Can the Cuban Health Care System Offer Lessons for Leadership?

Presenter:
Fay Mitchell-Brown, RN, CCRN, PhD
<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>Fay Mitchell-Brown, RN, CCRN, PhD</th>
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<tbody>
<tr>
<td>Conflict of Interest</td>
<td>None</td>
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<tr>
<td>Sponsorship/Commercial Support</td>
<td>None</td>
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Objectives

- Discuss how leadership in another culture can affect practice and education by integration of problem solving strategies that will affect health outcomes

- Analyze how leadership style in Cuba can influence change and shape public policy by comparing to that of the United States

- Examine problem-solving strategies to achieve positive outcomes

- Explore how leadership modalities that can positively influence change in organizations
Background

• Seventeen professionals attended a leadership conference in Cuba in March 2016

• Nine day trip was composed of faculty and staff members that included professors (in nursing, communication, health education, language literature and culture, and nutrition), lawyers, and business administrators

• Arranged through California State University, Chico
US Relations

- Restrictions of Americans traveling to Cuba
- This group was allowed special permission visas for professional activity
- Followed a Cuban approved itinerary
- Trip included three cities, Havana, Santiago de Cuba and Camaguey
Cuban Revolution

- The US embargo and the impact on Cuban health care
- How did the revolution affect health care?
All is Not Ideal....

- Poverty is widespread
- The government is restrictive
- Buildings are in serious disrepair
- Scarcity
- Many freedoms and access to information are not available to Cubans
- Medical records are documented on paper, medicines are not always easy to come by, sometimes long wait for dental and other care.
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<tr>
<th></th>
<th>Cuba</th>
<th>US</th>
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<tr>
<td>Infant mortality rate/1,000 births (2010)</td>
<td>5.8</td>
<td>6.1</td>
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<tr>
<td>Maternal mortality rate (per 100,000 live births)</td>
<td>53</td>
<td>24</td>
</tr>
<tr>
<td>Births attended by skilled HCPs (%)</td>
<td>&gt;99</td>
<td>&gt;99</td>
</tr>
<tr>
<td>Life Expectancy (years)</td>
<td>77.5</td>
<td>78.1</td>
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<tr>
<td>MD to Patient ratio</td>
<td>1:170</td>
<td>More than twice the per-capita U.S. average</td>
</tr>
<tr>
<td>$ spent on health care each year</td>
<td>300 per person</td>
<td>7,000 per person</td>
</tr>
<tr>
<td>$ per capita spent on health in 2009</td>
<td>503</td>
<td>15x that sum</td>
</tr>
<tr>
<td>Medical Education</td>
<td>Paid by the government</td>
<td>$200,000-$300,000 in debt</td>
</tr>
<tr>
<td>Prevalence of HIV (% among 15-49 years)</td>
<td>0.1</td>
<td>0.6</td>
</tr>
<tr>
<td>Measles immunization among 1 year old (%)</td>
<td>96</td>
<td>92</td>
</tr>
<tr>
<td>Antiretroviral therapy coverage among people with advanced HIV (%)</td>
<td>&gt;95</td>
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Statistical information provided by the World Health Statistics 2011 Report by the World Health Organization
Health Outcome


- http://www.infoplease.com/ipa/A0934744.html
Health Care in Cuba

- National health system
- Preventive medicine
- National health policy goals
Health Care Model in Cuba

- Specialized Care
- Polyclinics
- Continuous Assessment and Risk Evaluation
- Community participatory model
- Universal Health Care: A Cuban Right
- Curriculum Changes for alignment with population health needs
Internationalism

- Volunteerism
- Medical Diplomacy
Volunteerism

- “Army of white coats” deployed throughout the world
- According to the Cuban health ministry, the country has 50,000 doctors and nurses working in 66 countries across Latin America, Africa and Asia
- Fighting of Ebola in West Africa
Medical Diplomacy

- Operation Miracle in Venezuela
- Vaccination Campaign in Africa
- Train foreign medical doctors
Factors that Drive Change

- Limited Resources
- Drive for Continuous Improvement
How Does Cuba Keep Cost so Low?

- Physicians’ salaries
- Every MD is a primary care
- Access to health care
- Medical education
- Cuban leadership: health a priority, and health care a right for all Cuban citizens!
Leadership Lessons for the US

- Integrate Public Health Into Clinical Medicine
- Provide Universal Access at Little to No Out-Of-Pocket Cost
- Evaluate Process and Outcomes Regularly and Rigorously
- Improve Integrated Teaching in All Health Profession
- Draw More Medical Students From Disadvantaged Communities
- Building a culture of health
- Reducing inequalities
- Focus on prevention
The End
References


