University of Rhode Island
DigitalCommons@URI

Senior Honors Projects | Honors Program at the University of Rhode Island

5-2015

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

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

Follow this and additional works at: https://digitalcommons.uri.edu/srhonorsprog

Part of the American Politics Commons, Community Health Commons, Community Health and Preventive Medicine Commons, Economics Commons, Health Law and Policy Commons, Health Policy Commons, Health Services Administration Commons, Health Services Research Commons, International Law Commons, International Relations Commons, Latin American Languages and Societies Commons, Latin American Studies Commons, Medical Education Commons, Models and Methods Commons, Other International and Area Studies Commons, Other Languages, Societies, and Cultures Commons, Public Health Education and Promotion Commons, and the Public Policy Commons

Recommended Citation

Moffitt, Sarah R., "Improving Rhode Island's health care system: lessons from the Cuban model" (2015). *Senior Honors Projects.* Paper 405.
https://digitalcommons.uri.edu/srhonorsprog/405

This Article is brought to you by the University of Rhode Island. It has been accepted for inclusion in Senior Honors Projects by an authorized administrator of DigitalCommons@URI. For more information, please contact digitalcommons-group@uri.edu. For permission to reuse copyrighted content, contact the author directly.

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

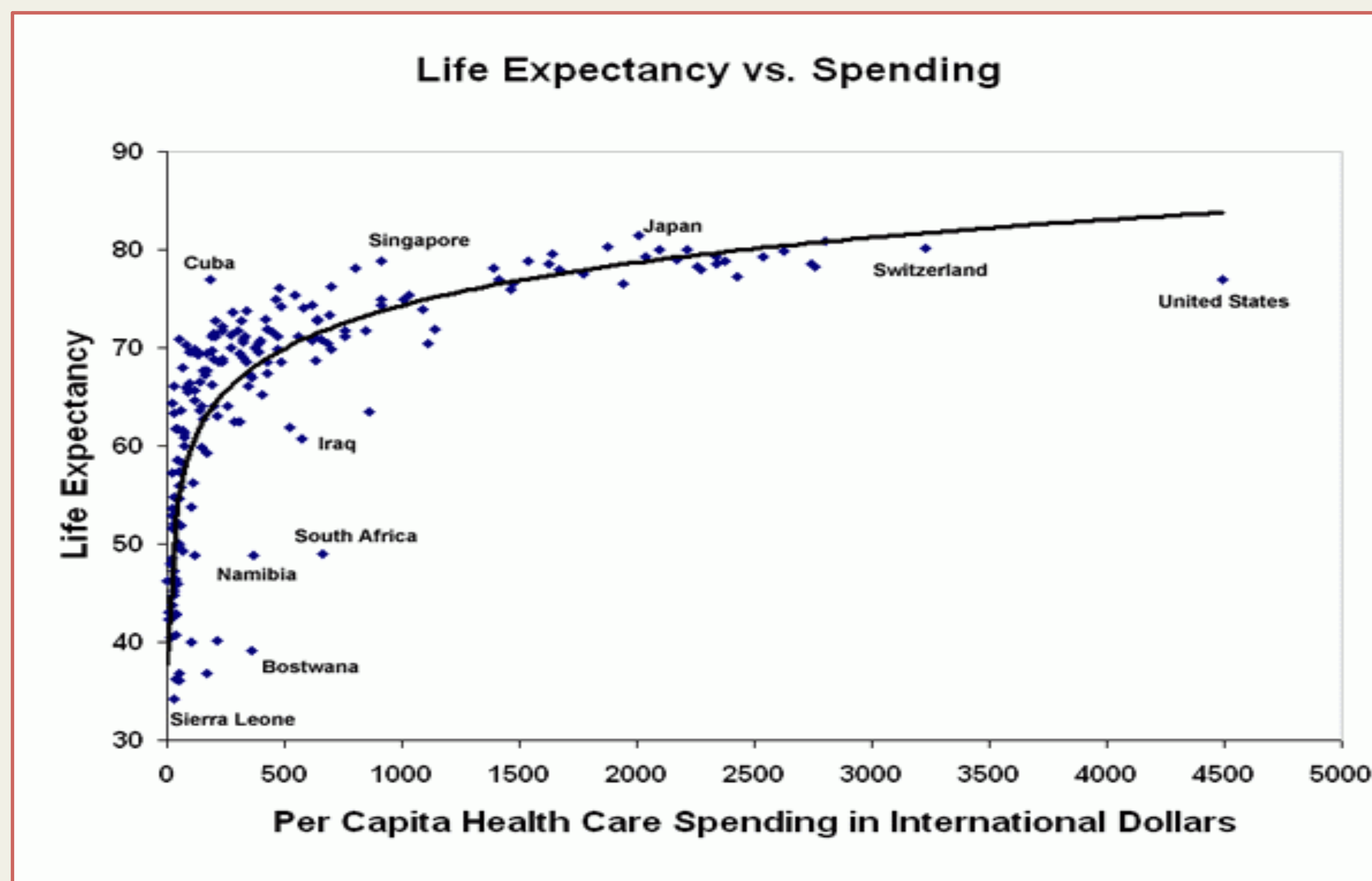
Sarah Moffitt & Maureen Moakley

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.

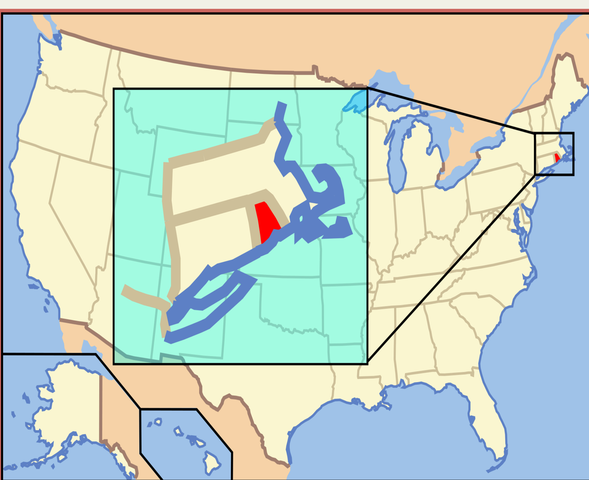
Background

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[1]. All of this is achieved with minimal technological resources and spending[1].



Providers trained at the Latin American Medical School System in Cuba do not pay for their education.[2] On completion of their expense-free training, the graduates are expected to return to their communities and provide primary care, thus ensuring social commitment.

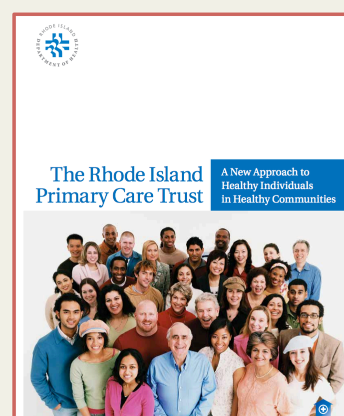
Rhode Island



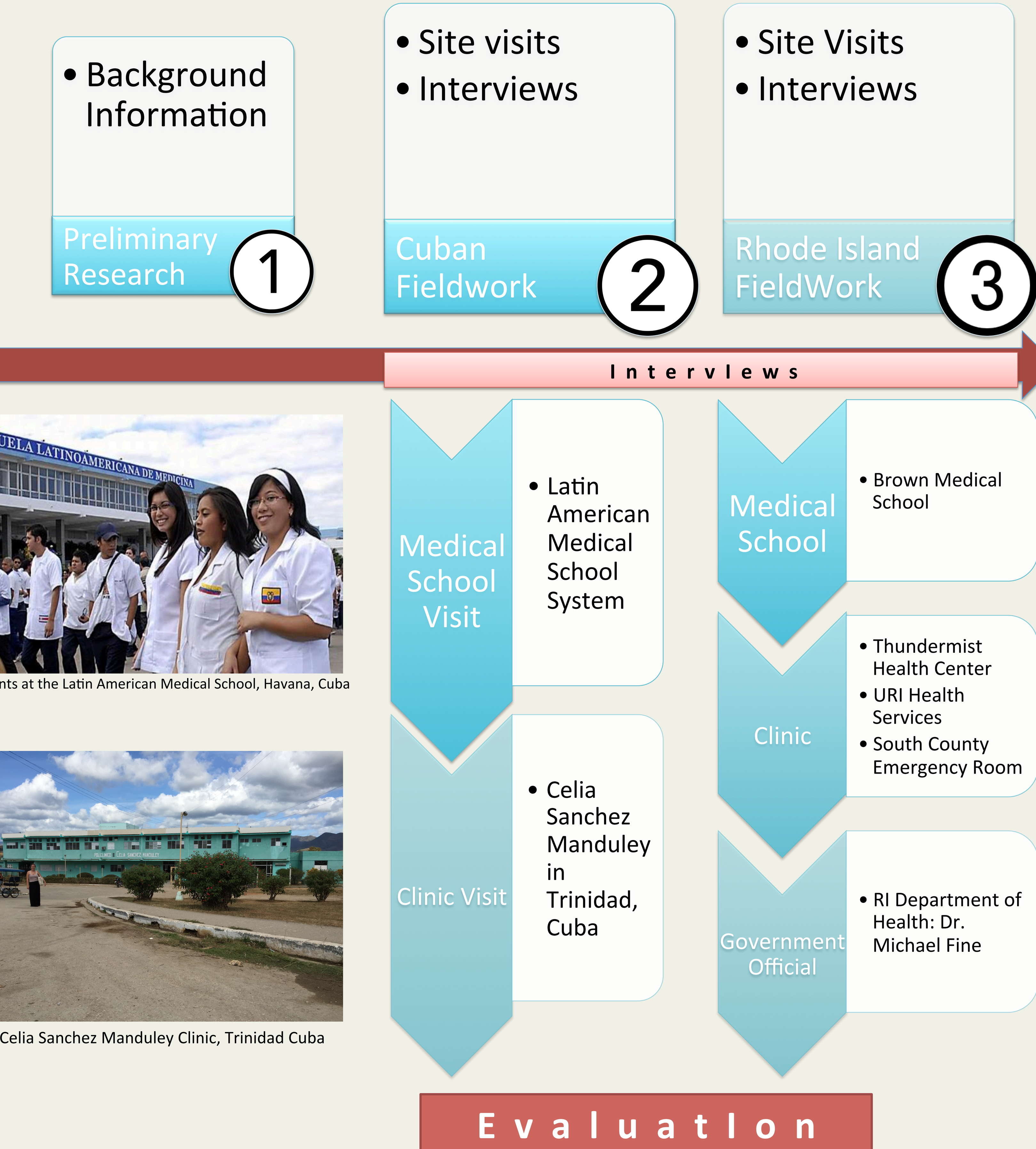
Rhode Islanders are still struggling for access to health care, even with the implementation of the Affordable Care Act.[3] Currently Rhode Island is a nationwide leader for Primary Care, ranking 3rd in the nation with 117 physicians per 100,000 people.[4] **Although the availability of primary care 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.[4] 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.[5] Social determinants of health in the United States include education and socioeconomic status.[6] **Lessons from the Cuban model of equal access for all will help Rhode Island to bridge this gap between resources available and accessibility.**

Future:

A new approach to public community health has begun in Rhode Island in the form of the Rhode Island Primary Care Trust. This movement would allow all communities to have equal access to community health care by providing Neighborhood Health Stations. These stations will be structured as non-profit/quasi-public organizations with a fully independent Board and staff. They will be comprehensive health care centers for the entire community offering wellness and preventive health visits, sick visits, dental care, and healthcare services. This movement is currently supported by the Rhode Island Department of Health, but has yet to be seen through to fulfillment.[7] Very similar to Cuba’s model of integrating health clinics into the community, this movement is a step in the right direction.



Methods:



Students at the Latin American Medical School, Havana, Cuba

Celia Sanchez Manduley Clinic, Trinidad Cuba

Results

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

References

1. “Cuban Health Statistics.” 2015: http://www.who.int/countries/cub/en. World Health Organization.
2. “Latin American Medical School (ELAM): Supporting the world’s largest medical school in the education of socially committed physicians.” 2015: http://medicc.org. Medical Education Cooperation With Cuba.
3. ”State Progress Toward Health Reform Implementation: Slower Moving States Have Much to Gain" Urban Institute, January 2012.
4. United Health Foundation, "America's Health Rankings" 2014: http://www.americashealthrankings.org.
5. “2013 Poverty Guidelines.” 2013: http://aspe.hhs.gov/poverty/13poverty.cfm. US Department of Health and Human Services.
6. “Social determinants of health.” 2015: Healthypeople.gov/2020/topics-objectives. Healthy People 2020.
7. “The Rhode Island Primary Care Trust.” 2012: http://www.health.ri.gov/healthcare/about/primarycaretrust/. Rhode Island Department of Health.

Sample of Interviews

Questions	Cuban Providers	Rhode Island Providers
Barriers to health or access to care	“Technology is the only barrier. Because of the embargo we do not have access to technology that can help with many diseases including many cancers.”	The cost of healthcare.
Impact of Social Determinants on health	The Cuban providers do not see this as a barrier. All Cubans are guaranteed free health and education. Geographic location does not impact access as clinics are mandatory in every community	Socioeconomic status, education level, and geographic areas have been statistically proven to impact access to health.
Requirement of Social sciences in training	Not Required	Required
Lack of resources to adequately provide care	“Absolutely, but we hope with improved relations with the U.S. technology will be more accessible”	Very rarely.
Average # of patients seen per clinic per year	12,000 patients per year at a larger community clinic in Trinidad	8,500 patients per year at a smaller community clinic in Wakefield, RI
Impact of Salary on decision to practice	“My career choice is a call to practice and if given the choice to leave Cuba for a higher wage, I would not take it as I cannot leave my community”	Some providers admitted to considering salary in their specialization fields for the purpose of repaying student loans. All acknowledged that it must be more than salary as an influence. And location matters more than salary
Perception of Primary Care v. specialization	Should be the focus, but specialization is necessary at time. All major clinics offer many services including surgery, nutrition, pathology, cardiology, and psychology.	The best solution is to allow for a blend of primary care, emergency room care, and specializations. Primary care should always be the first step, and patients should only use the other two in extenuating circumstances.

After interviewing this Doctor and Nurse in Trinidad, Cuba

Outside the Celia Sanchez clinic in Trinidad

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 Cuba 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

Thank you to Maureen Moakley, Richard McIntyre, Carolyn Hames, Caitlin Green, Jill Doerner, Michael Fine, Jack Ludwig, medical students at La Escuela Latino Americana de Medicina, medical students at the Alpert Medical School at Brown University, the medical staffs at Policlinico 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, and the University of Rhode Island Honors Department.