**Community Assessment of Indigenous Senior Men in Australia with type 2 Diabetes**

**and aged over 50 years.**

**Introduction**

Diabetes is a chronic condition that affects people of diverse ages. It is categorized into different types ranging from type 1 to gestational diabetes. The focus in this case is, however, on type 2 diabetes focusing on the senior mean aged over 50 years old in Australia. Australia is known to have a stable healthcare system but at the same time, there are factors that hinder the progress of treatment and health care in this country (Paul et al, 2017). The welfare of the society in the aboriginal culture is created by how well a person’s health is rated and the level of their social wellbeing. The all-inclusive custom for the indigenous is what reflects all that is vital in a person’s lifespan especially for those above the age of 50. To be considered traditionally safe, the connection lies in the perception that the indigenous aged male is well aware of their origin and the possible effects of the same. The wellbeing of these indigenous males is connected to their gender and the issues that generally affect them. (Brazionis et al, 2018).

According to the Australian Institute of Health, (2012), aboriginal wellbeing refers to not only health on a physical scale but also the social status of the society in terms of their general health. This community assessment is meant to address the issues relative to their health, their demographics and the various social determinants of health based on indigenous men over the age of 50. The issues to be investigated are such as low income, poor education and poor infrastructure based on housing.

**Demographics of the Indigenous Senior Men in Australia with type 2 Diabetes and aged over 50 years.**

Western Australian has been proven to account for 13% of all the indigenous people and t3.7 percent of these whole population are aged over 50 years. This is in comparison with 14% of the whole non-indigenous population in Australia (Brodie et al, 2017). Therefore, the indigenous male aged over 50 years takes up 1% of the whole indigenous population while the non-indigenous mean aged over 50 years take up two percent of the population. The indigenous population is scattered among three areas. These areas are the capital city, the isolated regions and the districts. Those living in the capital city are approximated at 30% while those residing in the districts are 43% which makes up the highest population. 26% reside in the isolated regions (ChenHall & Senior, 2018).

A considerable proportion of the Australian population is made up of older people. This means that for every seven people over one person is aged 50 and over. The demographic characteristics are determined by the health status and service use (Azzopardi et al, 2018). This means that the health of this population is greatly affected by the environment and the participation of older Australians in matters that concern health (Huo et al, 2018). Between 2000 and 2015, the older Australians within the labour force doubled from 6%. According to 2016, the demographics report indicated that 3.7 million Australians were above the age of 50. This means that 15% of the population is made up of senior people (Scott, Courten & Ebeling, 2016). Half of the older people had poor health while others showed good to excellent health status.

For the older population, it is indicated that around 1 in 6 people above the age of 50 years are reported to have diabetes. The man account for 55% of the total population in reports of type 2 diabetes (Cotter et al, 2012). Within the last twenty years, the self-reported diabetes victims have tripled in number and increased from 5 % to around 17%. These increases are caused by a range of issues such as the prevalent growth in risk factors and public awareness that has been escalated as well as proper detection techniques (Minges et al, 2011). These factors are great in ensuring that the ageing population does not suffer loss based on the issues that they go through. According to a simulation study done on the Australian demographics of those living with type two diabetes, there are more than 18,000 people pushed out of labour force due to diabetes.

**Health Issues affecting the Indigenous Senior Men in Australia**

The Aboriginal and Torres Strait Islander senior men have been proven to arguably have the poorest health status in Australia. The estimate of their life expectancy is at 56 years old. The rest of the Australian population is estimated to have a life expectancy of 77years old. It is also noted that 75% of the indigenous men die before they are 65 years of age. The 27% of the remaining non-indigenous counterparts (Sushames, Uffelen & Gebel, 2016). There are several factors that influence the health behaviour of the indigenous men in Australia. The indigenous senior men are said to participate in more health risk behaviours in comparison to the non-indigenous people.

According to research, it is evident that the indigenous people go through several issues that put them at the risk and make them have poor health (Ireland et al, 2015). The first is culture. This is mainly an issue in the sense that the indigenous people are excluded as the lesser population in the community and cannot be treated equally in any way. The issue is that the aborigines and Torres Islanders are not given opportunities as deserved being a part of the community. The indigenous senior men do not have enough social networks. This makes them vulnerable to stressful situations. This means that they are exposed to risks in line with health because of minimal support from the outside world (O’Brien et al, 2016). The minimal support leads to a limited source of health resources causing them to live in mediocrity and desperation for extra resources as well. The health risks that come with a lack of social networks are enhanced by poor access to resources. The other is issue is based on history and the notion that the non-indigenous people have towards the indigenous people based on what makes their history.

The senior indigenous men in Australia are faced with racism which also puts them on the bottom of the list when it comes to healthcare. The racist perspectives create a poor mentality of how to relate with the indigenous people and make them feel considered in healthcare. The healthcare facilities provided do not fully allow the use of resources by these indigenous communities. The male population is also said to be at the highest risk of not receiving access to facilities as an issue of sexism merged with racism (Senior et al, 2018). This makes it harder to cope with certain situations. The socioeconomic disadvantages also follow in these situations where the amount of income made is below average and cannot support health care. This keeps the follow up on the senior men at a minimal. The disadvantage is also a result of the lack of good income and opportunities for development in terms of financial growth. This in one way or another also takes the economy back to some extent.

The senior indigenous men are eventually affected by these issues and get psychological distress from the situations that they face (Zhao, Vemuri & Arya, 2016). The complexities associated with these factors are what interact with psychological distress to cause more health issues for the indigenous senior men. The health standards are only achieved once the above factors are evaluated and are balanced for the sake of growth and equal healthcare provision.

**Social Determinants of Health in Australia for Senior indigenous men.**

There are several inequalities when looking into the social determinants of health for the senior indigenous men. The health and wellbeing of the senior indigenous men in Australia is not solely based on the physical but also determined by their emotional and cultural aspects and how they cope with the issues that surround their environment and daily livelihoods (Armstrong et al, 2017). One other social health determinant is the participation of indigenous senior men in matters that concern health. This means that there is a bias in participation when it comes to indigenous senior men. Lifestyle is also a great determinant of health and can affect the general perception of healthcare based on the indigenous. The most common lifestyles are such as overconsumption of alcohol among other destructive drugs (Donald et al, 2012). The cases of being overweight and obese are also a factor contributing to the social determinants of health and the probable consequences that may follow.

**Socioeconomic gaps**

The socioeconomic gaps are also of great influence on what determines health and well-being in Australia, among the senior indigenous men. The first issue that comes from this is that they end up being exposed to foods that do not contain any nutritional values also based on the prices that are made available for the products. This leads to an inadequate consumption of vegetables and fruits due to the lack of access to the products (Green & Martin, 2017). The poor and mediocre situations that are forced on the indigenous men create a poor source of health for the people and eventually diminishes their ability to withstand the situations that follow.

**Poor healthcare and nutrition**

The other social health determinant based on this situation is the life expectancy levels of these indigenous men and the ages that they are considered most vulnerable in cases of health and healthcare (Adams et al, 2017). The life expectancy levels have been reduced to 56 years due to the prevalence of type 2 diabetes which escalates with average living conditions and bias in healthcare. The purpose of having good health is also to create a sense of wellness for the public and increase the probability of having long life in the long run and being able to withstand certain health conditions.

**Low disposable income and Rate of Living**

The disposable income for senior indigenous men above the age of 50 does not exceed half the percentage of their total income (Brown et al, 2016). This means that once they are exposed to new situations outside employment or business, they require extra support for the sake of survival. The disposable income is what supports all extra healthcare and lifestyle needs and there is the necessity for balance. This creates an easier platform for growth away from healthcare issues and misconceptions away from healthcare.

**Conclusion**

There are significant differences observed between the indigenous men and the non-indigenous men. These differences are what cause a bias and gap between the two groups. The main issues reviewed here are however based on the social view of the indigenous men and the seniority does not help in the situation. The first most outstanding factor affecting health outcomes is the lack of social capital for the people in these ages. The lack of social capital means that this person may not receive support from the closest sources. The reasons for such situations are that some of them may have moved around a lot and not made any close acquaintances in the society. The other may result from the lack of being in a family that is supportive and can help in provision of certain supportive products.

The other outstanding aspect is psychosocial factors and the risks that are associated with the same. This means that there is food insecurity for the populations and a very high rate of psychological distress in these cases. This mainly roots from financial distress. The lack of these benefits is what increase the prevalence of type 2 diabetes in this area among the ageing and indigenous male population.

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