

Community Diabetes Resources

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In the United States, Diabetic patients are among the illness groups treated with great care. The community provides resources that enable the patients to overcome the illness's effects and live a better life. The resources provided are of great importance to the patients and other members of the community. They introduce them to new experiences and routines and enable them to exploit their abilities and intellectual pursuits. This paper will research the community's available resources, which include community education for patients and their caregivers, support groups, fitness centers and nutritional center.

Community Education or Patients and their Caregivers

Research has shown that diabetes can be controlled by modification of living styles and standards. These involve using strategies that help keep the patient's body at a level that it can produce enough insulin without or with minimal assistance through medication. Community-based strategies and the resources provided are of great importance in this case. Through community members' assistance and the available community resources, education can be provided to diabetes patients and those not affected to help them keep away from the disease (CBHEC). This resource is specifically beneficial due to the need for knowledge for healthcare givers and community members. Proper information provided to these people can help control the diabetic disparities, help reduce community spending on the disease, and improve the level of care provided.

Community education involves informing patients on the causes of the health condition, what should be done, equip the patients with the confidence to help them deal with and manage the disease and educate them on the impacts it might have on their roles and emotions.

Immediate family members who might be the caregivers also learn the patient's required support, such as feeds and a favorable environment (Tung, & Peek, 2015). Information provided includes the need for healthy eating habits, the need for adherence to medication for type II diabetes patients, self-management, and problem-solving strategies. This community resource is beneficial because it assists those already with the disease and the entire community. Another benefit of this service is the simple eligibility requirements, which require an individual to be a member of the community, and in most cases, the service is free.

Diabetes Centers

Diabetes centers are another resource used by community members to assist diabetic patients. This involves adherence to fitness programs that have been found successful in preventing and controlling diabetic cases. Fitness programs involve exercises as directed by fitness professionals who work in conjunction with health care providers to monitor patient progress. Physical activity works best for patients with type 2 diabetes, increasing insulin sensitivity (Mishra & Subramanyam, 2017). During physical exercise activities, the body is actively involved, and the oxygen consumption level in the body increases while muscles increase energy consumption. At this time, blood glucose levels are maintained at a good level, which helps diabetic patients and helps prevent non-diabetic people. Many physiological processes are going on during the exercise period resulting in hormonal adaptation. The

Insulin adaptations are not present for insulin deficient patients who include type 1 diabetic patients.

Involvement in physical exercise is an important therapeutic tool for both patients and those at risk of getting the disease. Professionals at the fitness centers should understand the value of the exercise on diabetic patients and therefore take precautions on analyzing the risks involved and possible benefits to each specific patient (Mishkin & Sakuma-Suzuki, 2017). Any health care worker dealing with a patient enrolled for physical exercise activities find an easy time dealing with them. This is because they have lower sugar levels, lowering the ease of their monitoring, and increased capability to handle. They also have good heart functioning and maintaining good health.

To be eligible to participate in physical activities in the fitness centers, patients should understand the time limit in which they should actively participate in physical exercise, what signs they should observe while practicing, and measures to take in case of an emergency. Type 2 diabetic patients should practice for 150 minutes spread out throughout the week, involving moderate to vigorous aerobic activities. Type 1 diabetics should exercise for a minimum of 150 minutes involving aerobic exercises with moderate to vigorous intensity exercises.

Registration is done through Fitness Center's website. The initial registration applies with Acts that demonstrate the capacity to the Human Services Standard. Registration applies to one- or three-month programs to commencement of services. Free transport to the Fitness Center is offered after registration.

Support Groups

Support groups that may stay in the residences of diabetic patients include Christian groups, people of goodwill, organizations that may offer resources to the service of diabetic patients and individuals. Services offered by such support groups include financial assistance, assistance in the form of physical aides, material assistance such as food items, resources for obtaining physical exercise, insulin pumps, and syringes, etc. This kind of groups assist patients voluntarily and out of their will without any requirements for a registration fee and without using any vehicle for obtaining beneficiaries.

In the United States, support groups include the Diabetes Advocacy Alliance, the American Diabetes Association, the American Association of Clinical Endocrinologists, and several other groups. They voluntarily or independently assist in research to find a cure for diabetes,

collaborative treatment for individuals, help prevent infections, and all these are done while safeguarding the group's policies. The benefits to any patient from this special group are that they interact with other patients where they find a sense of understanding and a chance to share their knowledge and experience with others, therefore giving them a sense of hope for a better life rather than associated stress.

The Support Groups have websites and health apps that are made available to a member. The patient must fill in personal details on the Support Group's website and subscribed to the monthly program. There is an online chat from a support group to provide virtual support to patients. Transport services are made available for patients who have registered to engage in support group programs.

Diabetes and Nutritional Center

Registered Dietitians and team of Certified Diabetes Educators provide nutritional therapy, diabetes education, and a management plan with the individual therapist. Patients of all ages are welcomed to the schedule of diabetes management classes or one-on-one sessions. Medicare programs and health insurance covers cover the cost of diabetes nutritional therapy.

The medical center provides counseling services on maintaining and improving glycemic control, improving cardiovascular risk factors, and weight management goals with individualized treatment, including meal planning, exercise, and food shopping ("Diabetes & nutrition center location - Lancaster General Hospital," n.d.). The eligibility criteria of the diabetes medical program involve the following. The potential patient must be a patient with insulin medical evaluation. The patient must have Medicare Services program or an insurance company to cover the costs.

The potential patient will visit the website of the community resource program and register. The application process is free for all diabetes patients. Children are enrolled in the program to meet with a registered dietitian (Tang & Park, 2019). Patients will need to contact the office to know whether nutrition programs are available. These community resources include medical assistance from the Community Transportation Association of America. A wide range of information is provided to increase the availability of transportation services. The transportation services are categorized as non-emergency services according to Health Care and Transportation Resource Center. Transportation services are free for the patient who has registered.

Integration of Resources into Plan Care

For diabetic patients, a plan of care involves treatment resources aimed at controlling the blood sugar levels and reducing any associated complications that may threaten patients' lives. The community resources discussed can be well organized and integrated into the diabetic plan care. In this, the function of these resources will be made part of the plan when they will be established according to the patients' needs (Tang & Park, 2018). Integrating them means they will become part of patient routine and resources to ensure effective treatment. Therefore, be part of the plan will help to achieve the set goals.

Potential Advantages and Disadvantages for Patients Seeking Resources

These resources are of importance for diabetic patients who are vulnerable with existing comorbidities. The advantages include increased care for patients, increased social acceptance, and reduced rejection. Patients find a sense of belonging in the community, established routines for the services that require a fee, and an increased influence of other populations by the diabetic patients on ways of maintaining skills (Shelley-Thomas, & Miller, 2018). There are, however, potential disadvantages of these resources. They include a negative perception of patients about

the firm. There may be a sense of time waste whenever asked to visit some
business such as attending meetings for them. Another possible disadvantage is that there may
also be a loss of intellectual human resources; for instance, a community health center may not
be suitable when patients need education or assistance, and the price for paying for the consulting
inventions may be high for an individual to afford.

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