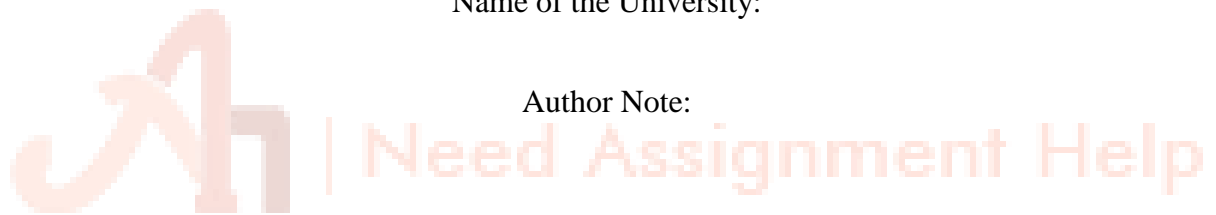


Health and Community

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Introduction

Type 2 diabetes is the most common form of diabetes that is characterised by the disorders of insulin secretion and insulin resistance. Both these features might be present at the time of clinical manifestation of diabetes. There are different types of prevention strategies that can be taken in the handling the patients with type 2 diabetes.

Part 1

The ladder of community based interaction provided by Lavarack provides a framework for community based empowerment, collective action, capacity building, community readiness, organization, engagement as well as participation. The three important strategies for the prevention of diabetes type 2 using Lavarack's model are discussed below:

Improvement in the level of participation: Participation is considered to be an important basis for community development. The diabetes patients must be provided with different types of opportunities so that they can address their needs in the society. This is possible with the help of community interaction process and it allows the patient to be involved in different activities (Bahraminejad et al., 2014).

Development of local leadership: The process of participation as well as leadership is associated with each other and there should be a strong participation base. This participation requires structure and direction and it helps in carrying out the things in a better way. This structure of community leadership is beneficial for the patient of diabetes type 2 and thus it removes the process of conflict. There are many such competent leaders in the society who tries to understand the community problems and thus encourages the people to fight against the disease (Dooris & Heritage, 2013).

Increase in the level of problem assessment capacity: Problem assessment is one of the most empowering aspects in the identification of a problem and this will help in the provision of solution to a particular situation. It is the responsibility of the patients of diabetes to check that there is improvement and success of the programme and this will address the sense of ownership. Further, it is also vital to check that the needs of the patients of diabetes type 2 are fulfilled in a better way. This will help in the felicitation of knowledge and handling the problem assessment capacity.

Part 2

There has been a set of nine domains proposed by Liberato et al. (2011) in order to assess the process of capacity building across different contexts. This depends on the type and the purpose of the disease and in some cases there are broad perspectives that allow the process of capacity building. These core domains are discussed below:

Learning opportunities and skill development: It is necessary to check that there is feasibility in the implementation of a program so as to provide proper training. This is possible with the help of peer leaders who can handle such aspects in a better way. On the other hand, it is the responsibility of the patients to check that there is proper facilitation of the program. The skill development program must be divided into three important components such as building the knowledge based for diabetes, development of the effective level of communication and application of the skills in different types of experimental scenarios. There must be focus on the critical standards and this will help in the enhancement of the skill development process.

Resource mobilisation: It is important to carry out the activities of advocacy as well as perform at the national or the state level. There must be arrangement of diabetes awareness week and this will make the people aware of the type 2 diabetes in a better way. Further, the importance of physical activity and sports will also help in the management of diabetes and

prevention of this disease in the long run. The exhibitions also provide an opportunity to increase awareness about the particular disease and thus it will stimulate the experience of the disease.

Partnership/linkage/networking: It is necessary to check the current state of outcome for the refinement of the multidisciplinary system and quality care. The health team care members must rely on the expertise and skills of the individuals from a wide range of disciplines. It is the responsibility of the team members to collaborate or expand the networking among the family members of the patient. This will strengthen the clinical care system and thus there will be consistency of care among the providers.

Leadership: In case of Type 2 diabetes, it is necessary to help the patient to adopt a healthy lifestyle. This will help in the improvement of the quality of life, reduce the morbidity, increase the level of physical activity as well as mortality among the people with diabetes. Further, there should be arrangement of adequate recommendation in order to manage the type 2 diabetes and this will help to seek medical evidence around the optimal management of people. Thus, it is necessary to have proper tools in order to support the patient of type 2 diabetes.

Participatory decision-making: The process of participatory decision making process will help to improve the diabetes control of the patient. This is easy to check with the casual model linking in order to improve the outcomes of medication adherence and patient activation. There should be arrangement of sup-optimal control of intermediate outcome among the patient with type 2 diabetes. On the other hand, it is also vital to check that prior research among the patient who participates in the medical encounter will improve the medical adherence.

Assets based approach: The asset based approach will help the patient of diabetes type 2 to achieve their glycaemic goals. This is possible by remaining engaged in the team and thus there will be provision of appropriate initiatives in order to shape the approach for the change process. There are different types of resources available in order to offer the direction and this will co-ordinate engagement among the team members accordingly. Further, it is important to take care of the practice data and evaluate the level of control among the patient.

Sense of community: Type 2 diabetes represents an expanding health concern and thus it affects a wide section of the people. This can be treated not only with proper drug therapy but it includes change in the lifestyle of the people. When a person is diagnosed with diabetes, there should be a proper set of helping behaviour and this will help in controlling the blood sugar level of the patient. It will also prevent the different types of complications and thus deviate the routine of the patient ((Evermann et al., 2016).

Communication: It has been found that the patients with diabetes type 2 face difficulty in the maintenance of optimal blood glucose level. The level of nurse communication plays a pivotal role in supporting the patient's health. There are some important barriers in the level of communication between the nurse and the patient's health and thus it is necessary to review the communication method in a better way. The nurses are considered to be more successful when incorporating the behaviour changes and this can be managed by the psychological principle. It also reflects the same level of outcome and thus there should be more focus on the quality of life (Echchabi & Azouzi, 2015).

Development pathway: There should be provision of proper treatment of diabetes 2 and this will alleviate the burden of the disease. In recent days, the potential treatment to all the courses will help in the alteration and management of the disease. The most important challenge is to modify the appropriate therapies for clinical use and this will help in the drug

development pathway. The clinical trials must be conducted among the adults and this will help in the demonstration of safety and efficacy under the particular population level (Rifkin, 2014).

Part 3

The health belief model assumes that there should be provisions for proper health behaviour and this is based on the operational belief. It is the responsibility of the people to show good reactivity towards their health when they feel that they are at risk. This risk might be considered to be very dangerous in their future. The diabetes treatment, care, complications as well as the other related costs will help to control the metabolic functions and this is dependent on the self-care behaviour of the patient. This self-care behaviour will improve with the quality of life and thus there must be continuous follow up of the patients' behaviour. It is also necessary to check whether self-care will provide beneficial outcomes such as increasing the level of satisfaction of the patient, improvement of the quality and the health of the patient, better management of the symptoms of the patients as well as improvement in the level of life expectancy. Moreover, provision of training to the diabetic people is also one of the most vital fundamental reasons for the promotion of self-care behaviour so as to check that the treatment is considered to be effective under varied circumstances. Therefore, the health-belief model can be used as a behavioural analytical framework in order to predict the health behaviour of the people related to diabetes (Montanaro & Bryan, 2014).

The medical approach focuses on the avoidance of complications of the patients related to type 2 diabetes with the help of different types of primary techniques. There should be provisions for self-monitoring of glucose and this will help in the evaluation of the glycemic control with the help of real time measures. The physicians must also analyse the

effect of stress, food, medication and other related activities in order to make appropriate adjustments. Further, the frequency of self-medications depends on the medical therapy and the risk level and this is vital for the short term adjustment of the therapy in a better way. On the other hand, there should be appropriate provisions to provide pharmacologic treatment to the patient in order to determine whether the patient is insulin deficient or there is provision of accurate therapies to the patient (Thomas et al., 2016). Therefore, all these treatments will provide durable and positive effect in the treatment of diabetes.

The behaviour change approach has four important categories of behaviours and this will help to target the change interventions among the patients. These motivators are considered to be the factor that predisposes one of the activities to action-perceived needs, perceived benefits, rewards/incentives, expectation of the outcomes and the cues to action. The individuals must have a proper intention to change and this will help them in the fulfilment of the particular goal (Corr, 2013). Further, there are different types of triggers that help in the pre-disposition of action into an action state. The sequence of five major steps are the collaboration of a problem definition, collaborative goal setting, problem solving, constructing for the change process and continuous support. Thus, there should be empirical support in handling the efficacy of the intervention process at each level (Kok et al., 2016).

The advantages of health belief model are the ability to address the cognitive theory that emphasises the role of motivation and the dissemination of a person's belief into four viral categories such as perceived susceptibility, severity, benefits and barriers. On the other hand, the disadvantages of health belief model are the failure of explanation of the people with different types of mental illness, the lack of logistical factor and the lack of explanation of access to monetary care and availability in the long run (Jalilian et al., 2014).

The advantages of medical approach are the knowledge to analyse the cause in order to avoid illness, encouragement of research in order to analyse the illness and the development of successful treatment. On the other hand, the disadvantage of medical approach is that the illness and the health concepts are relative and socially constructable, the health problems are individual and thus it ignores the social factors that cause illness; focus on the treatment rather than prevention and power to the medical professionals (Thomas et al., 2016).

The advantages of behaviour change approach is that it encourages the individuals to adopt healthy behaviours, views health as a proper belonging to the individual, helps people to take the responsibility and the action to look after themselves and involves a change in the attitude of the people. On the other hand, the disadvantages of behavioural approach to health promotion includes the dependency of the person's readiness to take action, the complex relationship between social, individual and environmental factors as well as the ability of the people to feel dictated and preached in order to resist promotion (Evermann et al., 2016).

Therefore, it is necessary to develop a proper strategic plan in order to carry out the baseline assessment as well as helping the patient of diabetes type 2 to take care of them. The different domains of program management will assist in the community based interaction and thus there should be adequate level of funds to support the health promotion program.

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