

Title:

Primary Prevention as a Health Practice in Cuba

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Cultural Diversity, Nurse/Physician Collaboration and Primary Care

References:

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Breckenridge, D.M. (2013). How nurses think: Assessment (Chapter 3). In L.S. Treas & J.M. Wilkinson (Eds.), *Basic nursing: Concepts, skills & reasoning*. (3rd ed., pp. 37-53). Philadelphia, PA: F.A. Davis. (Invited; Peer Reviewed)

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Abstract Summary:

Primary Prevention is the Cultural Health Care Practice in Cuba. The Primary Care Physician and Nurse are present for daily collaboration to carry out primary health care in the neighborhood where the Physician lives and is available 24/7.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Describe the cultural health care primary care health practice of physicians and nurses.	Illustrate how the physician lives in the clinic 2nd floor and the nurse comes to the clinic daily to provide primary care in the neighborhood.
Integrate the concepts of prevention interventions related to the Health Care Focus of a Cuban neighborhood	Prevention interventions of Primary, Secondary, and Tertiary prevention of care delivery will be discussed.
Assess the Culturally diverse population of a Cuban neighborhood	Identify the culturally diverse populations which include: people from Africa, Spain, Russia, and the USA.

Abstract Text:

The primary care model of health care delivery in Havana, Cuba can be illustrated by the Health Care Focus developed by Breckenridge (2011) focusing on primary prevention of health care beginning in the community based on the Neuman System Model's prevention interventions of Primary, Secondary, and Tertiary Prevention. Each Cuban neighborhood of approximately 1000 people is housed with a government supported physician who lives on the 2nd floor of the clinic. A registered nurse comes to the clinic daily to collaborate with the physician ensuring that the culturally diverse people of the neighborhood have primary health care 24/7. If patients are in need of secondary health care, they are directed to the neighborhood polyclinic for an acute care level of care. If a higher level of care, such as a liver or kidney transplant or cancer chemotherapy, is needed, patients are transported to a tertiary level of care specialty facility and hospitalized.

This Cuban primary model of care has been further depicted in Breckenridge's Theory-Guided Evidence-Based Practice framework to identify clinical problems and to evaluate explicit nursing discipline-specific systems and integration of theories and conceptual models. This framework consists of 5 steps. The first step entails the identification of a clinical problem in the primary care practice setting. The first step leads to the second step to conduct assessment based on the literature to determine evidence-based care and fill-in the gaps related to patient specific problems. The third step identifies a conceptual theory/theories and/or model/s based on scientific evidence using concepts related to the clinical problem and supported by the literature to make decisions using science and evidence. The fourth step is the development of a theoretical framework based on the concepts guided by a nursing model and/or theory. It was at these third and fourth steps that the Neuman Systems Model concepts of the Nurses/Caregivers' Perceptions, Stress, and Prevention Interventions are integrated, based on concepts of interest and guided by the integration of concepts. The fifth step is to develop a research proposal or base the process on research utilization.

Breckenridge's Health Care Focus developed with ongoing refinements as a guide to identify potential and actual stressors in each of these client care settings in the Cuban neighborhoods. Potential stressors exist at the primary prevention level of care delivery which into the acute secondary level of care settings and circles back to tertiary care settings, returning to a new cluster of potential stressors at the primary prevention level of care. Each level of care focuses on the drive for an optimal level of satisfaction and wellness perceived by individual patients, caregivers, and communities.

Examples of prevention interventions take place at each level of care. Primary, secondary, and tertiary prevention occurs with prevention interventions to preclude potential and actual stressors from occurring. Tertiary prevention emphasizes the dynamic circular view of reconstituting the individual/s and/or community toward wellness by maintaining a reasonable degree of adjustment. As we continue to analyze the Health Care Focus of different countries around the globe we can determine the best models of care delivery. The comparisons for Breckenridge are: China, Russia, Germany, Hungary, Canada, England, Ireland, Belgium, the Netherlands and the USA.