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Improving Rhode Island’s health care system: lessons from the Cuban model

Sarah R. Moffitt
University of Rhode Island, sarah_moffitt@my.uri.edu

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Improving Rhode Island’s health care system: lessons from the Cuban model

Sarah Moffitt & Maureen Moakley

Purpose
I am studying the Cuban health care system to evaluate an effective primary care system in order to increase understanding of the directions Rhode Island can take in developing a community-based system.

Background
Cuba: Cuba is world renowned for its health care system. In regards to international health crises, Cuba is a leader in sending workers abroad and training doctors from all over the world. Within its own borders, the Cuban model provides free access to all citizens in which every individual has a primary care provider. Class, income, education, or geographic locations have no effect on access to care. Cuba boasts high vaccination rates, a long life expectancy, low infant mortality rate, and a population that is one of the healthiest in the western hemisphere. All of this is achieved with minimal technological resources and spending.

Rhode Island
Rhode Islanders are still struggling for access to health care, even with the implementation of the Affordable Care Act. Currently Rhode Island is a nationwide leader for Primary Care, ranking 3rd in the nation with 117 physicians per 100,000 people. Although the availability of primary care physicians exists, Rhode Island ranks low nationally in many categories including infant mortality and low birth rates, drug and alcohol related disease, disparity in health status, cardiovascular and cancer-related deaths, and percentage of the population who smoke. Rhode Island rises above the national average in deaths by drug overdoses and physical inactivity. Rhode Island has the resources available, but also holds the challenges of low high school graduation rates, high unemployment rates, and high percentages of children in poverty. Social determinants of health in the United States include education and socioeconomic status. Lessons from the Cuban model of equal access for all will help Rhode Island to bridge this gap between resources available and accessibility.

Methods:

**Preliminary Research**

1. **Background Information**
2. **Cuban Fieldwork**
3. **Rhode Island FieldWork**

**Cuban Fieldwork**

- **Medical School Visit**
  - **Latin American Medical School System**
  - **Thundersmith Health Center**
  - **UHI Services**
  - **South County Emergency Room**

**Rhode Island FieldWork**

- **Brown Medical School**
- **Clinton Health Center**
- **South County Clinic**

**Site visits**

- **Celia Sanchez Manduley**
- **Clinic Visit**
- **RI Department of Health: Dr. Michael Fine**
- **Government Office**

**Site Visits**

- **Hospital Emergency Room**
- **Spanish translators Raquel Mendez and Tiffany Henson, Jill Moakley, Richard McIntyre, Carolyn Hames, Caitlin Green, Jill Dornier, Michael Fine, Jack Ludwig, medical students at La Escuela Latina Americana de Medicina, medical students at the Alpert Medical School at Brown University, the medical staffs at Polinico Celia Sanchez Manduley in Trinidad, Thundermist Health Center Wakefield, URI Health Services, and South County Hospital Emergency Room, Spanish translators Raquel Mendez and Tiffany Henson, the University of Rhode Island Honors Department.**

**Interviews**

- **Questions**
  - **Cuban Providers**
  - **Rhode Island Providers**

**Sample of Interviews**

- **Cuban Fieldwork**
  - **Medical School Visit**
  - **Celia Sanchez Manduley**
  - **Clinic Visit**
  - **RI Department of Health: Dr. Michael Fine**

**Rhode Island FieldWork**

- **Government Office**
  - **Hospital Emergency Room**
  - **Spanish translators Raquel Mendez and Tiffany Henson**

**Results**

<table>
<thead>
<tr>
<th></th>
<th>Cuba</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>11,266,000</td>
<td>320,051,000</td>
</tr>
<tr>
<td>Gross National income per capita</td>
<td>$18,520</td>
<td>$53,960</td>
</tr>
<tr>
<td>Life expectancy at birth</td>
<td>76/81</td>
<td>76/81</td>
</tr>
<tr>
<td>Probability of dying between 15 and 60 years of age (per 1000 people)</td>
<td>124/74</td>
<td>130/77</td>
</tr>
<tr>
<td>Total expenditure on health per capita</td>
<td>405</td>
<td>8,895</td>
</tr>
<tr>
<td>Total expenditure on health as % of GDP</td>
<td>8.6%</td>
<td>17.9%</td>
</tr>
</tbody>
</table>

**References**


Discussion
The objective of this project was to determine what lessons can be learned about the Cuban model of healthcare in order to improve the Rhode Island system. Expectations were met in that Cuban is more efficient in achieving a healthier population. Applying the Cuban model to the United States would be ineffective as the two states run on opposing political and economic foundations. The lessons that Rhode Island can take from the Cuban model include focusing on equal access for all Rhode Islanders.

After interviewing students and providers in both Cuba and Rhode Island, we conclude that Rhode Island should continue to expand and promote the community health care model outlined by the Rhode Island Primary Care Trust. Given the need for more primary care providers, models of education and treatment should focus on nurse practitioners and physicians assistants who are committed to social action and effective community health. The implications of this model require change to the American health care system, as we know it. These changes will challenge Rhode Islanders to imagine the future of health care, not as competition, but as collaboration.

Acknowledgements
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