on what attitude your peers have).

Socioeconomic- Rural and remote living people are disadvantaged in education and employment opportunities, income and access to resources and services. They are more likely to work on farms, in transportation or mines, which increase the risk of injury. Due to low income they higher rates of tobacco and alcohol use. People living in rural and remote areas have a lower average income and poorer levels of education – leading to lower health literacy, therefore decreases the opportunity to access good paying/safe jobs.

Environmental- Poor living conditions (over-crowding/confined areas), violence, substance abuse and criminal activity increases due to isolation. In rural and remote areas the number of GP's employed is rising, but is still lower than the rates in major cities. Poor transport infrastructure - ability to access services are limited, also have to travel long distances to access services-decreases the chance of achieving optimal health. Road conditions are poor therefore contributes to higher incidence of road injuries.

Initiative

The government funds many rural and remote programs to help deliver health care people living in rural and remote areas. These include: the royal flying doctor service, which provides: health care clinics, medical evacuations, provide medical chests and remote consultations. The government has instituted the Rural and Remote General Practice Program to help increase the number of GPs available in these areas.

Gap is increasing due to:

Experience poorer health than those in metropolitan areas. Their life expectancy decreases with the level of remoteness. (regional areas, 1 year lower, remote areas 7 years lower). The gap is widening between those living in urban and rural/remote areas. Life expectancy increasing more than 20% faster for people of the metropolitan areas compared to rural areas. This is due to the population having a higher proportion of Aboriginal and Torres Strait Islanders which contributes to higher mortality rates (they have a bigger life expectancy gap of 17 years than the rest of the populations). This figure could also be because of the drift/migration of the aged to some regional/rural areas and people living in regional/rural/remote locations are exposed to a number of pressures/stress/illness that are not experienced by people living in metropolitan areas.

Media's influence in social attitudes

Need to have a balanced perspective of the population (both advocate the positive and negatives they experience). Negatives need to be portrayed so the government can recognise it as a priority area and provide/increase funding for services and infrastructure and also increase awareness. The media believes that a competition in sports between the city and country is a must. They also support in areas such as social and financial effects of globalisation/increase of fuel cost/interests rates.

People with disabilities

Disability is a physical or mental condition that limits a person's movements, senses, or activities. Disabilities include impairments, activity limitations or participation restrictions that effect everyday activities. They can be classified as mild, sever or profound. Types include Physical, Intellectual, Psychiatric, Sensor, Acquired brain injury.

Life expectancy for people with a disability is **increasing** alongside the Australian population's life expectancy. Life expectancy is increasing for specific conditions such as Down syndrome and Cystic Fibrosis. The level of disability people experience increases with age. Prevalence rates of disability have remained stable over the years. Disability rates for indigenous people are higher overall.

Health gap is **narrowing slightly** due to better treatments and early detection for specific conditions that cause disabilities.

Individual determinants: Age increases risk of developing a disability. Genetics can act to protect or place some individuals at a higher risk of particular disease. Gender is another factor because of lifestyle behaviours. Eg Males take more risk means higher prevalence of injuries and females tend to adopt healthier lifestyles and seek preventative health services more often.

Sociocultural determinants: Societies' attitudes are improving towards disabled, but discrimination still occurs that affect mental health. Families experience emotional and financial stress if forced to care for the disabled in their own home. Families will also be affected if the disabled are placed in residential care away from their local area.

Socioeconomic determinants: Disability support pension provides enough income for basic necessities, medicines are subsidise but is an added cost. Family income may be reduced to a carer's pension if the disabled are at home. Young disabled are less likely to complete year 12.

Environmental determinants: Exposure to chemicals and unsafe workplaces can increase the risk of injury or long-term disability. Some young disabled are forced to live in aged care which won't suit their social need. Disabled in residential care have good access to health services, but those living at home rely on community services that may visit on a weekly basis.

The **media's role** is to provide society with a sympathetic perspective of issues faced by people with disabilities. Negative issues that focus on their limitations must be addressed in a more caring and sensitive manner. Work in positive way focus on issues such as lobbying the government for increases in pensions and allowances, employment opportunities for disabled and more.

Government Road safety campaigns such as No belt, No brain, Slow down, Get your hand off it are all targeted towards preventable injuries. These are promoted through media. They intervene by developing personal skills and strengthening community actions to prevent people from making risky behaviours that lead to injury and disabilities.

People Living with HIV/AIDS

Nature of the population

In 2015 an estimation of 25,313 people living with HIV in Australia, and about 2,619 (10%) were unaware of their HIV-positive status.

Adults from 15 years and over are living with HIV

In 2015, 1,025 people were diagnosed with HIV. The number of newly diagnosed HIV infections in Australia has remained stable for the past three years, including 1,025 cases in 2015, 1,082 in 2014, 1030 in 2013 and 1,064 in 2012.

29% of new HIV diagnoses in Australia in 2015 were diagnosed late, and the ongoing importance of regular HIV testing

Between 2013 - 2015, the notification rate of newly diagnosed HIV infection was higher for the Aboriginal and Torres Strait Islander population compared to the non-Indigenous Australian-born population (6.8 vs. 5.9 per 100 000 in 2015).

Extent and Inequities

In the workforce if worker confirms that they are living with HIV/AIDS, they may be asked to leave, which affects their employment.

They are more likely to face fear of rejection from friends and family. Isolation causes social rejection which leads to low self-esteem, depression and suicide thoughts.

Community may not support them due to ethnicity, sexual orientation, socio economic status and sex.

DECREASE

Due to earlier access to treatments to HIV and encouragement of alongside efforts to encourage HIV testing

HIV effective treatment means that death from AIDS and AIDS-related conditions in Australia are now rare among people on treatment.

Impact of Health Determinants on their health

Socio economic- Can affect them from getting a job, maybe asked to leave the workforce, and when individual has no employment they are more likely to have a lower income and have a loss of connectedness.

Socio cultural-Due to family and peers the individual is more likely to feel embarrassed to tell their family and peers, due to fear of judgement. Some religions do not accept treatments or accept people who are living with HIV/AIDS and view it as something negative, the media may portray HIV/AIDS negatively but can encourage them to seek treatment.

Individual Factors- Person living with HIV/AIDS may have the condition due to genetics where they were born with it or have a lower education and have less knowledge about the condition.

Environmental- If a person lives in a rural remote area or a place where there is less access to transport and health services, people living with HIV/AIDS are more likely to not seek treatment or access the health services.

Media's role in influencing social attitude towards population

The role of the media is informing the public and holding governments to account, a more immediate problem is HIV.

However compared to other diseases HIV/AIDS do not get mentioned often.

The media promotes the awareness of the disease however it can give the public a negative view of people in the LGBTI community because HIV is common amongst the community.

NationaWork with countries to address ways to prevent HIV/AIDS and to focus on how to Treating people living with HIV/AIDS regardless of sex, ethnicity, socio economic status and sexual orientation.

By improving treatment and the spread of testing for HIV/AIDS to reach the goal

The goals are to reduce infections, increase access to care, reduce HIV-related health disparities and health inequities, and achieve more co-ordinated national response to the HIV Epidemic HIV/AIDS Strategy

Homelessness

NATURE OF POPULATION A person is classified as homeless if they do not have access to safe, secure and adequate housing. Homelessness affects men, families, young people and children. There are many types of homelessness, these include- Primary, when individuals live on the street, in parks, squats or cars. Secondary, when people live with friends or relatives. Tertiary, when people live in boarding houses for the short or long term. Marginal, when people live in caravans

Extent of inequities Mortality compared to the rest of Australian population. The longer a person is homeless, the lower their life expectancy. The health gap is widening because homelessness is affecting an increasing number of people from various socioeconomic circumstances. Morbidity compared to the rest of the Australia population. Long term homeless people have higher rates of problematic drug use and suffer poor mental health, for example, depression and schizophrenia. All these conditions are after a person becomes homeless and are not necessarily the initial cause of homelessness. STIs are also more prevalent, homeless people are at greater risk of physical and sexual assault and injury.

Health Determinants

- Problematic drug use can contribute to poor mental health and the emergence of psychiatric.
- Drug dependence can lead to overdoses and involvement in crime to support habits.
- Alcohol consumption contributes to the injuries and assaults that particularly affect young homeless people.
- Family and relationship breakdowns can leave individuals without support and accommodation for the short or long term
- Domestic violence can leave a person no choice other than to be homeless or seek alternative temporary accommodation.
- The homeless suffer severe disadvantage with no assets, little security or stability in their lives, which impacts mental health.
- A lack of affordable housing can force people into becoming homeless, especially in major cities, resulting in depression.
- Exposed to harsh environmental conditions which place them at greater risk of developing severe respiratory illnesses.
- Homeless people do not have adequate water. Supply, sanitation or electricity to maintain hygiene or quality of life.

Media's Role

The media's role is to provide society with a sympathetic perspective of the issues faced by the homeless. Negative issues that focus on drug dependence, crime and rebellion must be addressed in a compassionate manner. Lobbying government's increased funding for services and accommodation for the homeless. Finding ways to reduce domestic violence and resolving family conflict that keeps families intact. Warning young people of the dangers of problematic drug use and raising awareness that homelessness can affect people in all walks of life in times of uncertainty.

Evaluating Government interventions.

National Homeless strategy 1999- aims to halve homelessness by 2020

