GRANT MAKERS IN HEALTH

The Cuban Prescription:

Human-Centered Care

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Earlier this year, members of Grantmakers In Health's board and senior staff visited Havana, Cuba, with MEDICC, an organization licensed by the U.S. Department of the Treasury to conduct people-to-people trips to Cuba. The primary objectives of our trip were to see the Cuban approach to health in action, and to consider whether there were takeaway lessons for the U.S. health system.

Over the course of a week, we met with a wide range of people: schoolchildren, seniors, hospital patients, community groups, and families with mentally ill members. We talked to family doctors, nurses, and specialists, and had good access to leaders from the Ministry of Health, medical school, and school of public health.

In this article, we share our impressions of the Cuban health system and how it compares with our own; our takeaways for health philanthropy; whether we see a role for philanthropy in Cuba when, and if, the embargo is lifted; and other thoughts.

IMPRESSIONS OF THE CUBAN HEALTH SYSTEM

Our group was uniformly struck by Cuba's remarkable commitment to investing in its people. It is a country with limited natural resources and limited financial assets, where people are the primary resource for development. The importance of keeping the population healthy and well educated is manifest in the investments that have historically been made in health and education, and in community engagement in these areas. Patricia Doykos of the Bristol-Myers Squibb Foundation remarked that the emphasis on keeping people healthy was in striking contrast with the United States where, for example, the debate about the Affordable Care Act never touched on improving the health of U.S. citizens.

The health system's commitment to equity; its use of a comprehensive public health framework; and its focus on delaying disease, conducting early diagnosis, and managing chronic diseases were also noteworthy. Patricia Doykos and David Fukuzawa of The Kresge Foundation commented on the Cubans' ability to design and develop a truly community- and person-centered system that was also socially equitable. As Patricia Doykos pointed out, we did not see people on the streets who had been socially marginalized or abandoned because of serious health conditions like mental illness or drug addiction.

Billie Hall of the Sunflower Foundation: Health Care for Kansans, Fatima Angeles of The California Wellness Foundation, and Octavio Martinez of the Hogg Foundation for Mental Health noted that public health values—prevention, addressing the social determinants of health, community data collection—were front and center in every health setting we visited. For example, medical school training incorporates public health courses, and every medical student completes a residency in family medicine. "The medical school is governed not by the ministry of education, but by the ministry of public health—this is a revelation," Fatima Angeles commented. The introduction to public health begins at school age, and includes sex education, nutrition, accident prevention, and substance abuse prevention.

Several members of the group pointed out that the Cuban system's community orientation gave it a more personal quality than we experience in the United States. Primary care is delivered by doctor-nurse teams who are responsible for the *people* in their community, not just a geographic catchment area. Billie Hall noted that these neighborhood teams provide easy access to care, whereas "our system is often challenging to access even for those with coverage."

David Fukuzawa remarked on the resourcefulness of Cubans, which enabled them to reform their health system during and through the period of severe economic crisis called the "Special Period" that began with the fall of the Soviet Union in 1989 and continued through the mid-1990s. Despite the austerities of the Special Period, Cuba was able to achieve one of the lowest rates of infant mortality in the Western Hemisphere, without the wide disparities by race and income that characterize the United States. Forced during this time to produce its own food or starve, Cuba is now a leader in organic fruit and vegetable production.

Bruce Chernof of The SCAN Foundation commented on how effectively the Cuban health system deployed a new primary care network that is linked to outpatient specialties, as well as a full range of inpatient services. "They just decided to solve the problem," he said. "[It is] impressive that Cuba is roughly the size of Los Angeles County, and we certainly haven't been able to rationalize service delivery despite many interventions, both public and private."

COMPARING THE U.S. AND CUBAN HEALTH SYSTEMS

The group highlighted additional comparisons between the U.S. and Cuban health systems:

- In Cuba, health care is a right. Moreover, the country's

resources are aimed at ensuring that the population is healthy.

- The system is single payer.
- Mental health and physical health are integrated as part of a holistic philosophy.
- There is accountability for outcomes at the primary care practice level, built in part with community input.
- Complementary medicine (e.g., acupuncture) is accepted and integrated into care delivery.
- There is much better connectivity between inpatient and outpatient settings, i.e., much better transitions management.
- There is a more rational approach to health care workforce training and placement. The government assesses what the Cuban people need in terms of health care, and they educate, train, and develop the appropriate workforce to meet those needs.
- In the United States there is a greater disparity in income and lifestyle between medical providers and patients.
- There is a relentless focus on prevention in Cuba. We have yet to embrace prevention, but they have fully embraced it—although the transition to this approach probably did not come easily.
- In Cuba there are fewer health care privacy laws than in the United States and, as a result, fewer burdens and obstacles for patients and providers.

TAKEAWAYS FOR HEALTH PHILANTHROPY

For Billie Hall and several other members of the group, a primary lesson of the Cuban health care system for health philanthropy in the United States was the demonstrated effectiveness of an equitable, person-centered approach that is prevention-focused, incorporates alternative medicine, and does not rely on expensive high technology.

"[Cuba suggests that] low-tech but highly sophisticated human and social intelligence may have more of an impact on health than an electronic health record health intelligence system. Rather than running tests to find out what is wrong with patients, Cuban doctors know a good deal about the patients and the conditions of their lives, from living with them and being in the community for extended periods of time, from listening to patients and asking questions when they come in for care, and from conducting thorough physical exams," Patricia Doykos observed.

For Bruce Chernof, too, the balance in Cuba between human capital and technology was instructive. He said, "Cuban health outcomes are largely not as technology driven as in the United States, and are far more community oriented. I think this reminds us how important it is to invest in communities, even though 'place-based' investing can seem at times expensive, fraught, and hard to measure."

Lessons for Fatima Angeles were that: U.S. medical schools, dental schools, and other training programs can benefit significantly from incorporating public health courses in their curricula; health philanthropy can help better align the competing values that drive our health care system; and community health centers have the potential to be even more valuable as partners for improving health.

Octavio Martinez remarked that health philanthropy can elevate proven low-tech approaches in the United States without losing sight of the value of research and medical advancement. He reflected that philanthropy should "continue to champion that health care needs to include everyone; that public health interventions are worthy of reimbursement and investment; that metrics and data are key to quality improvement; and that person-centered, family-centered, community-centered care is the future."

PHILANTHROPY'S ROLE IF THE EMBARGO IS LIFTED

The group saw several possible roles for philanthropy as the United States-Cuba relationship evolves. A major point for everyone was that whatever philanthropy—including health philanthropy—does to assist in redevelopment and reinvestment in Cuba, its actions should not create new pockets of inequality.

Identified opportunities for philanthropy included:

- Bringing individuals and organizations together to exchange ideas, share knowledge, and help address challenging issues. The effort could include individuals at the grassroots level, professionals, administrators, and policymakers, and could take place in the United States, in Cuba, in a neutral geographic area, or virtually.
- Supporting pilot projects that can inform future efforts, and promoting and lifting best practices from both Cuba and the United States.
- Supporting public-private partnerships that are responsive to the Cuban government's priorities for improving the health of the population. This might involve investments to build infrastructure, such as clinical buildings; to reduce water and air pollution; or to increase access to local, fresh produce and encourage consumption of fruits, vegetables, and fresh fish.
- Addressing outstanding environmental problems like trash in the streets, poor air quality, and water systems that are not adequately chlorinated.
- Reducing physical barriers in the built environment for people with functional limitations.
- Addressing the need for more specialized medical equipment in tertiary and quaternary hospitals, such as extracorporeal membrane oxygenation in pediatric cardiac surgery.