

MPW-483839

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10,934

characters

1,543

words

74

sentences

6 min 10 sec

reading
time

11 min 52 sec

speaking
time

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Writing Issues

18

Issues left

11

Critical

7

Advanced

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Writing Issues

11	Correctness	
3	Incorrect punctuation	
7	Mixed dialects of english	
1	Ungrammatical sentence	
7	Clarity	
1	Intricate text	
6	Paragraph can be improved	

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39%

unique words

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37%

rare words

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5.7

characters per word

Sentence Length

Measures average sentence length

20.9

words per sentence

MPW-483839

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Health Promotion Plan: Addressing Type 2 Diabetes in the Hispanic/Latino
Community of Riverside Heights

Student Name

Course Name Department Name Date

Health Promotion Plan: Addressing Type 2 Diabetes in the Hispanic/Latino
Community of Riverside Heights

Riverside Heights is an area in Northern New Jersey on the banks of the Passaic River, with 1950s- and 1980s-era housing for a working- and middle-class population. It has a population of 45 percent Hispanic/Latino, 30 percent White, 15 percent Black, and 10 percent Asian/multiracial. The economy is driven by retail, the healthcare sector and the waning manufacturing. The use of cars is vital for transportation, but it poses mobility problems. Eastern blocs

are economically stressed, with low walkability and limited access to fresh food. Pharmacies and groceries are located in commercial areas, and various religious institutions are social places. There is political participation, but poor-income residents lack adequate representation in civic affairs.

Health Concern: Type 2 Diabetes in the Hispanic/Latino Population

Type 2 diabetes mellitus (T2DM) is the selected health issue in this promotion plan ¹as both in the literature review and direct community observation, hypertension, Type 2 diabetes, and obesity were listed as the most common chronic conditions in Riverside Heights. To focus on an area of health concern, type 2 diabetes should be chosen since this health problem is overrepresented in the Hispanic/Latino population, which comprises the highest ethnic population in this community. It has been found that Mexican American people have a T2DM prevalence rate of about 16.3, about two times higher than that of individuals who are not Hispanic White (Kopelowicz et al., 2023). ²This is not an isolated case, as national statistics examined by the U.S. Department of Health and Human Services find Hispanic/Latino Americans among the most affected by diabetes and complications (U.S. Department of Health and Human Services [HHS], 2020).

Healthy People 2030 specifically addresses ⁴the topic of ⁴diabetes by having ⁴several objectives, such as ⁴decreasing the number of ⁴cases of diabetes being ⁴diagnosed, ⁴decreasing the percentage of individuals with diabetes who have received formal diabetes education, ^{3 4}and, ⁴increasing the percentage of individuals participating in CDC-recognized diabetes prevention programs (HHS, 2020). These goals are directly related to the requirements observed in Riverside Heights, where people cannot access formal diabetes education ⁵and health services are underutilized due to language and cost barriers.

Target Population and Relevance of Community Characteristics

The target population of this health promotion plan will be adult Hispanic/Latino residents of Riverside Heights, especially those 35-65 years old and above who are at high risk of developing or living with Type 2 diabetes. This group was characterized by windshield surveys indicating the predominance of the Hispanic/Latino population in the workforce and residential areas, findings that were substantiated by census data. The ethnic grocery stores, Spanish-language signage, and cultural food establishments indicate a colorful⁶ yet nutritionally complex food environment, in which customary dietary patterns might lead to increased carbohydrate and fat consumption.

The community factors that are directly linked to the risk of diabetes among this population are low access to fresh fruits within the eastern residential blocks, the high population of fast-foods, a transportation pattern, which is based on cars, leading to reduced daily physical activity, and an occupational environment that exposes them to either a sedentary or physically demanding but ad-hoc employment. The federally qualified health center (FQHC) within a two-mile radius is a critical access site. Still, the parking lot observations during the windshield survey indicated high demand and may limit capacity. Language barriers also restrict access to specialized services: the genetic counselling provided by the regional hospital system is not always available in Spanish, which can create⁷ a cultural competency gap in the treatment of this population group.

Predisposition to Type 2 Diabetes and Need for Health Promotion

The Riverside Heights Hispanic/Latino community is at risk of Type 2 diabetes because of the interaction of genetic, behavioral⁸, socioeconomic, and environmental influences. The genetic factors have shown that the Latin

Americans are more prone to insulin resistance and metabolic syndrome than the non-Hispanic Whites.

Strategically, eating habits prevalent in this society, such as excessive intake of refined carbohydrates, red meat, and high-energy foods, are risk factors for obesity, which is one of the major antecedents of T2DM. Sedentary behaviors,⁹ a car-based community structure, and work pressures further increase risk.

The socioeconomic factors are very important. The poorer residents experience food insecurity and are more likely to consume affordable, high-calorie foods rather than nutritious ones. Low levels of health literacy, especially among Spanish-speaking families, lower the level of awareness about the symptoms of prediabetes and the possibility of early intervention. The lack of insurance among undocumented or part-time employees and cultural reluctance to preventive medicine before the symptoms become major also contribute to the exacerbation of health disparities. The number of people with formal diabetes education is also limited. Objective D-06 of Healthy People 2030 specifically aims to increase the percentage of individuals with diabetes who receive formal diabetes education, which is not yet achieved by the majority of this population (HHS, 2020). A community-based, bilingual health promotion intervention is well-positioned to address these overlapping barriers and enhance health outcomes.

Sociogram Considerations

An example of a sociogram of this population would be to map out the social, economic, cultural, genetic, and lifestyle determinants which affect the risk and management of diabetes among the Hispanic/Latino population in Riverside Heights. The family is a core social unit, and multigenerational families are the prevailing trend in this society. Family, nutrition, physical activities,¹¹ and health attitudes play a huge¹¹ role in determining individuals'

^{10,11} behaviors. Some cultural values, including ¹³ families or close interdependence of ¹³ the family, can be used to promote collective health ^{12,13} behavior change.

Financially, job security and poverty do not allow one to afford to eat healthier, go to the gym or see the doctor regularly. Environmental stressors, such as ¹⁴ neighborhood safety issues and poor walkability, reduce the likelihood of regular exercise. Diabetes is a familial risk factor that is of significant importance among Hispanics genetically and has to be included in the educational materials. The modifiable factors will be lifestyle ¹⁵ behaviors, such as high-carbohydrate diets, tobacco use, and low physical activity, which will be the main focus of the ¹⁵ behavioral intervention. The FQHC, pharmacies that provide free screenings, and religious institutions as reliable places of ¹⁶ gatherings and ¹⁶ bilingual employees constitute connectors in the sociogram that could be ¹⁶ utilized to deliver outreach and education (Kopelowicz et al., 2023).

Learning Needs and SMART Goals

The potential learning needs of the target population will be: increased knowledge regarding the nature of Type 2 diabetes, its occurrence and possible risk factors, ability to identify symptoms of prediabetes, the direct influence of diet and physical activity on the level of sugar in the blood, the ability to use the accessible medical services, such as the local FQHC and pharmacy screenings, and practical skills related to planning meals under the conditions of cultural and economic limitations. One of the basic needs is language access; all educational resources should be in Spanish and taught by bilingual teachers or health workers.

At the end of the session, 80% of participants will select three Type 2 diabetes risk factors using pre- and post-tests. In four weeks, participants will substitute one of their daily sugary beverages with water, attain a minimum of

150 minutes of moderate exercise each week (monitored by activity logs), and, for participants who are not screened, make blood glucose appointments at FQHCs or pharmacies in two weeks.

Current ¹⁷Behaviors, Expectations, and Recommendations

Some of the existing habits of the target population that predispose them to diabetes are excessive consumption of refined carbohydrates and sweetened drinks, an inadequate number of structured physical activities, poor use of preventive health care services, and poor knowledge of prediabetes conditions. Gonzalez and Sotres-Gonzalez (2024) found that nutrition-based interventions designed or tailored for Latino populations residing in the United States yield significant changes in glycemic regulation and dietary habits, especially when delivered in culturally sensitive settings involving trusted community members.

Conclusion

Riverside Heights offers a definite and urgent problem of specific health promotion among the Hispanic/Latino population concerning Type 2 diabetes. A combination of genetic predisposition, dietary habits, financial limitations, healthcare access, and language barriers creates a high-risk environment, which an organized, bilingual, community-based educational intervention can effectively address. Based on the Healthy People 2030 framework and backed by ¹⁸the existing evidence on the benefits of ¹⁸culturally-sensitive diabetes education, this health promotion plan provides the basis ¹⁸of a feasible, quantifiable, and community-sensitive educational session that is expected to decrease the risk of diabetes and enhance ¹⁸the level of health literacy among ¹⁸residents.

References

Gonzalez, M., & Sotres-Gonzalez, M. (2024). A nutrition-focused review of the interventions in US-living Latino communities with type II diabetes. *Frontiers in Nutrition*, 11, 1418683. <https://doi.org/10.3389/fnut.2024.1418683>

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U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2020). Increase the proportion of people with diabetes who get formal diabetes education — D-06. *Healthy People 2030*.

<https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/diabetes/increase-proportion-people-diabetes-who-get-formal-diabetes-education-d-06>

1.	, as	Incorrect punctuation	Correctness
2.	<i>This</i>	Intricate text	Clarity
3.	and,	Incorrect punctuation	Correctness
4.	<i>Healthy People 2030 specifically addresses the topic of diabetes by having several objectives, such as decreasing the number of cases of diabetes being diagnosed, decreasing the percentage of individuals with diabetes who have received formal diabetes education, and, increasing the percentage of in...</i>	Paragraph can be improved	Clarity
5.	, and	Incorrect punctuation	Correctness
6.	colorful → colourful	Mixed dialects of English	Correctness
7.	which can create → creating	Paragraph can be improved	Clarity
8.	behavioral → behavioural	Mixed dialects of English	Correctness
9.	behaviors → behaviours	Mixed dialects of English	Correctness
10.	behaviors → behaviours	Mixed dialects of English	Correctness
11.	<i>Family, nutrition, physical activities, and health attitudes play a huge role in determining individuals' behaviors.</i>	Paragraph can be improved	Clarity
12.	behavior → behaviour	Mixed dialects of English	Correctness
13.	<i>Some cultural values, including families or close interdependence of the family, can be used to promote collective health behavior change.</i>	Paragraph can be improved	Clarity

14.	neighborhood → neighbourhood	Mixed dialects of English	Correctness
15.	<i>The modifiable factors will be lifestyle behaviors, such as high-carbohydrate diets, tobacco use, and low physical activity, which will be the main focus of the behavioral intervention.</i>	Ungrammatical sentence	Correctness
16.	<i>The FQHC, pharmacies that provide free screenings, and religious institutions as reliable places of gatherings and bilingual employees constitute connectors in the sociogram that could be utilized to deliver outreach and education (Kopelowicz et al., 2023).</i>	Paragraph can be improved	Clarity
17.	Behaviors → Behaviours	Mixed dialects of English	Correctness
18.	<i>Based on the Healthy People 2030 framework and backed by the existing evidence on the benefits of culturally-sensitive diabetes education, this health promotion plan provides the basis of a feasible, quantifiable, and community-sensitive educational session that is expected to decrease the risk of ...</i>	Paragraph can be improved	Clarity
