



Hrvatska mreža "Zdravih gradova"

## Croatian Healthy Cities Network

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### ***Report on the Activities of the Croatian Healthy Cities Network for the year 2009***

Using managerial jargon, I would describe year 2008 as "the year of preparations for big changes". Translating it into the jargon of operational level, I would describe it as "the year of big tidying up" – closing unfinished business, opening new windows (possibilities), and the year of preparing for starting a new cycle of change. All in all, it has been a difficult year with big changes in environment – growing needs, new legal obligations, local elections, recession, cuts in income and what is more – closure.

#### *1. National Level*

##### **a) Network and Support Centre Activities**

In 2009, CHCN Support Centre operated in the same premises (Andrija Štampar School of Public Health in Rockefeller St. 4), and with the same associates as in earlier years. Miss Ana Petrić, secretary at the office of the Director of the School of Public Health, did Network administration. She was helped by our long-standing associates from technical service, Mrs. Ivanka Kleković and Mrs. Mira Svibovec, along with Mrs. Alma Šimunec, graphic designer. Our financial dealings were conducted by Jadran Optima, registered bookkeeping service from Zagreb, i.e. by Mrs. Jadranka Vukomanović-Pavelić. Along with around ten part-time associates, in 2009 we had a full-time associate, Mrs. Adriana Andrić, MD, who was a technical coordinator of Network activities. Continuing activities started in 2008 ('Joined by Health' campaign and education of counties), we also continued cooperation with five professional agencies (Pragma Communications, Fifteenth Art, ADOR, Vijesnik, Adizes SEE).

In 2009, **two Reporting Assemblies of CHCN** were held. The first Reporting Assembly was held in Zagreb, on 11 February 2009, whereas the second was held in Motovun on 17 June 2009.

In 2009, the following regular Network activities were undertaken: the thirteenth Health Fair was held in Vinkovci in April, the Healthy Cities Day was celebrated on 20 May, the Sixteenth Motovun Summer School of Health Improvement was held (in June and July – in Grožnjan, Motovun, and Labin) and the fourteenth Business meeting of the CHCN was held in Poreč in October.

**The thirteenth Health Fair** was held in Vinkovci from 24 to 26 April 2009, under the auspices of the Ministry of Health and Social Welfare, once again on the premises of the Lenije Park and the Faculty of Agriculture, and once again under the successful leadership of our own Mandica Sanković. An extended festive meeting opened the fair. The meeting was held by the Vinkovci City Council and Vukovar-Srijem County Council, with participation of the city of Biograd na Moru and Zadar County. A Forum of Healthy Cities and Counties was held on 24/04/2009, as a part of the Fair, where Mr. Ivan Čupić introduced a

new member of CHCN – the city of Biograd na Moru. Assistant Professor Selma Šogorić D.Sc. commented on Network activities in 2008, especially on the 'Joined by Health' campaign, results of the Healthy Cities and Counties League, Zagreb Healthy Cities Conference, and the end of the 1st phase of the Responsible Health Administration and Management Project (March 2009). She pointed out how important it is to set up a work group for strategy, the goal of which in the following year would be to redefine Network vision and mission and define the framework for Network activities in period from 2010 to 2014 (i.e. develop scenarios for future). The following network members gave presentations on their stalls: the organizers, the cities of Rijeka and Opatija, and the partners of this year's Health Fair – Zadar County and the cities of Zadar and Biograd na Moru. Many workshops were held, among which "Violence – public health issue" and "Cardiovascular health in Croatia – national and (pan)county priority of health promotion – preliminary results of 2008 Croatian health survey"; round table "Ethical challenges of public health in Croatia", review of "Children's film and videomaking in the function of public health", a Forum of disabled people, the topic of which was carrying out National strategy to provide equal opportunities for disabled people from 2007 to 2015, symposium "Violence and protection of mental health", and seminar by Croatian Association for Therapeutic Horseback Riding. The latest issue of The Epoch of Health entitled "Joined by Health" was presented, along with web page of the Vinkovci – Healthy City Project ([www.vinkovci-zdravigrad.com](http://www.vinkovci-zdravigrad.com)) and new magazine "Urban Planning, Tourism, Health". Along with the fair, other events were held: the third festival of bookmobiles, the ninth round table on mobile libraries, and the fifth Golden Apple, Croatian Cookery Cup.

Healthy Cities Day, **20 May**, was celebrated for the seventh time again through promotion by means of the national and local media, press conferences, culture programs, music, theatre and art workshops, blood pressure measuring and blood sugar testing for the public, themed meetings of the City Councils or Youth City Councils, promotion of City Healthy Plans, and reception at the Mayor's office for outstanding volunteers.

As part of the **Fifteenth Motovun Summer School of Health Improvement**, which took place from 23 June to 08 July 2009, in Grožnjan, Motovun and Labin, altogether eight workshops and courses were held for around 300 participants from Croatia, Macedonia, Bosnia and Herzegovina, Montenegro, Serbia, Germany, Austria, Norway and Italy. The main mediator between the directors of the School and the courses and the co-ordinator of all of the events was Adriana Andrić MD.

The first course of the Motovun Summer School of Health Improvement, held from 26 to 28 June 2009 in Grožnjan was the Media and Health: "Health Reform in the Times of Crisis". It was again organized jointly by Andrija Štampar School of Public Health, Croatian Healthy Cities Network and Journalist Association of Croatia – department of journalists covering medicine and health, and was led by Mario Harapin, MD from Croatian Radio and Ognjen Brborović, MD and Tea Vukušić-Rukavina, MD from Andrija Štampar School of Public Health. All the participants of the course "Media and Health" held in Grožnjan on 26 June said that global crisis notwithstanding, the reform of Croatian health system must go on. If reform of the Croatian health system hadn't started, the system would have collapsed, and the forthcoming crisis was the strongest reason for the reform, said the secretary of the Ministry of Health and Social Welfare, Dražen Jurković, MD, adding that the reform is to be continued. The main problem or health administration in most countries is a rise in expenditure as opposed to slow growth of GDP. In Croatia, health expenditure accounts for 9.1% of GDP, whereas health expenditure in developed countries accounts for 10% of GDP. However, private expenditure accounts for 2%, whereas in developed countries it reaches 10%, Jurković explained. The reform brought new revenue to health, so that revenue from new insurance policies amounts to kuna 779.530.984, revenue from retirement contributions (for pensions higher than kuna 5.108) amounts to kuna 70.000.000, revenue from collision damage waivers amounts to kuna 200 million, and 32% of cigarette excise tax is allocated to health. Jurković explained that there was a cut in consumption of prescription drugs, and the terms of payment were cut from 300 to 174 days. New referent prices of prescription drugs resulted in savings of kuna

370.000.000. Fifteen drugs were moved from additional list to basic drug list. Bids for very expensive drugs in 2009 led to savings of kuna 45.000.000. Total drug expenditure was cut by kuna 410.000.000. Tihomir Strizrep, MD, Director of the Croatian Institute for Health Insurance, supported the implementation of health reform and pointed out some of its positive financial results. In only a few months, debts of hospitals and the Croatian Institute for Health Insurance was cut. Strizrep said that the reform of hospital system started on 1 April 2008, when hospitals were in debt of over 2 billion kunas. The introduction of new limits imposed on hospitals resulted in debt of one billion and 540 million kunas, which is a reduction of almost 700 million kunas. One of the anti-recession measures undertaken by the Croatian government was the introduction of shorter terms of payment on the part of suppliers, and health system played a strong part in that segment of fight against recession. The same is true of the Croatian Institute of Health Insurance. Financial reform of the Institute started on the 1 January 2009, when its debt amounted to almost 2 billion kunas, whereas now it amounts to one billion and 221 million kunas. Until recently, we were the happiest people, whereas today only Romanians and Bulgarians are unhappier than we are, says professor Letica. Depression is to be expected in early spring, and even now a big theoretical, intellectual and political chaos can be felt in understanding economic situation. Therefore, economic abyss can be expected, but will not necessarily happen after 2010, Letica continues and makes the assumption that a big wave of recession will develop in the following two to four years. Every government undertakes various types of calculations, whereas Croatia is constantly in pre-election periods or expectation of world or European football championships. These are not healthy situations for major reforms, says Letica. Experiences of reform implementation were presented by representatives of primary care, hospital sector, local governments, and professional associations of medical doctors and patients.

On the second day of the course, results of the research in mental illnesses stigmatization were presented. The research looked into stigmatization of mental illnesses in printed media in Croatia, Slovakia and Czech Republic. Results of the above research show that the highest-circulation printed media in all the three countries describe in 35% of their articles mental illnesses and mental patients in stigmatizing way, depicting them as very aggressive (towards others and themselves), irresponsible, unable for social life. During the anti-stigma workshop, the participants made four TV spots with the topic of mental patient stigmatization. The spots were highly acclaimed at final showing.

From 28 June to 3 July 2009, **Health and Health policy** programme was held in Motovun. It consisted of four sub-programmes: two workshops, a conference and a festival of children's film and videomaking. The **workshop entitled "Successful Presentation to Public through the Media"** was intended for political leaders, coordinators of the Healthy Cities and Counties Project, and members of their teams for health. Presentation by Selma Šogorić, D.Sc. of the programme "Responsible Health Administration and Management 2002-2008" opened the programme on 28 June 2009. Selma Šogorić D.Sc. presented the development to date of the Healthy County Project and achievements of the 2nd phase of the Healthy County Project entitled "Strategic Health Planning". During the workshop, the second phase of the programme was discussed, along with strategic plans for health. Furthermore, content of work within program partnership was looked into. The workshop continued on Tuesday, 30 June with coordinated discussion on the topic "What do we want to find out by evaluation of the 'Joined by Health' campaign?", the goal of which was to round up past work (the 2008 campaign) in order to go further in learning about social marketing and develop plans for future Network marketing activities. On Wednesday, 1 July, a workshop was held with the topic "Successful presentation to the public through the media". After initial presentation on social marketing, a discussion was held with the conclusion that a mere raising of awareness can no longer be the goal of our campaign, that the politicians do what their voters expect them to, and that if we wish to have influence on politicians, our target group must be citizens, their voters. The topic for future discussion will be who our target groups are and what behaviour we want to change.

On 29 June, a conference entitled **“How successful are we with programmes of early breast cancer detection?”** was held, the aim of which was to shed light on regional differences and specific traits of various county programmes of early breast cancer detection. In her initial talk, prof. Marija Strnad, D.Sc., initiator of the Mamma Programme, reviewed epidemiology, etiology and breast cancer prevention; she also presented important trends in the world, Europe and Croatia, and commented on the development of implementation of “Mamma” - National Early Breast Cancer Detection Programme, the goal of which is to diminish mortality caused by breast cancer by 25% five years after the initiation of the programme. Organization, implementation and results of the “Mamma” programme since 2006 were presented by Sanja Predavec, M.D. She also presented experiences of other countries in implementation of the breast cancer screening programme, enumerating various differences in the programmes, such as target age groups, frequency of invitations to attend mammography screenings, response to invitations, decrease in mortality caused by breast cancer in target age groups and overall screening results. The success and the challenges of county early breast cancer detection programmes were presented by representatives of teams for health from Međimurje, Primorsko-Goranska, Istria, Zadar, Karlovac, and Osijek-Baranja Counties. Later, a workshop entitled “How to upgrade efficiency of preventive programmes implementation on local levels” was held, in which the participants carried out SWOT analysis to evaluate strengths, weaknesses, possibilities and threats they are faced with when implementing the “Mamma” programme locally.

**Children’s film camp** was held from 30 June to 3 July 2009, in Motovun. On the last day there was a review entitled **“Children’s film and video making in function of public health”**, showing primary students’ work: an animated film True Strength and documentaries Earned Holiday, Kapiš, Harbour, Happy, and Forgotten Empire.

**A workshop entitled “Youngsters and alcohol – qualitative research”** was held from 2 to 3 July in Motovun, with around fifteen participants from eleven Croatian cities. The leading workshop topics were analysis of the past interventions carried out by the participants, presentation of several model interventions evaluated as successful in both theory and practice, and planning future course of action to be taken by “Youngsters and Alcohol” CHCN work group. World-renown primary prevention programmes that were successfully implemented in Croatia were presented to the participants. Mr. Darko Roviš of Primorsko-Goranska County presented the rate of drug abuse and addiction in his county and the prevention programmes undertaken by the Institute, which concentrate on the primary prevention programme entitled “Training skills of life”, which has been successfully carried out in his county since 2005. Mrs. Vesna Zec, head of Administrative Department for Health and Social Welfare in Split, presented a Northland project entitled “Clear mind clear of alcohol”, which has been successfully carried out since 2005 in Split, and since 2009 in Dubrovnik-Neretva County. A programme aimed to strengthen families was presented by Adriana Andrić M.D. of the Croatian Healthy Cities Network. The programme has been implemented in Croatia yet; however, it has been evaluated by international evaluation groups (Cochrane Collaboration) as the most efficient program for prevention of primary youth alcohol consumption.

From 30 June to 1 July a course was held in Motovun entitled **Epidemiology in State of Emergency “State of Emergency in Public Health”**. The tutors of the course were professor Darko Ropac D.Sc. and assistant professor Mladen Smoljenović D.Sc. from Medical School of the University of Split. Also, there were two more guest lecturers, Slavko Bokan M.D. from Military College and Marijan Zlatar M.Sc. from the Ministry of Defence of the Republic of Croatia. The lecturers looked into the term and examples of state of emergency in public health, problems that might occur, and the ways to solve them. They put additional emphasis on experiences from the Croatian War of Independence, especially on organization of health care and public health and the way the population was protected and battlefield sanitized. On the first day, the problem of ‘new epidemics’ was presented, such as swine influenza and various other examples of present epidemics in Croatia and worldwide. Experiences of public health experts were

presented to help understand occurrence of some epidemic diseases in Croatia, especially the ones that are transmitted by the use of unsafe and inappropriate drinking water. The second day was mostly dedicated to the most serious threats to population from chemical and biological weapons. The lectures gave historic overview and presented the possibilities to use biological and chemical weapons, with emphasis on the use of anthrax spore as the most likely biological agent. The other part of the day was dedicated to presentation of activities carried out by health service of the Ministry of Defence, where present military missions worldwide were presented, along with the problems physicians preparing for the missions or carrying out active health care in them are facing. The course was an elective subject for postgraduate students of public health, but it was also a revision course for the Croatian Public Health Association. Due to big interest shown by both participants and course organizers, the course is expected to continue in the following years. It will concentrate more on the ways to solve possible public health mass state of emergency and the ways to improve the response and the actions of the competent and responsible institutions and services in Croatia.

From 2 to 3 July, a **workshop entitled “Health Council – its foundation, role and meaning for the system”** was held in Motovun. It was organized jointly by ‘Andrija Štampar’ School of Public Health, Croatian Healthy Cities Network and the Committee for other medical activities of the Croatian Medical Chamber. It was led by the directors, assistant professor Selma Šogorić D.Sc and Aleksandar Džakula M.D. (‘Andrija Štampar’ School of Public Health and Croatian Healthy Cities Network), and Katarina Sekelj-Kauzlarić M.D. (Committee for other medical activities of the Croatian Medical Chamber). The last amendment to the Health Care Act in December 2008 provided for Foundation of the Council; however, the legislator did not develop a detailed procedure for foundation and operation of the health council. Therefore, the goal of this interdisciplinary workshop was to try and find answers to the following questions: what are health councils, what is their role in the system, how are they to be founded and how to ensure that representatives of interest groups become part of the system which decides on functioning of health care. The participants agreed that the Council is advisory, and not work body. The council gives advice to county heads, assemblies and people, as well as associations of civil society. It reports to county assembly. The council is an independent group of public health and social welfare experts, as well as representatives of interest groups that are into health care. Furthermore, the participants agree that it is within the range of the Council’s responsibilities to provide opinion on draft of county health care plan, participate in suggesting one and three-year health promotion plans, prevention and early disease detection plans in the counties, and to suggest organization and implementation of public health measures in accordance with the above plans. Besides, the Council could suggest measures to improve accessibility and quality of county health care; it could suggest implementation of specific health care measures in a county and evaluate the work of county health care providers, along with all forms of health care provided in a county.

**12th School of Democracy** was held in Mate Blažina Secondary School in Labin from 2 to 4 July 2009, as a part of the 16th Motovun Summer School of Health Improvement. This year’s school gathered around seventy participants, teachers and students from Rijeka, Zadar, Čazma, Opatija, Pazin, Ražanac, Obrovac, Pula, Čakovec, and the host Labin. Along with other guests, our supervisors from Norway participated in the school, as all these previous years. On the first day, the results of environmental awareness survey of the people of Labin were presented, along with activities of the city on Sandnes – Youth Café (web page with internet radio, on which youngsters can find useful information on events in their cities), and Youth Council of Sandnes. Later on, a workshop entitled “Media – reflecting or fostering human rights affirmation and violation”. The goal of the workshop was to address the effect of the media (daily newspapers) on accepting values and behaviour which respect or violate human rights. The work was organized in 6 large groups of students and was carried out on random choice of one issue (dated 30/06/2009) of daily newspapers – ‘Glas Istre’, ‘Jutarnji list’, ‘Večernji list’, ‘24 sata’, ‘Vijesnik’, and ‘Novi list’ compared with United Nation’s Human Rights Declaration. Each

group had different tasks to analyse and evaluate given newspapers with regards to human rights. The participants carried out excellent analysis of daily newspapers and presented the following observations and evaluations in their summaries: newspapers provide good report on respecting human rights, but also on their violation, thus probably reflecting real situation in social environment. In reporting on social life and their protagonists, politics and men are more present, whereas young people and women are completely marginalized. Young people and women appear here and there on the last pages in entertainment, advertisements and illustrations. The media are evaluated as free, but limited by the need for profitability, which might affect editorial policy. Therefore, individuals and the public should have critical approach to newspaper articles and their messages. Free media as important democratic principle at the same time have prominent social responsibility for providing objective information and public influence, and should foster more observation and less violation of human rights. It was interesting to note that this year the winner of annual 'Luka Ritz' award, Sarah Jalušić from Kuršanec Primary School from Novo Selo na Dravi, participated in the school. The prize is awarded to one primary and one secondary student for their fight for the values of peace, tolerance, non-violence and all that we strive for thinking about the future of our society. The award aims to encourage youngsters to engage actively in fight against violence, to make the public aware, especially younger public, their parents and teachers of violence prevention and to promote positive role models and models of behaviour, which is in line with the strivings of our international 'School of Democracy' project.

The second day of the School of Democracy started with presentation on how human rights are observed, obtained through surveys carried out in four Croatian secondary schools and one Norwegian, one Italian and one Hungarian school. Results of the survey show that most students are not familiar with or are not sure that their teachers informed them of the Convention on the Rights of the Child. Most students totally agreed that they can freely express their opinion in their schools, in front of other students. They partly agreed that they can freely express their opinion in front of their teachers. Most students agree that they feel protected from molestation and other forms of physical and mental violence in their schools, and that all students are equal regardless of their nationality, religion and wealth. Most students said they partly agreed their teachers teach them how to study and think; however, in Norwegian students, that was most prominent. More than 70% students from Pula Economy School were satisfied with extracurricular activities in their school, whereas over 50% of students from Labin Secondary School and Pula Medical School were not satisfied with extracurricular activities. Norwegians gave the most positive answer to the question on information availability through the Internet in their school, and were followed by Hungarians. Students described examples of how human rights are observed or violated in their schools. Here are some examples of human rights observation: teachers are mostly ready to help students in their education; students have the right to express their own opinion, socialize, choose religion – ethics / religious education or Islamic religious education; there is tolerance and acceptance of other people's opinions... Examples of violation were the following: teachers do not accept students' opinions to a very large extent, and mostly ignore them; it is not fair that students are sanctioned for being 10 minutes late for the class whereas teachers are not; unfair grading and subjectivity when grading; written examinations which are not corrected on time... The presentation was followed by a workshop entitled "From understanding differences to human rights" held by Mladen and Biserka Momčinović from the Poreč Centre for Civil Initiatives. Students were organized in six groups, and each group had to decide on violations of human rights. The results were presented in the shape of circles in which on the one side there is a perpetrator, and on the other a victim; they are linked with a line showing which human right was violated. The participants mostly referred to the following human rights violations: the right to free choice, the right to free speech, the right to healthy life, the right to safety, the right to privacy, the right to quality education, the right to fair pay for work, the right to free movement, and the right to belonging. In order to achieve more quality work at schools, the participants in their groups put down new rules and suggestions for behaviour that will observe human rights: the right to free expression, the right to opinion, equality of students, new teaching methods, the right to rest, equal rights for students and teachers in terms of clothing, the right

to work, fair grading, free university education, passing new rules and regulations on grading... After the break, examples of good practice in Croatia were presented: Labin – ALCOHOL-FREE PARTIES, EUROPEAN YOUTH PARLIAMENT, YOUTH COUNCIL OF M. VLAČIĆ AND I.L. RIBAR PRIMARY SCHOOLS, DRYSTONE WALLS – GUARDIANS OF TRADITION, Rijeka – YOUNGSTERS AND MTV, VIOLATION OF HUMAN RIGHTS, ALCOHOL-FREE PARTIES, Opatija – CHILDREN'S YOUTH COUNCIL OF OPATIJA, CHILDREN'S FORUMS OF 'OUR CHILDREN' ASSOCIATION, Pazin – SCHOOL OF HUMAN RIGHTS, PAZIN COLLEGIUM – CLASSICAL GYMNASIUM, Ražanac – CHILDREN'S RIGHTS IN EDUCATION, Pula – CARE FOR HEALTH – INFLUENCE OF DONKEY MILK ON HUMAN HEALTH, Čakovec – STUDENTS' COUNCIL OF MEĐIMURJE COUNTY, STUDENTS' RIGHTS AND CONDITIONS WHEN ON IN-SERVICE TRAINING, LUKA RITZ AWARD, ANGEL HELPERS, Obrovac - PEER VIOLENCE AT SCHOOL.

**“BCA – strengthening the system of workers’ health care”** course was held in Motovun from 4 to 5 July. During the course, the lecturers presented several guidelines of the WHO Global Action Plan and the tasks that Croatia is obliged to undertake under BCA as regards: a) bringing in line national workers’ health policy with the recommendations of the WHO Global Action Plan and b) strengthening health care at work that would ultimately lead to procedures for implementation in practice. The most important conclusions of the course were as follows: a) the role of the Croatian Occupational Health Care Institute should be strengthened, as the key stakeholder of all workers’ health care; b) in accordance with Occupational Health Care Act (official gazette of Narodne Novine, no. 85/2006), Croatia (although faced with a lack of occupational health care specialists) must ensure basic occupational health care to all workers; c) responsible governmental structures should be put pressure on to strengthen the role of State Inspectorate, increasing the number of competent professionals and ensuring equipment for their work; d) construction of national institutional capacities is under way, whereas locally it is still unsatisfactory; e) in the process aimed at developing occupational health services, related to curative part, support of primary health care is necessary in order to expand required services; f) it is essential to raise awareness of overall society, gather responsible stakeholders and providers that are part of the system dealing with industrially disabled and generally disabled people, with the goal to include them in the world of work by providing appropriate legislation (with the same aim an initiative group was formed, gathering representatives of ‘Andrija Štampar’ School of Public Health, Croatian Pension Insurance Institute, Croatian Occupational Health Care Institute, and Association of the Industrially Disabled from Kutina); g) collaboration of tripartite representation of participants (state, employers and workers) in occupational health care and safety should be encouraged and expanded, as well as their cooperation with bodies and state institutions responsible for this area; and h) awareness should be raised of the importance of occupational health and safety in both state bodies and broader social communities.

The last course of the 16th Motovun Summer School was held from 6 to 8 July 2009. It was an international course entitled **“Healthy work organizations – employee-friendly work organizations”**. Course directors, professor Jadranka Mustajbegović D.Sc. and Rudolf Karazman D.Sc. brought together people from various professional and organizational environments, employed on positions that include medical or safety occupational care, care about employees from different and various work organizations (Pliva, Medico, Kvasac, Dukat, associations, institutions, family and occupational health care offices, etc.), coordinators of the Healthy Cities project, directors of private polyclinics, occupational health specialists from Bosnia and Herzegovina and Slovenia, along with employees of the Institute for Improvement of Occupational Health Care and Medical School, Department for Occupational Health from Vienna, Austria. Leading topics of the programme included presentation on salutogenesis, stress at work, employee rehabilitation and possibilities of their return to work. Many examples from practice were elaborated (USA employment principles and experiences, stress of work in ER, satisfaction with work in private polyclinic, etc.). It has been decided that annual “Employee-Friendly Work Organization”

prize should be awarded to organizations, in accordance with the criteria that have been fostered by this course for 16 years.

**Business meeting of the Croatian Healthy Cities Network** was held in Poreč, from 15 to 17 October 2009. Central topic of the business meeting was **elderly care** in Croatian cities and counties. In the meeting, local models (Istria and Poreč) of good practice were presented – institutional and extra-institutional elderly care, as well as programmes of health improvement and improvement of quality of life in local communities aimed at senior citizens. After the presentations, a summary of achievements was given, along with challenges and barriers facing care for this important target group of people. As a conclusion, national coordinator, assistant professor Selma Šogorić expressed her satisfaction with improvement in comprehensive elderly care policy. Since the Consensus Conference (RAP) held in Rijeka in 1998, when quality of life of elderly people was for the first time voiced as a priority (in official local self-government documents), through 2002, when the Healthy Counties project was started, and which enabled joint development of comprehensive policy, and through 2008, when Health Plans were legalized, there has been a continuity and dedication to this priority. The above said testifies to the fact that the Network is a powerful group of people, experts, who have knowledge which enables them to seek support from higher instances. Our basic values and principles are: further improvement of elderly care through the development of multidisciplinary approach, better inclusion of users in all phases of work, springing from the needs of users, improving the level of expertise and quality work, rational use of resources, availability of services (spatial, financial...) and postponing the need for institutionalized care. The following conclusions were adopted: models of work in the field of social-health care of elderly people presented in the business meeting of the Croatian Healthy Cities Network in Poreč in 2009, indicate substantial progress and improvement in understanding both theoretical approach to the problems of ageing and practice in organizing and providing elderly care in numerous cities and counties – members of the Network. Presentations of elderly care in Croatian healthy cities and counties showed twelve-year-long achievements, with wide variety of institutional and extra-institutional activities aimed at improving the quality of life of elderly people in local communities; the activities were initiated on the basis of the needs of elderly people and were the response to these needs. Primorsko-Goranska County and the city of Rijeka presented excellent examples of setting up regional and local strategies in planning elderly care; other members are therefore advised to develop all-inclusive approaches. In accordance with examples shown and discussion held, we think that strategies of elderly care should be devised comprehensively, and should in every community contain a continuum of constant needs analysis and evaluation, programmes with the goal to prepare people for ageing and maintaining functional abilities of individuals, mechanisms to detect people in need of support and help, and criteria to evaluate levels of dependence, organization and wide range of services – from occasional and temporary help to more permanent forms of care, either institutional or extra-institutional, including all sectors in elderly care (urban planning, culture, education, economy...), in order to create friendly environment for elderly people.

At the end of the business meeting, the Assembly of the Croatian Healthy Cities Network was held, with Report on CHCN activities in 2009, given by assistant professor Selma Šogorić. Activities for 2010 were also discussed and agreed.

Participants of the Assembly jointly decided on the picture to be put on the cover of the CHCN book "Healthy Cities – Efficient Knowledge for Health". The book could be presented to the public on press conference that will be held on the Healthy Cities Day on 20 May next year.

New web pages of the Network were also presented. Description was provided of the new structure (topic units – Healthy Cities Network, Joined by Health, Croatian Health Champions, Efficient Knowledge for Health, Search Engine), and the form that is adapted to the content (more links, better text layout, easier to read). As a new unit on the web page, there is a part intended for Network members (Healthy Cities for members), that should enable communication, uploading documents and

research being carried out that are still not publishing material. The new web pages could be presented on the press conference, along with a new documentary by Mr. Goran Dević, entitled "Neighbours". A workshop entitled "Improving quality of work in health system" (TQM) is to be held from 9 to 12 December 2009 for counties in program partnership. The workshop will be led by Mr Brian Robie from US CDC.

Regular annual network activities in 2010 were agreed on. Mrs Mandica Sanković informed the participants that the Health Fair will be held in Vinkovci, from 23 to 25 April 2010. The fair will have two central topics: the first will be inclusion of people of third life age, and the second will be development of volunteer work. Irena Deže Starčević M.Sc. and members of Rijeka groups will show model of workshops for elderly people to all people who show interest in Vinkovci and to the Fair participants. The second topic is knowledge transmission, that is development of volunteer community (selection, education, admission of volunteers) that will be presented by Mrs. Vesna Zec. Mandica also suggested that presentation of the book should be organized as part of the fair. Seventeenth Motovun Summer School will be held from 3 to 17 July 2010, the topics of which have not been selected yet. Zadar, Biograd na Moru, Krapina-Zagorje County / Zabok and Međimurje County / Čakovec were mentioned as potential hosts to the following business meeting.

Elective assembly will be held next year at Health Fair in Vinkovci, or in Motovun, depending on the dynamics of work of CHCN strategy development group. In the following few months, the group should redefine the Network vision and mission, and devise framework for Network work for the 2010-2014 period (it should develop scenarios for future Network work). Along with the presiding committee, Irena Deže Starčević, Iva Josipović, Marijana Prevendar, Ljiljana Vrbić i Zlata Torbarina joined the group. One of the topics the presiding committee should definitely tackle is the issue of criteria for Network membership – because as national healthy cities network, we should be reaccredited by the World Health Organization (we were accredited in 2000). The procedure requires 80% of national network members to meet the criteria defined by the WHO.

Program partnership with counties will take two courses in 2010. The one course is providing support to counties to carry out new legal obligations as regards health plans, and the other is continuing county teams' education in the 2nd phase of the "Responsible Health Administration and Management" project.

### ***c) Activities related to the celebration of the twentieth anniversary of the Healthy Cities***

The part of the activities related to the celebration of the twentieth anniversary of the Healthy Cities which haven't been carried out in 2008 (due to financial or organizational reasons), have been postponed for 2009. Such activities are layout and printing of the CHCN book "Healthy Cities Movement – Efficient Knowledge for Health", web pages redesign, and making a Network documentary on development of community and volunteering – Healthy Neighbourhood. As regards activities of the 2008 'Joined by Health' campaign, evaluation of its achievements should have been made and strategy of the Network social marketing redefined.

**The CHCN book "Healthy Cities Movement – Efficient Knowledge for Health"** is nearly finished. It contains around 550 pages, is a bit smaller than A4 format, paperback edition, has quality paper, with large-format photographs. Visual identity of the Epoch of Health was used in its layout. The book presents the context of time and space, duration and belonging to one of the most important movements in Croatia, and has exceptional historical value (it represents modern Croatian public health history). The book could be handed out to members on Reporting Assembly in February 2010, and presented to public on press conference that will be held to celebrate World Health Day (4 April) or Healthy Cities Day on 20 May 2010.

We redesigned **Network web pages**, setting up new home page and opening several new topics: **Joined by Health** (joint activities of Network members), **Croatian Health Champions** (a list of winning city and county programmes), **Efficient Knowledge for Health** (a field of healthy cities and counties expertise – ex. Affirmation of successful parenting – Poreč, BUBA – postponing early youth drinking – Split, Schools of democracy – Labin, Healthy urban planning – Vinkovci, etc.), **Healthy City (County)**

**for Beginners** (information on the projects for interested people or administrative bodies), and **Healthy City (County) for members** (it will be interactive and password-protected). We set up search engines and links to all Network members who have healthy city/county topics and to the World Health Organization.

In spring 2009, the second Network documentary was finished. Its topic is development of community and volunteering (healthy neighbourhood). The author and the director of the film is Mr. Goran Dević, and it is entitled "**Neighbours**".

**Evaluation of the achievements of the 'Joined by Health' campaign** is under way. Its results will be of great help when shaping Network social marketing strategy for future. In order to **redefine the strategy of social marketing**, we started cooperation with Mr John Bromley from London National Centre for Social Marketing. His institution organized the Summer School of Social Marketing in Bled, Slovenia, from 8 to 13 June 2009, which I attended. Apart from the possibility of individual education in School of Social Marketing in Bled, Mr. John Bromley offered his help in holding educational social marketing workshop in Croatia in the following year. Before we invite Mr. Bromley, we must choose target groups and behaviours we wish to have effect on, so that his help could be as efficient as possible.

#### **d) Program Partnership**

On 28 March 2009, the last two counties (Karlovac and Koprivnica-Križevci), passed the exam and thus finished their education in the 1st phase of the 'Responsible Health Administration and Management' programme. The 1st phase has thus been closed, given that all counties in Croatia were given a chance to be educated, and to develop their strategic health documents (County Health Profile and Strategic Framework of Health Plan).

On the 27 March 2009, the second county cohort (Krapina-Zagorje, Zagreb, Zadar) finished their education on 2nd phase of the programme. We expect that by spring 2010, all six counties (of the 2nd phase) will have formed their Strategic Health Plan (plan for implementation of Health Plan).

To briefly remind you, the 'Responsible Health Management and Administration' programme (Healthy Counties) started in spring 2002, with the Ministry of Health, the Ministry of Labour and Social Welfare, the counties and the 'Andrija Štampar' School of Public Health as partners. Its goal was to help the bodies of local government and self-government in the process of decentralization of the health and social welfare system. Given that the leading people of the Ministry of Health and Social Welfare changed, and the decentralization was brought to halt; in 2004 the project continued through program partnership, within the work of the Croatian Healthy Cities Network. During the process of education in the 1st phase of the programme, county teams devised County Health Profiles and Strategic Frameworks of County Health Plans. New Health Care Act, passed at the end of 2008, provides for one and three-year Health Plans as legal obligation of county administration. Since 2005, activities of the 'Responsible Health Administration and Management' programme have been aimed at forming county topic sub-groups, centring around most frequently chosen priorities, such as early breast cancer detection, development of county comprehensive elderly care, looking into causes and effects of early drinking in young people, improving quality of work in health system, improving mental health, and cardiovascular health.

In March 2008, a new cycle of education modules was set off, **starting education of counties in the 2nd phase of the programme**. This set of education modules provides **knowledge and skills in the fields of strategic planning and managing, change management and network management**. Three county teams, made up of 15 people per county are educated at the same time. These people are representatives of political and administrative component (county/city government, county administrative departments), technical components (county Institute of Public Health, Centre for Social Welfare, health centre, hospital and others), and representatives of a community (non-governmental and social sector, the media). Along with the mentor team, professors from the 'Andrija Štampar' School of Public Health, Zagreb University Medical School, the participants are taught by trainers of ADIZES South Europe

consulting company (experts in business, profit sector training). Along with national partners, School of Public Health, Ministry of Health and Social Welfare, and counties, there is another institution which is a partner in implementation of this project: it is the Centre for Disease Control and Prevention from Atlanta, USA. The course is accredited by the Committee for Continuing Education of Medical Doctors of the Croatian Medical Chamber, as well as by the Committee for Continuing Medical Education of Zagreb University Medical School (first-category course with 16 ECTS).

In the period from 2008 to 2012, every cohort (group of three) counties will have six-month intensive education consisting of 4 modules that will be held during extended weekend (Wednesday to Saturday). The participants will spend the time between the modules working on their own county projects (the so called, homework).

1st Module: "Vision, Mission and Change Management". It will explain strategic management ideas, the idea of vision, mission, planning and change management, and it will explain the reason for such team organization. For their homework, teams should devise the so called resource inventory. The teams should describe the present situation (point 0 of the programme), and enumerate everything they have on their disposal for implementation of Health Plan: project team and infrastructure they can rely on, functions held (learnt and implemented procedures and steps), resources at hand (partners – people, institutions, organizations, time, money...), administrative councils, decentralized funds, etc.

2nd Module: "Strategies, Goals, and Partnership for Health". It will provide a more detailed description of strategic management through more concrete goal setting, putting a system together, and providing institutional management skills. The second homework the teams have is to think up the vision and the mission of the county (and Croatian) project.

3rd Module: "Process of Change – Change Management". It will help define the structure supporting strategy implementation (resistance, barriers, problem solving, predicting outcomes, communication, motivation). After this module, the teams have two homework tasks: they should set strategic goals, make them more concrete, prepare and hold partnership conference. During the conference county teams should agree on and structure their relations with key partners (define domains, authorities and responsibilities, regulate relations) in implementation of county Health Plan.

4th Module: "Mapping out the path". This implementation strategy control will help create clear and detailed map of the path (planning and implementing change and explaining responsibilities), define ways to monitor progress and evaluate achievements. From the end of fourth module until the exam, the team members write Business Plan (or in other words, **Plan for Implementation of Health Plan**).

In September 2008, the first county cohort (Istria, Primorsko-Goranska and Međimurje) finished education in the 2nd phase, followed by the second cohort (Krapina-Zagorje, Zagreb and Zadar) in March 2009. Combining educational techniques, models and philosophy of entrepreneurial, profit sector with social, non-profit sector, we aim to develop '**social entrepreneurship**' skills in the members of our county teams – networking and linking, ensuring purposeful use and quality local health resource management.

#### ***e) Other Network activities***

New members of the Healthy City/County project teams have been **additionally educated** through **modules of post-graduate study in Public Health**. The module entitled "**Health in community and how to improve it**" was held in September 2009, and it provided practical acquisition and use of up-to-date knowledge and skills of community health improvement (from health evaluation, needs analysis to selection of priorities). The module entitled "**Public health interventions**", held in October 2009, provided training for purposeful selection and competent implementation of interventions within the framework of the Healthy Cities/Counties project.

In both modules, the participants worked on their personal growth and development and on improving the skills of team work and project management. The workshop entitled "**Total quality management – improving the process**" was held in December 2009, as a part of the fourth module. Workshop co-organizers were 'Andrija Štampar' School of Public Health from Zagreb, Croatian Healthy Cities Network

and the Centre for Disease Control and Prevention from Atlanta, USA. The tutors were Brian Robie D.Sc., psychologist, assistant to the SMDP programme director, Centre for Disease Control and Prevention, Atlanta, USA, and Selma Šogorić D.Sc. and Aleksandar Džakula from the School of Public Health. Presentations on quality in health system were held as part of the workshop. The speakers were Renato Mittermayer D.Sc., director of the Agency for Quality and Accreditation in Health and professor Ana Savljenić Rukavina D.Sc. The workshop was intended for health professionals participating in the 'Health Administration and Management in Local Government and Self-Government – Healthy County' programme. The participants chose a process from their work environment and, through team work, learnt seven steps of process improvement and tools and methods needed for their implementation. There were 50 participants in eight theme groups. All groups prepared a project to improve a process from their own institution (hospital, county) that will be implemented in the following period with new procedure standardization. The following are processes/problems chosen by the participants: making entries into the Trauma Register in Rijeka Clinical Hospital Centre (group 1), hospital treatment of patients with breast cancer in Karlovac General Hospital (group 2), using ambulance transport in Pula (group 3), care for psychiatric patients after they are released from hospital in Primorsko-Goranska County (group 4), prevention of MRSA infection in Zadar General Hospital (group 5), patients waiting for therapy in the Special Hospital of Goljak (group 6), patients waiting for laboratory tests in Mostar Health Centre (group 7) and patients with positive hemocult test waiting for colonoscopy in Pula General Hospital (group 8).

In 2009, **theme and interest group gathering continued**. "Youngsters and Early Alcohol Consumption" was led by professor emeritus Silvije Vuletić and Adriana Andrić M.D. (Zagreb, January and April, Motovun, July 2009). "Cardiovascular Health" was led by professor emeritus Silvije Vuletić and Aleksandar Džakula D.Sc. (regionally in Zadar, March, Vinkovci, April, and nationally in Zagreb, November 2009, symposium "Cardiovascular Health – Physical Activity"). Two theme conferences were held: "Results of the 'Early Breast Cancer Detection' programme on county level" (June, Motovun) and "Development of Comprehensive Elderly Care Policy on County Level" (October, Poreč). On 17 December 2009, a work meeting of the counties and the Network Support Centre was held at 'Andrija Štampar' School of Public Health with the topic of obligations and needs the counties have when implementing health reform, in relation to devising county health plans and the work of Health Council.

Thanks to the efforts of our journalist, Duško Popivić, in 2009 two issues of the **the Epoch of Health** were produced. In April, the thirteenth issue of the Epoch of Health was published, entitled "Joined by Health" and dedicated to the campaign, and the fourteenth review issue entitled "Health and Fairness" was published in June. The Epoch of Health, CHCN magazine is printed in colour paperback, A4 format, on 32 pages, and in 10.000 copies. The magazine is distributed through coordinators of the Healthy Cities/Counties project (200 copies per city or county) whose task is to make the magazine reach its local target audience – administration, politics, institutions, social and non-governmental organizations. The Support Centre distributes copies of the magazine to all national (the Parliament, the Government and the Ministries, associations) and international (WHO) partners.

In 2009, **cooperation with state administration bodies** continues, especially with the Ministry of Health and Social Welfare, under whose auspices was held the 13th Health Fair and the 16th Motovun Summer School, and with the Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity through collaboration and co-financing of the program concerning improving the life of elderly people. The Ministry of Health and Social Welfare provided a one-off help of kuna 50.000,00 for theme meetings of the Network cities and counties (theme conferences and workshops).

The Ministry of Health and Social Welfare invited the Network to present the achievements and the plan of work of the Healthy Counties project. The presentation was held on the symposium entitled "Experiences in Health Reform Implementation in Croatia", held in Plitvice from 27 to 29 October 2009,

and organized by the Ministry of Health and Social Welfare. The representatives of the Government and the Parliament participated in the symposium, along with representatives of regional self-government and directors of health institutions. All segments of the change in health system were discussed and professionally evaluated in the symposium.

In 2009, thanks to Mrs. Ena Modrušan's help, collaboration with the Association of Croatian Cities was established. We also plan to sign the Partnership and Collaboration Agreement with the Association in 2010.

**New members** In 2009, the cities of Čazma, Biograd na Moru and Nova Gradiška became Network members.

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

City and county teams prepared and published a variety of quality publications. Zadar County and its county health team published hard and electronic version of the Zadar county Health Profile and Strategic Framework of Health Plan. Poreč had a public presentation of their book "City Health Profile and Framework of the City Health Plan" on the World Health Day, 07/04/2009. A strategy of healthy ageing in Rijeka 2009-2013 was devised and presented in the book entitled "Rijeka in which even the Elderly Swim Upstream". Zagreb Administration for Health, Labour, Social Welfare and Veterans' Affairs published a new "City Health Profile". Vinkovci started a new magazine entitled "Urban Planning, Tourism, Health".

The interest of the media was not as great as in 2008 under the 'Joined by Health' campaign; however, activities of the Health Fair, Healthy Cities Day, Motovun Summer School (especially School of Democracy) and Business Meeting, as well as Rijeka, Poreč, Labin, Vinkovci, Biograd na moru, Split, Karlovac, Opatija were more present in the media.

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

In the context of international collaboration, Network activities continued excellent collaboration with neighbouring countries of Bosnia and Herzegovina, Montenegro, Slovenia, and Macedonia, as well as Norway. The activities included visits and participation in Motovun Summer School conferences and courses.

From 5 to 7 March 2009, a meeting of coordinator of the national healthy cities network was organized for the first time (independently) in Cyprus, with the goal of sharing information, networking and education. The invitation was accepted (mainly by female coordinators) by national networks of Cyprus, Norway, Sweden, Finland, Denmark, Croatia, Israel, Czech Republic and France. Educational workshops in the fields of advocating (health literacy) and social marketing were led by Franklin Apfel D.Sc., director of the World Health Communication Associates and John Bromley M.Sc. from London National Social Marketing Centre.

From 18 to 20 June 2009, **the First Business Conference of the Fifth Phase of the Healthy Cities Project** of the European Office of the World Health Organization was held in Viana do Castelo in Portugal. Cities and Networks are faced with new challenges of strategic and operational planning for health in the following five years. The three core topics presented to the conference participants are as follows: development of the environment that enables care and support, healthy life and healthy urban environment and design. Chosen topics of the fifth phase are interconnected, joined, depend on each other, and are overarched with social health guidelines due to the need to introduce fairness in all local policies. The leading idea of Zageb declaration, adopted in October last year in final conference of the fourth phase of the Healthy Cities Project, which has so far been adopted in over seventy European cities, reads as follows: **"Healthy city should above all be a city for all who live in it, inclusive, supportive, socially sensitive and able to respond to different needs and expectations of its**

**people**". That thought is the basic assumption of the core topic number one – development of environment that enables care and support. The fields of activity within the first topic have been and will be in the following five years: support for young families and investing in children's early development; elderly-friendly cities; social inclusion understanding differences and tolerance towards migrants and members of ethnic communities; development of accessible and quality social and health services tailored to people's needs; programmes created to improve people's health literacy.

"Healthy cities provide conditions and create possibilities for healthy life of their people". That is the leading idea of the core topic number two. Key challenges addressed are prevention of non-infectious diseases and improving the capacity of local health care, especially in the domains of public health and primary care, in order to be able to work on prevention, early detection and appropriate treatment of cardiovascular, malign and respiratory diseases, and diseases related to alcohol abuse. Sub-projects under this topic are cities without tobacco smoke, programs aimed at prevention of drinking and addiction, improving people's physical activity (active cities), healthy food and diet, prevention of injuries and violence, healthy places where people live, work or are educated (healthy schools, universities, healthy work organizations, healthy neighbourhood) and happiness and well-being.

"Healthy city is the city which provides built space (physical environment) that supports health – enables mobility, recreation, safety and social interaction and gives the feeling of pride and cultural identity to its people". That is the leading idea of the third core topic. Their sub-projects are as follows: healthy urban planning, residence and urban regeneration, healthy transport, being prepared for climate changes and states of emergency in public health, safety, decreasing exposure to noise and pollution, healthy urban design and creativity and livingness of the environment.

Health literacy of the population is central to the fifth phase of the project. Literacy consists of reading, writing, and listening that an individual person needs to develop his/her potential in total, and ultimately, the potential of society. Health literacy is the capacity of receiving, interpreting and understanding basic information relating to health and health care, and the ability to use it in order to improve (one's own, but also his/her children's and family members') health and well-being.

Speaking about numbers, there were 307 delegates from 29 European countries, representing 114 cities and 17 national networks. In order to become members of the European Healthy Cities Network of the World Health Organization, as in earlier phases, cities must be accredited. So far, 17 cities, including our own Rijeka (congratulations!) have been accredited for the fifth phase, whereas around seventy cities sent their mayor's letter of intent to join the project. National networks, including ours will also undergo the process of accreditation.

During our three-day intensive work, we heard a number of quality introductory talks on core topics of the fifth phase, a variety of educational workshops were held addressing the topics of decreasing inequality in health, healthy urban planning and health literacy. However, the most interesting workshops dealt with successful management of the Healthy City project. Around ten most successful project cities of the fourth phase, and five national healthy cities networks (including ours) were invited to present their experiences in the workshops, and to present on their own models how people are included, projects managed, and health leadership developed locally, through inter-sector collaboration.

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## PROPOSED PROGRAM OF ACTIVITIES OF THE CROATIAN HEALTHY CITIES NETWORK IN 2010

### **Regular annual Network activities:**

**14<sup>th</sup> Health Fair** will be held in **Vinkovci** from **23 to 25 April 2010**.

**HEALTHY CITIES DAY** will be celebrated on **20 May 2010**.

**17<sup>th</sup> Motovun Summer School of Health Promotion** will be held from **3 to 17 July 2010**.

**Business meeting** of the **Croatian Healthy Cities Network** will be held in **Zagreb**, from **13 to 16 October 2010**, **simultaneously with the 2<sup>nd</sup> Croatian Congress of Preventive Medicine and Health Improvement**.

### **Other Network activities:**

**CHCN group for strategy development** will redefine the Network vision and mission and will **set the framework for work from 2010 to 2014** (i.e. it will develop scenarios for future work of the Network).

Network **Electoral Assembly** will be held.

**The World Health Day will be celebrated on 07/04/2010, the central topic of which will be urbanization and health.** Activities during the celebration are aimed at raising the awareness of health challenges related to urbanization, strengthening the need to place health in the focus of urban planning and the activities of other (not closely health-related) sectors. The goal of this year's celebration of the World Health Day is to promote activities addressing health risks resulting from urbanization:

- bigger exposure to environmental factors (air and water pollution, waste, etc.),
- bigger exposure to factors causing non-infectious diseases (the use of tobacco, unhealthy diet, physical inactivity, drug and alcohol abuse),
- bigger exposure to infectious diseases (HIV/AIDS, TB, epidemic flu (H1N1)),
- bigger exposure to violence and road accidents.

The World Health Organization invited the cities to choose one day from **7 to 11 April 2010** and organize various activities on that day. The celebration should culminate in closing one road down for traffic and opening it for public, offering various activities for all age groups that are normally not offered there (drawing, roller skating, dancing, exercising, healthy food fair, preventive medical check ups, etc.). The ideal day for that is **Sunday, 11 April**.

Promotion of the book **“Healthy Cities Movement – efficient knowledge for health”** will be organized nationally and locally (cities and counties are free to choose the date).

Two new issues of **the Epoch of Health** will be published.

We will continue to implement **the second phase of the “Health management and administration in local government and self-government”** through continued education of county health teams: a) education through **the second set of education modules**, b) education of theme groups, c) holding theme conferences, and d) providing assistance in creating health plans and plans for health plan implementation.

A comprehensive **evaluation of the Healthy City project** in Croatia will be carried out.

**The implementation of the CHCN media campaign ‘Joined by Health’ will be evaluated and education of social marketing members continued.**

**The 2<sup>nd</sup> Croatian Congress of Preventive Medicine and Health Improvement will be held in Zagreb, from 13 to 16 October 2010.** The four core topics – society and health, public health interventions, health care system and health policy are split into 18 sub-topics (paths for parallel presentations and workshops) and are overarched by the main topic of the Congress, inequality in health. The Network and member cities/counties will present their achievements, and opportunities will be provided to exchange experiences and learn from others. The goal of the congress is to review and evaluate the level of public health competence so far, in Croatian professional public health, non-governmental sector, as well as in local and national government and politics. At the end of the congress, we will find out to what extent and how up-to-date public health knowledge and tools are implemented in the practice of political decision making, managing, system organization and when carrying out public health interventions. We will thus be able to evaluate what is the quality of our care for health needs of the population, especially in vulnerable groups, and how well we use the best practice of up-to-date public health medicine.