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# Healthy Settings / Health Promoting Settings

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## Abstract

In addition to genetic factors, human health is influenced by many other exogenous factors: environmental set-up, housing conditions, education, public services, social security, protection of people, etc. Health improvement and the creation of potentials for good health before health problems and vulnerability appear are the fundamental determinants of health promotion. The World Health Organization advocates health promotion and providing healthy surroundings that would allow the maximal expression of all human potentials (mental, physical, social, spiritual). The aim of this article was to examine the association of environmental factors that affect mental and physical health. By a series of public health programs, there is an attempt to preserve health from the earliest beginning of life – from its conceivement. Negative environmental factors present in the early phases of childhood may produce far-reaching consequences for the entire life. Critical groups include elderly people, homeless, migrants, persons with special needs and those living on the margin of poverty. The reorientation of the health system is necessary, so that its focus is moved toward the individual and community, and to strengthen the culture oriented to health and prevention, not to disease. The cooperation and linking inside the sector and with other sectors by the creation of partnerships and networks is unavoidable. There are many examples of the Healthy Cities project that contributed to the wellbeing of citizens on the level of city administration.

## Introduction

Health is not only the absence of disease or disability; instead, it is the state of the complete mental, physical and social wellbeing (1). In addition to genetic factors, human health is influenced by many other exogenous factors: environmental set-up, housing conditions, education, public services, social security, people protection. Health promoting settings imply the places or environments where people participate in everyday activities under the interaction of ecological, organizational and individual factors in a way that influences their health and wellbeing. The accomplishment of physical and mental health is not only the individual responsibility. The access to information – the knowledge, education and economic situation provided – also influences the maintaining of health to some extent. The studies carried out so far indicate the relationship between the social component and life habits. The promotion of health is aimed at reducing the role of social differences in the creation of life habits the maintenance of health is dependent on. The idea of life promotion is not new. In addition to several attempts during the first half of the 20th century, its maturation to an organized discipline was recognized in 1974, when the Canadian minister of health published the document entitled "New health perspectives for Canadian citizens" (2). This was the first document of the governmental national policy that identified health promotion as a fundamental strategy. Subsequently, the document has been used as a basis for the similar documents issued by other countries, including Sweden and the USA, therefore contributing to the increase of international enthusiasm in acceptance of health promotion as both the concept and the approach practiced by governments, organizations, community and individuals.

The investment in health is a pragmatic approach to the implementation of conception and principles of health promotion in the practice. Health is an investment and a critical resource of the community and the individual. It should be streamed to health promotion and health promotion should be understood as an innovative modern strategy, which, in addition to health benefits provided to the population, affords sound social and economic profits to the country. Healthy Setting approaches have been implemented in many different ways in multiple areas (3). The aim of this article was to examine the association of environmental factors that affect mental and physical health.

## World-wide development of health promotion

The fundamental determinants of health promotion are the improvement of health and creation of potentials for a good health before health problems or threats for health appear (4).

**1981.** WHO „Health for everyone". A basis for the development of health promoting settings. Role of the community and interdepartmental activities has been emphasized (5).

**1986.** Ottawa, Canada

The first international conference on health promotion held and the process of people capacitation to strengthen their control over their own health started. Five priorities of public health were defined: building of policy focused on health and public health, creation of the environment that contributes to health, increasing of activities on the community level, development of personal knowledge and skills, and reorientation of health services (6).

**1988.** Adelaide, Australia

The second international conference pointed out that health was a fundamental human right and at the same time a basis for a social and economic growth. It also emphasized that health promotion was a profitable social investment and elaborated the idea of health-oriented policy in detail. Priorities of policy focused on public health were defined: women's health, nutrition, smoking, alcohol, environment (7).

**1991.** Sundsvall, Sweden

The conference elaborated the strategy of environmental changes by creation of supporting environment, that necessary include developmental policy, law regulations, reorientation of certain services, creation of partnerships in the field of health promotion, and also the rising of awareness about the environment as a significant health determinant (8).

**1997.** Jakarta, Indonesia

The conference in Jakarta had three objectives: to evaluate the impact of health promotion, to identify new strategies in the field of health promotion and to encourage and allow the develop-

ment of partnership in the health promoting area. The need for placing health promotion in the center of health improvement activities was emphasized (9).

**2000.** Verona Incentive. Between 1998 and 2000 European WHO office has organized a series of meetings known as Verona Incentive. The Incentive defined health determinants such as biological determinants (gender, age), genetic factors (inheritance burden), and life conditions (socio-economic, cultural, environmental, professional and life conditions, impact of community, and personal life style) (3). In order to identify pragmatic ways to facilitate collaboration among the actors/partners decisive in the creation of health, the Verona Initiative was set up in 1998. The aim is to identify opportunities and threats to intersectoral collaboration and to create awareness of the possible impact of policy decisions on the determinants of health. The "Verona Benchmarks" provide a framework for measuring countries', regions' and local communities' capacities to implement intersectoral collaboration in line with the HEALTH21 concept and principles. Three-year pilot projects are currently ongoing in Italy, United Kingdom and Austria. More countries, such as Finland, are likely to establish such demonstration projects (10).

## Development of health promotion in Europe

Development of health promotion in Europe has been considerable from 1995.

**1996.** European Union supports the development of health promotion and issued the publication Health Promotion Programme which was adopted by the European Parliament in 1996 (11).

**1997**. The European Network for Health Promotion Agencies (ENHPA) was established. EuroHealthNet is currently a Partnership of nearly 50 organisations and institutes from 26 countries, also drawing in partners from other sectors and academia to foster

knowledge-based practice and policy, whole-of-society approaches, and strengthened advocacy (12).

**2000**. European Commission started its Health Action Plan.

## Three basic strategies for health promotion

- advocacy for health to create the essential conditions for health;
- enabling all people to achieve their full health potential;
- mediating between the different interests in society in the pursuit of health (12).

## Environmental health factors

Worldwide, an estimated 24% of the disease burden (healthy life years lost) and an estimated 23% of all deaths (premature mortality) was attributable to environmental factors. Many health problems are becoming more and more social. The most important places for carrying out activities are our home, school, work place, health units, community, etc. Our surroundings should be the origin of our satisfaction, comfort, safety and encouragement. In the medical sense, the environment includes the surroundings, conditions or influences that affect an organism It is necessary to protect the nature and natural resources and in this way to ensure people's individual, social and economically sound and productive life. The main goal of the health-oriented policy is to protect the environment that would enable healthy living. Even in the most developed countries the most privileged people live several years more and are less ailed than those in need. People's life styles and conditions under which they live and work have significant impact on their health and the length of life (13).

In 1989, World Health Organization (WHO) defined environmental health as comprising those aspects of human health and disease that are determined by factors in the environment. We can use terms hazard, exposure and risk to describe how an environmental factor can affect human health. Medical care may extend the survival in some serious diseases but social and economic conditions related to the appearance of diseases are more important for health population as a whole. It has been often cited that the human being itself responsible for its health – by appropriate nutrition, enough physical activities, avoidance of smoking and excessive alcohol drinking, responsible sexual behavior etc (5). Figure 1 shows the diagram of the main determinants of health.

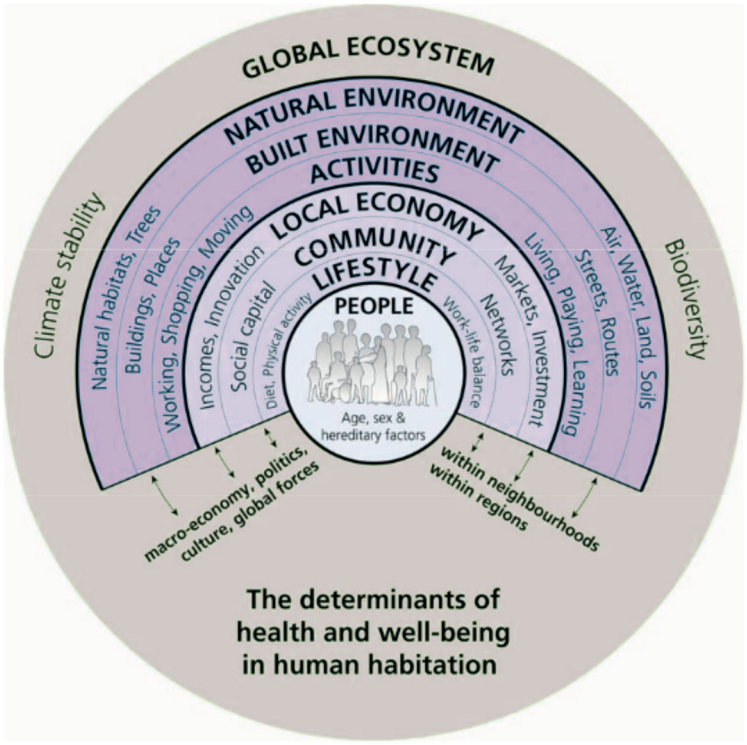


Figure 1. **The Settlement Health Map (7) (adapted from Barton and Grant, 2006)**
Source: WHO Regional Office for Europe.Urban planning, environment and health. From evidence to policy action- Meeting report.

It has been often cited that the human being is responsible itself for its health – by appropriate nutrition, enough physical activities, avoidance of smoking and excessive alcohol drinking, responsible sexual behavior etc. However, social and economic circumstances (social determinants of health) are frequently out of the control of individuals, and these circumstances shape the individual's choices and affect the health itself (social responsibility for health). Poor social and economic conditions affect health throughout the entire life. Social and psychological conditions may cause a long-lasting stress. Permanent anxiety, insecurity, low self-esteem, social loneliness and deficient control over work and life at home have a strong negative impact on health. The process of social exclusion – marginalization of certain groups such as the homeless, immigrants from other countries, refugees, chronic psychiatric patients or invalid or emotively vulnerable persons. The extent of relative poverty in the society has the strongest negative impact on health and may be the cause of an early death. Health is not damaged only due to material poverty but also due to social and psychological problems of life in poverty. The stress at the workplace has an important contributing role in the creation of large differences in health, absence from work the place and early death related to social status. Several studies of work places in Europe demonstrated that health is at risk when people have little opportunity to use their skills and when they are not authorized to make decisions. Unemployment and professional insecurity are even stronger risk factors for health (5).

**List of basic environmental factors with potential to affect health (14):**

- pollution of air, water, or soil with physical, chemical or biological agents;
- UV and ionizing radiation;
- electromagnetic fields;
- noise;
- built environments, including housing, land use patterns, roads;
- agricultural methods, irrigation schemes;
- man-made climate change, ecosystem change;
- emergencies related to bioterrorism and chemical terrorism.

**Extended list of environmental factors with potential to affect health:**

- alcohol and tobacco consumption, drug abuse;
- diet (although it could be argued that food availability influences diet);
- the natural environments of vectors that cannot reasonably be modified (e.g.) in rivers, lakes, wetlands);
- natural biological agents, such as pollen in the outdoor environment;
- occupational risks.

The World Health Organization's (WHO) strategy "Health for all" in 21st century has the promotion of health through social end economic development as its leading idea.

Equity and solidarity – the obligation to pay the highest attention to those in the greatest need. According to the Verona Incentive the key question is to identify investments that promote health. The use of resources (e.g. money, people, lands, environment) in a way to strengthen health and welfare which in turn will bring social and economic benefits to the society as a whole. The social support and good human relationships are an important contribution to health. Social assistance ensures people emotional and real environment they need. Belonging to a community network of co-addressing and reciprocal bindings makes people aware that someone cares for them, that they are respected, noteworthy, or even loved (5).

It is very important to ensure a favorable environment in early childhood. Health foundations in an adult age are set in prenatal life and early childhood.

Slow growth and lack of emotional support during that period bring the risk for poor physical health during life and reduce physical, cognitive and emotional function. Poor social and economic circumstances represent the largest threat for the child's growth. Childhood and adolescence are key periods for leaving the foundations for healthy development and good mental health. Programs have been created out for the promotion of mental health, as well as preventive programs designed for all children and school age adolescents. The emphasis is on the social and emotional aspects of mental health (15, 16). The programs are created by combining mental health programs with those for physical activities and sexual education (17-20). It is estimated that 10-20% of young people all over the world experience mental health problems (21, 22).

In addition to social support and medical care, an important factor is "political strengthening", i.e. the inclusion of "vulnerable" groups and ensuring them the right to vote, as well as changing the position of women in the society.

## Healthy places – healthy people

the individuals (and their poor health) can not be viewed in their entirety only by looking at the body or the brains; it is necessary to see what happens in their communities, social networks, working places, schools, family. Healthy Cities is a dynamic concept/approach. Therefore, today's interventions go from the modification of risky behavior of individuals toward the preservation of the integrity of social structures where people live (23). The Healthy Cities project and movement is a developmental project – based on the integration of all developmental systems of the society and activation of citizens themselves in the creation of „healthy" settlements – settlements where respectable quality of life will be ensured for all of the citizens. The term Healthy Cities was launched in 1985. It was the title of a speech given at an international meeting in Canada on the theme »health is the result of much more than medical care«. The Healthy Cities project was launched by the World Health Organization's Regional Office for Europe in 1986 with the aim to increase the interest for positive health concept in cities throughout Europe and to encourage and allow direct cooperation among cities with no political barriers. The project is based on the "Health for all" strategy, transferring its principles into practice by local activities at the city level. The essence of the project is a city concept – what the city is and what it could become as a healthy city. The term "healthy city" implies the process, not only the outcome. Healthy city is a city where the awareness exists about health as an essential content that should be continuously improved. According to WHO, a »healthy city« is the one that continually creates and improves those physical and social environments and expands those community resources, which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential (24).

In addition, healthy lifestyle can be promoted in city districts by providing arenas for activities (23). The Healthy Cities project affirms the holistic nature of health, indicating the interdependency of physical, mental, social and spiritual dimension of health. The project goes from the assumption that health can

be achieved by collective efforts of individuals and groups living in the city. An essential project postulate is the understanding that in making political decisions at the city level the city administration should pay attention to potential impact on health (23).

By choosing their lifestyle, using healthcare services, by their viewpoints regarding health issues and by their activities people influence their own health. The Healthy Cities project wishes to encourage people to participate more actively in all activities that may influence the health in their city. The availability of green areas is also linked to positive health outcomes and more physical activity.

Natural environmental features – the landscape – have an effect on health by reducing stress and increasing physical activity and social engagement (25). The main project goals – health improvement and disease prevention through intersectoral activities – require creation of climate favorable for changes, continuous searching for new ideas and innovative methods, and supporting those who successfully introduce new approaches and new programs. The measure of success of the Healthy Cities project is the acceptance of health policy at the city level. Homes, working places, schools, streets – all parts of the urban environment – have to become healthy living places.

In its actual health policy "Health for all in 21st century" the World Health Organization emphasizes its priorities:

1. to increase responsibility of the society for health – from avoiding adverse effects on health of individuals and care for healthy environment to the restrictions in the manufacture of products with adverse effects to health; (26).
2. more investments to health-improving activities – from education and housing improvement to the improvement of medical services that will be beneficial to health and quality of life of individuals and the society as a whole;
3. establishment of partnerships of various services and community groups in the field of health promotion;
4. strengthening of the community and individuals in the field of health promotion;
5. ensuring infrastructure for health promotion by development of appropriate legislative, educational, social and economic circumstances that will support health promotion.

By the World Health Organization's activity and incentive (27) cultural and social environment has been identified, as being of essential importance and the necessity to "adjust a conceptual framework" has been accepted (28). Attempts to change theoretical backgrounds traditionally insufficiently represented in health promotion have been made. Multilayer frameworks should be widened to achieve improvements in sanitary-hygienic habits conceptualization (29).

According to the World Health Organization, health promotion is defined as a process of capacitating people for the control and improvement of their own health (6). According to the Ottawa Charter, the health improvement action should follow the steps listed below:

1. Improvement of public health policy
2. Creation of supporting environment
3. Strengthening of community participation
4. Development of personal skills
5. Reorientation of health services

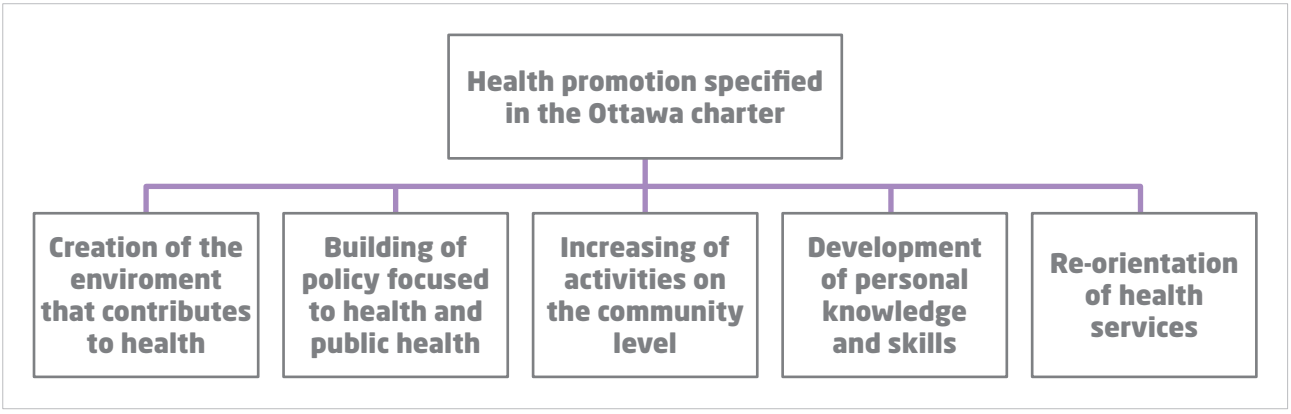


Table 1. **Health promotion specified in the Otawa charter (6)**

The Ottawa Charter defined not only the term „health promotion" but also provided the entire vision of the movement, that will be only upgraded and broaden by a series of documents afterwards. Furthermore, just in Ottawa it was emphasized that health promotion strategies and programs should be adjusted to the local needs and capabilities of particular countries and this inspired the creation of a document entitled "Health for all in 21st century" (6).

The holistic nature of health and interdependency of physical, mental, social and spiritual dimensions of health is emphasized. Collective efforts of individuals and groups living in the city are considered to contribute to health improvement. It is important to notice that political decisions on the level of city administration may impact health. Factors listed above resulted in the need to launch health improving projects on an international level. The World Health Organization's Regional Office for Europe launched the Healthy Cities project in 1986 with the aim to increase the interest for a positive health concept in cities throughout Europe (6). The World Health Organization's Healthy Cities project is a long-term international developmental project aimed to place health on the top of political factors agenda in European cities and to promote local comprehensive strategies for health and sustainable development (23).

The vision of the Healthy Cities project is based on the need for the community to participate in the contribution to health (30). Approximately 5000 cities worldwide joined the international network of healthy cities (31).

The orientation to health includes organizations and individuals as well, who work outside the health sector itself, dealing with activities aimed to improve people's health. Such a process of collective activities is referred to as "intersectoral or interdepartmental activities".

Four phases of the project have been completed so far. Thirty-five cities participated in the first phase of the European Healthy Cities project, including the city of Zagreb.

**Phase I** (1987-1992) task was to strengthen the role and contribution of the community, remove political and institutional barriers for changes and to realize a partnership in the creation of social health policy. The expected product of Phase I was to build and activate the "infrastructure" for the Healthy Cities project implementation (31).

**Phase II** started in 1993 when the city of Maribor also became a project site within the European Healthy Cities Network. Maribor was a project site in Phase III too, in the period from 1998 to 2003.

Strategic goals of Phase II (1993-1998) included social health policy adoption acceleration on the city level, strengthening of the supporting system and building of strategic links to other sectors and organizations that influence the development of cities (32).

The expected Phase II products were the production, adoption and implementation of key Healthy Cities documents: The city health image and The city health plan.

These documents served as a basis for the determination of priorities, strategic planning and health care.

**Phase III** (1998-2003) was aimed at translating the strategy of documents "Health for all in 21st century" and Local agenda for 21st century to the local level „language" by the creation and implementation of The city plan for sustainable development of health. Approximately 50 cities participated in the European Healthy Cities project Phase III, including Croatian cities of Rijeka and Zagreb. In 2004 the city of Celje also became a WHO project site (2).

WHO requirements for Phase III:

1. To support principles and goals of the WHO „Health for all strategy". Under this requirement cities should get support of the local self-administration and of key persons authorized for decision making in other sectors.
2. To provide support to the project to ensure its implementation and management. To define guidelines, cities should have an intersectoral group whose members must include persons with the role in political/executive decisions making. Also, a coordinator should be appointed and the administrative and technical support to the project ensured.
3. To take the obligation to realize special health goals, developmental politics, strategies and specific plans and to accomplish targeted results (the engagement in at least one of the following issues is expected: addictions, children, elderly, violence among people and in family, accidents, healthy environments);
4. To develop formal and informal networking and cooperation on local, national and international levels.

This obligation includes the attendance of coordinators to all WHO business meetings and symposia, the access to Internet and use of e-mail, as well as the participation in national networks (2).

The commitment of the city of Zagreb is to continue its activities in the promotion and acceptance of healthy lifestyles, care for risk groups and prevention of chronic diseases requires continuous action in these areas (33).

**Phase IV** (2003-2008) gathered the highest number (more than twenty) of European project cities, dealing with four central topics:

The Healthy Cities programme - Phase IV core themes:

1. Healthy urban planning
2. Health impact assessment.
3. Healthy ageing.
4. Physical activity and active living

Due to significant changes in the environment, several new sub-topics were introduced in the middle of Phase IV: health of migrants, global warming, preparing for crisis situations (public health incidents, disasters and crisis conditions), creative cities (how to use creativity, encouragement in the promotion of quality of life) and social marketing (34).

The Phase IV challenges are not new but are becoming more and more important:

1. To allow active participation of leading political, professional and other features of cities in the project.
2. To provide necessary resources for the project.
3. The importance of the project acts as a leading force.
4. To include the public to individual subprojects.
5. Intersectoral actions.
6. Support of media (35).

Figure 2 shows Ron Draper's ten-year perspective on how healthy city projects affect processes and structure. His model underpins the evaluation of Phase IV (2003-2008).

Phase IV of the European project was closed at the Zagreb Conference held in October 2008 by the adoption of a declaration defining the leading challenge for Phase V: "The healthy city should be, first of all, the city for all of its citizens, inclusive, supportive, socially sensitive and able to respond to various needs and expectations of its citizens" (35).

Three central topics of **Phase V** (2008-2013) are the development of surroundings that provides care and support, healthy life, and healthy urban environment. With the experience of the world economic crisis, being aware of the scope of neoliberal policy, nowadays, when (as said by Professor Michael Marmot in its report to a Global Commission on Inequality) „the social justice became a matter of life and death", all sectors of the community are increasingly focused on health and welfare as its fundamental values. A motto of the Healthy Cities project Phase V is: „Health and equity in all local policies"!

More than 90 project cities in Europe currently participate in the WHO Healthy Cities project Phase V for Europe (cities of Rijeka and Zagreb as representatives from Croatia) and there are approximately 30 national Healthy Cities networks (Austria, Belgium – Flemish and Walloon, Bosnia and Herzegovina, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Greece, Croatia, Italy, Israel, Kazakhstan, Latvia, Lithuania, Hungary, Netherlands, Norway, Germany, Poland, Portugal, Russian Federation, Slovakia, Slovenia, Spain, Sweden, Turkey, Ukraine and England) with over 1,500 cities enrolled. The project has expanded to Australia, the USA, Canada and Middle & Far East countries so that approximately 3,000 cities are engaged in the network (37).

**Phase VI** (2014-2020) strategic goals are:

- To rank health promotion actions highly on the social and political city plan;
- To promote health policies, health measures and sustainable development on the local level and to emphasize the equality in health and principles of European policy for all until 2020.
- To promote intersectoral management of health and the equity in local policy
- To promote solidarity, cooperation and links among European cities, and local administration network and partnership with agencies dealing with urban problems.

The Healthy Cities project in the European region demonstrated the value of integral (holistic) approach to the problems such as poverty, violence, social isolation, substandard housing, unmet needs of the elderly and/or young people, homeless and migrants, unhealthy physical planning, pollution and the absence of active participation practice and indicated the need for resolution of inequality and sustainable development problems.

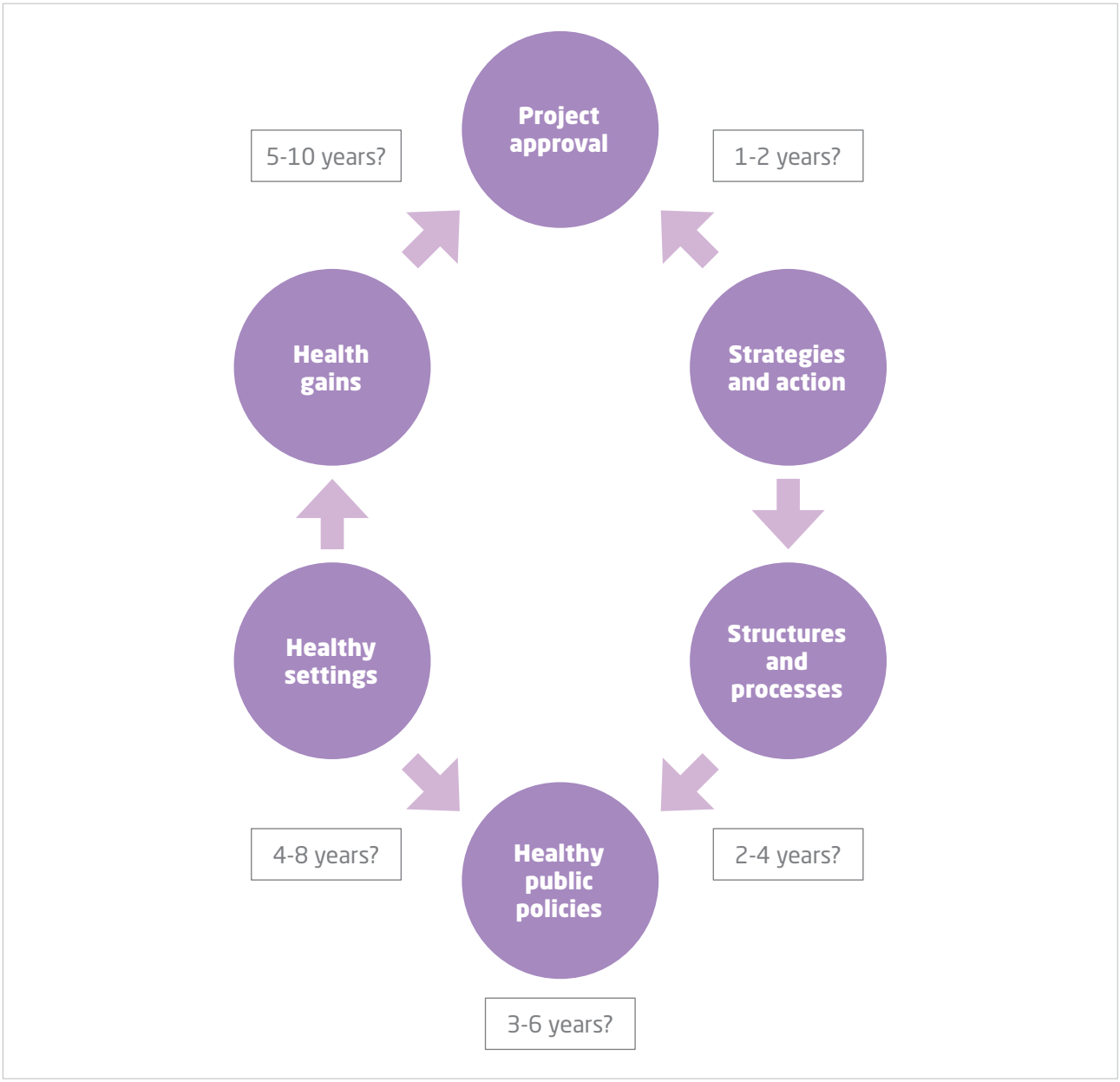


Figure 2. **Ron Draper's ten-year perspective on how healthy city projects affect processes and structure (36)**

The Healthy Cities project is a successful and popular mechanism for the promotion of policies and programs based on "Health" for all on the local level through a process that includes an explicit political commitment, institutional changes and interdepartmental partnerships, innovative actions for the resolution of all aspects of health and life conditions and extensive networking of cities throughout Europe and farther.World health organization (37).

**SWOT** (Strength, Weaknesses, Opportunities and Threats) analysis provides a useful framework for community analysis (24).

**Strengths**

- What is good in this area?
- What are we good at in this area? Why?
- What do other people or organizations think we are good at in this area?

**Weaknesses**

- What do we do poorly in this area? Why?
- What could we improve in this area?
- What should we avoid in this area?

**Opportunities**

- What are the good opportunities facing us in this area?
- First nations issues
- Government policy
- Local developments
- What are some interesting trends happening in this area?

**Threats**

- What obstacles do we face in this area?
- First Nations issues
- Government Policy
- Local developments

## Croatian Healthy Cities Network

The WHO European Healthy Cities Network consists of a network of cities from around Europe that are committed to a comprehensive implementation of the Healthy Cities concept. The Croatian Network initiated the Coupled with Health project during 2008 – a media campaign to celebrate 20 years of healthy cities in Croatia. By various activities the members of network drew attention to social problems and sensitized the public to changes required to increase the quality of life in the community.

The Croatian Healthy Cities Network with its Support Center located at Andrija Štampar School of Public Health is one of the oldest European national Healthy Cities Networks and among the first registered non-governmental organizations in the Republic of Croatia (from 1992).

The core working principles of the Croatian Network are contained in the following documents:

1. Universal Declaration on Human Rights (35)
2. 21 goals of the "Health for all in 21st century" (38)
3. 19 goals of the European Social Charter (39)
4. Düsseldorf Declaration on Human Environment (40)
5. Aalborg Charter on Sustainable Development (41)
6. Croatian Healthy Cities Network Program Declaration (2003 revised version)

## Strategic principles of healthy cities

1. Multisectoral approach – health is not only a matter of the health system but of all related and developmental systems in the society;
2. Active participation of citizens (self-assistance, mutual assistance, opportunity to make health-related decisions, etc.);
3. Care for environmental health (biological, physical and social environment) – the right and obligation of citizens to live in an esthetically and ecologically quality environment (24).

## City of Rijeka – an example of healthy city

A Healthy Aging Strategy has been created and adopted in the city of Rijeka, 2009 -2013, allowing even elderly people to swim upstream. In collaboration of older people, politicians and experts of various profiles, 92 different activities have been figured out in an effort to create conditions for a long, healthy and active life of Rijeka citizens.

In cooperation with the University of Rijeka a project of informal education for the third age people was started, aimed to promote lifelong education and the culture of learning, as well as to empower people over 50 years of age. Various educational programs completed almost 300 citizens of older age. New clubs for the elderly (small homes for care) in two city districts were opened.

In the frame of an international project e-Government for You (EGOV4U) a large number of elderly in Rijeka was provided with free of charge IT education and free of charge use of IT equipment and Internet in four newly opened small digital centers. A specialized web portal was created for elderly people; the city was awarded for this by the Association of Cities of the Republic of Croatia. The first online advisor in Croatia was also developed for personalized informing of citizens about urban social measures. The aim of the above activities is digital and social inclusion of elderly people (and other socially vulnerable groups) into community.

A new project Yoga 50+ was initiated and it elicited a great interest in the older population.

Home for the elderly with psychic disorders was opened and is active within the Home for mentally diseased adult persons in the Turnić district. A hos-

pice (15 beds stationary + daily care) was opened for patients in the terminal phase of the disease, governed by the Caritas of archdiocese of Rijeka. A study was carried out about the health-related behaviors (physical activity, exposure to the sun, behavior in traffic) in primary school children.

An educative brochure was published for parents having children of primary school age, aimed to promote correct behavior of children when exposed to the sun (Protect your sun from the sun). Healthy nutrition of children was promoted by promotional actions, such as the 4th Meeting of the Children Friendly Cities and Municipalities.

The city of Rijeka was recognized at the national level for the projects aimed for the prevention of children's health: *„Rijeka swims, By moped to the finish line, By motorcycle to the finish line, Narrator narrates in Kantrida Children's Hospital and Who will have the highest number of healthy or fixed teeth at the end of the school year,* and by organization of the 3rd Festival on Children's Rights held under the motto *„All (would like to) go to the cinema*", where all movie projections were adapted to persons with hearing and visual difficulties.

The highest number of projects/programs from the field of physical and mental health protection co-financed by the city of Rijeka were oriented to health promotion and health education of citizens; the largest financial assets were allocated to the prevention of addiction.

The project of Rijeka Promenade enabled citizens to have a meaningfully designed walk through the city along sections passing through historically and geographically most attractive areas.

The first section, 11.5 km long, was open in 2011. The intention of the project is to stimulate citizens for walking for their personal and city health (33).

As of 2009 The University of Rijeka Foundation has maintained the School of Sustainable Development where over 100 students of different faculties from Rijeka gained a basic knowledge about sustainable development and the need for changes in the community. The Rijeka beach for disabled persons got the blue flag that confirmed an appropriate cleanliness of the sea and the coast, equipment and arrangement of the beach and quality of service.

In the frame of Let's Remove Barriers project, information about objects and locations accessible to disabled persons, as well as information about the traffic is regularly published on the city web pages. The project was presented at the international conference on people with disabilities held in Ljubljana, Slovenia, 2013.

Rijeka Sport Games were initiated for children with developmental difficulties, aimed to improve children's psycho-physical abilities and their recognition in the society and wider community. In 2013 one hundred and twenty children participated in the Games and those from other Croatian cities also took part that year (42).

On the occasion of the International day of disabled persons, each year a Festival of creation and achievement of children with developmental difficulties and disabled persons is organized, with more than three hundred participants each year.

The Europe and young people project, which actively emphasizes the role of young people in the society, was initiated following Croatia's accession to the EU.

In addition, the city of Rijeka has regularly accomplished all of its project obligations within the WHO European Healthy Cities Network project Phase V. Annual action plans related to the key project topics, regular attendance of the city's representatives to Network business meetings, attendance to thematic group trainings, and provision of adequate and sustainable technical, administrative and financial resources for the management, supervision and evaluation of the project have been realized. Also, the project was promoted through various promotional activities (printed materials, press conferences, round table discussions) within the scope of Directorate for Health and Social Welfare of the city government and its partners in implementation of the city's social program and people's psychosocial protection and health protection programs. It should be emphasized that all of the above activities have been coordinated by the Directorate for Health and Social Welfare of the city government (43).

The WHO European Healthy Cities Network was in its Phase VI positioned as a strategic driver and a flexible and practical framework for implementation of the new European policy and strategy for health and wellbeing under a title Health 2020 at a local level. The above document recognizes local government as a leading stakeholder and emphasizes the importance of the inclusion of the complete local government and wider social community in the implementation

of strategy. Furthermore, it will support cities in their efforts to gather the key stakeholders on health and welfare issues, take the leadership, introduce innovations and changes, and strengthen potentials for solving of public health challenges on the local level. The concept of city health profile and (intersectoral) health development plan remains effective with certain adjustments to Phase VI spectrum of goals of the WHO European Healthy Cities Network (24).

Although the participating cities will use different entry points and approaches, they will be united in the accomplishment of Phase VI common goals and main topics. Phase VI will respect all of their diversities and specificities. By taking part in Phase VI of the project cities will get the opportunity for the implementation of new scientific knowledge about health and its social determinants the Health 2020 strategy is based on, as well as for the advancements in priority areas (topics) defined in Phases V & VI (2+4 goals and topics), to make as high as possible contribution to the health of their citizens. The improvement of health of all citizens and reduction of inequality in access to health services, as well improvement of management and increased participation in the management of the health care system are two strategic goals of the Health 2020 document, that strongly support the present commitment of healthy cities to deal with equality, social determinants of health, improvement of management, and promotion of health through all policies.

In Phase VI the cities will start exploring a new issue – the city health diplomacy that will open new opportunities for the international cooperation of cities and for linking of national and global public health plans.

The key Phase VI topics are defined by the Health 2020 strategy and the cities will be able to choose their priorities within these topics.

**Key topic 1** – The investment into health of people of all ages. The earliest age. Elderly people. Vulnerable groups. Health education.

**Key topic 2** – Facing with the greatest health challenges related to infective and non-infective diseases. Physical activity. Nutrition and obesity. Alcohol. Tobacco. Mental wellbeing.

**Key topic 3** – Strengthening of people-oriented systems and public health capacities, emergency preparedness and watch systems. Transformation of city services. Revitalization and strengthening of public health capacities.

**Key topic 4** – Building of resistant communities and supportive surroundings. Resistant community. Healthy circumstances. Healthy urban planning and design. Healthy transportation. Climate changes. Housing and renewal.

The organizational structure of the WHO European Healthy Cities Network implies three fundamental assumptions in its Phase VI (42): The WHO European Healthy Cities Network will allow membership to all cities from European WHO member countries. The national healthy cities networks will renew their accreditations in line with Phase VI goals and key topics. A series of new partnerships and mechanisms will be established or renewed for thematic interest groups, including sub-networks, working groups and partnerships in a support to cities and national networks.

WHO collaborating centers, thematic sub-networks, experts from various fields and WHO consulting boards will provide assistance to the WHO. Several WHO units and programs will provide direct technical assistance to the WHO European Healthy Cities Network during Phase VI. External institutions with the appropriate experience and expertise will perform secretarial functions for the WHO European Healthy Cities Network in Phase VI. Networking, education, development of tools, follow up/supervision, evaluation, transfer of knowledge and partnership will increase the capacities and support transfer during the Phase VI. The European Healthy Cities Network Phase VI will be able to join approximately one hundred cities according to predefined quotas for each European country, depending on the number of its citizens (one city per five million of citizens). The admittance of two cities was exceptionally approved for the Republic of Croatia (24).

The candidate cities for the membership in the European Healthy Cities Network are expected to be the members of their national networks. This binds the city of Rijeka to participate in the Croatian Healthy Cities Network (6). The accession process itself implies the following: (i) the mayor of the candidate city for accession to the European Healthy Cities Networks Phase VI should submit the letter of interest, expressing its commitment for active participation in the WHO European Healthy Cities Network as well as in thematic sub-networks and to use city's resources to accomplish goals and requirements of Phase VI of the project; (ii) to complete the registration form for Phase VI accession; and (iii) to submit accompanying documentation and pay the amount of USD 6,000 annual fee for 2014 (42).

## Conclusion

There are a great deal of problems while resources are limited, so that the art of creating a good health policy is to choose and manage, within a limited time frame, selected (solvable) priorities that were recognized as most important by the consensus of politics, profession and community. The reorientation of the health system is necessary, so that its focus is moved toward the individual and community, and to strengthen the culture oriented to health and prevention, not to disease. The cooperation and linking inside the sector and with other sectors by creation of partnerships and networks is unavoidable. Making the world a better place for healthier and more productive life in all respects can and must be the reality.

## References


1. Constitution of the World Health Organization 1946. [Internet]. Available from: http://whqlibdoc.who.int/hist/official_records/constitution.pdf Accessed: 05.09.2018.
2. Lalonde, M. A new perspective on the health of Canadians. [Internet]. Ottawa; 1974. Available from: http://www.phac-aspc.gc.ca/ph-sp/pdf/perspect-eng.pdf Accessed: 05.09.2018.
3. World Health Organization (WHO). Health Promotion in Developing Countries. Briefing book to the Sundsvall conference on supportive environments 1991. [Internet]. Available from: https://apps.who.int/iris/bitstream/handle/10665/61377/WHO_HED_91.1_eng.pdf?sequence=1&isAllowed=y Accessed: 05.09.2018.
4. US Department of Health. Education and Welfare 1979. [Internet]. Available from: http://healthypeople.gov/2020/about/advisory/Phasel.pdfWorld Accessed: 06.09.2018.
5. WHO Regional Office for Europe. Urban planning, environment and health. From evidence to policy action-Meeting report. [Internet]. Available from: http://www.euro.who.int/__data/assets/pdf_file/0004/114448/E93987.pdf Accessed: 06.09.2018.
6. World Health Organization (WHO). Ottawa Charter for Health Promotion, WHO Regional Office for Europe. [Internet]. Copenhagen; 1986. Available from: https://www.who.int/healthpromotion/conferences/previous/ottawa/en/ Accessed: 06.09.2018.
7. Adelaide recommendations on healthy public policy. Second International conference on health promotion [Internet]. Adelaide, Australia; 1998. Available from: www.who.int/healthpromotion/milestones_adelaide.pdf. Accessed: 06.09.2018.
8. Ottawa Charter and the Sundsvall Statement 1991. Available from: http://heapro.oxfordjournals.org/content/16/4/339.full Accessed: 04.09.2018.
9. World Health Organization (WHO). Jakarta Declaration on Health Promotion into the 21st Century. [Internet]. WHO Regional Office for Europe, Copenhagen; 1997. Available from: https://www.who.int/healthpromotion/milestones_ch4_20090916_en.pdf Accessed: 06.09.2018.
10. World Health Organization (WHO). Health for All for 21st Century. [Internet]. Regional Office for Europe, Copenhagen; 1998. Available from: http://www.euro.who.int/__data/assets/pdf_file/0004/109759/EHFA5-E.pdf Accessed: 07.09.2018.
11. Commission of the European communities. Interim report from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions. [Internet]. Brussels; 2000. Available from: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=COM%3A2000%3A0165%3AFIN Accessed: 07.09.2018.
12. EuroHealthNet Health Promotion Statement 2030. Promoting health and wellbeing towards 2030: Taking the Ottawa Charter forward in the context of the UN Sustainable Development Agenda 2030. [Internet]. Available from: https://eurohealthnet.eu/sites/eurohealthnet.eu/files/publications/EuroHealthNet%20Health%20Promotion%20Statement%20-%20Long_0.pdf Accessed: 07.09.2018.
13. Prüss-Üstün A. Preventing Disease through Healthy Environments: a Global Assessment of the Burden of Disease from Environmental Risks. Geneva, Switzerland: World Health Organization, 2016.
14. Corvalan C, Briggs D, Nurminem M. Linkage methods for environment and health analysis: general guidelines: a report of the Health and environment analysis for decision-making (HEADLAMP) project. Geneva: World health organization; 1996.
15. Srikala B, Kumar K. Empowering adolescents with life skills education in schools - School mental health program: Does it work? Indian J Psychiatry. 2010;52(4):344.
16. Villiers MD, Berg HVD. The Implementation and Evaluation of a Resiliency Programme for Children. S Afr J Psychol. 2012;42(1):93-102.
17. Bonhauser M, Fernandez G, Püschel K, Yañez F, Montero J, Thompson B, et al. Improving physical fitness and emotional well-being in adolescents of low socioeconomic status in Chile: results of a school-based controlled trial. Health Promot Int. 2005;20 (2):113-22.
18. Smith EA, Palen LA, Caldwell LL, Flisher AJ, Graham JW, Mathews C, et al. Substance use and sexual risk pre-

vention in Cape Town, South Africa: an evaluation of the HealthWise program. Prev Sci. 2008;9(4):311–21.
19. Australian Government Department of Health and Ageing, National Health and Medical Research Council. Eat for health: Australian Dietary guidelines. [Internet]. Canberra: Australian Government Department of Health and Ageing; 2013. Available from: https://www.eatforhealth.gov.au/sites/default/files/content/n55_australian_dietary_guidelines.pdf Accessed: 07.09.2018.
20. Rothman AJ, Sheeran P, Wood W. Reflective and automatic processes in the initiation and maintenance of dietary change. Ann Behav Med. 2009;38(Suppl1):4–17.
21. Kieling C, Baker-Henningham H, Belfer M, Conti G, Ertem I, Omigbodun O, et al. Child and adolescent mental health worldwide: evidence for action. Lancet. 2011;378:1515–25.
22. Thompson CW. Activity, exercise and the planning and design of outside spaces. J Environ Psychol. 2013;34:79-96.
23. Stigsdotter UK, Ekholm O, Schipperijn J, Toftager M, Kamper-Jørgensen F, Randrup TB. Health promoting outdoor environments - Associations between green space, and health, health-related quality of life and stress based on a Danish national representative survey. Scand J Public Health. 2010;38(4):411–7.
24. World Health Organization (WHO). National healthy cities networks in the WHO European region, 2015. [Internet]. Available from: http://www.euro.who.int/__data/assets/pdf_file/0011/285995/Healthy-Cities-promoting-health-and-equity.pdf Accessed: 07.09.2018.
25. Abraham A, Sommerhalder K, Abel T. Landscape and well-being: a scoping study on the health-promoting impact of outdoor environment. Int J Public Health 2010;55:59-69.
26. Eriksson M, Lindstrom B. A salutogenic interpretation of the Ottawa Charter. Health Promotion International. 2008;23(2):190–9. Available from: http://heapro.oxfordjournals.org/content/23/2/190.long Accessed 04.09.2014.
27. Whitelaw S, Baxendale A, Bryce C, MacHardy L, Young I, Witney E. 'Settings' based health promotion: a review. Health Promot Int. 2001;16(4):339-53. Available from: http://heapro.oxfordjournals.org/content/16/4/339.full Accessed: 04.09.2018.
28. Baric L. The Settings Approach—Implications for Policy and Strategy. Journal of the Institute of Health Education. 1993;31(1):17–24.
29. Bunton R, Macdonald G. Health Promotion: Disciplines and Diversity. London Routledge; 1992.
30. Minkler M. Community Organizing and Community Building for Health. New Brunswick, New Jersey, London: Rutgers University Press; 1997.
31. Kovaccic L, Benisheva-Dimitrova T. Management in health care practice: a handbook for teachers, researchers and health professionals. Lage: Jacobs; 2008.
32. Report of the WHO European Working Group on Health Promotion Evaluation. Health promotion evaluation: Recommendations to policy-makers. [Internet]. Available from: http://www.euro.who.int/__data/assets/pdf_file/0004/159871/E60706.pdf Accessed: 05.09.2018.
33. Lafond L, editor. National healthy cities networks in the WHO European Region. Promoting health and well-being throughout Europe [Internet]. Available from: http://www.euro.who.int/__data/assets/pdf_file/0011/285995/Healthy-Cities-promoting-health-and-equity.pdf Accessed: 05.09.2018.
34. Tsouros AD. The WHO Healthy Cities Project: state of the art and future plans. Health Promot Int. 1995;10(2):133–41.
35. Green G, Tsouros A. City leadership for health. Summary evaluation of Phase IV of the WHO European Healthy Cities Network. World Health Organization, Regional Office for Europe. 2008. [Internet]. Available from: http://www.euro.who.int/__data/assets/pdf_file/0004/98257/E91886.pdf Accessed: 06.09.2018.
36. Wilkinson RG, Marmot MG. Social determinants of health the solid facts. Copenhagen: World Health Organization, Regional Office for Europe; 2003. [Internet]. Available from: http://www.euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf Accessed: 05.09.2018.
37. World Health Organization (WHO). National healthy cities networks in the WHO European region, 2015. [Internet]. Available from: http://www.euro.who.int/__data/assets/pdf_file/0011/285995/Healthy-Cities-promoting-health-and-equity.pdf Accessed: 05.09.2018.
38. Human rights, Compilation of International Instruments. [Internet]. United Nations, New York; 1998. Available from: http://www.un.org/esa/socdev/enable/discom600.htm Accessed: 06.09.2018.
39. World Health Organization (WHO) Regional Office for Europe. Health for All for 21st Century. [Internet]. Copenhagen; 1998. Available from: http://www.euro.who.int/__data/assets/pdf_file/0004/109759/EHFA5-E.pdf Accessed: 07.09.2018.
40. Schutter O. The European Social Charter in the context of implementation of the EU Charter of Fundamental Rights. Directorate general for internal policies, policy department C: citizens' rights and constitutional affairs constitutional affairs; 2016. Available from: http://www.europarl.europa.eu/RegData/etudes/STUD/2016/536488/IPOL_STU(2016)535364_EN.pdf Accessed: 07.09.2018.
41. Environment and health: the European Charter and commentary. Copenhagen: WHO, Regional Office for Europe; 1990.
42. World Health Organization (WHO). The Initiative to join the City of Rijeka to VI phase project European Network of Healthy Cities. [Internet]. Available from: www.rijeka.hr/lgs.axd?t=16&id=76562 Accessed: 02.09.2018.
43. European Sustainable Cities and Towns Campaign. Aalborg, Denmark; 1994. [Internet]. Available from: http://www.sustainablecities.eu/the-aalborg-charter/ Accessed: 02.09.2018.

## ZDRAVE POSTAVKE / POSTAVKE ZA PROMICANJA ZDRAVLJA


### Sažetak

Na zdravlje čovjeka, osim genskih, utječu i brojni drugi vanjski čimbenici: stanje okoliša, uvjeti stanovanja, obrazovanje, javne službe, socijalna sigurnost, zaštita građana itd. Temeljne su odrednice promicanja zdravlja unaprjeđenje zdravlja i stvaranje potencijala za dobro zdravlje, prije nego što se pojave zdravstveni problemi ili ugroženost zdravlja. Svjetska zdravstvena organizacija zalaže se za promociju zdravlja i osiguranje zdrave okoline koja omogućuje maksimalno ostvarenje svih ljudskih potencijala (mentalnih, fizičkih, socijalnih, duhovnih...). Cilj ovog članka bio je ispitati povezanost čimbenika okoliša koji utječu na mentalno i fizičko zdravlje. Nizom javnozdravstvenih programa pokušava se sačuvati zdravlje od najranijeg početka života – od njegova začeća. Negativni čimbenici okoliša prisutni u ranim fazama djetinjstva mogu proizvesti dalekosežne posljedice za cijeli život. Kritične skupine uključuju starije ljude, beskućnike, migrante, osobe s posebnim potrebama i one koji žive na rubu siromaštva. Preusmjeravanje zdravstvenog sustava nužno je da bi se njegov fokus premjestio na pojedinca i zajednicu te da bi se ojačala kultura orijentirana na zdravlje i prevenciju, a ne na bolest. Nužna je suradnja i povezivanje unutar sektora i drugih sektora stvaranjem partnerstva i mreža. Mnogo je primjera projekta Zdravi gradovi koji su pridonijeli boljitku građana na razini gradske uprave.


**Ključne riječi:** postavke za promicanje zdravlja, čimbenici okoline, holistička priroda zdravlja, socijalna politika, zdrav grad