

A. Kilolo Harris, MSW, MPH

The Health of Latinos of African Descent: Social and Cultural Determinants That Impact the Health of Afri-Cubans

Now, more than ever, with the increase in the Latino population and the focus on ethnic and cultural disparities, there is a profound need for health professionals to be conscious of the impact that social and cultural determinants have on the health status and health behaviors of Latinos of African descent. This summer under the guidance of the School of Public Health, Center for Public Health Practice's required practice component for all master's level public health students, I journeyed to Cuba to enhance my consciousness.

The purpose of my travel to Cuba was to conduct preliminary research to identify the social and cultural determinants that impact the health status, health behavior, beliefs, and attitudes of Afri-Cubans (Afro-Cubans) in Cuba that can be used for subsequent studies on Latinos of African descent. Cuba was selected as it has a universal health care system and has the third largest population of African descendents (62%) of the Latin American countries. My stay in Cuba was concentrated in the province of Santiago de Cuba, the easternmost region of Cuba facing the Caribbean Sea. Santiago de Cuba was the first area in Cuba to receive African slaves and is noted for its large population of African descendents. While there I lived with a *medico familiar* (family doctor) and her family, and I began to learn further about Cuba's public health care system, the Afri-Cuban population in Santiago de Cuba, and the health status of *santiagueras* (Santiagoans). This process was completed through direct observations, formal and informal interviews, the use of existing documents and materials, and a reflection upon personal experiences.

Cuba's Public Health Care System



Health promotion and education mural in Policlínico 30th de Noviembre, Santiago de Cuba.



Policlínico 30th de Noviembre, Santiago de Cuba.

Unlike the United States' Constitution, the Republic Constitution of Cuba states that all citizens have the right to health protection and it is the responsibility of the state (Cuba) to guarantee this right. In addition, the laws of Public Health state that the entire population has the right to free health-related services. Cuba's Sistema Nacional de Salud (SNS), National System of Health, is divided into three levels, national, provincial, and municipal. Within each level medical attention services are organized into three additional levels: primary, secondary, and tertiary. My project focused on Cuba's primary level of care, known as *atención primaria de salud* (APS – Primary Attention of Health). The fundamental bases of APS are: community participation; intersectional participation; and decentralization. Under this foundation the primary level of care is expected to solve approximately 80% of the health problems of a given population and to connect this with health promotion and health protection actions.

The activities of the primary level are fulfilled in the *polioclínico* and in the *consultorios del médico de la familia* (doctor's office/home). The *polioclínico* is a clinic placed in each municipal of a province that coordinates with other levels of SNS. The focus programs, determined after the revolution, are: 1) maternal health attention; 2) elderly; 3) controlling transmittable diseases; and 4) controlling non-transmittable diseases.

In 1984 Cuba enhanced its system of public health and incorporated the use of *consultorios del médico de la familia*. *Consultorios del médico de la familia* are the core of the primary level of health. The components of *consultorios del médico de la familia* include: integrity; continuity; accessibility; dispensary; working in a team (which may include health social workers, specialists, and other service providers); social and community participation; and sectorization. Traditionally, the *consultorios* are two-level homes strategically placed within the community that they serve. The bottom level is used to see patients and the top level is the residence of the family doctor. The responsibilities of the family doctor include identifying, prioritizing, and solving the health problems of the individual, family, and community. A typical day for family doctors in *consultorios* includes, seeing patients in the office for the first part of the day and in the afternoon visiting the homes of the sick and those with health conditions.

Afri-Cuban Population in Santiago de Cuba

To aid in my exploration on health within the Afri-Cuban population my interviews and observations initially focused on four families of various socioeconomic opportunities and then expanded to include individuals, social workers, family doctors, *santeros*, tourist workers (cleaning staff, security, and inventory), non-tourist workers, academics in public health and history, rappers, Italian tourists and their Cuban girlfriends, and librarians. I conducted literature reviews and searches looking at the history of Cuba and its economy; the history of slaves and Africans in Cuba, specifically Santiago de Cuba; the culture of Afri-Cubans and *santiagueras*; medical plants in Cuba and their uses for traditional medicine; herbs used in *magic-santería*; identity; racism and its influence in Cuba and in the Cuban language; and the history of *ron* (rum) and the role of alcohol beverages in Cuba past and present. I attended cultural and social events and festivals, social gatherings, and visited historical sites and museums relevant to my focus of study.

The Health Status of santiagueras

Throughout my encounters, although others were noted, the prevalent health conditions were hypertension and diabetes. In 1998 1 in 3 Cubans aged 15 or over suffered from hypertension and in 1996 diabetes was the seventh leading cause of death, for all ages. The demonstrated high-risk health behaviors include smoking, drinking (ron (rum)), and engaging in risky sexual behavior. Cuba's cigarette, Popular, advertises, "Soy popular. Soy cubano" (I am popular, I am Cuban). When asked about the causal factors for these health issues, I was met with the response of lowered shoulders, a deep sigh, two fingers sliding across the forehead, and the phrase "no es facil" (it is not easy). Therefore, "we smoke and we drink to not think about what we lack in life, because life is hard." Others engage in risky sexual behavior with tourists as jineteras (prostitution, as defined by many) to feed and clothe family and children, and/or to have access to the "finer things in life."

Repeatedly the health issues were attributed to "stressful life events." Much of this is contributed to the economic crisis, known as the Special Period. The Special Period for Cuba began with the end of the Soviet Union and the socialist bloc in 1990, and of course, the economic embargo imposed by the United States government for more than 30 years, has not alleviated the economic woes of Cuba. This crisis has created a domino effect of problems and major life changes for many, notably those who lived prior to the Revolution, post-Revolution, and now during the Special Period. This Special Period and the efforts to stabilize it have created further social and cultural determinants that impact the health status and risky health behavior. These determinants include but are not limited to: the tourist industry, the use of the United States dollar, limited access to medications, living conditions, type of employment, racism, nutrition, and educational status and desire for attainment. Cultural determinants include the role of food, religion (Santería), and several lifestyle factors that are labeled as "traditions," i.e. ron drinking, language, and anxiety, etc. It should be noted, that Cuban health professionals do not associate high rates of hypertension and diabetes with race although, the jinetera "industry" is characterized by race.

Through Cuba's primary level of health care I was able to observe the theories of health and social behavior and community health demonstrated in a community setting. My practice experience in Cuba provided me the opportunity to apply the public health skills of research and cultural competence; obtain in-depth knowledge about Afri-Cubans; identify and analyze determinants in health and illness; and assess internal and external forces affecting this population. This research project is only the beginning for subsequent studies on the health of Afri-Cubans, and Latinos of African Descent. I have been fortunate enough to be invited to the International Conference of African and Afro-American Culture, by the African Cultural Center "Fernando Ortiz" and the Provincial Office of the Ministry of Culture of Santiago de Cuba, and the annual conference of the Casa de Caribe, to further my studies or to submit work if I so choose to. I am grateful to the Bixby Summer Internship and Research in Population and Family Planning Award for supporting me in this journey.

