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Lessons from Cuba: Tailoring Public Health for Integrated Care

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Objectives

- Describe integrated health care system in Cuba
- Discuss strengths of the Cuban health care system
- Identify challenges in the Cuban health care system
- Demonstrate how the US and Cuba's health care systems can inform each other

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Presenter Disclosures

Mary L. Frazier, RN, MSN

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

- **No relationships to disclose**



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Source of Comments and Insights

- Marazul Charters organized the one-week research program, with MEDICC (Medical Education Cooperation with Cuba) consulting in January, 2012
- Trip's focus: community-engaged research and health equity
- Interviews and site visits included:
 - Polyclinic, physician/nurse office, university professors, national institute department directors, community organizers
- Rachel True, MEDICC

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Research

- *The Curious Case of Cuba*, Keck and Reed, American Journal of Public Health, August 2012, Vol.102, No.8
- *Cuba's Latin American Medical School: Can Socially-Accountable Medical Education Make a Difference?*, Gorry, MEDICC Review, July 2012, Vol. 14, No. 3
- *The Impact of the U.S Embargo on Health & Nutrition in Cuba*, Bourne, The American Association for World Health, March 1997

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Background and Context

- Overthrow of the Batista regime began in 1953 and was accomplished in January 1959 with Fidel Castro becoming the First Secretary of the newly Communist country.
- A trade embargo began soon after, becoming most restrictive from February 1962 on.
- After the fall of Soviet communism in the mid-1980's Cuba went in to a Special Period with widespread famine and death. Assistance from countries such as Venezuela, Angola, and South Africa have helped to relieve the distress today.

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Key Health Indicators

	Haiti	Honduras	Canada	Cuba	U.S.
Per capita expenditure on health (in USD)	\$40	\$134	\$4,519	\$672	\$7,960
Life expectancy	62	69	81	78	79
Infant mortality (per 1,000 live births)	70	20	5	5	7
Measles Coverage	59%	99%	93%	99%	92%
Physicians/10,000 pop.	NA	NA	19.8	67.2	24.2

Source: WHO: World Health Statistics 2012 - Part II Global Health Indicators

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Cuban Health System Strengths


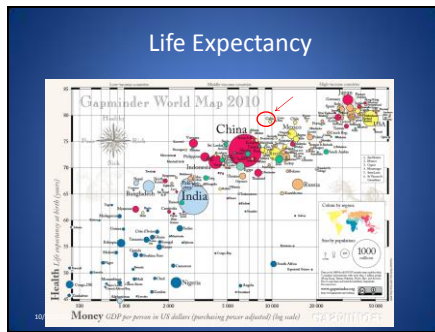


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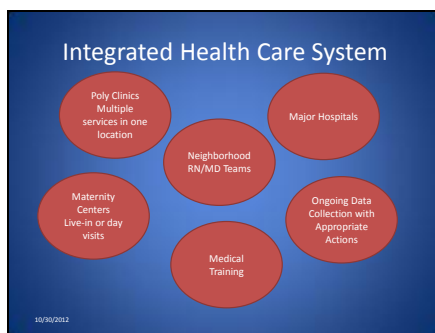
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- ### Cuban Foundational Public Health Principles
- (1976 Constitution and 1983 Public Health Law)
- Health care:
 - a right
 - a state responsibility
 - Integrate:
 - preventive and curative services
 - health care activities with economic and social development
 - Public participation in health system's development and function
 - Embrace global health cooperation
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- ### Primary Care: Comprehensive care where people live
- 80% health care done at the community level (*polyclinics/consultorios*)
 - Patients live within 500 meters of health facility
 - Integrated approach to public health and clinical care
 - All medical school graduates complete family medicine residency. They can then do a second residency.
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Prenatal Care

- 100% of women receive at least monthly prenatal care unless woman is high-risk
- If high-risk, woman stays in a maternity home
 - Age < 18
 - Multiples
 - Hypertension
 - Placenta Previa
 - Other





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Physical Exercise

- Daily exercise programs in parks for citizens of all ages
- Exercise programs range from aerobics to tai-chi
- Smog pollution a concern for those with chronic lung disease



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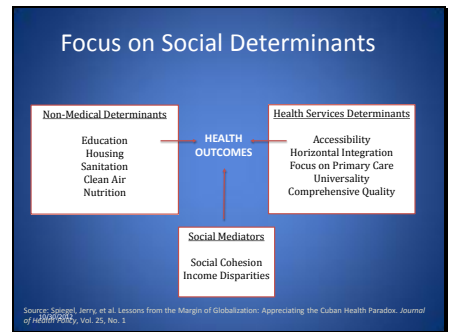
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Nutrition

- Obesity is common along with nutrition-related diseases
- The Cuban diet is high in fat and sugar
- Food rations are high in sugar, eggs, white rice, and beans
- Director of nutrition looking at changing rationed goods

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“Imagine Achieving Food Security in Times of Crisis”



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Cuban Health System Challenges



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System Challenges

- Prevalence of chronic diseases and conditions
 - Overweight, obesity, and nutrition-related disease
 - Tropical illnesses (Dengue, malaria, etc)
 - HIV/AIDS
- Few resources; trade embargo
- Meeting the needs of a poor population
- Aging population

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Meeting the Challenges

- But Cuba is working to meet those challenges by:
 - Population level nutrition and physical activity programs
 - Highly specialized research in tropical illness and HIV/AIDS
 - Encouraging resourcefulness by only industrializing what is truly necessary
 - Working with communities to solve population specific issues (e.g., poor and seniors)

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Lessons for the US

- Set overarching health policy goal
- Integrate public health and clinical medicine
- Provide universal access at little to no cost
- Evaluate process and outcomes regularly and rigorously
- Use integrated teaching in all health professions
- Draw more students from disadvantaged communities

► Keck W. and Reed G. (2012) The Curious Case of Cuba. AJPH.

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