

# CUBA

The Cuban Plan for Diabetes Education is part of the work of the Center for Diabetes Care (CAD) of the National Institute of Endocrinology, a division of the WHO Collaborating Center for Comprehensive Care of Diabetics in Havana.

This program was conceived, applied, and evaluated between 1980 and 1990. Since 1993, other diabetes centers in Cuba have adopted this program as a result of a national dissemination plan undertaken by the National Center for Care of Diabetics, which began in the 1990s.

Health workers in the country were invited to participate and learn about this interactive program. The education program is the responsibility of a multidisciplinary group of health care providers, including endocrinologists, health educators, teaching nurses, podiatrists, dietitians, and social workers as well as people with diabetes with experience and good metabolic control.

The national comprehensive education program consists of two phases: a short-term intensive course and a long-term continuing education program.

## Two educational phases

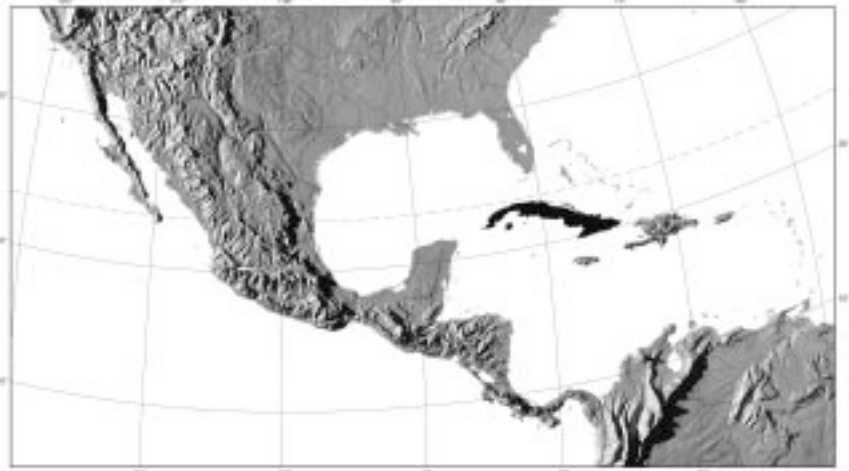
1. Basic information course on diabetes: This is offered to recently diagnosed patients, to the elderly, and to those with insufficient knowledge of diabetes.
2. Interactive continuing education program, or "diabetic circles": This is part of a continuing education program that is offered to participants who have completed the basic information course.

## Basic Information Course on Diabetes (BICD)

This course is offered in two types of facility:

1. Specialized centers
2. General hospitals

In the Cuban specialized centers ("Centers for Diabetes Care"), the BICD is given to people recently diagnosed with diabetes over the course of one week, through daily hospital admissions or appointments



with the outpatient service.

In the general hospitals ("Primary Care Centers"), the schedule for the BICD can vary; the course

may meet once a week and, as a result, may last 6 to 8 weeks. The course includes individual and group sessions.

## Goals

### Short-term goals

Acquisition of knowledge and skills that makes it easier for people with diabetes to follow treatment recommendations.

1. Establish healthy eating habits that meet their individual needs.
2. Incorporate physical exercise in their daily routine.
3. Correctly carry out daily self-monitoring of glucose in urine.
4. Learn to take proper care of their feet.

### Long-term goals

1. Contribute to the general quality of life of the diabetic.
2. Facilitate optimal metabolic control.
3. Reduce the risk of developing complications of chronic diabetes.
4. Prevent people with diabetes from feeling "disabled" or "handicapped" by the disease.

## Content of the basic course

In the specialized care centers for people with diabetes, patients are admitted every day for a week as outpatients in the physician's office or hospital.

During the day, they receive medical services and an intensive information course on diabetes. The course consists of several educational activities through which complex information is provided to people with diabetes in a way that is nonthreatening and easily understood. People with diabetes attend afternoon educational activities directed by specialized instructors and medical staff. These activities use diverse teaching materials, such as flipcharts, slides, and chalkboards. The applied method is described as “interactive” because the educator and the patients collaborate as a group to present the subjects or the course content. Practical information and more theoretical issues are dealt with through group discussions. During the morning sessions, the patients receive more information at an individual level, when they rotate from one hospital to another.

### **Content or topics**

1. What is diabetes? (types 1 and 2)
2. Diet
3. Physical exercise and proper metabolic control
4. Oral hypoglycemic agents
5. Self-monitoring of glucose (in urine and blood)
6. Complications (chronic and acute)
7. Foot care for people with diabetes
8. Other self-care activities (periodic examination of eyes or eyesight, impact of harmful habits such as tobacco or alcohol use, appropriate clothing)

These issues are addressed with reference to personal daily experiences the participants share. The focus is on the individual patient and not on the disease. The discussion is enriched with anecdotes, metaphors, and testimonies; challenging situations are presented to the group to help participants identify their problems and seek solutions. The objective is to help them gain problem-solving skills.

### **Materials**

1. Chalkboard
2. Transparencies, slides
3. Flipcharts
4. Guide or manual for education of non-insulin-dependent diabetics
5. Educational games (in preparation and testing phase)
6. Guidelines for education of non-insulin-dependent diabetes patients in primary health care (manual for the general practitioner)
7. Questionnaires for ongoing evaluation
8. Text: “Cuban Strategy for Diabetes Education”

### **Teaching methodology**

1. The educational process is carried out through group discussions, preferably in small groups. The content is simple and concentrates on the daily activities (lifestyle) of the patients. Only one or two topics are discussed at a time.
2. Through examples of behavior or applied training exercises, participants can practice certain skills and behaviors they will incorporate in their daily routine (such as foot care and self-monitoring of sugar levels at home).
3. Patients are continually encouraged to express their ideas, feelings, needs, and problems in complying with treatment. The group takes charge of the progress of the educational process. Patients are urged to participate and support each other on the basis of their own knowledge and experiences.
4. In the applied exercises, which simulate real-life situations, patients are asked to perform individual tasks, such as self-administering insulin, self-monitoring glucose, and planning their diet. The BICD seeks to increase patients’ knowledge and skills in diabetes self-care to improve their metabolic control. Previous studies on the effectiveness of the BICD have shown that diabetic patients demonstrated significantly improved knowledge and skills immediately after they completed BICD activities, but they rarely achieved the behaviors necessary for maintaining good metabolic control. In studies to determine the effectiveness of the BICD (García and Suárez, 1996), 4–6 months after attending the basic course the patients were sent with similar problems to repeat the BICD. This led to development of a continuing education program, which was added to the national diabetes education program.

## Interactive Continuing Education Program (ICE)

### Premise

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“Coping with diabetes is not a problem of one day or one week, but requires constant adaptation of daily living activities to achieve proper metabolic control and prevent chronic complications” (García and Suárez, 1996).

In this program, health care workers learn the importance not only of teaching “objective scientific” information about diabetes mellitus but also of understanding and helping people with diabetes to deal with their perception of the disease, their feelings, and their motivations; to perform self-care activities; and to make ongoing changes in harmful lifestyle patterns. Patients learn to manage diabetes only if they understand the importance of daily self-care and participate actively in identifying day-to-day difficulties, so that they find a variety of solutions and use appropriate criteria for making decisions.

### Goal

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Teach people with diabetes to improve their daily self-care while increasing their self-confidence, autonomy, and well-being. Diabetic patients propose the objectives and specific content of each meeting. The content chosen is carefully noted at each meeting so that health care providers can indirectly promote topics that are left out.

ICE consists of approximately 12 activities per year. These activities are offered once a month, with each session lasting from 90 to 100 minutes.

During a session, the large groups of participants at the meeting (about 50) are asked to divide themselves into smaller informal subgroups (fewer than 15). In general, no more than two health care providers act as facilitators in each group. Educators or facilitators are trained to encourage participants to reveal their perceptions, feelings, and concerns, using their own words, and to learn in a practical and active manner, based on self-help, mutual assistance, and give-and-take. They are also trained to ensure that all participants are engaged in the debate, to facilitate exchange of ideas and moderate the discussion, to clarify clinical concepts (when other patients do not do so), and to encourage participants to ask questions. This is done even in the most structured activities, such as presentations and talks.

### Teaching methodology

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1. Presentation techniques or icebreakers allow participants to get to know each other and create an environment favorable to open dialogue.
2. The group then engages in discussion of the chosen topic using an active problem-solving method, so that participants interact, which promotes an interdependent approach to learning. The group begins by analyzing different situations related to the selected topic, identifying relevant problems, and seeking other solutions. To achieve this, participation strategies or techniques such as Metaplan, Phillips 6.6, and Conceptual Models are used.
3. After the small-group discussion, the groups come back together to exchange and enrich their own ideas with those of the other groups. At the end of the meeting, the patients decide which topics they will address at the next meeting. At each meeting, the patients are also encouraged to identify and commit themselves to pursuing an “achievable” goal or a behavior they wish to change or adapt, related to their own lifestyle.
4. Every month, members of the group form a mutual support network for achieving their own behavior goals. Another format for the monthly sessions is that of activities, such as diabetic roundtables, suppers in restaurants, parties in members’ homes, cultural activities, and talks for diabetic youth.

### Content or topics

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The program can be structured or unstructured. Members of the group select the topic at previous meetings. The session can focus on educational, support, or social objectives, or a combination of the three, in a welcoming and familiar environment chosen by the participants in the group.

Cuba has a graduate degree program in comprehensive care of people with diabetes in primary health care.

### For more information, contact:

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