**Potential Community Health Interventions**

Diabetes is one of the health problems in the US which contribute to the increased morbidity and mortality among the adults, adolescents as well as the children. Reports show that every year, about 10 percent of the general population in the US, suffers from diabetes (National Institute of Diabetes and Digestive and Kidney Diseases, 2016). Diabetes patients ought to be taught on how they can effectively manage this condition because both type 1 and type 2 diabetes does not have a cure. Diabetes care and management are very expensive and demanding, it is, therefore, important to involve the patients in self-care management so that they can strive to achieve optimal glycemic control that prevents complications related to the disease.

Diabetes presents a big health threat to members of my community. Due to the poor nutritional habits, a majority of the individuals in the community are obese. For instance, most of the members value holding social events and partying where a variety of junk food is feasted. The junk food contains high energy calories that can lead to overweight and eventually diabetes (National Institute of Diabetes and Digestive and Kidney Diseases, 2016). Also, the members of my community do not value physical exercise. It is rear to see an organized sports event within the community. Lack of physical exercise might have also contributed to the increased cases of diabetes in the community because exercise helps in burning excess calories within the body. These risk factors are referred to as lifestyle risk factors.

Other than the lifestyle risk factors, there are several other factors that contribute to the development of diabetes such as age. Research shows that individuals who are above 45 years of age are more likely to develop diabetes. Similarly, the ethnic background of an individual is a risk factor because research indicates that individuals from the Hispanic and African American ethnic background have higher chances of developing diabetes than individuals from other ethnic groups (National Institute of Diabetes and Digestive and Kidney Diseases, 2016). Also, women who develop gestational diabetes during pregnancy have higher chances of contracting diabetes later in life. Therefore, to reduce the prevalence, susceptibility, and severity of this illness, communities ought to come up with relevant evidence-based interventions to address diabetes.

**An evidence-based treatment model for diabetes**

One of the evidence-based models for treating diabetes is the Problem Solving Therapy (PST). According to research, this model is effective in treating this condition because it stimulates behavior change that can enhance self-care management among individuals living with diabetes (Schumann et al., 2011). This strategy makes it easier for health care professionals to treat patients with diabetes because it enables them to design programs that allow the patients to become effective problem solvers for their condition. Initially, health care professionals were considered problem solvers for their patients, something that inadvertently disempowered patients.

According to Schumann et al. (2011), evidence supports problem-solving a crucial intervention in diabetes self- management because this intervention teaches individuals living with diabetes on how they can achieve goals associated with proposed self-care behaviors. This model allows the patients to identify and strive to achieve resolutions for competing priorities, life challenges and daily barriers which directly hinder their ability to effectively apply knowledge and self-management of diabetes in their situation.

The evidence-based research indicates that there was a positive effect of the Problem-Solving Therapy on diabetes self-management care that includes the ability to use sick-day self-management guidelines, adjustment, self-efficacy and other interventions that can improve the quality of life among diabetes patients. For instance, evidence-based research indicates that before the adoption of PST model, diabetic individuals did not show self-efficacy in self-care management, after its adoption, a majority of these individuals began to show self-efficacy in diabetes self-management (Schumann et al., 2011). This approach can effectively be used in my community to assist individuals living with diabetes increase their self-care management and reduce complications related to diabetes.

**An evidence-based wellness model**

An evidence-based wellness approach that can be used to prevent diabetes is providing nutrition education to the members of the community. The prevalence of diabetes can be reduced if individuals within the community can be made to understand that healthy eating is essential for all people in order to prevent obesity and d avoid diabetes with its several related complications (Zwald et al. 2015). A majority of the Americans eat diets that have high calories with low nutrient content. Thus, Community members should be taught that a healthy diet that has moderate calories and high nutrients can enable them to avoid diabetes.

The main aim of this approach, therefore, is to ensure that all individuals have access to foods that enable them to acquire the recommended level of nutrients. With the impact of such health programs, individuals will be able to make healthy dietary choices. Similarly, restaurants will be able to understand the calorie requirements for the food they serve the customers (Zwald et al. 2015). By doing so, individuals will adopt healthy dietary patterns that will assist in preventing diabetes among the children, adolescents, and adults within communities.

**Advantages and disadvantages of the Evidence-based models**

The evidence-based approaches described above have their advantages and disadvantages when it comes to addressing diabetes. One of the advantages of the PST approach is that it effectively reduces the barriers to self-care since it transfers the disease-related problem-solving responsibility from the health caregivers to the patients (Schumann et al., 2011). The complications related to the disease are minimized once the patients become responsible for their self-management behaviors.

The disadvantage associated with this approach is that it only works effectively for patients who have a working knowledge base regarding the illness. This means that older individuals and young children who do not have a working knowledge about this disease will not acquire disease self-management skills through the approach (Schumann et al., 2011). We can, therefore, conclude that the approach can only work for a specific group of individuals with diabetes and not all the patients. Lastly, this approach cannot work independently to address diabetes. It works together with other intervention packages for diabetes self-management.

The advantage of the evidence-based wellness approach is that it can reach out to a majority of individuals in the community since nutrition education can be incorporated in school programs and other community education centers. Also, the approach can improve the knowledge, attitude, and practices of individuals in the community, this knowledge can be passed on to the next generations and be used to reduce the prevalence, susceptibility and severity of diabetes (Zwald et al. 2015). The disadvantage of this approach is that information from nutrition education programs can only reach those community members who are able to attend the education programs.

**Conclusion**

Diabetes is one of the health problems which do not only present a big health threat to members of my community, but to the entire United States of America and the world at large. Poor nutritional habits, lack of physical exercise, age, and ethnic background are among the several factors that lead to development of diabetes. Therefore, communities ought to come up with relevant evidence-based interventions to address diabetes in order to reduce its prevalence, susceptibility, and severity among individuals.

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