



# Hrvatska mreža "Zdravih gradova"

Croatian Healthy Cities Network

Zagreb, 31 December 2016

## ***Report on the Activities of the Croatian Healthy Cities Network for the year 2016***

I am not dissatisfied with our achievements in 2016; however, last year we lost Slobodan and Irena, because of which 2016 will be remembered as difficult. As regards election of the new Network president in 2016, we carried out Network re-registration, as well as detailed revision of the English part of our web pages regarding 'about network' section. We also uploaded translations of the new Associations act and annual reports on Network activities. We held 'Comprehensive intervention planning' workshop, with which we continued the project 'Introducing academic standards into the process of selection of public health interventions – establishing the Croatian register of preventive programmes'. We shared experiences relating to investing in early development of children (the most effective interventions) in the new issue of the Epoch of Health. We organised a series of round tables during the Vinkovci Health fair, thus opening a new, very important theme of equal opportunities for people with disabilities (improving accessibility of health care).

### ***1. National Level***

#### ***a) The Activities of the Network and its Support Centre***

There have been major changes in the activities of the Network Support Centre in 2016. The facilities have remained the same ('Andrija Štampar' School of Public Health, Zagreb Medical School); however, since October 2016, we have had a new, younger principal – professor Mirjana Kujundžić Tijak, D.Sc. Emeritus Professor Silvije Vuletić has been elected president of the Croatian Healthy Cities Network; also, assistant professor Slavica Sović D.Sc. became one of our associates. After a long time, we decided to entrust our finances to a new bank (Privredna Bank). In the light of all the aforementioned changes, we are glad that our closest associates remained the same: administrative secretary, journalist, translator, auxiliary workers, consultants, book-keeping service, and web masters.

In 2016, ***two Reporting Assemblies of the Croatian Healthy Cities Network*** have been held. The first was held in Zagreb, 25 February, 2016, and the second in Požega, during the 21st autumn Network business meeting, on 22 October 2016. An extraordinary Electoral Assembly was held on 15 April, 2016 in Vinkovci. The elections were held for the President of the Croatian Healthy Cities Network, and Emeritus Professor Silvije Vuletić was elected.

***b) Regular annual Network activities*** bring together and connect cities and counties which are Network members, facilitate the sharing of experiences, knowledge, ideas and activities, enhance cooperation and enable education and the giving and the taking of practical help and support to carry out activities on the local level.

Various regular Network activities have been carried out in 2016: there was 20th Health Fair in Vinkovci in April; the Healthy Cities Day was celebrated on May 20; courses of the 23rd Motovun Summer School of Health Improvement were held in June and July in Istrian towns of Grožnjan, Motovun, and Poreč, the 18<sup>th</sup> issue of the Epoch of Health was published, entitled 'Investment in the early development of children', and the 21st Network Business Meeting was held in October, hosted by Požega-Slavonija County.

***The 20<sup>th</sup> Health Fair*** with international participation was held in Vinkovci, April 15-17 2016. The fair was organised by the City of Vinkovci, Vukovar-Srijem County and the Croatian Healthy Cities Network, under the auspices of the Ministry of Health. The 20th Health Fair included the following activities: 1 state competition (chef cup – the 12<sup>th</sup> Golden Apple), 4 forums (Healthy Cities and Counties Forum, Disabled Persons Forum, Pedagogy and Psychology Forum, Veterinary Forum), 2 symposiums (psychiatry and nursing), 32 workshops, and a number of sports activities (minor events held at fair stage and fair classroom have not been mentioned here), and the fair itself (with 103 indoor and 3 outdoor stalls). Approved conferences were held and organised as part of life-long education for medical doctors, nurses, vets, pedagogues, psychologists, forestry and construction engineers.

The Healthy Cities and Counties Forum was held along with the People with Disabilities Forum, on Friday and Saturday (April 15 and 16). We organised a number of round tables defined according to the areas of activity according to the Strategy of Equal Opportunities for People with Disabilities: education, employment, social welfare, health care, mobility, accessibility, housing, sport and recreation. We thus enabled the sharing of experiences on how the Strategy has been implemented in our communities, and evaluated achievements thereof. Round tables were moderated jointly by a representative of local self-government (Croatian Healthy Cities Network) and a representative of associations of people with disabilities. Around fifty plenary speakers and representatives of three line ministries participated in eight round tables. After individual presentations, moderated discussion was opened. The conclusions thereof were gathered and used to form a recommendation which was sent to the Parliament and the Government of the Republic of Croatia, as well as to the local and regional self-government authorities.

#### From the discussions – Successes

- The existence of the National Strategy of Providing Equal Opportunities for People with Disabilities, which represents the basic national legal document aimed at protection and development of the rights of people with disabilities and children with developmental disabilities, the goal of which is to bring in line all politics regarding the protection of disabled people and to strive to keep all areas of life and activities open and accessible to disabled people
- Prevention of Discrimination of People with Disabilities Act – lack of reasonable adjustment is considered discrimination of people with disabilities
- The Ombudswoman for people with disabilities and her office continue to see their role in preventing further violation of disability rights as regards accessibility, honouring regulations and sanctioning perpetrators of illegal acts, in order to ensure non-discriminatory access to goods and services for the people with disabilities
- Translation of the International classification of functioning, disability and health and implementation thereof in the health system. Devising Classification of factors causing disability. Forming the Register of the Persons with Disabilities. Regular annual publications based on data collected in the Register. Carrying out qualitative

researches in the field of disabilities and cooperating with associations of people with disabilities.

- New system of professional rehabilitation and employment of persons with disabilities which would increase employment of people with disabilities. Professional Rehabilitation and Employment of Persons with Disabilities Act and pertaining rules and regulations led to major improvement. A unique unit for functional ability expertise was established with the Institute of Expertise, Professional Rehabilitation and Employment of Persons with Disabilities. The Institute is essential for providing expertise, developing system of professional rehabilitation and employment of people with disabilities (provides appraisal and expertise for obtaining rights in several systems, establishes standards and norms of professional rehabilitation, monitors quota fulfilment, pays benefits and incentives for employing people with disabilities).
- In education system, services of personal assistants have been ensured, as well as communication mediators for persons with hearing disability and deaf-blind people.
- Support has been provided for social inclusion of people with disabilities, with emphasis of social services, cooperation with organizations of civil society of cities/counties, and providing access and transport (specialised vehicles, buses, city swimming pools, beaches, transporters in historic town centre, disability ramps).
- National plan for deinstitutionalisation and transformation of social welfare centres is carried out. A new system of 'family care' has started with the goal of developing non-institutional forms of care in local communities, especially for people with intellectual difficulties. Housing communities have been set up by civil societies with professional and financial help provided by the Ministry of Social Welfare. A big step forward has thus been made in the direction of deinstitutionalisation of the social welfare services.
- A series of consultancies and psycho-social support have been developed and provided by non-institutional forms of care, daily and semi-daily sojourn, occupational activities in form of creative and other workshops.
- In some communities, partnership between public institutions in the fields of social welfare, health and education has been established, along with partnership with associations, media, county institutions and administrative bodies (for example, in Karlovac County), which resulted in introducing and promoting innovative social services for children with difficulties and persons with disabilities.
- Complete loss of work ability has been abolished and payment of benefits based on disability has been ensured, notwithstanding austerity measures resulting from financial crisis.

#### Challenges in the face of new Strategy

- Large discrepancies in the lives and possibilities of persons with disabilities in urban and rural areas, which calls for the development of social services in rural areas
- Organisational and implementation capacities are questionable on all management and implemental levels; also, the issue of finances needed for carrying out and implementing the Strategy has been raised

#### Education

- Accessibility of education to every child with difficulties depends on the capacity of the local self-government units for co-financing, which is unfair.
- Nothing is either prescribed or regulated, so that the local self-government units have to get by by relying on their own resources. Although equality of education is guaranteed to all, we can conclude that assistant teachers are more accessible to local

communities which have sufficient financial means in their budget to allocate for that purpose. However, even in those local communities, the system and the education of assistant teachers varies greatly; only minimal requirements are stated in job advertisements; such as minimum work experience with the Employment Agency and minimum secondary education. Besides, teacher assistants' pay depends on the 'employer'; if they were recruited by non-government organisation, a local self-government unit, Croatian Employment Agency through various programmes (ex. Youth for Youth, etc.)... and their monthly pays are usually low. Furthermore, these are temporary jobs, so that if there are other employment opportunities, teacher assistants will leave and opt for better-paid jobs. It means that a child with developmental difficulties will have several teacher assistants during one year.

- The progress of a child with teacher assistant is not questionable as children definitely make progress. However, it is not fair that children's progress also depends on luck: one child can get a teacher assistant who is a psychologist, whereas the other can get an assistant who has met only minimum requirements – has secondary education and minimum required work experience with the Croatian Employment Agency.
- There are no regulations as to who will finance teacher assistants and professional communication mediators; also, there are no clearly defined criteria as to when assistants and mediators are required, who can do the job, which competences are needed for the job, who will supervise and monitor them, etc. What is the time a child with some difficulties can spend in kindergarten? What are the criteria for enrolling in kindergartens (professionals recommend it to every child, kindergartens have limited capacities, who should be given priority?) It is necessary to introduce the profession of teacher assistants and professional communication mediators; also, it is essential to provide regulations with clearly defined criteria for including assistants and mediators in education. The position of coordinators of teacher assistants and communication mediators should also be defined; furthermore, teacher assistant and communication mediators' programme of work should be developed and their work should be supervised. Finally, all their activities should be coordinated.
- Education and supervision should be organised and provided for educators of children at risk and children with developmental difficulties both at kindergartens and schools. There are problems as regards insufficient education of kindergarten teachers: they are faced with the problem of children with developmental difficulties being enrolled in kindergartens without adequate support (assistant + professional team), and with their own lack of education on the matter. It is thus necessary to provide education for teacher assistants in order to enable them to carry out programmes created for children according to their own individual needs.
- These programmes are an integral part of local social policy and local standards in education. There is a good practice model on the level of local self-government unit (Krapina-Zagorje County) which resulted in 'The Guide for Selection, Preparation, Education and Supervision of Teacher Assistants in Primary and Secondary Schools of Krapina-Zagorje County', which comprises selection criteria, guidelines for teachers and coordinators, forms, work registers and logs, guidelines for informal supervision of their work in classrooms.

## Health

- Health services are not accessible and adjusted to persons with disabilities. Also, health professionals are not educated enough. There are good practice models in the city of Zagreb, Promorje-Gorani County and Karlovac County as regards education of

health workers (adjusted dental and gynaecological care, displays, education of professionals working in Institutes of Home Care focusing on communication with people with disabilities depending on the type of their disability, hearing aids for deaf people).

- It is challenging to ensure support system, especially in a child's early development and in smaller areas – to provide the following support for children with developmental difficulties: adequate early treatment, psycho-social support and the use of public services on the equal level with others. We must also point out that the situation with autistic children is especially difficult. In the area of early interventions for children with neurodevelopmental risks, community nursing has been identified as an important factor, and several examples testifying thereto enumerated, such as the City of Zagreb, Krapina-Zagorje County and others. Also, the importance of establishing a register of children with neurodevelopmental risks has been stated (the hospital of Goljak already has such a register, but the problem of the data persists).
- Mental health has been pointed out as a priority for which there is no systematic approach to challenges; furthermore, there is the problem of continuity of care, social stigma and lack of care in local community (with a few exceptions, ex. Primorje-Gorani County use of discharge papers)
- Overarching standards through the projects of Healthy city/Healthy county exist, but not to the same extent everywhere.

### Accessibility

- Low accessibility to buildings, areas, means of transport, information and communication, especially outside main cities (there are major differences on the local level). There are models of good practice where accessibility has been built in the physical plans and building permits (Vinkovci).
- Ensuring accessibility of the existing public and business buildings is problematic because the deadline has not been set yet by which these buildings must be made accessible (there is a special problem which regards ensuring accessibility while reconstructing the existing buildings which are listed in the Registry of Cultural Property).
- Pre-school Education Act does not oblige either the institutions or their founders to provide adjusted transportation of children within the framework of programme for preschool children with developmental difficulties; thus adjusted transportation of children does not present as a basic standard, but falls under the category of higher standard.

### Employment

- Most people with disabilities are either unemployed or are employed in professions of lower payment rank. People with disabilities account for 2.6% in the overall number of the unemployed, whereas they account for 1.1% in the overall number of the employed. Most unemployed people with disabilities are aged 20 to 29 (29.6%), and they have mostly completed 3-year secondary education (data provided by the Croatian Health Employment Agency as of 31 December 2015).
- There is a large number of women with disabilities who have completed only primary education, or have no education.
- Many people with disabilities live in poverty, especially those in rural areas. However, there are models of good practice which point to the direction of solving this problem

(social entrepreneurship in the Međimurje County, glass houses 'Bubamara' in Vinkovci).

### Social welfare

- Apart from institutional care for persons with disabilities, outpatient forms of care have been developing, too. The onset of such care included ensuring conditions for independent living, leaving the existing institutions and forming housing units with constant or temporal help provided by professional staff – examples of good practice indicate that such care provide a more humane approach and higher social inclusion in local community; furthermore, local communities become more sensible to the needs of people with disabilities. Such care should be extended in the following period (there is a catastrophic situation when young people are put into homes for the mentally ill).
- Associations of people with disabilities take on the role of providers of social services due to inadequately wide network of service providers. There is connecting and creating informal network of service providers aimed at improving quality of service for the people with disabilities (e-catalogue of services for people with disabilities in Karlovac County). In order to ensure continuity, quality and equal accessibility (providing services in homes of people with disabilities, in the place of their residence), it is important to work on a better model of co-financing (co-financing from EU-funds creates unsafety and uncertainty in the provision of financial means for such services on local levels, which leads to interruption of some social services provision and creates uncertainty with both service providers and their clients – it is especially noticeable with ensuring personal assistants, assistant teachers and assistants in pre-school institutions).
- It is necessary to define the model of service provision in community, especially as regards help in homes, because it would enable provision of equal services and would promote de-institutionalisation of institutions of social care.
- There is no legislative provision governing personal assistance, which would ensure independent life in community, and such services are accessible to a limited number of persons with disabilities.
- It is necessary to continue working on connecting and networking all resources (within the system of social care, but also in the wider context) which can contribute in any way to more quality and accessible care for people with disabilities with the goal of civil society becoming upgrade to the care that should be ensured and provided by institutions of social care in the first place.
- The system of mobile services is important for rural and remote areas. The biggest problem is how to finance professional staff, people in mobile services from whom clients expect various services and help regardless of the training and education those people actually have. It is challenging to provide project financing of the aforesaid services because it does not provide for continuous functioning thereof.
- The use of property census for gaining rights based on disability (personal disability allowance and care allowance).
- It is important to continue supporting the work of volunteers in various segments of care for people with disabilities, but taking care that they receive proper training and supervision.

### Recreation, leisure and sport

- There are several challenges in sport activities of people with disabilities, such as care

for athletes in all categories of disability, in all ages, and all aspects of sports and recreation of people with disabilities. Sport for people with disabilities requires expensive sports gear, equipment, assistants, and a larger number of highly professional staff.

- It is necessary to organise education and training for professionals in that area.

#### Participation in cultural, political and public life

- The number of people with disabilities participating in executive and representative bodies of public government is insufficient.

#### Media and public relations

- There is no system of information and education for persons with disabilities. It is civil society associations and units of local government and self-governed divisions that provide information to people with disabilities, and it depends on capacities of such associations and motivation of individual persons for such issues within units of local government and self-governed divisions. Associations carry out projects aimed at informing their members about the rights of people with disabilities; however, neither these activities are carried out in a systematic way due to project financing.
- Local media are sensitive to problems of people with disabilities and the work of associations of people with disabilities and strive to inform the public about the rights of the people with disabilities; however, insufficient information is provided by the decision-making authorities and bodies responsible for implementing their decisions.
- Mass media still present the model of mercy as regards the approach to disability.
- More action should be taken in the areas of information, communication and raising awareness by removing stereotypes about disturbances in people with disabilities and children with developmental difficulties (as possible cause of aggression aimed at them) and fight against stigma surrounding them.
- Public campaigns should be organised to make wider public more sensible in order to raise awareness about inclusion and possibilities of children with difficulties; furthermore, it is important to raise awareness of the needs parents of children with difficulties have (raised public awareness of benefits and possibilities of employment for parents of children with difficulties).

#### Priority areas to be addressed when developing new strategy:

- Evaluation of organisation and implementation capacities on all decision-making or implementation levels in order to strengthen implementation capacities of local self-government units (for those which don't have them).
- Regulation (decentralisation) of the means necessary for implementation thereof with the goal of decreasing differences between the lives and possibilities of people with disabilities living in urban and rural areas (development of social services in rural areas).
- Overall implementation of the Unique Body of Expertise Act – huge inflow of old, unsolved cases and new expertise requests leads to congestion in the system, so that a longer time period is needed to solve new expertise requests – measures and resources needed to ensure timely solution of new expertise requests.
- Regulations governing who will finance assistant teachers and professional communication mediators; provide clear criteria as to when assistants and mediators

are included in the process of education, who can act as an assistant, what competences are needed, and who will supervise their work, etc.

- There is no legislation governing services of personal assistance which would enable people with disabilities to lead independent lives in their communities; furthermore, such services are presently available only to a limited number of persons with disabilities.
- Legislation on inclusive allowance should be passed – as compensation allowance for costs caused by disability, regardless of the income earned by a person with disability.
- Development and implementation of the Early Intervention Protocol – ensure early identification and intervention, as well as services aimed at decreasing and preventing further aggravation of disability; also, ensure that such services are provided as close as possible to the communities in which people with disabilities actually live (autistic children are faced with especially difficult conditions).
- Mental health has been pointed out as a priority for which there is no systematic approach to challenges, there are various problems, such as continuity of care, stigma, and lack of care in local community.
- Financing core activities of associations of people with disabilities – indirect and overall support in ensuring rights and access to programmes enabling independent living.
- Improvement of education and information provided to people with disabilities, professionals and service providers; furthermore, improving information and raising public awareness by removing stereotypes based on disturbances in persons with disabilities and children with developmental difficulties (fighting stigma).

May 20, *the Healthy Cities Day* has been celebrated since 2003, and is an occasion for city and county authorities to showcase activities undertaken to improve their fellow citizens' health. Unfortunately, this year neither cities nor counties have provided information on the activities they have undertaken.

*The 23rd Motovun Summer School of Health Improvement* traditionally took place in Istrian towns of Grožnjan, Motovun, and Poreč from 10 June to 9 July 2016.

From 10 to 12 June 2016, the **Media and Health** course was held in Grožnjan, entitled 'Breath or Debt of Time'. Tea Vukušić D.Sc. and assistant professor Ognjen Brborović D.Sc. of 'Andrija Štampar' School of Public Health were course directors. They are also members of the 'Difrakcija' Association. Another course director was Selma Mijatović of the Chamber of Health and Medical Journalists with the Croatian Journalist Association. The course was supported by various partners, including Croatian Musical Youth and the town of Grožnjan.

The course was dedicated to the topic of 'reform and changes in health system – from idea to implementation'. Speakers from various positions addressed the topic, including representatives of the Ministry of Health, Croatian Medical Chamber, Croatian Association of Hospital Medical Doctors, Coordination of Croatian Family Medicine, Medical School of the University of Zagreb, Association of Health Employers and Health Committee of the Croatian Social Democratic Party. Neither of the health reforms implemented so far succeeded in dealing with the debt the health system generates. Health debit currently accounts for at least kunas 2.5 billion. Whether it can be decreased only through health reforms or through a wider range of changes is the issue the speakers tried to address.

Another key topic was the 'public announcement of value transfer – transparent cooperation

of pharmaceutical industry with health workers and health organisations'. It is a Croatian project which aims to provide better understanding of the relationship established between pharmaceutical industry and health workers with the goal of strengthening trust. This project will result in publicly available data on the ways pharmaceutical companies support medical doctors in further professional training and education. Croatian public will thus be presented data on the amounts and bases of value transfer in Croatia by the end of June. The term 'value transfer' mostly refers to the expenses of education that pharmaceutical companies pay medical doctors in the form of travel expenses, symposium fees, but also donations, lecture fees and similar. Mr. S. Pogorilić, representative of innovative pharmaceutical manufacturers and the leader of Innovative Pharmaceutical Initiative gave a lecture entitled 'Value transfer – challenges of the transparency of pharmaceutical industry'. Participants of the panel discussion which followed were the following: representatives of the Croatian Ministry of Health, Croatian Institute of Health Insurance, Croatian Medical Chamber, Croatian Association of Medical Doctors, Croatian Association of Hospital Medical Doctors, Coordination of Croatian Family Medicine, patient associations (KUZ, Sklerodermija), and health journalists. The discussion was also held on communication value transfer and workshops were held on the following topics: when the media have to deliver a rebuttal; and how to write a letter of rebuttal in the light of increasing discrimination, threats, blackmails and law suits against journalist. The Centre for Protection of the Freedom of Expression with the Croatian Journalist Association has been presented. The Centre brings together Croatian most prominent legal experts who provide free legal aid for journalists.

For the sixth time in a row, a '**Healthy Urban Planning**' seminar was held in Poreč, on 20 June 2016. The central topic of the seminar was 'Apolicy – Architectural policies 2013-2020; public interventions in space which ensure accessibility'. This year's topic continued in the same line as the last year's, which also addressed Architectural policies of Croatia as regards quality of construction. The coordinators of the Healthy Cities of Poreč and Vinkovci were course directors in cooperation with Croatian Chamber of Architects and Association of Architectural and Construction Engineers from Vinkovci. The speakers were as follows: Mandica Stanković, M.Sc., coordinator of the Vinkovci Healthy City; she is also a bachelor of architecture in charge of the topic 'healthy urban planning' in the Croatian Healthy Cities Network; furthermore, there was Rajka Bunjevac, B. architecture, representative of the Croatian Chamber of Architects, and Bruno Nefat, architect- planner from Pula. The seminar is intended for the representatives of engineering profession, city administration, key people in city utilities companies, psychologists, medical doctors, and other professionals, and is intended as a place for connecting various professions in care of health in the broadest sense. The main idea that permeated the whole seminar is that it is never enough to talk about accessibility in space, given the fact that it still presents major barriers to vulnerable groups, even though there are numerous regulations providing for removal thereof. It is only the accessibility of space which guarantees complete independence of movement, freedom in space and inclusion in social life for all people. Available data testify to the fact that persons with disabilities account for 10% of general population. Other vulnerable groups which use urban space are senior citizens, parents with prams and small children, so that the number of people who need accessibility of space is even greater. Another issue addressed by the seminar was the importance of care for health in space, which was addressed in multi-disciplinary way. Possibilities and limitations of the architectural policies were discussed. Examples of good practice were presented referring to ensuring accessibility and an exercise to be used in order to assess accessibility of Poreč Home for Senior Citizen was devised.

Ms. M. Stanković presented Vinkovci examples of good practice referring to post-war

reconstruction of the city, such as the way in which technical control was carried out, in which persons with disabilities were included, and communal intervention which included using non-allergen plants in public spaces. Architect B. Nefat presented two very interesting examples of good practice in Pula – solving the problem of accessibility for people with limited moving abilities in the projects involving reconstruction and changing the purpose of historic buildings. It has been concluded that the Healthy City projects raises awareness of the general public, community key stakeholders (politicians in the first place), but also of various professionals as regards responsibility for health. Developing projects, we all become aware how much we can do as individuals, and how much we can influence quality of health in our communities. Cities which developed their own projects change and become better and more regulated places to live in. These are cities whose key people (politicians), professionals and general public are aware of their duty to create conditions for healthy life choices and take care of urban planning so that it corresponds with health (social responsibility for health); thus such cities become healthier and more attractive places to live in. The seminar repeatedly indicated a deep and essential connection between urban planning and health, although it hadn't been recognised, brought to awareness and stressed enough so far. Devising urban area in cities and other places where people dwell and work influences greatly healthy living and health itself. Therefore urban and physical planners constitute a profession which dictates planning and has direct influence on health. Technical profession cooperates with key people of the communities to plan urban areas thus influencing life style of the residents of a certain areas and social networking of communities through organisation of public spaces- walks, recreational cycling areas, outdoor fitness, preserving green patches and coastal areas, planning social facilities, influencing quality of housing, accessibility of public areas, roads, food production, quality of air, etc. Architect R. Bunjevac pointed out the importance of architecture policies and stressed that up to 2011 only a few countries in Europe had their architecture policies, after which there was a huge step forward which lead to the whole Europe becoming very much aware of the fact that the culture of building is European heritage and that national documents - architecture policies are very important for long-term planning and preservation of space because they foster culture and quality of construction as well as accessibility. Following the initiative of Croatian architects, in 2012 Croatia adopted its first document entitled 'Apolicy – Architectural policies 2013-2020. Croatian Chamber of Architects is still an advocate of application and observation thereof. These Architectural Policies are aimed at preserving and respecting public spaces, culture and quality of construction, as well as at respecting accessibility in the broadest sense. The rules and the regulations provided by the Policies are to be implemented by all, not only by the representatives of technical professions. All should treat our unique space with respect and in well-behaved manner without intention to devastate or abuse it. Because it is easiest to use the space without questioning what will be left in in for the future generations. All that has been built in the space stays in it for a long time after we are gone, so it is important to plan the space, respect the culture of construction and building, physical plans, identity, cultural heritage of communities and unique space which a community uses!

From 5 to 9 July 2016, the 11th **Health Systems and Health Policy** course was held in Motovun. The central topic of the course was the use of up-to-date knowledge and technologies in decision-making processes and health management. The fact is that the amount of information and knowledge on health system has never been greater, whereas their influence on decision-making processes has never been as unclear. Three key topics have therefore been selected: implementing professional and management knowledge into practice (policy documents and professional guidelines), providing and implementing evidence-based decisions and the use of new technologies in the development of health system. This year's

programme included several workshops which offered a variety of themes and participation options. Over one hundred delegates from Croatia and neighbouring countries and from various health domains participated in the course. On the first day, an independent national conference was held entitled 'Challenges of public health', which presented public health county and national perspectives and challenges. Croatian Institute of Public Health presented 'Digital public health', the development of information technologies and tools and current national public health projects. A round table was held with the topic of future of public health, the key participants of which were as follows: director of the Association of Health Employers, deputy director of the Croatian Institute of Public Health and representatives of professional departments of the Croatian Medical Council. In the evening, a demonstration drill was held presenting evacuation of patients with quarantine infectious disease. The focus of the second day shifted to knowledge and decision making, and was held in blocks: why is knowledge important in decision making, clinical hospitals and decision making, technologies which support decision making, politics and decision making – policy documents. A round table was held on the topic of operational research and cooperation with industry. A very interesting workshop was held with the topic of synergy guidelines in protection of elderly health by implementing GeroS/CEZIH; the workshop was organised by a Reference Centre for Elderly Health with the Ministry of Health. The third day was dedicated to information technologies and implementation of international standards; also, the development of integrative care was addressed. Simultaneously, there was a programme addressing treatment and guidelines. Furthermore a special block on the EU projects was held in which various institutions presented their EU projects in various topics and domains. A closing round table was held on the following topic: 'What do we expect in health by 2020 (2030)', which addressed what health policy is, how it is created and developed, and how it is devised in Croatia. The discussion resulted in the formation of expert group entitled Health in Elections, which offered guidelines and tools for the creating of health policy during elections. A special two-day workshop was held entitled 'Organisation and role of healthy system in emergency situations', 'Health and emergency situations – experiences and technologies developed in Croatia'. The workshop presented experiences of health services in emergency situations such as floods and migration crisis; also epidemiological guidelines were presented, including their implementation in practice; furthermore, various cases in emergency situations were also presented and how they were addressed. Training in emergency communication was also held.

***The 21<sup>th</sup> Business Meeting of the Healthy Cities Network*** was held in Požega, from 21 to 22 October 2016. The meeting was hosted by Požega-Slavonija County. The meeting brought together around eighty coordinators, politicians, and professionals from seven Croatian healthy cities (Zagreb, Rijeka, Poreč, Vinkovci, Split, Karlovac and Požega), and nine counties (Primorje-Gorani, Krapina-Zagorje, Karlovac, Požega-Slavonija, Zadar, Zagreb, Osijek-Baranja, Koprivnica-Križevci). The central topic of the meeting was 'Persons with disabilities – test of health system accessibility'.

Although the meeting formally started a day earlier, when the Network Presiding Committee met, the major part of the theme programme was held on Friday, 21 October 2016. After the opening statements and individual presentation of all delegates, the meeting started with introductory theme lecture entitled 'Persons with disabilities – test of health system accessibility' given by prof. Selma Šogorić D.Sc. The presentation first defined major challenges in local health planning. It is essential to plan interventions and implement them simultaneously through three levels: influencing health determinants (preconditions for health), implementing public health interventions and working through health system (providing adequate, needs-oriented services). In the first domain, influencing health

determinants (preconditions for health), the target group – the one with the greatest power to influence health – are politicians. Politics which is literate in public health recognises health as value and takes it into consideration in the decision making process. Diagnosis and intervention are key skills required by a competent government (in public health domain) and professional public health. Their task is to cooperate and periodically (every 5 years) assess community needs, participate in priority selection and plan interventions (locally, regionally and nationally) which will address most successfully the assessed needs. Health services provision is in the hands of the health system which must adapt to changed needs of the population (related to demographic changes, changes in disease patterns, especially in relation to challenges pertaining to mental health, chronic diseases and problems of ageing). Health system should upgrade its capacity for change and cooperation with other sectors. Two words adopted from the European Strategy Health 2020 – reorientation and quality improvement best illustrate the wanted course of changes in health system. Health system reorientation is directing the system towards an individual and a community which it caters for and it also provides a shift from the paradigm of illness towards health. Quality improvement should be continuously implemented in order to ensure continuum of health care and support self-protection and care provided as close as possible to a user's home. All of the above testifies to the need to upgrade our intervention strategies and orient them towards wider framework of planning for health. We need programmes which will be efficient (created with less means and effort) and effective (best results), which will combine an increasing number of components/strategies. With that in view, we started the programme aimed at creating the Register of Assessed Programmes, which would provide systematic overview of evidence on which the efficiency of implemented programmes are based, so that they could be turned into recommendations and guidelines for improving policy and practice of public health activities on the local and national levels. The development and collection of instruments and guides for use and setting up the register will result in development (and spreading) of the culture of informed decision making in future intervention planning. Most interventions gathered in 2015 through workshops of project entry were monocompetent. Interventions were carried out in physical or social environment, they were interventions which included community mobilisation, direct service interventions, training/education interventions, strategic media use; however, new policies or regulatory activities remained rare. We need comprehensive interventions, i.e. interventions which use multiple combined strategies, networking different (afore mentioned) programme components. What constitutes a desired contribution of health system can clearly be read in the strategy 'Health 2020 for All' of the World Health Organization, European Office, which in its preamble states as follows: Shared goals of all EU member states are to “significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality”. WHO recommendations to EU member states are to work towards developing the health system which will be equitable, rely on policy and practice of inclusion, available (as regards territorial accessibility and volume, ex. waiting lists), accessible (financially, through transport and architecture, time and culture), and the services of which will respond to users' needs thus having effect on health (provide equitable improvement of health outcome).

Central topic of this business meeting has been chosen to assess how much we really respect one of the major principles of health system – accessibility. A large portion of the meeting was dedicated to devising and implementing self-evaluation questionnaire (through a workshop and round table). In the first phase of the development of the 'Questionnaire for assessment of accessibility of space to persons with disabilities', the Regulations governing accessibility were turned into questions. Even though the Regulations come from technical profession, not

health profession, we think it has potential to be upgraded and used in health system. the questionnaire can be used to gather information of the dimension of physical accessibility of space (access to the building and accessibility of the spaces within the building), but also of the dimension of psycho-social accessibility, for which the work of the staff is crucial (how trained or informed the staff is to work with persons with disabilities, whether there is a sign language interpreter, guide, etc.), as well as audio-visual communication aids (video displays, P.A. system, printed materials and instructions rendered in clear and understandable manner, etc.). The third dimension (which is not included in the questionnaire, but is recognised by health institutions) is equipment. It is important to establish the existence or non-existence of necessary equipment and facilities (gynaecological chairs for medical check-up of women with disabilities, anti-decubitus mattresses, etc.) which can contribute to improvement in quality of rendered health services.

After the coffee break, cases of good practice were presented by the hosts. The presentation was moderated by Sandra Sekulić and Vesna Vlašić, D.Sc., head of Administrative Department of Social Activities of the Požega-Slavonija County.

A presentation of the project entitled 'Interpreter of Croatian Sign Language of the Deaf in Health System' opened above mentioned block. The presentation was given by Ivana Kuraja of the Association of Deaf People and People with Hearing Loss from the town of Požega and Požega-Slavonija County. In the introductory part of the presentation, she explained that communication is a basic human need, and that our personal and professional success depends on how well we understand others and how well we can make ourselves understood. Deaf people need interpreters, people who are familiar with both systems of communication. An interpreter is a bridge in transmitting information between the hearing people and the world of deaf people, they are interpreters of deaf people's thoughts and vocal expression. In their daily lives, deaf people often have to deal with and communicate with the so called hearing setting; however, in some situations, an interpreter is a must. Project goal is thus to organise and provide aid in overcoming communication barrier through more permanent use of (employment) of a qualified interpreter and translator, who could, offering his/her specific knowledge, be at a deaf person's disposal (member of the association) in various life situation. Currently, the association employs one interpreter of Croatian sign language, who caters for 36 deaf people and people with disabling hearing loss. The programme aims to strengthen its users and motivate them to re-engage in life of their local community, participating equally in the social setting they live in, and relying less on interventions of the state and social welfare institutions. A growing number of deaf people participate in different life activities and social events, which is a valid indicator of the programme success. The programme contributes to providing equal opportunities for deaf people (in all life situations) and other members of society – through overcoming communication barrier. A sign interpreter usually helps to overcome communication difficulties in primary health care – with general practitioners, dentists, gynaecologists, and in hospitals – follow-ups, medical check-ups, diagnostics (x-rays), interpreting during pre-operative diagnostics, during and after surgeries. Also, interpreters help in legal matters (given the fact that court of laws are not obliged to provide interpreters), in communication with lawyers, notary public, etc. They also help in communication with other state institutions: in social welfare system, Croatian Pension Insurance Institute, Croatian Health Insurance Institute, Croatian Employment Agency, and Ministry of Internal Affairs. At work, interpreters help deaf people to meet their personal needs, participate in meetings of governing committees... They also help in post-offices, banks, teacher-parent meetings, at church, funerals, cultural events (social event for the deaf entitled 'Golden Silent Night', 'Apple Days', 'Chestnut Days', etc.). A deaf person is now

supported by an interpreter when visiting doctors, dentists, hospitals and other institutions and he/she no longer has to fear they will not be understood or that he/she will not understand others.

The programme entitled 'Sighted Guide for Blind and Visually Impaired People' was presented by Ivana Štefanac of the Association of the Blind People of the town of Požega and Požega-Slavonija County. The Association was founded in 1954 with the goal to provide care to blind and visually impaired people. The association carries out many activities, among which a three-year programme for providing personal assistance for persons with disabilities entitled 'Sighted Guide'. The programme was approved by the Ministry of Social Policy and Youth for the period between 1 January 2016 and 31 December 2018. It is aimed at blind and severely visually impaired people who live alone and are unable to walk alone. The task of a sighted guide are as follows: to accompany and provide transport for users requiring health care, to accompany and provide transport for users doing administrative and financial affairs, to accompany and provide transport for users going to cultural and sports events, doing shopping, etc. Due to decreased physical activities of blind people, they present increased obesity, cardiovascular and diabetes risk. The association organises sport and leisure activities with assistance of sighted guides, such as bowling, darts, working out and recreation at Association's facilities using aerobic cycles and treadmills. They also organise outings and hiking adjusted to their users' abilities. Sighted guides increase accessibility of health and other institutes. The programme thus increases inclusion of the blind and visually-impaired people in local community and decreases their institutionalised care.

The Programme of Personal Assistance was presented by Mrs. Anada Kotorac of the Association of People with Physical Disability of the Town of Požega and Požega-Slavonija County. The association was registered as humanitarian and social, non-profit organisation bringing together people with disability from all over the county. The association numbers 627 member- children, youth and adults with disability. The association aims to promote human rights, independent living, development of universal design, equalising possibilities of people with disability and improving quality of life of people with disability developing a system which supports independent living. The programme of personal assistance and the programme entitled 'Expanding range of personal assistance services for persons with disabilities' employ fifteen personal assistants and constitute basis for independent living. The prerequisites of the philosophy of independent living are as follows: adjusted environment and transportation, personal assistant and services, inclusion in economic, social and public life, and possibility to influence political structures and services. Costs of personal assistance include pays and other costs. Finances required for the employment of personal assistants for eight users were covered through the project entitled 'Expanding range of personal assistance services for persons with disabilities in Požega-Slavonija County' of the EU social fund. Personal assistants in daily activities for the persons with most severe disabilities have been funded through a three-year programme (2016-2018) financed by the Ministry of Social Policy and Youth. Personal assistants work 80 hours a month and have flexible working hours. They help a person with disability do anything they wouldn't be able to do due to their disability: transfer from bed to wheelchair, from the wheelchair to the toilet and vice versa, dress and undress, do personal hygiene, do household chores, prepare meals and drinks, serve meals and feed themselves. Personal assistants provide support and accompany people with disabilities during various social activities, when they do administrative errands, visit doctors or go to a pharmacy...

The projects entitled 'Establishing Multifunctional Centre for People with Disabilities' and

'Knowledge for Better Life' were presented by Mrs. Zrinka Redić of the MI Association. The association was founded in 1998 as humanitarian, non-profit association which was initiated by parents of children with developmental difficulties. They are oriented towards their members' needs – children and parents alike, and their goals are as follows: improving children's quality of life, organising and carrying out various programmes, providing rehabilitation, including children and adults with special needs into community and development of volunteering. Half-day activities are organised three times a week. The 'Knowledge for Healthier Life' programme provides rehabilitation-rhythmic workshops, healthy diet workshops, social-communication workshops, creative arts workshops – from old to new, eco workshops – from seed to plants, IT workshops, physiotherapy and daily life workshops. Multifunctional centre was founded to increase employment possibilities and promote social inclusion of persons with disabilities. Its goal is to provide psycho-social support, education and work therapy because practicing and gaining social and work skills is necessary to improve access to labour market.

The programme entitled 'Social integration of children and youth with difficulties' was presented by Mrs. Štefanija Madaj of the Association for Development and Improvement of Aids and Quality of Living of Persons with Disabilities. The association was founded in 2003 with the goal to bring together persons with disabilities residing in Požega. The association aims to: promote rights and interests of persons with disabilities, the elderly, the infirm, and children with developmental difficulties, improve conditions and quality of life, and improve social status of the above mentioned persons, as well as take care of their rights in the areas of social-health care, education, rehabilitation, employment, provide conditions for fostering emotional, physical and intellectual growth and raise public awareness about the needs of persons with disabilities, the elderly and the infirm and children with developmental difficulties. Their mission is to create preconditions for a more successful integration of persons with disabilities in social setting and achieving a higher level of independent living through upgraded aids they use. The following are their projects and the programmes: non-institutionalised care for the elderly and people with disabilities, help in community – doing household chores, talking and socialising with persons with disabilities and the elderly and the infirm in Požega. The third age is also a part of the community – organised daily activities for elderly people, home delivery of books to the elderly and the infirm and persons with disabilities, social integration of children and youth with difficulties, the 'word wonder' – prevention and treatment of speech, language and other communication difficulties (individual and group work). The project entitled 'Let's play with words' is implemented through group support and learning workshops and work therapy for children with speech and language difficulties, youth with communication difficulties and youth with all kinds and levels of disability. The project includes counselling and support for parents, direct work with children with learning difficulties, work therapy and the project entitled 'Study and have fun without prejudices'. Their target group are pre-school children with speech and language difficulties, school children with communication difficulties who need to learn communication skills, as well as children of all ages and various kinds and levels of disability and children with various developmental difficulties, and parents and carers of children with speech and language and other difficulties. There is a great need for these kinds of activities because persons with vocal-speech communication account for 5.8 total number of people with disabilities. The most common cause of the need for appropriate forms of schooling are speech and language difficulties and specific reading and writing difficulties. The county area numbered 6.376 students (2014/2015) with only twelve employed professionals, only five of whom were speech therapists. There is only one speech therapist employed in County General Hospital, who cares for children of all ages, but also older people. Parents are often poorly

informed, waiting lists are long, so that the association provides children with speech and language communication difficulties a more quality rehabilitation procedures through individual work. The association provides conditions for fostering social, emotional, intellectual and physical development of children with speech and language communication difficulties through group workshops and educative play workshops; it provides wider availability of counselling for their parents and carers through the following activities: providing facilities and equipment for undertaking exercises and activities for children with speech and language difficulties, individual work with children with speech and language difficulties and group workshops and educative play time for children with speech and language difficulties. Educative play workshop includes doing education-rehabilitation activities and playing games together; it helps in doing school tasks with the help of didactic toys with the guidance provided by professional people. Creative workshops and exercises are aimed at children of similar chronological age: pre-school and school age in smaller groups (up to 8 children) with individualised approach to each child. One person is employed part-time (20 hours a week) and is in charge of working with children and providing help to parents; one person is outsourced – speech therapist for individual work with children; there are also three volunteers. The results of the programme are as follows: bigger number of children with communication difficulties included in extra-curricular school and kindergarten activities; new activities provided through individual approach; parents are better informed and educated; empathy is developed, as well as cooperation skills and tolerance. It all had a positive effect on the development and socialisation of children with speech and language communication difficulties.

School project with the goal of creating a cookery book entitled 'Let's get together and make it work' was presented by Mrs. Đurđa Tomičić of Primary School 'J.Kempf'. The main goal of the project was to bring together students of various ages and abilities, develop tolerance, socialisation and integration of children with difficulties into the life of their community; also to raise awareness of students about acceptance of persons with difficulties. The target group were students of special classes and groups, students aged 6 to 10 and student aged 11 to 14. All groups worked during whole school year and included children with greater and multiple developmental difficulties aged 17 to 21. Project activities aimed to foster and develop cooperation, group spirit and equality; more quality relationships were developed with friends, parents and teachers, and self-respect was improved. Workshops in which middle and older students cooked and prepared jams with the help of special classes with student helpers aged 6 to 14 were especially valid. They resulted in a cookery book consisting of three parts: simple dishes for breakfast and supper, creative games in the kitchen and the project 'Opportunity for all' – juices and jams.

The programme entitled 'Better future – sport of people with disabilities' was presented by Mrs. Anada Kotorac of the 'Nada' Bowls Club of persons with disabilities of Požega and Požega-Slavonija County. The club brings together persons with disabilities with the goal to promote sport and rehabilitation of persons with disabilities, independent living, socialising and spending quality time together. Its members come from the town of Požega and the County and from all over Croatia in accordance with the Articles of Association. They organise regular trainings, and their players participate in state and international competitions. They are members of Požega Sport Association, Croatian Bowls Association of People with Disabilities and Croatian Paralympic Association. Members of the Club have achieved notable results. In 2015, they won 11 medals on state competitions and three medals on international competition in Poland. For several years they have had the state champion. Bowls for persons with disabilities is played on parquet flooring with special leather bowls; it

is played in 5 different categories, depending on the disability. Competitions are carried out according to precise international rules provided by Boccia International Sports Federation. Boccia is used as rehabilitation because it improves and maintains health of persons with disabilities. It contributes greatly to quality of personal life through spending quality time with others (trainings and travelling to competitions), improves self-confidence and fosters the sharing of experiences through socialising.

After lunch, introduction to a workshop entitled 'Development of self-evaluation questionnaire – 'Assessment of accessibility of health providers to persons with disabilities'' was held. Mrs. Mandica Stanković, urban planner from Vinkovci informed us about the way in which the questionnaire was devised. She stated that the Regulations on Space Accessibility were provided by technical profession. A whole range of Codes has been passed in Croatia (Professional Ethics Code, available in official gazette of Narodne Novine, no. 47/99, Professional Ethics Code of Certified Architects, available in official gazette of Narodne Novine, no. 93/10); also, National Strategy for Equalisation of Rights for Persons with Disabilities 2007-2015 (official gazette of Narodne Novine, no. 63/07) was adopted; furthermore, Regulations assuring access to buildings for persons with disabilities and decreased mobility (official gazette of Narodne Novine, no. 78/13) and Physical Planning Act (official gazette of Narodne Novine, no. 153/13) were passed. Regulations are clear as regards the text and graphic layout; however, implementation thereof is unsatisfactory. Therefore, regulations have been turned into a questionnaire in order to make assessment of accessibility easier. The questionnaire is devised in such a manner to assess both outer access and internal spaces of buildings. The following are items identified: BARRIERS (hanging signs, elements blocking the way, etc.), SIGNALISATION (signposts, indicators for access roads, accessible buildings and services, etc.), URBAN FACILITIES (benches, mailboxes, public lightning, information boards, telephone booths, newsagent stalls with newspapers and drinks, flower pots, waste bins, etc.), PATHS AND LANES (sidewalks, pedestrian areas in open spaces and recreation spaces, pedestrian under- and over-passes), SIDEWALK RAMPS (used wherever there is a difference in levels in pedestrian areas or crossings), PARKING LOTS, RAMPS, ELEVATORS, PLATFORMS, FENCES, HANDRAILS, ENTRANCES, CORRIDORS AND LOBBIES, DOORS, BATHROOMS AND TOILETS.

In order to get first-hand feedback, we asked county health providers to use the questionnaire and do pilot research of accessibility. First experiences of questionnaire use were presented by health providers of Požega area and guests from General Hospital 'Dr. Tomislav Bardek' from Koprivnica. Questionnaire pre-testing results in General Hospital 'Dr. Tomislav Bardek' were presented on behalf of the whole team by Mirna Zgajski Brkić M.D. They worked as a team in order to test the questionnaire, and it took them seven days. They included all workers, from administration to technical services. They think 'real' self-evaluation should include all hospital segments: administration, quality department, safety at work, persons or services responsible for improving signposts, technical safety and infrastructure, procurement, personnel and users. It is important to have good support by hospital management and quality improvement team which would take care of financial means, deadlines and responsibilities. In order to assess how well informed space users are – employees, patients and families – it is necessary to add items to the basic form or to devise a new one. It would be important to provide information relating to possibilities and availability of interventions into infrastructure (both inner and outer – for which the town is responsible). Assessment should be carried out in cooperation with the community and local setting – associations and the media. Here is what they learnt from the form: how to assess conditions of parts of hospital infrastructure (barriers, signalisation, equipment), what requirements there are as regards

height, width, possibilities to move freely, availability and signposting. They think the questionnaire should be upgraded by adding a segment which would assess hospital equipment (ex. gynaecological bed for persons with disabilities, adjustable beds for persons with disabilities and of limited mobility, elevators for persons with disabilities, toilet chairs, toilet extensions, walking frames with and without wheels, wheelchairs, elbow crutches, transportation stretcher, sound/light signalisation for patient rooms, anti-decubitus mattresses and pillows, stools, holders, etc.) They find useful a part of the questionnaire dedicated to elements of accessibility for persons with psycho-social disabilities because it provides the possibility to define needs and standards, information on condition and needs, which can be assessed among employees and users.

The results of the self-evaluation questionnaire applied in the General Hospital of Požega were presented by Ivan Vukoja M.D. He was personally responsible for filling the questionnaire in (for which he had several hours), and, being a medical doctor, had huge problems understanding contents thereof. The basic drawbacks of the questionnaire as regards medical doctors are as follows: too professional and unclear denominations, questions that do not provide unambiguous answers and instructions which are not clear enough. He also sees problems related to standardisation – two very different health providers. He thinks that the questionnaire should be filled by members of technical service who understand technical jargon and is of opinion that too much time is required for completing the form. That notwithstanding, the questionnaire proved helpful in identifying urgent needs for changes. In General Hospital of Požega it is necessary to invest in accessible telephone booths, mailboxes; also western entrance should be reconstructed or eastern entrance should be clearly marked and signposts provided; walkways should be cleared so that wheelchairs and pedestrians can move freely, lifts should be upgraded and sound signalisation installed, the use of lifts should not require any keys, access ramps should be adjusted (main entrance, haemodialysis department, management department), and so should all bathrooms and rooms. He thinks that there should be a person trained to use sign language in daily work, and that there should be an informed consent form rendered in Braille. He feels sorry that the needs of palliative patients have not been included in the assessment.

Jasmina Kovačević M.D. of Institute of Public Health of Požega-Slavonija County gave a talk which presented results of questionnaire pre-testing in a non-hospital health facility – Institute of Public Health. Her opinion is that the purpose of the questionnaire is to detect problems and the questionnaire should be filled in for each building separately. Most answers were positive (good mark), but there is a problem in signposting (signalisation). She also mentioned several examples of barriers which went unnoticed before, such as fixed doormats.

Representatives of Health Centre of Požega and Institute for Emergency Medicine gave interesting talks. They share the same building. Questionnaire pre-testing prompted them to introduce some changes, such as using Braille to mark lift buttons and door inscriptions. They also pointed out the problem of family doctors in concession: they have no interest and do not support financial investments in the facilities.

The presentations were followed by plenary discussion during which Mrs. Marija Mustač from Zagreb warned the participants that hospitals should have an info point for blind people and noticeable signposts for the visually impaired. She said that the City of Zagreb is going to assess accessibility of 3.000 buildings, ranging from health facilities to other service providers for persons with disabilities (airport, tourist facilities, hairdressers', shops, etc.). Mrs. Tijana Novaković of the Ministry of Construction and Physical Planning, as a representative of

technical profession, tried to explain to the participants the three levels through which accessibility elements are assessed in the questionnaire: decreasing difference in height, which is a problem in the existing buildings, accessible life within a building (work area, toilets, etc.) and accessibility of public areas – area around hospitals. She also stated the standards which should be adhered to (entry and other doors, passages, etc.). Selma Šogorić D.Sc. explained that our goal is to revise and expand the questionnaire thus ensuring both physical and specialist assessment of health facilities and to devise a list of needs in separate departments, health units and facilities, so that quality of services provided to persons with disabilities could be upgraded.

The workshop aimed at upgrading self-evaluation questionnaire continued in six small groups and were supervised by the workshop leader Mrs. Mandica Sanković, prof. Selma Šogorić D.Sc. and emeritus professor Silvije Vuletić. The results of small groups were presented in plenary session the following day.

The programme of the second day of the 21st Business meeting opened with the presentation of the Report on Network activities in 2016, given by prof. Selma Šogorić D.Sc. The program continued with a round table: **Persons with disabilities – test of accessibility of health system.** During the round table, there was a plenary presentation of small groups' work and discussion was held in which there were various participants: Network members, guests from the Ministry of Health, Ministry of Construction and Physical Planning, Croatian Institute of Public Health, Croatian Institute of Health Insurance, associations of persons with disabilities and others. The conclusions of small groups gave an excellent course to the further development of the questionnaire. The idea of self-evaluation of accessibility was ranked as very good because through its implementation a large number of intervention could be created, which would improve accessibility of health facilities to the largest number of people, regardless of the inclinations (left- or right-handed) and abilities (physical and mental). Through projects, a large number of people could be educated about the principles of universal design within the framework of EU cohesion policy. The questionnaire is very comprehensive and has many questions which are unclear to persons without technical training. Therefore, the introduction of the questionnaire should contain a recommendation of the Croatian Healthy Cities Network on the competences of the persons who are to fill in the questionnaire (multi-sector group) and the expected time self-evaluation will take. Given the fact that every health facility has a Quality-Assurance Committee, a person appointed for ensuring safety at work and a service for technical maintenance, they could form a work group; furthermore, representatives of associations of persons with disabilities should also be included in the work group (if needed, the team should also include other persons with specific forms of disabilities). People who will be in charge or carrying out the survey should be trained; also, the questionnaire should be available in an on-line form. The reason for carrying out the survey should be stated in the introduction (benefits for the health provider); also clear and short information and guidelines for filling in the questionnaire should be provided. If a health provider works in several buildings, a separate questionnaire should be filled in for each building. In the beginning, a person responsible for the questionnaire should be stated: name, surname, institution, work place, profession, and team members should also be stated. Due to its length, the questionnaire should be structured in several parts which will make completing it and analysing data easier (ex. three parts: introduction, general information on health provider and state of accessibility in various areas (infrastructure, information-communication accessibility...). The question remains whether a questionnaire relating to accessibility for persons with psychophysical and other difficulties and the assessment of resources thereof should be separated. The questionnaire should be separated

according to the area which is being assessed: public area around the building – how connected it is with the outer setting (parking lot, access from stop to entrance, access from the parking lot to the entrance...), accessibility between the buildings within the health provider (physical communication and accessibility, visual, sound and tactile signals, adjusted gradient, lowered curbs, communication between parts of the same building...), and accessibility within the same building (entrance, area within the building, rooms, toilets, communication, adjusted equipment, sound and tactile communication, availability of intervenors – specially trained professionals who help persons with combined sight and hearing impairments, etc.). Given the fact that the answer to most questions can not be a simple yes (there is) or no (there isn't), for each question, there should be a multiple choice of answers; furthermore, standards of accessibility should be enumerated so that the evaluators could have an anchor (identify the problem).

It has been concluded that after the business meeting, and after the questionnaire has been completed and instructions for its use written, we would ask our hospitals from Hospital Network which promote health to initiate meeting with local associations of persons with disabilities and, with their help, to carry out the survey of accessibility of their facilities. The data collected through such unified methodology on the level of Croatia will be used as basis for our requests to Croatian Institute of Health Insurance, Ministry of Health and Government (EU funds) aimed at procuring equipment, contracting services and, in one word, improving accessibility of health system for persons with disabilities.

In October, the 18<sup>th</sup> theme issue of the **Epoch of Health** was published entitled 'Why it is important to invest in early development of children?' It presented various interventions aimed at creating safe, stable, supporting relationships and environments. The best system for a 'healthy start' includes health, social, and education policies which provide: a) excellent health care in pre- and post-natal period; b) distributive social equality, i.e. social system which recognises risks caused by early childhood poverty; c) good possibilities of maternity leave use; and d) high quality early education and care. The most important factor for development is stimulative family setting. Family, parents, and especially mothers have the most powerful influence on children; therefore, a large number of interventions were presented focusing on strengthening families and providing support for mothers.

#### ***d) Other Network Activities***

Network Extraordinary Electoral Assembly was held on 15 April 2016 in Vinkovci. After presence of the members and attendance quorum was established (16 representatives of counties and cities with voting rights and votes of the support centre), the agenda was adopted. Work Committee of the Electoral Assembly was unanimously elected: Vesna Kordić, Dragana Leko and Iva Josović. Prof. Selma Šogorić D.Sc. explained the need to call such extraordinary electoral assembly: prof. Slobodan Lang D.Sc. unfortunately died too early. Therefore, the new Network president and liquidator should be elected. Network Presiding Committee elected in 2014 held a telephone meeting at the beginning of March and decided that only the President was to be elected, given the mid-mandate period. The only candidate for the President was emeritus professor Silviije Vuletić, who was unanimously elected Network President. The assembly confirmed continued mandate of Presiding Committee members, elected in 2014: Đulija Malatestić, Dragana Leko, Ruža Jelovac, Višnja Jović, Miha Katičić, Mladen Karlić, Sonja Borovčak, Zlata Torbarina, Jasna Tucak, and Selma Šogorić (vice-president of the Croatian Healthy Cities Network). Prof. Šogorić was candidate for the association liquidator, which was unanimously accepted.

Last year, a comprehensive revision of the Network web page in English was completed, especially in the part entitled 'about the network' (description of the Croatian Healthy Cities Network, mission and how we aim to meet it, basic principles of Network, Presiding Committee and Support Centre work). Individual pages of cities and counties have been updated; also, translation of the new Articles of Association and annual reports on network activities for the years 2013, 2014 and 2015 have been uploaded.

The work on the project entitled **‘Introducing academic standards in the process of selection of public health interventions – establishing Croatian Register of Preventive Programmes’**. The project started in 2014 with the goal of providing an answer to the question how knowledge of academic public health can be introduced in the practice of local health management. In 2015, we organised three workshops on how to enter projects/programmes in the form and collected information on around sixty existing public health programmes on local level (within the Croatian Healthy Cities Network). Their analysis showed that the most powerful group of interventions are those which have appropriately devised and implemented policies and strategies, the best prototype of which is the 'National Strategy of Equalising Possibilities for Persons with Disabilities (the implementation of which was validated through eight different round tables during the 20th Vinkovci Health Fair). In order to achieve the effect of a comprehensive public health intervention, they apply multiple strategies grouped into programme components, whereas majority of our interventions, which have been registered so far, uses a mono-competent approach and thus has very limited results. The Strategy for Equalising Possibilities for People with Disabilities (the goal of which was to bring in line all policies related to protection of people with disabilities and to make all areas of life and activity accessible for persons with disabilities) was recognised as the best prototype of the frontrunner among registered policies; therefore, it is the public health intervention with the highest-quality development and implementation in Croatia today. An important aim of the Network Presiding Committee is to upgrade network activities to a higher level of excellence, which we are doing by using translation research in public health, bridging a gap between public health theory and practice. The above mentioned method helps us, from academic community, to step into the world of real needs and possibilities through local setting; furthermore, by strengthening public health competences of local communities we can support citizens in gaining better health. Closing the circle of translation research and implementation thereof in practice through the project of accumulated knowledge started in 2016, when workshops entitled 'Planning comprehensive interventions' were held. Their goal is to explain the extent of various programme components and their potential effect on the 'larger picture' to city and county teams. In order to achieve the goal, the model of the frontrunner – National Strategy for Equalising Possibilities for People with Disabilities was used. The workshop entitled 'planning comprehensive interventions' was held from 10 a.m. to 4 p.m. on 3 June 2016 in Zagreb, at 'Andrija Štampar' School of Public Health of Zagreb University Medical School. There were around forty delegates from ten Network city or county members. After the introductory plenary talk delivered by prof. Šogorić, in which programme components which make interventions comprehensive were explained, teams continued working in small groups under the supervision of mentors (emeritus professor Silvije Vuletić, prof. Josipa Kern and prof. Selma Šogorić). They analysed their programme components and graded their satisfaction with them; furthermore, they had to decide if they wanted to add other measures to the programme in order to upgrade its quality and efficiency. Results of their work were presented in plenary session at the last part of the workshop. The delegates concluded that each registered programme contains some space for improving quality and efficiency. The

delegates understand that planning comprehensive interventions poses a big professional challenge and requires simultaneous implementation of multiple strategies; also, they understand that their networking and coordination in implementation process cannot be carried out in an amateur way. Their recommendation is that heads of city/county health teams should be introduced to this kind of approach (planning comprehensive interventions). They are the ones who are responsible for the 'larger picture' and networking of segment (project) leaders. Workshop delegates also stated that teams still lack knowledge and skill in the following areas: developing monitoring mechanisms in the process of programme implementation; results evaluation; and strategic use of the media. They also discussed other challenges our project is faced with. There is a challenge of choice of adequate intervention, which can be solved by use of the Register; furthermore, adequate choice of suggested interventions should be made as regards applicability and transferability of others' experiences into our own setting. Therefore, we plan to provide further workshops and discussions in order to fill gaps in knowledge and skills and to work on developing recommendations and guidelines for development of practice on the local level.

Croatian Healthy Cities Network took active part in public discussion during forming National Strategy for Equalising Possibilities for People with Disabilities. A comprehensive report has been written, including conclusions from all the eight round tables held during the 29th Vinkovci Health Fair. These served as basis for recommendations which have been devised and sent to the Parliament, the Government, and the units of regional and local self-governments.

In 2016, implementation of the project 'Health-Promoting Hospitals' continued. A meeting of hospital representatives was held on 2 December 2016 at 'Andrija Štampar' School of Public Health of Zagreb University Medical School. In the first part of the meeting, Mirna Zagrajski Brkić of Koprivnica General Hospital reported on the advances in the implementation of a multinational multicentric randomly controlled study (implementation of the concept of clinical health promotion – please find the presentation attached); also, prof. Selma Šogorić D.Sc. reported on Croatian Healthy Cities Network Business meeting held in Požega in mid October 2016 and on activities aimed at developing self-evaluation questionnaire entitled 'Assessment of Accessibility of Health Providers for Persons with Disabilities' which started during the Business meeting. During the workshop aimed at sharing experiences, Mirna Zagrajski Brkić of Koprivnica General Hospital and Zvezdana Gvozdanović of Našice General Hospital gave presentations on their respective projects. In 2016, Koprivnica General Hospital worked on three priorities related to: healthy work place, employees' health, and cooperation with community. 'Healthy work place' was carried out through the project aimed at developing psychiatric daily hospital (infrastructural and organisational challenges) and the project entitled 'Safety of employees and patients – Strategy of work place violence prevention' (which was implemented in the whole hospital. 'Employees' Health' was addressed through various activities: European Mobility Day – encouraging employees to go to work without cars!!! They won (third year in a row) the first prize in the Town of Koprivnica; workshop addressing burnout syndrome in cooperation with Croatian Association of Medical Doctors, Koprivnica branch; also, nurses were trained on coping with fear – in cooperation with Croatian Association of Nurses. 'Cooperation with Community' was carried out in cooperation with 'Fran Galović' Public Library (HEALTH MEETINGS IN THE SUN SHADE); also a series of psychiatric lectures for general public was held by a psychiatrist and a psychologist; furthermore, they participated in a TV show – psychiatric topic of anxiety. A series of intersector meetings was organised relating to: psychoactive substances abuse, aggressive behaviour and violence in families. Colleagues from Našice General Hospital

reported on preventive programmes carried out in their hospital. In January, the Mimosa Day was celebrated (the day dedicated to womb cancer) during which information flyers were distributed in waiting rooms. In mid-March, they organised glaucoma week, during which 115 citizens were provided free examinations (10 presented limit or increased values of eye pressure); also, a lecture was held for health workers with the topic of diagnostic and treatment guidelines in treating glaucoma. They also celebrated the Daffodils' Day (dedicated to breast cancer) and International Day of Hands' Hygiene with the campaign SAVE LIVES – WASH HANDS, during which promotion posters were used to encourage employees and visitors to do the cheapest and most efficient measure in prevention of hospital infections – HAND HYGIENE. City councillors held a professional conference dedicated to eating disorders aimed at networking and strengthening professionals working with youth; the goal was to develop support network for persons with eating disorders. Workshops addressing mourning and post-traumatic growth were held, as well as actions entitled 'For the smile of a hospitalised child', 'Children-friendly Maternity Ward' and the project 'YOU TOO CAN VOLUNTEER!' These processes were used to train volunteers on the topic of 'Hand hygiene in health providers' facilities' (how to act properly when entering and leaving hospital wards). On 31 August 2016, Našice General Hospital was solemnly proclaimed Children-Friendly Hospital. The goal is for children to come to examinations and treatment in a relaxed manner and without fear, for which a good approach is required by the personnel and wards, but also by the whole hospital. Within the framework of a Children's Week, a traditional 'Hospital for little Bears' was held in the 'Park Panonija' Hotel, which was organised by the 'Our Children' Association. The activity brought together kindergarten and first-year school children and medical students. October, the month of the pink ribbon was marked with educative posters and information flyers; also, in the Franjo Tuđman square, citizens were informed about breast cancer; furthermore, women were shown how to carry out self-examination and were trained to do so on dummies. After that a procedure following the finding of suspicious lumps was explained. Furthermore, the celebration of the Mental Health Day included a symposium on palliative care. 'IHI' team of Našice General Hospital visited 'Zvončić' Kindergarten in the framework of the 'Health Promoting Hospital' project. A group of pre-school children listened to a lecture on hygiene and correct way to wash hand. After the lecture, the children practiced hand washing and viewed short films on bacteria transfer. November was dedicated to prevention of testicular and prostate cancer. The Association of People with Diabetes provided education for general public: complications following diabetes; and diabetes treatment with three most important parameters: physical exercise, prescribed medication and diet. A lecture with the following topic was held in 'Isidor Kršnjavi' Secondary school: Testicular Cancer and HPV; also, informative flyers were distributed.

Ivana Mikačić of Clinical Hospital 'Sveti Duh' reported on her hospital's activities – systematic medical check-ups for employees and activities related to surgical check list under the PASQ project. After an experience-sharing workshop, prof. Šogorić facilitated a workshop aimed at adopting new skills ('Managing self and others – time management).

Cooperation with national partners continued: Croatian Institute of Public Health, Croatian Institute for Health Insurance, Croatian Association of Medical Doctors, Public Health Association and bodies of state government, especially Ministry of Health (under the auspices of which Health Fair was held) and Ministry of Construction and Physical Planning (participation in Health Fair and Network Business Meeting).

## ***2. Local Level***

In **Zagreb**, two educative workshops were held addressing theme priority groups (palliative care, mental health, health promotion, family and health, unemployment, healthy urban planning, and environment), which provided basis for defining area of work for the Healthy City of Zagreb in the following five years. A draft version of the Healthy City of Zagreb 2016-2020 was devised and is currently undergoing consultations with key stakeholders (city offices, city assembly, institutions).

On 22 November 2016, a consensus conference of the town of Poreč was held (health assembly), at which new priorities for future activities were selected to be carried out within the framework of the Krk Healthy City project up to year 2022. After the consensus conference, a series of workshops were held for members of the newly-formed theme groups (representatives of city administrative departments, institutions and associations); the workshops were aimed at devising new City Health Plan.

On 2 December 2016, for the fourteenth time in a row, a Festival of Creativity and Achievements of Children with Developmental Difficulties and of Persons with Disabilities was held in Rijeka – 14th i-Fest. This year, around four hundred members of various associations and institutions took part in the festival. They were given a chance to present their music, dancing, drama and art skills and crafts. The associations also had a chance to present their pieces in selling exhibition in atrium of Croatian Home of Culture on Sušak, at 8 p.m. The pieces were made by children with developmental difficulties and persons with disabilities and were sold to visitors, who thus had an opportunity to support the above mentioned associations' work. Every year, the participants of the festival are included in all segments of organisation, from technical preparations to programme creation.

## ***3. International Level***

International cooperation of the Croatian Healthy Cities Network was mostly carried out through cooperation with European Office of the World Health Organisation

At the end of 2015, Mr. Agis Tsouros, a long-standing leader of international healthy cities project, retired. Ms. Monika Kosinska took on his role. This transition was the reason why a meeting in Copenhagen was called at the beginning of April, 2016. In the meeting of WHO, European Office and city and national networks coordinators, a framework of future cooperation was agreed.

In November 2016, the first meeting of a new body of the European Healthy Cities Network was held in Udine. It is a group for political vision in the meeting of which participated Vojko Obersnel M.Sc., mayor of Rijeka, who was called to the meeting by WHO. WHO Europe has a new leadership and plans to intensify activities of European Healthy Cities Network. It has therefore formed a Group for political vision with the goal to include local politicians in directing strategic access to Healthy Cities. Besides Mayor Obersnel, Mayors or representatives of following cities participated in the meeting: Irish Cork, Hungarian Pecs, Italian Udine, Finnish Kuopi, French Rennes, Israeli Jerusalem; furthermore, WHO representatives and consultants also participated in the meeting.

Mr. Jadran Mandekić, leader of the Rijeka-Healthy City project, participated in the meeting of work group for healthy ageing of the European Healthy Cities Network of the WHO, which

took place from 30 November to 1 December 2016 in Belfast, Northern Ireland. In the meeting, the cities had a chance to present their achievements related to healthy ageing, share experiences, and discuss the ways in which the work group can benefit the work of European Healthy Cities Network. Apart from Rijeka, representatives of other cities who participated in the meeting were as follows: Ljubljana, Horsens, Belfast, Brno, Manchester, Newcastle and Udine; furthermore WHO representatives also participated in the meeting. The city of Rijeka presented projects of digital literacy for elderly people under the common title 'The society in which I study and feel good', which started in 2005. The projects are aimed at providing free IT education for elderly people, conditions for computer work, and the internet portal for elderly people; <http://penzici.rijeka.hr/>. The second day of the meeting was reserved for conclusions of discussions carried out the day before and for the discussion of the ways in which Healthy Ageing Work Group and the WHO Global Network of Age Friendly Cities and Communities could be networked.

Activities of the Croatian Healthy Cities Network were presented at the annual conference of the Royal British Public Health Association (Brighton, UK, 2016), at the 5th European School of Social Paediatrics entitled 'Child and city' (Zagreb, July 2016) and at the 30th European Conference of Medical and Health Care Philosophy (Zagreb, August 2016).

Network finances in 2016 were better than in 2015. Although we lost financial support of the Ministry of Health, we realised income from membership fees through a contract with the City of Zagreb and the Town of Poreč. Expenditure was decreased, especially in travel orders, temporary service contracts and representation costs.

Report written by:  
Professor Selma Šogorić D.Sc., National Coordinator  
of the Croatian Healthy Cities Network  
with the seat at 'Andrija Štampar' School of Public Health  
Medical School, Zagreb University

**Rockefellerova 4**

**10000 Zagreb**

**Tel: 01/ 45 90 102, fax: 01/46 84 213**

**mob: 098 38 77 88**

**E-mail address [ssogoric@snz.hr](mailto:ssogoric@snz.hr)**

**Web page [www.zdravi-gradovi.com.hr](http://www.zdravi-gradovi.com.hr)**