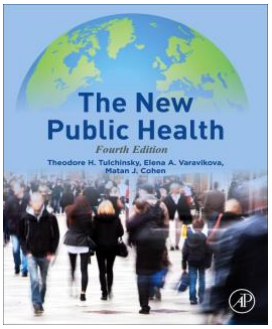

Rapid Appraisal to Assess Community Health Needs as a tool for development of the City Health Profile and City Health Plan in Croatia

Selma Sogoric, Andrija Stampar School of Public Health, University of Zagreb Medical School

For NPH4 Chapter 3

The Healthy Cities (HC) Project, was initiated by the WHO European Office in 1986, as a long-term international development project that seeks to put health on the agenda of decision-makers in cities and to build a strong lobby for public health at the local level. It was a new approach that sees community as an "eco-system with capacity to work towards solutions to its own community identified problems" (1). This notion of a community focused on strengths instead of merely on deficits. The crucial notion that stimulates HC project development was the recognition of importance of the political will. The Healthy Cities Project challenges cities to take seriously the process of developing health–enhancing public policies that create physical and social environments that support health and strengthen community action for health.
In late 1990s European cities in general were challenged with complex public health issues like poverty, violence, social exclusion, pollution, substandard housing, the unmet needs of elderly and young people, homeless people and migrants, unhealthy spatial planning, the lack of participatory practices, and unsustainable development (2). Due to the war and post-war transition, Croatian cities were faced with many others, like, for example, mental health, posttraumatic disorders, quality of life of disabled, family health, community regeneration and community capacity building, unemployment, especially among young and mid-career workers, stress, alcohol, tobacco, and substance misuse. The Healthy Cities Project framework provided the testing ground for applying new strategies and methods for addressing these issues in Croatia.

In the early 1990s, migrations caused by war undermined the credibility of the dominant positivist perspective of demographic analyses, statistical studies, and quantitative health indicators. All health indicators obtained at that time were based on estimates of a key factor – population. Quantitative data collected by national health institutions such as the Croatian Institute of Public Health, the Croatian Health Insurance Institute and the Ministry of Health, mainly produced mortality and morbidity statistics, which was of some use only for national health policy makers. In

addition to its dubious credibility, national health statistics had other shortcomings: poor accessibility of indicators at the local level and non-inclusion of the opinion of the community.

Due to post-war conditions, scarce assets, and the need to determine the current situation and launch the action as soon as possible, the method of rapid appraisal was chosen for the community health needs assessment and development of the strategic city health documents: the City Health Profile and City Action Plan for Health (3, 4). The rapid appraisal procedure to assess community health needs is a method of getting information about a set of problems in a short period, without large expenditure of professional time or financial resources. It is a participatory process that takes about two months from start to finish. It involves representatives of different groups of citizens, local authorities, institutions, organizations and NGOs in a process that identifies both needs and solutions.

Since 1996 till today, the Rapid Appraisal, as the method for development of the City Health Profile and City Health Plan was applied in thirteen Croatian cites: Pula, Metković, Rijeka, Karlovac, Varaždin, Zagreb, Split, Dubrovnik, Crikvenica, Poreč, Slatina, Labin and Vinkovci. Three sources of information were used in this research: panelist essays reflecting local community views on health, problems and potentials of their city, observations about what is diminishing and what is giving beauty to living in their city and information derived from the existing written data sources. During the Consensus conference, based on presented data, participants had selected (Healthy City Project) priority areas, established the working groups on priority areas, and developed the City (action) Plan for Health. These documents were sensitive to each community's needs, scientifically sound and action oriented, by providing short-term and long-term plans. Through the work of thematic groups cities establish and sustain alliances among key stakeholders and assure Healthy Cities project sustainability. The credibility of the rapid appraisal procedure was strengthened by strict selection rules for participants and panelists; a process of triangulation of information sources (essays, observations, collected indicators from the system) and researchers (experts of three different backgrounds: public health, epidemiology, and medical information science).

The closing of the five-year project circle is carried out by holding (again) a one-day Consensus conference (popularly called a Health Assembly) with the aim to report on the project activities in the previous phase and to redefine the priority areas for the next phase of Healthy City project. Since 2016 method was supplemented with organized modular education for members of newly formed thematic groups (representatives of city administrative departments, institutions and associations). Through four one-day educational workshops in the period of six months this wider health team worked jointly on a new Health Plan development. The Health Plan has the hallmark of a strategic (five-year) document from which clearly defined activities are drawn each year in each of the adopted priority areas.

Professor Selma Šogorić, MD, MHP, PhD
Andrija Štampar School of Public Health, Medical School University of Zagreb, Croatia

1. Hawe P. Capturing the meaning of “community” in community intervention evaluation: some contributions from community psychology. Health Prom Int 1994; 9:199-210
2. WHO Regional Office for Europe. Center for Urban health. WHO Healthy Cities Project Phase III: 1998 – 2002 Terms of reference for the WHO Healthy Cities network. Copenhagen: 14 January 1999
3. Šogorić S. Application of the modified method of "rapid appraisal to assess community health needs" for making rapid city health profile and city action plan for health. Croat Med J 1998;39(3):267-75. https://pubmed.ncbi.nlm.nih.gov/9740638/
4. Šogoric S, Rukavina TV, Mujkic A, Dzakula A. Formulating a health strategy at the local level using the "Urban Health Profile" and "Urban Health Planning". Lijec Vjesn 2003;125(11-12):334-8. https://www.bib.irb.hr/285984