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People with disability – a test of the health system accessibility

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For NPH4 Chapter 12

Implementation of the framework for the quality of life improvement of persons with disabilities (PWD) in the Republic of Croatia is in line with international standards. In order to achieve this principle, it is necessary to provide access to healthcare system to persons with permanent or temporary disabilities and sensory, intellectual and psychosocial difficulties. As the persons with disability are (entirely) health system users, health care service planning had to address the challenge of health system accessibility to PWD. The health system accessibility for the PWD is an indicator of equity in the health care. With this research, triggered by many complains coming from local associations of PWD, we intend to identify challenges in health system accessibility to PWD in Republic Croatia and explore possibilities for its improvement.

In 2016 Croatian Healthy Cities Network (CHCN) took a first step in defining the level of healthcare system accessibility for PWD. Through multidisciplinary consultation with interested stakeholders (healthcare institutions representatives, architects, patients, construction industry representatives etc.), CHCN initiated the development of the assessment tools, techniques and technologies. It was necessary to transfer the legislative framework (Legal act Regulation for assuring buildings accessibility for PWD) into the accessibility checklist (the questionnaire for the self-assessment of the accessibility of the health institutions for PWD) and test it with several healthcare institutions.

With this first working version of the questionnaire the three groups of data can be collected: on spatial accessibility (physical barriers in and around health care institutions), psychosocial accessibility (interpersonal or staff dimension, i.e., specialist training for working with different PWD groups like deaf, blind, intellectually challenged) and presence of audiovisual communication aid (video display, loudspeakers in elevators, printed materials and instructions). The dimension “specialized equipment” was not the part of the first version of the questionnaire. Its absence was recognized, during the workshop, by the health care institutions.

The first working version of the questionnaire was tested in 2017 by two County general hospitals (Koprivnica and Požega), Požeško-slavonska County Institute of Public Health and Institute for emergency medicine and Požega (primary care) Health Center. The medical professionals had reported that a health institution's self-assessment should be a team exercise, involving different kinds of professionals. It had to be strongly supported by the institution's management (especially the quality improvement management team) and technical staff. The team had to identify and record existing shortcomings (on every department) and formulate a Plan for improvements. This Plan should address all the needs in personnel training, spacial improvement and equipment.

The representatives of the different groups of PWD (persons with permanent or temporary disabilities and sensory, intellectual and psychosocial difficulties) must be involved in this exercise, as well. The most valuable information they got, by applying this questionnaire, were related to spatial obstacles (infrastructure – barriers, signalization, and equipment) that can be resolved almost immediately. The added value of piloting this questionnaire in institutions was that the professionals completing the questionnaire became familiar and gained improved understanding of legal requirements on different dimensions of accessibility.

From a physician perspective questionnaire was unclear (written by developers, arhitects and builders) To ease data collection and processing they suggested that the next version of the questionnaire should be more user friendly, structured as the groups of questions (like general data on health institution, assessment in areas like infrastructure, information and communication accessibility, specialist care, etc.) and supported with IT program for processing data. In addition, the questionnaire should be supplemented with questions assessing specialized equipment (gynecological examination for PWD, adjusted patients' beds, lifters, toilet seats, chairs, stretcher, sound and light signalization for patients' room, antecubital mattresses, etc.).

The findings (accessibility of institution to PWD) and the Plan have to be presented to health institutions founders (Cities, Counties and Government). That will enable them to have clear overview of the needs of the health care institutions they are responsible for, and to act accordingly (in allocating resources). Counties will be advised to use those documents in applying for funding at national or EU level. At the level of Croatia this kind of information (collected through unified methodology) will support the development of national standards related to "specialized" medical services and equipment accessibility.

To be an accessible health system implies much more than just removal of physical barriers in and around health care institutions. Inability to approach or enter medical institutions without assistance and use the service is just a first level of the PWD problem. A much bigger problem is the non-existence of appropriate medical equipment. Apart from the two mentioned the biggest problem is linked with the procedural or policy levels – absence of clear standards related to "specialized" accessibility at the national level. Improvements at that level will assure health system accessibility for PWD but as well assure patents safety, in general, and improve service quality.

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Further reading

S. Šogorić, M. Sanković, V. Štefančić, K. Vitale. Persons with disability – test of the Health System accessibility, *Acta Med Croatica*. 2018;72(2):199-205.

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