

Primary Prevention as a Health Practice in Cuba

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The primary care model of health care delivery in Havana, Cuba can be illustrated by the Health Care Focus developed by Breckenridge (2011).

- Focus on primary prevention of health care beginning in the community based on the Neuman System Model's prevention interventions:
 - 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 People of the neighborhood have primary health care 24/7.
- Patients in need of secondary health care, they are directed to the neighborhood polyclinic for an acute care level of care.

- This Cuban primary model of care is 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.

1st Step: Identification of a clinical problem in the primary care practice setting.

2nd. Step: Conduct assessment based on the literature to determine evidence-based care and fill-in the gaps related to patient specific problems.

3rd Step: Identify 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.

4th Step: Development of a theoretical framework based on the concepts guided by a nursing model and/or theory. At these third and fourth steps highlight the Neuman Systems Model concepts of the Nurses/Caregivers' Perceptions, Stress, and Prevention Interventions are integrated.

5th Step: Develop a research proposal or base the process on research utilization.

Breckenridge's Health Care Focus (2011) developed with ongoing refinements can be used 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 leads to the acute secondary level of care 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 with each level of care.

- Primary,
- Secondary, and
- Tertiary
- Prevention Interventions occur 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

Conclusion

As each of us continue to analyze the Health Care Focus of different countries around the globe we can determine the best models of care delivery. **Comparisons**

Breckenridge analyzed first hand in her Health Policy work:

China,

Russia,

Germany,

Hungary,

Canada,

England,

Ireland,

Belgium,

Netherlands,

Cuba, and the USA.

References

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