

“Emotion management to reduce diabetes risk using the community as a base at Ban Nam Tok, Sa Kaeo Subdistrict, Tha Sala District, Nakhon Si Thammarat Province”

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Based on health screenings of the at-risk population aged 35 years and older in Ban Nam Tok, Sa Kaeo Subdistrict, a total of 480 individuals were assessed. Among them, 134 people were identified as at risk for diabetes (FBS = 100-125 mg/dl), with the primary causes being unhealthy eating habits, lack of exercise, smoking, and alcohol consumption. In terms of the environment, it was found that the community lacks adequate exercise facilities and has a large number of sugary drink vendors in the area. However, the community has not yet implemented mental or emotional health screenings. Previous efforts to address these issues revealed a lack of group activities aimed at controlling non-communicable diseases, resulting in a continued increase in diabetes cases each year.

"Emotional management to reduce the risk of diabetes using a community-based approach" aims to promote correct emotional management among the population in conjunction with community participation. This strategy is crucial in supporting community members to achieve better health, reduce illness, effectively manage diseases, and lower the risk of complications in a sustainable manner. The initiative is driven by the Ottawa Charter as its guiding framework. Three key mechanisms support the implementation, including 1) A regional management unit, led by the School of Nursing at WU, which oversees the learning process with funding and academic support from the Creative Opportunities Division of the Thai Health Promotion (ThaiHealth) 2) Two field mentors who provide academic support to community leaders in driving the project and 3) The community leaders of Ban Nam Tok act as the local driving force in the initiative.

The implementation process consists of eight steps, including 1) Establishing a working group to drive the initiative 2) Conducting a survey and compiling mental health data in the community, led by the community working group 3) Holding a meeting to explain the project, share data, and jointly establish agreements for diabetes prevention through emotional management 4) Organizing knowledge-sharing activities and recruiting participants for the project

5) Promoting mental health and emotional management, including creating a Line group to send reminders to project participants 6) Holding meetings with the target group 7) Monitoring changes in mental health and emotional management and 8) Hosting knowledge exchange forums.

Results:

1) A working group was established, consisting of village health volunteers, local residents, community leaders, and public health officers.

2) 30% of the at-risk group for diabetes demonstrated inappropriate emotional management.

3) 80% of the at-risk group for diabetes who participated in the project gained knowledge about emotional management to prevent and manage diabetes.

4) 60% of the at-risk group for diabetes who participated in the project improved their emotional management to prevent and manage diabetes. This includes consuming foods that promote mental health (such as oranges, bananas, guavas, and eggs), exercising, getting 6-8 hours of sleep per day, and managing stress.

5) The community established regulations for regular exercise, adapting them to the community's context. For example, long drums were used to make exercise more enjoyable.

Impact:

Community members have improved their quality of life, with individuals of all age groups coming together to participate in regular exercise activities.