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Identifying rural elderly needs in four Croatian counties

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For NPH4 Chapter 6

From the beginning of the “Health - Plan for it” training program in Croatia (2002 – 2014) the quality of life of the elderly was one of most frequently mentioned priorities among Croatian Counties. In 2003 County health teams supported by mentors from Štampar School decide to work on development of comprehensive policy for elderly care at the county level. The first step in the overall process was needs assessment. Since we did not have information about health and the quality of life the most vulnerable groups among elderly, we purposely selected rural elderly living alone in scarcely populated areas. Research was conducted in selected areas, by the health teams of Dubrovnik-Neretva, Krapina-Zagorje, Zagreb and Istria Counties. After training, during 2004, Counties had conducted pilot survey of their rural elderly needs, through interviews and focus groups, and had collected information on available resources for elder people (i.e., services provided by public and/or private sector in surveyed regions).

Dubrovnik-Neretva County team conducted its survey in the scarcely populated area of Dubrovačko Primorje, (Southeast Croatia) where thirteen people, mostly women, over the age of sixty-five who live alone were interviewed. It was found that the respondents maintain contact with children by phone and see them mostly on weekends when they bring them supplies sufficient until the next arrival. Despite the single life, they do not want to leave their home and environment to go to children or to an adequate institution. Their key supporters were the postman, baker and neighbors. The need for help in the home was expressed more in difficult physical work such is digging the garden or washing and hanging laundry.

Krapina-Zagorje County team has conducted its research in rural areas above the City of Krapina (Northwest Croatia). Non existing public transport raise accessibility issues. Locally there was a taxi driver, that at minimum price, takes them from the vicinity of their home to the city. If they need health care in their home, it is provided by visiting nurses or home care.

For those who can still stay in their home, an entire range of institutions from the state and private sectors and NGOs and religious communities take care of. Even the Home for Addicts that exists in the neighboring municipality as part of occupational therapy works by helping the powerless with chores around the house. Aware that they get almost as much as they can they just want to talk about the problems that bother them and see that they are not forgotten.

In researching the needs of the elderly, the Zagreb County team chose the Žumberak area (Central Croatia). This is relatively large territory, scattered with no more than 1100 inhabitants, many of whom over the age of 65. This population is away from primary health care, shops, buses, larger places at the border of endangerment. At the beginning of research, the county health team felt the elderly and infirm would accept care in foster families or homes. But all respondents expressed a desire to stay in their homes, as long as they could, and take care of themselves. None of them want unknown people around the house, but they would agree to get a help from known person (neighbors). They are deprived of social contacts and touched if someone pays them a little attention and allows them to talk about their problems.

The Istrian County team focused on the needs of the elderly living in a two-generation family with a dependent child in the Buzet area (Southwest Croatia). As a rule, these are women who are widows. Sometimes they live with a child who is an alcoholic or mental patient. They are physically and mentally exhausted, because of age and because they do not have days or nights of rest due to the constant care for a sick child that has lasted for 40-50 years. This group is characterized by low income, poor material condition, poor housing and communal conditions. Their strong emotional connection with the child they live with is evident. They are troubled by loneliness and isolation and would like to share their problems with professionals. They would accept the help of the community but would like to stay in their home because it is difficult for them to give up the traditional way of life. The existing forms of assistance that these persons occasionally receive (from the local community, the Social Welfare Centre, health institutions, the Red Cross, associations, Caritas, neighbors) are not sufficient, especially in cases of deterioration of the health status of one or both family members.

Recognized need of the rural elderly to get help at home from familiar person was met through the project "geronto-housewife", which was launched in cooperation with the Ministry of Family, Veterans and Intergenerational Solidarity in 2006, in several counties. Over the time we had ups and downs with project funding, geronto-housewife selection (that was a job opportunity for women over 50 years of age, with low education, long term unemployed, from local area), their training and retention. But today this program is well accepted and widely spread all over Croatia.

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