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Self-care Education Programs and Support for People with Diabetes and Their Caregivers in Argentina



*"There are men whose knowledge
Fills their heads;
There are wise men of all kinds,
But I say without being very learned:
It is better to learn good things than to learn a lot."
José Hernández, Martín Fierro*

It is well-known that diabetes education (DE) promotes self-care and has been shown to reduce complications and improve survival. However, the educational process for self-care presents two major challenges: the first is ensuring that access to education is understood as part of the exercise of the right to health, and for this, DE should be regarded as a specialized service provided by educators.

The second challenge is to build, through DE, a transformative experience in a continuous process of teaching and learning that engages motivation and facilitates empowerment, so that the person with diabetes can make better decisions, based on the situations they face in their life journey.

To begin the process of DE, planning through the development of a Diabetes Educational Program (DEP) is key. In this regard, several questions arise when starting: What aspects should be considered to develop the program? Who will it be aimed at? What will its objectives be? When will it be implemented? What tools will the members of the facilitating team have? >>

» DEPs should be designed with knowledge and understanding of the various particularities of the people they will be aimed at, from their culture, beliefs, age, gender identity, economic situation, emotional support environment, and support networks, to the physical, social, and virtual environment in which they live.

The design of the DEP should have a standardized structure with defined methodology and content: healthy lifestyles regarding diet, hydration, physical exercise; blood glucose self-monitoring techniques including the use of technology, management of hypo- and hyperglycemia, proper insulinization technique and device use, foot care, family planning, and resolution of everyday problems such as travel, illness days, and problematic consumption are central topics that cannot be left out (1).

Regarding methodology, it is recommended that the content be approached from different perspectives, favoring group dynamics in collective activities as well as individual participation. For this, the DEP should establish the number of encounters or sessions and whether they will be group sessions, individual sessions, or a combination of both.

DEPs organized in educational workshops, where participants are invited to share experiences, knowledge, and emotions with peers, with playful exchange activities with the facilitator as a guide, have a greater impact and are cost-effective. In educational workshops, simulation exercises, problem-based learning, and role-playing can be incorporated (2). Regarding the duration of the education program, it has been described that those lasting 11 hours or more have had a greater benefit (3). For each session, educational material resources and the use of health information and communication technologies (ICTs) should be defined. The DEP budget should be considered from the start.

The educational program can be aimed at the person with diabetes or can be expanded to include other actors in the environment who may play a caregiver role, such as family members, school or sports club staff, partners, or friends.

To achieve this objective, **it is very important to consider that people without dia-**

betes also need health education that includes content on diabetes to ensure prevention, health promotion, and the fight against myths and stigmas. By expanding the scope of the educational program, safer and more inclusive environments can be created, favoring the full development of people with diabetes.

It is important to correctly identify the moment when the educational program will be implemented, considering what stage of the transtheoretical model of change each person is in. Knowing this “psychological moment” will be decisive in the success of the program, as it is not the same to intervene when a person is in the “contemplation and determination” phase as it is to intervene when a person has not yet gone through the acceptance stage of the diabetes diagnosis.

Recognizing the phase of the change cycle a person is in is a strength when starting the DEP and defining its modality.

In addition to the psychological moment the person is going through, the implementation of the DEP is recommended: at the time of diagnosis, when treatment goals are not being met, during the transition from adolescence to adulthood, and upon the appearance of complications. Of note, there should be continuous reinforcement annually.

The educational team responsible for the DEP should develop a comprehensive approach model with a systemic view. Their role is to offer guidance to people living with diabetes and their families, providing confidence for living a full life.

The educational teams will include specialists from different disciplines: doctors, nutritionists, nurses, psychologists, social workers, physical education teachers, podiatrists, and health and wellness coaches. Trained community leaders can also be incorporated.

In addition to specific knowledge and skills, the professionals in the educational teams must also practice transdisciplinarity: this is a succession of integrated interdisciplinary relationships without solid boundaries between them.

For these reasons, the educators or facilitators that make up **the educational teams** »

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» **must have training in pedagogical aspects and communication techniques that allow them to use the appropriate tools to provide the educational program:** active listening, verbal and gestural language, empathy, assertiveness, and support in developing discrepancies.

In Argentina, Law No. 23753 and its amendment 26914, Resolution 2820/22 from the Ministry of Health of the Nation, establishes guidelines on the right to education for self-care and support of people with diabetes and their caregivers, known as therapeutic education for self-management (TESM). This reso-

lution, which outlines the characteristics of educational programs, is based on evidence from systematic reviews and meta-analyses that TESM improves glycemic control and reduces complications and mortality (4).

Among the TESM programs developed in Argentina, we can highlight the following:

The **SENDAS Educational Program** (Health in Schools for Children and Adolescents with Diabetes and a Healthy Diet) focuses on educating for care and support for children and adolescents with T1DM in the school environment. Its

goal is to provide tools to the entire educational community, creating an **inclusive and safe** environment. This program has been implemented in more than 100 schools across 10 Argentine provinces, reaching a total of 600 school staff participants, 376 families, and an estimated 3,450 children and adolescents.

It is a structured program across 3 modules aimed at different groups: school staff (both teaching and non-teaching), families, and classmates.

Facilitators of the program are part of transdisciplinary teams that share a comprehensive approach, including as- »



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» pects related to nutritional and physical activity habits, emotions, management of hypo- and hyperglycemia in school settings, and diverse social and cultural situations. The teams consist of pediatric diabetes specialists, nurses, nutritionists, diabetes educators, advanced medical students, ontological coaches, and psychopedagogists from both public and private health institutions and National Universities such as Universidad Nacional de Comahue and Universidad Nacional del Nordeste (UNNE). This initiative has been endorsed by the Provincial Ministries of Health and Education of the participating schools, who have included the SENDAS program in the

training curriculum with credit points for the teaching profession, further emphasizing the participation of school staff.

The educational materials used are based on the kids' school pack from the International Diabetes Federation (IDF), supported by the International Society for Pediatric and Adolescent Diabetes (ISPAD). The educational material was culturally adapted by members of the Pediatric Committee of the Argentine Diabetes Society (SAD)

<https://revistasad.com/index.php/diabetes/article/view/556/485>

The EDUGEST Project: therapeutic education for women with gestational diabetes aims to promote early consultation, timely diagnosis, and appropriate treatment through a structured, multidisciplinary educational program in Primary Health Care Centers and maternity wards. Its components target 4 different participants: the community, health teams, educators, and pregnant women with gestational diabetes. EDUGEST involved 1,400 women in 10 Argentine maternity wards. The project has educational material and includes a systematic data registry that allows for diagnosing the real situation of the problem and assessing the program's impact. It current-»



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ly performs post-partum reclassification for the prevention of T2DM and prediabetes

<https://revistasad.com/index.php/diabetes/article/view/344/290>

The Faculty of Medicine of UNNE, in partnership with the Ministry of Health of the Province of Corrientes, the Municipality of Corrientes, national leaders on the subject, and CENEXA (Center for Applied Endocrinology from Universidad Nacional de La Plata), presented the project to the World Diabetes Foundation (WDF), achieving approval and co-financing.

The educational intervention project “SEÑAS that teach, to live better” is a diabetes prevention education program aimed at deaf adults, which includes not only a diabetes education team but also interpreters in Argentine Sign Language (LSA). It consists of an educational program focused on a healthy lifestyle, structured around the deaf person, adapted in communication, interdisciplinary, with strategies and educational resources that are visual and interpreted in LSA. The DEP received the second prize in the educational projects competition organized by the Argentine Diabetes Society and was added to the World Diabetes Foundation (WDF) portfolio of actions in Argentina. It also received recognition and support from the Argentine Diabetes Federation (FAD). In 2024, it was recognized by Fundación Humans in Madrid (Spain). Declared of Provincial Interest by the legislature of Mendoza, it has been incorporated into primary health care in that province.

The “Learning to Live” program, developed by the Faculty of Medical Sciences of Universidad Nacional de Córdoba in collaboration with the Foundation Group of Friends of Diabetics from Villa Carlos Paz and the Gerontology Committee of SAD, includes an adapted physical exercise program for older adults (OA) and psychological work to promote resilience. The physical activity sessions are 60 minutes long, during which the Harmony Taekwondo, an adapted form for OA, is used to work the whole body, focusing on fall and fracture prevention, visuospatial orientation, memory, and cardiovascular function.

<https://revistasad.com/index.php/diabetes/article/view/430/377>



» **The DEPs described that are developed in our country follow the phases of the Deming cycle, considering that educational processes must undergo constant improvements and continuous evaluation:** they are planned, put into action on the ground, analyzed, and evaluated with validated instruments, and then re-implemented with the incorporated improvements.

These programs, as well as many others developed in health centers, public hospitals, and clinics, as well as in schools in our country, form the foundation of the empowerment ladder that goes from the individual

to their community and finally to society as a whole, enabling the creation of innovative solutions and improvements in care processes for current and future generations (5).

The Education Committee of SAD is currently working on projects to provide educational programs aimed at adolescents with type 1 diabetes. Educational materials are also being developed for people with disabilities from different age groups, written in easy-to-read language.

<https://revistasad.com/index.php/diabetes/article/view/760/658>. D

CONCLUSIONS

DE is a challenge that must be recognized as a right and a specialized service provided by health care teams with training in pedagogical and communication aspects.

Structured PEDs must be planned considering the person and their context, as well as the methodology, timing, teaching resources, and funding to ensure their feasibility.

PED experiences in Argentina have a regulatory framework that supports TESH as a right. Scientific societies such as the Argentine Diabetes Society (SAD) lead the development of these programs in our country.

Various actors are crucial for PEDs to become a reality: people with diabetes and their families, community leaders, foundations, scientific societies, civil associations, governments, universities, and international organizations.

**TO START
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