CAN LESSONS LEARNED FROM A CUBAN EXPERIENCE IMPROVE HEALTH DISPARITIES IN SOUTH LOS ANGELES?

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The purpose of this study is to observe Cuba's working healthcare models in an effort to improve ethnic health disparities in south Los Angeles through generating a new level of synergy by mobilizing resources to create academic-community partnerships and apply lessons learned.

During a three-year period beginning in 2005, a team of 12–14 Charles R. Drew University and UCLA faculty, south Los Angeles community leaders, and health providers completed three one-week visits to Cuba to survey the country's approach to various health problems and ascertain their potential to improve health conditions in south Los Angeles. Various methods such as opinion surveys, evaluations, and team meetings were used to measure the direction and progress of translating lessons learned into creating a working relationship with community leaders. After two visits, opinion surveys demonstrated an increase in the response to acknowledging that there were lessons learned. However, respondents acknowledged that they encountered difficulty in attempting to make these changes. One outcome from these visits resulted in a community forum at which community leaders and residents from south Los Angeles heard various speakers present on lessons learned in Cuba.

In conclusion, after observing Cuba's approach to health problems that are also encountered in south Los Angeles, the team has begun to plan research projects and next steps to incorporate lessons learned into current programs with the community. (*Ethn Dis*. 2008;18[Suppl 2]:S2-141–S2-145)

Key Words: Community Based Participatory Research, Health Disparities, Cuban Health System

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INTRODUCTION

Today's Cuban healthcare system provides an example of how a country can transform from a third-world country where infectious diseases are the leading cause of death to a country where it is often said that Cubans "live like poor people and die like rich people." This statement indicates that Cuba has the same causes of death, such as cardiovascular disease and cancer, as developed countries in spite of a gross domestic product comparable to other third-world countries.[1]

In 1958, the most common causes of death in Cuba were infectious diseases.[2] Through a series of reforms beginning in the 1950s, the newly formed Cuban government adopted a decentralized strategic health plan in which the focus of healthcare delivery was implemented at the community level.[3] At this level, primary healthcare teams consisting of a family physician, nurse, and community health promoter living in the same neighborhood as their patients would attend to ≈120 families. The role of this team would focus on prevention of chronic disease, early disease detection, and community health assessment. They would provide these services in coordination with a nearby municipal polyclinic. The polyclinic would diagnose and treat more complicated diseases and offer rehabilitative services along with dental and psychological services.[4] Over time, this system has resulted in life expectancy and other health indicators that are now comparable to those in many first-world countries (Table 1).[5] This health system approach has served as a template for other countries attempting to improve their health status. Therefore, we wondered whether aspects of the Cuban model were translatable to other impoverished communities that are trying to improve their health status, such as south-central Los Angeles?

More than 10 million persons reside in Los Angeles County, making its population larger than those of 43 US states.[6] In an effort to integrate planning efforts, coordinate services, and share resources, the local public health department and various community-based organizations view Los Angeles County as eight distinct geographic areas called service planning areas (SPAs). Each SPA has unique geographic and demographic characteristics.

SPA 6, which primarily consists of south Los Angeles, often ranks highest in disease incidence and prevalence and lowest in in residents' self-reported quality of life compared to other areas in the Los Angeles area. Figure 1 compares death rates in Los Angeles County and SPA 6 to Healthy People 2010 death rate targets for heart disease, stroke, diabetes, and colorectal cancer—SPA 6 has the highest death rates in all instances.

Several factors contribute to these health disparities. Despite being the smallest SPA (77.3 square miles), SPA 6 is one of the most densely populated regions in Los Angeles County. Approximately 10% (>1 million) of all Los Angeles County residents live in SPA 6, with nearly 14,000 persons per square mile compared to the County average of 2500.[7] Such high population density strains the availability of and access to healthcare resources. As a result, 32% of SPA 6 residents aged 18–64 are uninsured, 27% of adults residing in SPA 6 report having no regular source of health care, and 44% of adults report having difficulty accessing medical care.[6] Furthermore, SPA 6 has the largest number of African Americans (327,910) and one of the largest Latino