

Fall 12-15-2017

Lessons Learned from Cuba: Using Healthcare Systems and Stillbirth Rate Example

Ravi Patel
patelra1990@gmail.com

Follow this and additional works at: <https://repository.usfca.edu/capstone>

 Part of the [Public Health Commons](#)

Recommended Citation

Patel, Ravi, "Lessons Learned from Cuba: Using Healthcare Systems and Stillbirth Rate Example" (2017). *Master's Projects and Capstones*. 683.
<https://repository.usfca.edu/capstone/683>

This Project/Capstone is brought to you for free and open access by the Theses, Dissertations, Capstones and Projects at USF Scholarship: a digital repository @ Gleeson Library | Geschke Center. It has been accepted for inclusion in Master's Projects and Capstones by an authorized administrator of USF Scholarship: a digital repository @ Gleeson Library | Geschke Center. For more information, please contact repository@usfca.edu.

Lessons Learned from Cuba: Using Healthcare System and Stillbirth Rate
Example

Ravi Patel
MPH Candidate Fall 2017
University of San Francisco

Table of Content

I.	Introduction.....	3-4
II.	Background.....	4-8
III.	Maternal/Child Health.....	8-10
IV.	International Policies.....	10-12
V.	Recommendation.....	12-13
VI.	Conclusion.....	13- 14
VII.	Appendix.....	15

I. Introduction

My project was the product of my immersions abroad, including trips to Cuba and Costa Rica, to compare and contrast the opportunities and challenges within different healthcare and public health systems, and what we might learn from them here in the U.S. I actually had multiple preceptors, I had a couple of formal advisors supervising and assessing our work and activities; but I also had the opportunity to interact directly with providers and other stakeholders to better understand the problems and challenges. I focused on maternal and child health for my capstone paper, so I drew from those particular activities and interactions with key informants, along with my own literature review, to highlight and accomplish three major goals:

1. Review Cuba's health care structure and to strengthen our knowledge about different health care system.
2. Identify strategies of prevention and health care services.
3. Identify strategies that may be applicable in the U.S. health care system.

Every student took these major goals and built their own goals to learn about Cuba's health care and where to focus their attention. I focused on maternal and infant health.

When comparing Cuba's and the United States' health care systems, we see a lot of indicators and facts that we as the United States should look at and see why our health care system is not the best in the world. The United States spends the most

money on healthcare in the world however we don't have the highest life expectancy (Brink, 2017). Cuba is considered a developing country, while the U.S. is considered a major developed country (Country Classification, 2014). The 2015 life expectancy of the United States is 79.3 years old, while Cuba's life expectancy is 79.1 years old (WHO, 2016). This paper is going to compare the U.S. healthcare system to Cuba's healthcare system specifically looking at maternal and infant health using stillbirth rate as the primary health indicator example.

II. Background

In the U.S., healthcare is structured differently compared to Cuba's healthcare structure. The U.S. health care system is not a universal health care system and it's not free for all (DPE, 2016). It is a hybrid system of single-payer national health insurance system, and multi-payer universal health insurance fund (DPE, 2016). It is heavily focused on treatment care, in which fee-for-service is primary (DPE, 2016). The U.S. has some of the best specialist in the worlds when it comes to health, however the U.S. does not focus on prevention and preventative care as a primary way to treat patients. The U.S. does have public health departments at the state level and there are programs designed to help prevent illnesses, but historically those departments and programs have been under funded, understaffed, and lack resources needed to make any major changes in the community. In the U.S. treatment is also is inequitable, and overspecialized (DPE, 2016). The U.S. is a capitalist country and its policies affect healthcare in that form. There are gaps in

our healthcare system in which people don't have access to the healthcare they need or can afford.

The Cuban healthcare system is a prevention-driven system with every department that involves health having to run through the department of public health for approval or the programs cannot be implemented (Turquina González Cárdenas, 2017). Since Cuba is a socialist country, their policies and laws reflect that. You can clearly see it in their healthcare system because healthcare is free for all people just like education is.

The structure of health care in Cuba is very complex. As you will see in Fig. 1 down below, I have broken down the structure into two areas: institutional health care that includes the Department of Public Health, health institutions/ medical schools, and hospitals/ specialized hospitals (Turquina González Cárdenas, 2017), and community health care, which includes the polyclinics, the *consultorios*, health service groups, individual, family and community groups. In the first area we see a hierarchal system of service when it comes to health care. While in the community health care area we see lots of collaboration between all the groups depending on the treatment/ intervention or the service that is needed for the patient. This does not mean there is no collaboration between groups in the Institutional area and Community area it is very limited and rare (Turquina González Cárdenas, 2017).

Fig. 1

Institutional
Health Care

Department of Public
Health

Health Institutes/
Medical Schools

Hospitals/
Specialized Hospitals

Community
Health Care

Polyclinics

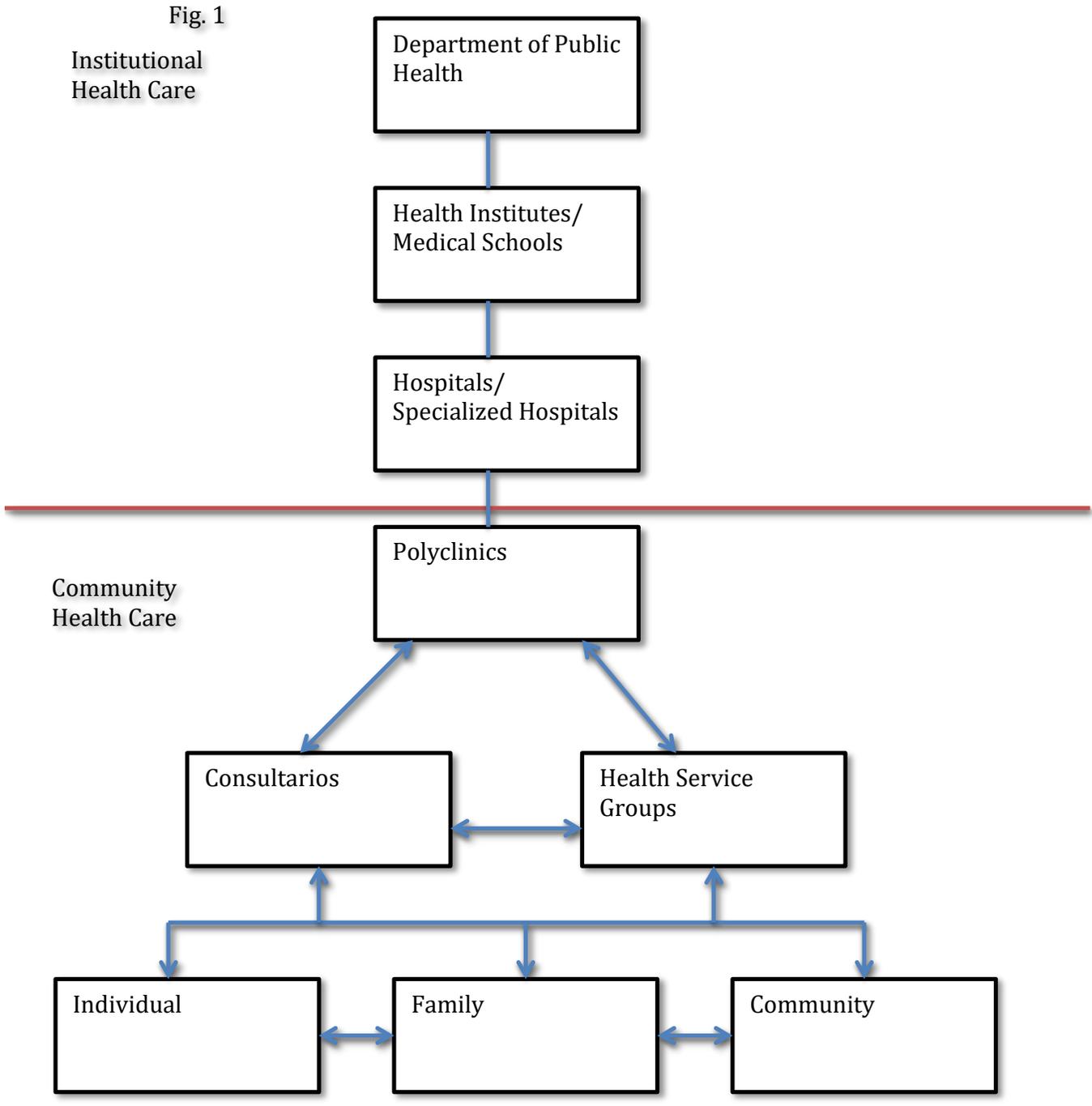
Consultorios

Health Service
Groups

Individual

Family

Community



The structure of health care in Cuba starts with the Department of Public Health being the overarching organization that runs the country's entire healthcare system (Turquina González Cárdenas, 2017). Under the Department of Public Health are the health/ medical institutes, under that are the hospitals, under the hospitals are the polyclinic, under the polyclinic are the *consultorios*, and health service groups under them are the individual, family, and community group (Turquina González Cárdenas, 2017). At the community level there is a system of clinics that the community has access to depending on the severity of illness or injury (Turquina González Cárdenas, 2017). The highest tier is the polyclinics that serve multiple communities and a wide range of services like nutritionist/ nutrition programs, small patient procedures, mental health programs, dialysis and other services (Turquina González Cárdenas, 2017). The level under the polyclinics have multiple services available through Consultorios, Casa de Abuelo, maternity clinics and mental health clinics. Consultorios are local clinics that are imbedded in to the communities (Turquina González Cárdenas, 2017). Each consultorio serves an average area of 2.5 km², 9,833 families and 28,898 people. Consultorios are ran by a team of 1-2 doctors and some nurses that do house calls and general check-ins of members that are sick at home, they also check in with families that are planning to have children or had children (Turquina González Cárdenas, 2017). They also check if patients are keeping up with taking their medication (Turquina González Cárdenas, 2017). Consultorio doctors also act like a gatekeeper to all the other services in the community, they refer people to the Casa de Abuelos and the

maternity home when needed (Turquina González Cárdenas, 2017). The very unique thing about the consultario nurses and doctors is that they live in the community they serve, so people have access to them at anytime if need be (Turquina González Cárdenas, 2017). From the polyclinic level down we see more a collaborate effort of health care all doctors make sure to have the same information of the patients an also work together to help treat patients when needed (Turquina González Cárdenas, 2017). This is seen especially when someone becomes pregnant.

III. Maternal/Child Health

The United States stillbirth rate in 2015 is 3.0 per 1,000. While Cuba's stillbirth rate has dropped to match the United States rate. In 2009 Cuba's stillbirth rate was 7.6 per 1,000 (The Partnership, 2011). While the United States stillbirth rate was 3.0 per 1,000 (The Partnership, 2011). In 2015 Cuba's stillbirth rate was 3.0 per 1,000 (The World Bank, 2017). This drop in stillbirth rate is perceived to be from decrease in fertility rate and improvement in health care. Many developing countries have reached or closed the gap of major developed countries health indicators and stillbirth rates this includes Cuba, this has been done by reducing fertility rates and improving pregnancy outcomes because of reasonably developed health care system (Goldenberg, 2011). The decrease of Cuba's stillbirth rate can be attributed to prevention based health care and also mandatory family planning which has decreases fertility rates (Turquina González Cárdenas, 2017).

In Cuba a system has been set up by the government since the 1960s called maternity homes where pregnant women go to prepare for birth (Vialart Vidal, 2017). These homes are set up in a way that pregnant women are taken care of (Vialart Vidal, 2017). They do not cook, clean, or work (Vialart Vidal, 2017). Their only job is to rest, relax, and have a healthy baby (Vialart Vidal, 2017). Maternity homes are closer to hospitals and the cities so if there is a medical emergency, the patient can be rushed to the hospital immediately (Vialart Vidal, 2017). There is at least one doctor, five nurses, one psychologist, and one nutritionist at each Maternity home (Vialart Vidal, 2017). There are twenty-five maternity homes through put the country, the same number as consultorios (Vialart Vidal, 2017). Women that become pregnant or want to become pregnant have to do family planning with their doctor at the consultorio and at the polyclinic (Vialart Vidal, 2017). Included in the family planning is when they go to the maternity home and how long they will be there for (Vialart Vidal, 2017). When a woman is twenty-eight weeks pregnant they usually are referred to the maternity home from the polyclinic to stay, 24/7, till the baby is born and both the mom and baby are healthy enough to go home. Families of the patient are allowed to visit that included their other children (Vialart Vidal, 2017). However, depending on where the patients from their families cannot always come to visit. Every patients' stay is different depending on the pregnancy and health factors the patient has (Vialart Vidal, 2017). Some people stay longer than others because of social factors like not having enough support to take care of a child back home (Vialart Vidal, 2017). The maternity homes, polyclinics, and consultorios help find a way for the patient to overcome these

factors if possible (Vialart Vidal, 2017). This system of detailed family planning and also cross institution teamwork make it possible for Cuba to have the same still birth rate as the U.S. and also have a lower fertility rate. However, it is not only Cuba's health care system that helps it achieve these health outcomes, their international policies help as well.

IV. International Policies

International policies are signed and passes by many countries and countries are held to those policies. U.S. and Cuba have signed and/or passed international policies. Three policies that will be discussed in this paper are centered around health and health factors for women and children. The three United Nations (UN) treaties we will be looking at are the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Convention on the Rights of a Child (CRC), and International Covenant on Economic, Social, and Cultural Rights (ICESCR). CEDAW is an international treaty to eliminate all types of discrimination to women adopted by the UN General Assembly (U.N. Women, 2009). It defines what counts as discrimination towards women and sets up a system for women to take national, and possibly international, action to stop discrimination (U.N. Women, 2009). Article 12 in CEDAW specifically ensures countries must guarantee equal access to health care and women and girls cannot be discriminated against (U.N. Women, 2009). It also ensures women and girls have access to family planning and adequate nutrition during pergnacy and lactation (U.N. Women, 2009). It also makes

countries responsible to provide appropriate and when necessary free pregnancy services, confinement, and post-natal period (U.N. Women, 2009).

CRC states what rights all children should have no matter what and what adults need to do to preserve and take care of children. It also states what governments should do to ensure these rights are followed (UNICEF, n.d.).

ICESCR ensures all people have economic, social, and cultural right that includes right to non-discrimination based on religion, race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other statuses; equal rights between men and women stated in ICESCR; the right to work, the right to form and join trade unions, the right to social security, protection and assistance to the family, to adequate standard of living, right to health, right to education, and right to cultural freedom (Health and Human Rights, n.d.) Article 12 in ICESCR specifically states that everyone has a right to attain the highest standard of physical and mental health (ICESCR, 1976). To do this, nations must have provisions to reduce stillbirth rate, infant mortality and have health development of children. Nations must improve all aspects of environment and industrial hygiene. (ICESCR 1976). Nations must provide prevention, treatment, and control of epidemic, endemic, occupational, and other diseases. (ICESCR, 1976). Nations must be able to assure all medical services and medical attention in the event of sickness (ICESCR, 1976).

Countries that have ratified these international bills are legally bounded to put provisions into practice and turn in national reports every 4 years to show they are complying to the bills with the measures the country has implemented (U.N. Women, 2009). The U.S. has signed all three of these UN Human Rights policies but not ratified them (United Nations, n.d.). On the other hand, Cuba has signed all three and have also ratified CEDAW and CRC (United Nations, n.d.). Looking at Cuba's 2013 report it shows that Cuba has been trying to comply to the UN standards they have ratified especially when it comes to health care. Looking at the latest report submitted, we see that UN did not have many questions or concerns with Cuba when it came to maternal health in CEDAW and CRC (CEDAW, 2013). Looking at Cuba's last CEDAW article 12 report we see only one question about women health, what is the number of abortions in rural areas and by age and about how accessible abortion is for women. Which is answered with all women are guaranteed safe and professional abortions and it is a women's right to chose to have an abortion if they want to (CEDAW, 2013). The committee had no further questions, comments, or complaints after this explanation.

V. Recommendation

Looking from an outsiders' perspective, Cuba's health care system is attractive, however, there is always room for improvement. The biggest drawback I saw was the lack of medical devices and medicine available to use. The embargo restricts trade to and from Cuba with the U.S. (ProCon.org, 2017). This constricts what Cuba can use to help treat patients. They have to reinvent the wheel instead of having

access to medicine, and devices that can help treat people and also prevent the spread of disease. Cuba literally has to make their own medicine that is readily available to most countries. Cuba has not let these factors stop them from improving and being creative to find ways to serve their communities and keep them healthy.

The suggestions for the U.S. to improve our stillbirth rate and to improve our health indicators is to ratify CEDAW and CRC, because having an outside organization reviewing, checking, and giving feed back to help us improve would be a great help. Also we would be held accountable by a higher international body to maintain and achieve better health outcomes for all our citizens. The U.S. should also start to focus on more preventative care, like education and family planning. If we educate and family plan with all women that are becoming moms or plan to be moms would help them be prepared and relieve stress of the birthing process and taking care of a child.

VI. Conclusion

In conclusion Cuba and the U.S. have different health care structures but have very similar health indicators. Cuba has a free health care system focused on prevention, while the U.S. is a fee for service system that uses insurance to pay for treatment. Cuba's stillbirth rate has achieved the same rate as the U.S. by focusing on preventative care, family planning, and international polices that hold Cuba at a higher standard of health for women and infant care. If U.S. had an international

body reviewing our healthcare system we could make changes, improvements and hold us accountable as a country.

VII. Appendix

The immersion trips to both Costa Rica and Cuba were amazing and I got to learn a lot. I got to see how both healthcare systems are different from the U.S. system and how they are similar. I got to see how one focuses on prevention, while the other was a mix of prevention and treatment. These trips reaffirmed my belief that healthcare should be free for all people. However, both trips could improve. Both prep classes before the trip should be more focused on the country the class is prepping for and help students come up with goals and capstone ideas so they have something to work on during the trip. This way students have set goals and can do research before the trip and during the trip that would help them when it comes time to work on their capstone project.

One intervention concept in Cuba that interested me was the maternity homes and Casa de Abuelo, which mean the grandparents house. Both concepts brought patients to a central location where they can be with others and get the treatment they needed. They also didn't have to worry about work, chores or any other every day stressors that would affect patients' recovery or activeness in their daily lives.

In Cuba the low opportunity to make money affected everyone. Our bus driver made more money driving than working at a job using his college degree in accounting. This lack of job opportunities and very low pay affects their living situation, what they can eat, and what they can do. The embargo is one of the biggest things people told me that affected them the most by restricting economic growth.

Reference

- Brink, S. (2017, April 20). What Country Spends The Most (And Least) On Health Care Per Person? Retrieved December 12, 2017, from <https://www.npr.org/sections/goatsandsoda/2017/04/20/524774195/what-country-spends-the-most-and-least-on-health-care-per-person>
- CEDAW. (2013, July 6). List of Issues and Questions with regard to the Consideration of Periodic Reports. . Retrieved December 12, 2017, from <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2fPPRiCAqhKb7yhsoVqDbaslinb8oXgzpEhiviVaG92m1pX9xqR5E6rvx0JC1s8RCWD%2f%2frM6FDtUgYcK338GTlQZn1UR8XhflsHFqQdNk7ic2thQcuylPft47f7>
- Country Classification . (2014). Retrieved December 12, 2017, from http://www.un.org/en/development/desa/policy/wesp/wesp_current/2014wesp_country_classification.pdf
- Department for Professional Employees. (2016). The U.S. Health Care System: An International Perspective. Retrieved December 13, 2017, from <http://dpeaflcio.org/programs-publications/issue-fact-sheets/the-u-s-health-care-system-an-international-perspective/>
- Goldenberg, R. L., McClure, E. M., Bhutta, Z. A., Belizán, J. M., Reddy, U. M., Rubens, C. E., . . . Darmstadt, G. L. (2011). Stillbirths: the vision for 2020. *The Lancet*,377(9779), 1798-1805. doi:10.1016/s0140-6736(10)62235-0
- Health and Human Rights (WHO). (n.d.). International Covenant on Economic, Social, and Cultural Rights. . Retrieved December 12, 2017, from http://www.who.int/hhr/Economic_social_cultur
- International Covenant on Economic, Social and Cultural Rights (ICESCR). (1976, January 3). Retrieved December 14, 2017, from <http://www.ohchr.org/EN/ProfessionalInterest/Pages/ICESCR.aspx>
- ProCon.org. (2017, November 9). Cuba Embargo - ProCon.org. Retrieved December 13, 2017, from <https://cuba-embargo.procon.org/>
- The Partnership for Maternal, Newborn, and Child Health, International Stillbirth Alliance, Save the Children, First Candle, & World Health Organization. (2011). Country Stillbirth Rate per Total 1,000 Births for 2009. Retrieved December 12, 2017, from http://www.who.int/pmnch/media/news/2011/stillbirths_countryrates.pdf
- The World Bank. (2017). Mortality rate, neonatal (per 1,000 live births). Retrieved December 13, 2017, from <https://data.worldbank.org/indicator/SH.DYN.NMRT>

Turquina González Cárdenas, L., Dr. (2017, July 12). *Overview of Primary Health Care and Family Medicine*. Lecture presented at ENSAP Cuba Immersion in Cuba, Havana.

U.N. Women. (2009). Convention on the Elimination of All Forms of Discrimination against Women. Retrieved December 12, 2017, from <http://www.un.org/womenwatch/daw/cedaw/>

UNICEF. (n.d.). UN Convention on the Rights of the Child In Child Friendly Language. Retrieved December 12, 2017, from <https://www.unicef.org/rightsite/files/uncrcchildfriendlylanguage.pdf>

United Nations. (n.d.). View the ratification status by country or by treaty (U.S.). Retrieved December 12, 2017, from http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Treaty.aspx?CountryID=187&Lang=EN

United Nations. (n.d.). View the ratification status by country or by treaty (Cuba). Retrieved December 12, 2017, from http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Treaty.aspx?CountryID=187&Lang=EN

Vialart Vidal, N., & Pérez Matar, R. (2017, July 15). *Health care for Vulnerable Groups in Primary Care: The PAMI in the Community - Maternity Home*. Lecture presented at ENSAP Cuba Immersion in Cuba, Havana.

World Health Organization. (2016). Life Expectancy at Birth (Years), 2000-20115. Retrieved December 12, 2017, from http://gamapserver.who.int/gho/interactive_charts/mbd/life_expectancy/atlas.html