



Hrvatska mreža "**Ždravih gradova**"

Croatian Healthy Cities Network

Zagreb, 31 December 2014

Report on the Activities of the Croatian Healthy Cities Network for the year 2014

A long-standing recession has had severe influence on the work of Croatian Healthy Cities Network. Every year, a growing number of members is asking for the membership fee to be written off because they are unable to pay it, let alone to participate in Network activities. Given the fact that our financial income has been meagre in 2014 (lowest since 2003), the results we have achieved are truly amazing. Along with regular network activities, we have introduced new ways of bringing our members together, mostly thanks to the projects I got (through Medical School) from the Ministry of Science and Zagreb University, amounting to over kn 200,000.00. With these financial means, I can proudly say that we managed to start the project of health promoting hospitals and open institutions of professional discussion addressing 'Successful implementation of the project for postponing early drinking in youth in Croatia'. The above served as an introduction and helped articulate future most important Network activity – the project of **introduction of decision making based on evidence** to selection, planning, and evaluation of interventions aimed at health and quality of life improvement in communities locally and nationally. Promoting activities of partnership cooperation, mentor work between cities and counties with different levels of achievement on the programme, and improving selection process (based on evidence, efficient), and implementing interventions, might lead to better results, even with less financial means.

1. National Level

a) The Activities of the Network and its Support Centre

There haven't been major changes in the activities of the Network Support Centre in 2014. The facilities have remained the same ('Andrija Štampar' School of Public Health, Zagreb Medical School), and so have the cooperators – administrative secretary, journalist, translator, auxiliary workers, consultants, book-keeping service, and web masters.

In 2014, **two Reporting Assemblies of the Croatian Healthy Cities Network** have been held. One was held in Zagreb, February 25, and another in Vinkovci, during Network business meeting, on 10 October 2014.

b) Regular annual Network activities bring together and connect cities and counties which are Network members, facilitate the sharing of experiences, knowledge, ideas and activities, enhance cooperation and enable education and the giving (and the taking) of practical help and support to carry

out activities on the local level.

Various regular Network activities have been carried out in 2014: there was 18th Health Fair in Vinkovci in April; the Healthy Cities Day was celebrated sumptuously on May 20; seven courses of the 20th Motovun Summer School of Health Improvement were held (June-July – Grožnjan, Motovun, Labin, Poreč). After a longer pause, the 16th issue of the Epoch of Health was published, Network web pages in Croatian and English have been updated, and the 19th Network Business Meeting was held in October and was hosted by Vinkovci and Vukovar-Srijem County.

The 18th Health Fair was held in Vinkovci, April 25-27 2014, traditionally on the premises of 'Lenije' Sports and Recreation Centre and the Faculty of Agriculture, under the auspices of the Ministry of Health and Social Welfare of the Republic of Croatia. The Fair was organised by the City of Vinkovci, Vukovar-Srijem County and the Croatian Healthy Cities Network; this year's partners were the cities of Poreč, 'Zeus' Polyclinic, 'Zara' sport and recreation centre, and 'Rotary Club 1937', from Vinkovci. This year, our special partner was 'Bronte Natural Health Clinic' from Oakville Ontario, Canada. The Fair was traditionally organised in two parts – the one, comprising the fair segment, and the other, educational segment. In the fair part, which proved to be the most interesting for visitors, over 100 exhibitors were presented. In the educational part, three forums were held, fourteen life-long learning courses, and professional conferences for eight professions: medical doctors, nurses, physiotherapists, midwives, educators, psychologists, pedagogues, forestry and civil engineers. Around 60 workshops were held and models of good practice shared; there were 2 dance workshops for participants over 60, as well as a number of sports events: pool night, Nordic walking... Furthermore, there were many ethnographic, dancing, sports, culinary, ecological and scientific events. The 18th Health Fair was again very well coordinated and led by our 'first urban planner lady' Mandica Sanković M.Sc., and attracted a large number of visitors.

May 20, **the Healthy Cities Day**, has been celebrated since 2003, and is an occasion for city and county authorities to showcase numerous activities undertaken to improve their fellow citizens' health. Furthermore, it is an opportunity for various non-government organisations and volunteers to present their activities and programmes. On the Healthy Cities Day, the project 'Rijeka – Healthy City' organised sixth in a row games for children with developmental disabilities (aged up to 21).

Motovun Summer School of Health Improvement, took place from 9 June to 5 July in Grožnjan, Motovun, Poreč, and Labin under the auspices of the Ministry of Science, Education and Sport, and the Ministry of Health. Seven workshops and courses were held for over 440 participants from Croatia, Italy, Bosnia and Herzegovina, Montenegro, Slovenia and Norway.

On Monday, 9 June 2014, an international conference entitled '**NETWORKING** – ways to cooperate in service provision and international sharing of experiences' was organised in Motovun ('Kaštel'Hotel) by Istria County. The conference was organised as part of the 'LOVE YOUR HEART' project, and was intended for service providers (health care, social welfare, education, and others) for children, young people, disabled, elderly and/or severely ill, local authorities, civil society organisations, and employers. Around fifty professionals from Croatia and Italy accepted the call for participation. The conference was opened by Sonja Grozić-Živolić, head of administrative department for health and social welfare of Istria County, and Giovanni Zonin, representative of 'Scuole Centrale Formazione'. During the conference, various models of good practice from both countries were presented, and further mutual cooperation agreed on developing various social-health services, as well as the possibility of joint application for EU bids.

At the same place, in Motovun, an international **interregional conference** was held on 10 June 2014.

The conference was entitled '**PREVENTION OF CARDIOVASCULAR DISEASES**'. The conference was organised by Istria County, Administrative Department for Health and Social Welfare, via 'LOVE YOUR HEART' project. There were over 50 participants from Croatia and Italy at the conference, which was opened by Sonja Grozić-Živolić, head of Istria Administrative Department for Health and Social Welfare, Giovanni Zonin, representative of 'Scuole Centrale Formazione', Ana Malenica M.D., representative of the Ministry of Health, Ranko Stevanović M.D., representative of the Institute of Public Health, and Ankica Šajbić Šukunda M.D., representative of the Croatian Health Insurance Institute. In the morning part of the conference, 11 presentations showed morbidity and mortality picture caused by cardiovascular diseases in Croatia and Italy, along with causes and effects thereof, and activities and results so far of the 'LOVE YOUR HEART' project. In the afternoon part of the conference, models of good practice were presented for prevention of cardiovascular diseases in the City of Zagreb, Primorje-Gorani County, Zadar County, Istria County, and Poreč.

The project goal is to create preconditions for efficient cardiovascular diseases prevention by spring 2014, via experience and knowledge sharing between partners: on the basis of examined resources and needs, develop the model of cardiovascular diseases prevention which fosters networking, informatisation, and education of professionals and citizens. Ensure resources and infrastructure for work. By the end of the project (September 2015), the goal is to develop a professional and viable programme of cardiovascular diseases prevention through the existing and new international and inter-regional networks, as well as integrative cooperation between governing bodies, health providers, and civil sector dealing with cardiovascular diseases prevention. Networking will be coordinated from the centres and will have defined protocols for cooperation. Experimental project implementation and evaluation will be carried out in 2014 and 2015 in order to: a) test developed educational materials (for health and other sectors), and test the system of certification of health workers; b) test educational materials for citizens and assess changes in their health habits; and c) evaluate experimental implementation of work of newly-founded Centres for cardiovascular diseases prevention in Pula and Tirana, and evaluate improvements in the process of early risk factors detection, as well as how fast service is rendered to risk patients; furthermore, evaluate improvement of monitoring of their condition. The following outcomes are expected: dissemination of scientifically based information of cardiovascular diseases prevention and upgrading citizens' awareness on the need to take care of their own health via various media and channels of information (from printed flyers and oral consultations to highly sophisticated information media); furthermore, it is expected that educational packages for certification (further education) of health professionals and volunteers will be developed, as well as the concept of the Centre for Cardiovascular Diseases Prevention developed and piloted.

From 19 to 22 June 2014, a **Media and Health course** entitled 'SAY YES TO THE CAMPAIGN' was held in Grožnjan. The course was thought up as the leading place for bringing together and presenting burning issues in health and open discussion on the future of Croatian Health System. This year, there were around one hundred delegates, of various professions: health professionals, leading Croatian journalists covering health, representatives of pharmaceutical sector, health administration, and non-governmental organisations. The course was organised by 'Andrija Štampar' School of Public Health of Zagreb Medical School, Croatian Healthy Cities Network, Croatian Journalists' Association - department of journalists covering medicine and health care, and 'Difrakcija' association; it was supported by Croatian Musical Youth and Grožnjan Municipality. The course directors were Tea Vukušić Rukavina D.Sc and assistant professor Ognjen Brbović D.Sc, of 'Andrija Štampar' School of Public Health, as well as Mario Harapin of Croatian Radio. The first part of the course was dedicated to different aspects of health communication through the following topics: health literacy of general population, understanding the language used by journalists and health institutions, possibilities of upgrading communication technologies and using them in health, and lastly, limits and efficiency of health campaigns. According to the research carried out by Sanja Brangan, linguist of Zagreb Medical School, which targeted patients with gallbladder operation, the profile of the most literate patient is a woman aged 60 to 75, worker, city

dweller, who was operated and engages in active search of information on her health status. Žarko Bajić of 'Biometrika' pointed out that the problem of health literacy was a two-way issue, and his research, which was carried out in all four regions of Croatia, in different places and doctor's offices, showed that 10% of people in family physicians' offices aren't literate enough, whereas 26% show problematic literacy. In 56% of cases, health literacy was sufficient, and in 8% it was excellent. Insufficient health literacy is related to older age and lower education, said Bajić; his research also showed that Croatia could be ranked among average countries in EU as far as health literacy is concerned. Informatisation and internetisation are reducing the number of direct patient-physician contacts, so that in Great Britain only 22% of patients see their doctor if they have a question about their health. Others will consult their on-line search engine before the visit. The big problem of 'Mr. Google' is that it is not critical. However, although we have often heard our Prime Minister use the slogan 'patient is always central to the system', patients have so far only been central to 'doctor Google', who is always ready for all their uncritical questions, said Ognjen Brborović of Zagreb Medical School, pointing out that over the past two decades, the big emphasis in health has been put on diagnostics, whereas communication has been left out. The media, which should serve as mediators in health communication, continue to neglect their role, said journalists Andreja Šantek and Selma Mijatović. The situation referred to leads to sensationalism and death of specialised journalism due to its non-profitability. At the same time, information provided to patients by state health institutions, ministries, and public insurance companies prove to be incomprehensible and scarce. The first course day ended with a workshop entitled 'Meta language in health', where Mario Harapin and Selma Mijatović of Croatian Journalists' Association - department of journalists covering medicine and health care presented numerous cases of incomprehensible messages intended for patients by health workers. The second course day was dedicated to basic principles of social marketing and its implementation in devising and carrying out health campaigns. 'What is needed is a planned approach to campaign, it is not enough to create a poster without having thought up its contents and campaign evaluation. Posters should be short and contain a clear message, visible from afar. Using the feeling of fear for one's health has short-lived effect. In order to gain indirect contact with target population, guerrilla marketing can be used, which is easy, direct and financially profitable. For a campaign to succeed, we must first go through a mental process, detect a problem, define target group, think the message up, define the way the message will be delivered to its end users, and in the end, implement the programme', explained Tea Vukušić Rukavina of Zagreb Medical School in her introductory note on the second course day, after which participants of the 'Media and Health' course spent most of the day in the workshop entitled 'Say YES to the campaign', trying to come up with public health campaign in accordance with basic principles of social marketing. The participants could choose which theme group to work with: a) promoting obligatory vaccination, b) early diabetes detection, c) reducing alcohol consumption, d) dietary disorders, and e) promoting health effects of *Cannabis sativa*. The workshop ended with presentations of group work and a discussion on how and in what way principles of social marketing were incorporated in solutions which were presented. At the end of the second day, a films falling under the category of Children's film and video making in the service of public health were shown. The closing day was dedicated to liquidity of health system and separation of Croatian Health Insurance Institute from the treasury. Primarius S. Varga, in the capacity of a newly appointed health minister, presented the outlook of the Ministry of Health on the separation, pointing out the establishment of a new viable model of system financing as one of priorities of his tenure. Separation from the treasury means that the Croatian Health Insurance Institute will no longer amass losses, and advance payments and hospital recovery, on which kn 17 billion has been spent over the past 20 years, will become a thing of the past. Separated Institute for Health Insurance will make several-year-long contracts with hospitals, which will provide precisely defined number of services and programme of work. Health system will recover its own losses in the future, and as early as from 2017 it should have more money for expensive medication, efficiency increase, and improvement of health services. Welfare unemployment, maternity, and veterans of was allowances will be allocated from health budget; also, money placed in health will

be spend in purpose-specific way to prevent the situation which occurred in 2013, when hospitals received kn 650 million for unrendered services. Apart from Insurance Institute, independence of other health institute is also in the pipeline: institutes of picture of the source the money was allocated from, what it was allocated for, and what it is spent on. Acting president of Croatian Health Insurance Institute, T. Prenda Trupeć, who succeeded Varga to the office, confirmed that financial independence of the Insurance Institute will result in health system liquidity, and presented concrete figures to support her claim. Croatian Health Insurance Institute estimates that viable public health costs around kn 20.6 billion annually. Compulsory health insurance earns around kn 17 billion, out of which only one billion is allocated to the system, although legislation provides for kn 21 billion to be allocated. Therefore, the plus would amount to one billion kunas if they got all the means they should get; as a result they could increase allocations for hospitals, primary care, especially expensive medication, and other primary needs, and could bring debt in health to zero by 2017. At the Media and Health course, support to separation from treasury was expressed by prof. Ante Ćorušić D.Sc of Croatian Democratic Party, prim. Hrvoje Minigo M.D., president of Croatian Medical Chamber, and prof. Željko Krznarić D.Sc., president of Croatian Medical Association. They all agreed that there will be no successful health reform without consensus, political and professional, and that it can not be implemented during the term of one government.

On 20 July 2014, the eighth festival of **Children's Film and Video Making in Function of Public Health** was held in Grožnjan, as part of the 'Media and Health' forum. For the past seven years, the festival took place in Motovun and Poreč. The festival is organised under the auspices of 'Andrija Štampar' School of Public Health, and over the years was joined by Istria County, 'Poreč Healthy City' fund, 'Our Children' associations from Motovun and Poreč, and Rudeš Primary School. Since the beginning, the goal of the festival has been to present children's film and video making tackling public health issues to the general public, and especially to health professionals, in order to facilitate interactive dialogue between young authors, primary students from all over Croatia and their mentors, and public health professionals, which would lead to opinion sharing and finding ways to cooperate on topics of common interest. Presentation of the best children's film and video making tackling public health issues fitted perfectly into this year's 'Media and Health' course. Medical doctors who participated in the course were largely surprised and thrilled when they found out, many of them for the first time, that there is children's film and video making at all, let alone the one tackling public health issues, and came up with numerous possibilities of cooperation, from showing films to medical students, and students of education and rehabilitation and other affiliate faculties, to public lectures and health campaigns. The following films were shown at the eighth festival of Children's film and video making: Secret Friendship, animated, 2'44", by 'Dubrava' Cultural Centre, Zagreb; Dog's Life, documentary, 7'54", by film group of 'Strahoninec' Primary School; Bettina, feature, 5'18", 'Zaprešić' Photo Video Film Club; Morning, feature, 'Zag' film group, 'Marija Jurić Zagorka' Primary School, Zagreb; Over three hills, TV coverage, 10', Ivanovec Primary School, Čakovec; Zorica K. (77), documentary, 10', 'Eugen Kumičić' Primary School, Velika Gorica; and My fiend like me, TV coverage, 10'35", 'Rudeš' Primary School, Zagreb.

On 26 June 2014, **17th School of Democracy** started in Labin, traditionally held under the auspices of the Croatian Healthy Cities Network, Istria County, and the City of Labin, and organised by 'Mate Blažina' Secondary School and Labin Healthy City project. The School participants were around seventy students and teachers from form Sandnes (Norway), Banovići (Bosnia and Herzegovina), Čakovec, Buje, Rijeka, and Labin. The key topic of this year's school of democracy was 'DIGITAL VIOLENCE – CYBERBULLYING', and how to prevent it in schools. The above is part of a joint Croatian-Norwegian project entitled 'Youth Democracy THIN LINE – STOP BULLYING IN SCHOOLS', the goal of which is to develop awareness on the existence of cyberbullying, both in school students and politicians. After the hosts gave their opening speech, students from Sandnes presented their Sandnes Youth Council and

its activities, including 'March against bullying' and 'Thin Line' projects. After the presentations, three short, interesting and funny videos were shown to present the stay of project participants in Sandnes in April 2014, during the first student exchange. In the last presentation, a mobile application entitled 'Stop bullying in schools' was shown, which resulted from the 'Thin Line' project. Croatian version is an adaptation of the Norwegian 'Stop mobbing i skolen' application. A Norwegian newspaper agency which publishes 'Stavanger Afterblad', a regional daily newspaper, created the contents of the application and in 2013, gave it to 'Thin Line' project for use. While the Croatian version was being developed (carried out by 'Phoenix Network' from Norway), various institutions were contacted for advice: Polyclinic for Children Protection from Zagreb, 'Brave Telephone' association, 'Luka Ritz' Counselling, state institutions, and attorney general for children's issues. After the presentations, a workshop on cyberbullying was held: 'CYBERBULLYING FORUM THEATRE' by Irena Bilčić. Theatre of the oppressed is an interactive, participatory theatre, which is used all over the world to enable individuals to see more clearly what their position in society is, and how they can improve it. Theatre of the oppressed uses a subtle form of dialogue to make the participants think about the problem they are going through, look at it from multiple perspectives, and try to solve the problem. The goal of the workshop was to study complexity of cyberbullying via a creative medium – theatre. The students used games, exercises and dramatic scenes to look at the problem of cyberbullying and try to find ways to confront it in daily life. The second day started with a forum theatre workshop, which presented research results which looked into risk behaviour secondary students of Istria County engaged in during 2012/2013, and 'Cyberbullying – digital violence' (Labin, Rijeka). The 'Europe and Youth' project (by First Sušak Grammar School from Rijeka / Rijeka Youth Council) was presented, along with 'Bullying in pre-school age' (by Čakovec Youth Council), 'Model of international criminal tribunal' (by 'Mate Blažina' Secondary School from Labin), and results of 'Virtual world and youth' research (by 'Mate Blažina' Secondary School from Labin). The last day of this year's course was used to socialise and have fun. All participants were rewarded with a boat trip to the island of Cres.

For the fourth time in a row, a '**Healthy Urban Planning**' seminar was held as part of Motovun Summer School of Health Improvement. It was held on 30 June 2014, at the premises of Poreč Healthy City. The seminar was once again organised by Health Cities of Poreč and Vinkovci. It was opened by Nataša Basanić Čuš, coordinator of Poreč Healthy City. The seminar is organised in accordance with the main goal of the Healthy City project (health improvement and improvement of quality of life via comprehensive activities aimed at factors which contribute to health, and bringing together professions which can contribute to health in various ways). There were over 40 participants in the course, mainly of technical profession, but also psychologists and medical doctors. The course was dedicated to adjusting public areas to various groups of people. The following topics were discussed: physical accessibility of an area, new regulations governing accessibility, role of technical profession in promoting accessible construction, cooperation between technical professions and municipal departments when implementing technical control aimed at ensuring safe and regulated construction, and implementing measures of energy efficiency and reducing energy consumption in cities. During this year's course, the participants did a field workshop, using forms and regulations to estimate accessibility of Poreč Health Centre, which is a building of special interest for Poreč residents. The accessibility topic was tutored by Mandica Sanković M.Sc. architecture, coordinator of Vinkovci Healthy City. In the Republic of Croatia and Croatian Healthy Cities Network, Vinkovci was the city which promoted the field of healthy urban planning and became an expert centre of the Croatian Healthy Cities Network for healthy urban planning. The topic of universal design and accessible construction was especially interesting because it talks about constructors/urban planners, i.e. technical profession having the possibility and the obligation to think in advance about functionality of the building. The building of universal design is the one which is equally accessible to all, has impartial possibility of use, is flexible for use, can be easily and intuitively used, has clearly marked information for users, and all users have to engage low physical effort for their usage. The results of accessible construction are non-discrimination, reduced costs of

living and treating for people with special needs. The second part of the education addressed recommendations and requirements of EU as regards energy sustainability of its members, and Action Plan of energy sustainable development of Poreč-Parenzo City. The participants engaged in heated discussion on global sustainable development and measures and expected outcomes of local energy sustainable development. They discussed positive and negative effects on health caused by modern technological achievements, and concluded that energy sustainability and rationalisation of energy consumption on local level are undeniably important. The topic and Poreč programmes from this field were skilfully presented and competently led by Gordana Lalić M.Sc. engineering. The conclusion of the conference is that the influence of technical professions on designing living spaces is outstanding because it provides for planning and designing healthier and more quality life. Representatives of these professions plan areas, walking paths, plants, parks, bicycle paths, constructing materials; they can influence energy efficiency, make areas accessible even for the most vulnerable groups, they can influence designing advanced networks and homes, and educate their co-citizens. Healthy urban planning and including the topic of health into the work of technical professions has been top priority of the European Healthy Cities Network for years now. On the level of WHO, there is undeniable evidence that urban planning in a community has considerable effect on its members.

From 2 to 5 July 2014, for the tenth time in a row, the **Health Systems and Health Policy** workshop was held in Motovun. The workshop is jointly organised by Croatian Association for Public Health – Croatian Medical Association, Motovun Summer School of Health Improvement, Croatian Medical Chamber, Istria County, and PIN for health. As in previous years, the programme was organised in cooperation with the Ministry of Health, Croatian Health Insurance Institute, and Croatian Institute of Public Health. The key topic of this year's workshop was '**Work Evaluation in Health**', which aimed to open two key questions: what health system is to be developed to show ability to engage professionals in health successfully, and in what way can we evaluate daily work of health professionals. The workshop participants tried to answer these and many other questions via a series of lectures, seminars and presentations on various projects. Along with professional programmes, presentations and counselling on up-to-date possibilities of EU projects in health were provided, as well as applications and BI solutions for health system, and 'ad hoc' theme groups. Workshop participants were representatives of health providers, employers – local and national level, health chambers and chambers of business operating in health. The professional part of the programme started with the topic entitled 'New technologies and improvement of work processes in health'. Projects and solutions were presented which improve work in the area of diabetes control, better use of lab systems, as well as technologies providing easier access to up-to-date information from primary practices, hospital information systems, or national preventive programmes. A system of portal for patients was presented by Darko Gvozdanić and the new system of community service informatisation was presented by Josip Kovačević and Mara Županić. A workshop entitled 'How to access EU funds' was incorporated in the programme, in which the Third Programme of community in health was presented. In the workshop, in indirect communication, participants were informed about new project co-financing models, and new ways to apply for project calls. Third Programmes are one of key means used by European Commission for successful EU strategies implementation in health. The aim of Third Programmes is to support health policies and strategic guidelines of EU member states, building solidarity and prosperity in the Union via safeguarding and promoting health and safety of the people, and improving public health, primarily in the fields of easier and more quality access to health care, improved health legislation, building information health systems, enhancing over-the-border medical cooperation between member states. 'Health System and Evaluation of Work' programme block presented up-to-date projects by the Ministry of Health and the Croatian Health Insurance Institute, as well as outlook on work evaluation by representatives of several chambers. As a guest speaker, Biserka Simčić presented experiences from Slovenia. How demanding the issues of hospital work and evaluating the work of various specialists are was shown in presentations by representatives of state institutions and chambers. Other numerous

lectures pointed to the fact that work evaluation has not been solved in a comprehensive way yet; however, how to evaluate the work of health professionals and what specific requirements arise from extraordinary circumstances was shown by members of the Staff of the Ministry of Health who operated in flood-affected areas in May 2014. As an introductory part of this year's workshops entitled 'Health System and Health Policy', the 6th professional counselling on health care and social welfare was held. The goal of the counselling was to provide all participants working in palliative care with tools they can use to detect needs and assess resources and technologies at hand. The topics discussed included obligations counties and health providers have in palliative care from 2014 to 2016, new technologies and palliative care organisations in Croatia, new services, and costs and payment in palliative care.

The 19th Business Meeting of the Healthy Cities Network was held in Vinkovci (Slavonia Hotel), from 9 to 12 October 2014, along with the 3rd Congress of Preventive Medicine and Health Improvement. The meeting was hosted by the city of Vinkovci and Vukovar-Srijem County. The key topic of the 19th autumn business meeting of the Healthy Cities Network was 'Healthy Food and Diet' related to **the 3rd Congress of Preventive Medicine and Health Improvement** which was took place at the same time in Vinkovci, from 9 to 13 October 2014. During the business meeting, an electoral assembly of the Croatian Healthy Cities Network was held on 10 October 2014.

The 19th business meeting brought together around sixty coordinators and politicians from around ten Croatian healthy cities (Zagreb, Rijeka, Poreč, Labin, Vinkovci, Opatija, Dubrovnik, Zabok, Split, and Velika Gorica), and eight counties (Zagreb, Krapina-Zagorje, Bjelovar-Bilogora, Dubrovnik-Neretva, Varaždin, Vukovar-Srijem, Primorje-Gorani, and Zadar).

On the first day of the meeting, the hosts traditionally presented their examples of good practice. The presentation on the flood in Županja Posavina in 2014 was memorable. It showed the role and activities of Vukovar-Srijem County Institute of Public Health as regards flood-related events. The program of palliative care development in Vukovar-Srijem County was presented, along with the project entitled 'First step towards happy childhood' by 'Mala Teresa' Vinkovci Rehabilitation Centre, youth health improvement projects, health programs of Vinkovci Red Cross organisation, development and work programmes of 'BUBAMARA' Association for Help to Disabled People, project by 'Hrast' Progress Development Agency addressing use of renewable sources of energy, Technology Park Vinkovci with incubation centre for innovative technological start-up companies, and many others. Programmes and projects undertaken by Vinkovci Vocational Secondary School and Agriculture and Forestry School were very interesting. They used European integration funds to start students' cooperative, which achieved excellent development (they built a greenhouse, provided irrigation, planted experimental patches of orchards, vineyards, and orchard greenery, with all infrastructure). On the basis of their healthy urban practice so far (Vinkovci is Croatian leader in that area), Vinkovci presented their plans for tourist development, which has already been built in urban planning – plan for construction of Vinkovci Sopot (archaeological park, theme park presenting 9000 years of Vinkovci, camp, outdoor sports facilities, astronomy centre, civilisation comparative centre, education and demonstration centre for energy efficiency, gastro academy, and accompanying facilities), urban plan for Trbušanci in Vinkovci (golf course, hippodrome, and accompanying facilities), study of location selection for hippodrome, golf and amusement park in accordance with conditions provided by urban plan of the City of Vinkovci, tourist ring of Sopot in Vinkovci, and the study of tourist potential of the Bosut river in Vinkovci.

The second day programme of the business meeting started with the presentation of Report on the Network activities in 2014 by the national coordinator, prof. Selma Šogorić D.Sc.

After the report and discussion thereon, **electoral assembly of the Croatian Healthy Cities Network** was held. After the officers were elected, prof. Selma Šogorić D.Sc. reported on the activities of the Presiding Committee from 2010 to 2014. By mid 2010, the first 20 years of Network activities were rounded off via the League of healthy cities/counties, 'Connected by Health' campaign, issuing the book

entitled 'Efficient Knowledge for Health', updated Network webpages, and achieved stable cooperation with national stakeholders: Association of Cities, Association of Counties, Ministry of Health, Croatian Institute of Public Health, Croatian Public Health Association, Croatian Medical Association, and others. At the same time, space for new cycle of Network development was opened. A group for development strategies was established, which through seven workshops (from January to December 2010) devised strategic guidelines defining the course of Network development (achieving higher level of excellence), assessed the needs of cities and counties, held the 2nd Congress of Preventive Medicine and Health Promotion to evaluate public health practices in Croatia today, and based on the above said, created the program of work of the Croatian Healthy Cities Network. The vision and the mission of the Network were redefined for the period up to 2020. The basic Network goal is to improve social networks and support, with emphasis on family and health, introducing wise health management postulate. That is achieved by ensuring good and efficient public government which helps to improve democracy and human rights, promotes economic prosperity and social cohesion, reduces poverty, enhances environment conservation and sustainable use of natural resources, and gains the citizens' trust in government and local administration. During former period, Croatian Healthy Cities Network played an important role at defining new strategies, legislation and guidelines, such as: WHO strategic document Health for All by 2020, Strategy of National Health Development 2012-2020, Strategy of National Public Health Development 2012-2015, Strategy of South Eastern Europe Development (SEE 2020). We contributed to forming Health Council, creating three-year health plans and health care plans, implementing emergency care, and developing palliative care. Basic Network goals from 2010 to 2014 were the following: a) upgrade Network activities to a higher level of excellence via improving members' competences and introducing new quality in local health planning and government, b) create efficient organisation able to meet its members' needs for: networking, improving public health and management competences, information sharing, and models of good practice, c) ensure Network viability – via financial viability and recognising our professional competences.

During the given period, we worked on improving existing technologies and introducing new ones. During creation of City Health Profile, **RAP** was used by the cities of Labin (March 2011) and Vinkovci (June 2011). Zagreb Healthy City worked continuously from 2011 to 2014 to provide **educational workshops** by the wider health team and create operational Plan for Health for the fifth phase of the European Healthy City project, and monitored its implementation (from Health Council in 2010 to Health Council in 2014). **Epoch of Health and web pages** were updated to serve as a platform for information dissemination and sharing models of good practice (all published texts were uploaded to Hrčak academic platform), as well as and health advocacy tool. Members' needs were continuously assessed, and Healthy Counties **programme evaluation** was carried out via four regional workshops, as well as **analysis of health policies implementation**. Responsibilities were distributed among the Presiding Committee members, so that members can organise regular events (without considerable help from the Support Centre), such as: Health Fair, Motovun Summer School of Health Improvement, and education on Healthy Urban Planning. New forms of Network activities were developed and introduced, as follows:

1. **Action research needs assessment** of single-parent families in Croatian healthy cities, which opens possibilities to create and implement concrete local programmes addressing the needs and improving the quality of life of children and their single parents; furthermore, it will improve capacities of local authorities via joint action research implementation based on learning by doing model,
2. **Weekly/monthly preventive, theme meetings**
3. Theme, multi-agency, international courses (Croatia HPH Seminar in 2014: Health Promoting Hospitals and Health Services – Improving health gain for patients, staff and community in Croatia),
4. Professional hearing technology related to unsuccessful cooperation with national level on the projects of postponing early drinking in youth in Croatia,
5. **Partner projects initiated by Network members** (Love Your Heart).

Strong international cooperation continued: with CDC, Atlanta, WHO Office for Europe, National Healthy Cities Networks, neighbouring countries and our region (SEEHN, SEE 2020 Regional Development Strategy).

Although our achievements are undeniable, there are numerous challenges Network is faced with regarding: a) low absorption capacity of most members – lack of willingness or objective ability (number of qualified professionals) to participate in activities and gain new knowledge and procedures, b) low ability to cooperate mutually and locally – with institutions and non-government sector, economy, lack of fostering more active citizen participation, lack of energy needed to push change, c) growing gap between cities and counties Network members – ranging from the most successful with developed strategy of health promotion, clear priorities, systematic approach, long-term sustainable activities, to the ones implementing projects only through actions, campaigns, celebrating important dates, or the ones implementing only what is obligatory, provided by legislation and to the ones not doing even that. Income of the Network has been decreasing steadily (membership fee payment, programme partnership payment), there is no systematic fundraising, there is low possibility for participation in EU projects for the needs of co-financing, Support centre lacks staff (employed professionals with adequate knowledge and skills). Needs of the members are clearly defined; however, what is not clearly defined are their duties and responsibilities; they have unrealistic expectations from their Network membership (and membership fee), which 'services' are for free, and which are to be paid for, there is no two-sided communication between coordinators of healthy cities/counties and national Network coordinator (the Network regularly provides information and reports that we feel nobody reads because we don't get any feedback; on the other hand, cities and counties don't submit reports, i.e. Support Centre doesn't receive reports on local activities), transparency of local activities is low (lack of annual reporting by mayors/county governors on health in their cities/counties, and what has been done in that respect. We still haven't introduced mentor work and partner cooperation between cities and counties with different level of programme achievements, through participation in devising National Health Development Strategy 2012-2020, the position of local communities has been improved in creating national health policy; however, there is no improvement in implementation (on the contrary – negative experience with interventions related to early drinking of youth, hospital management...), and there is no functional connection with Parliamentary Board for Health and the Office of the President of the Republic of Croatia.

After the report of the activities of the Presiding Committee from 2010 to 2014 was adopted, elections for members of the Presiding Committee for the period from 2014 to 2018 were carried out. Professor Slobodan Lang D.Sc. was elected president of the Committee. The following county representatives were elected members of the Presiding Committee: assistant professor Đulija Malatestić D.Sc., head of the Administrative Department for Health, Primorje-Gorani County; Dragana Leko, assistant head of the Administrative Department for Health, Vukovar-Srijem County; Ruža Jelovac head of Administrative Department for Health and Social Welfare, Varaždin County, and višnja Jović, head of Administrative Department for Health and Social Welfare, Karlovac County. The following city representatives were elected members of the Presiding Committee: Miho Katičić, head of the Administrative Department for Education, Sport, Social Welfare and Civil Society, Dubrovnik; Mladen Karlić, Vinkovci Mayor; Sonja Borovčak, Zabok; Zlata Torbarina, Opatija; and Jasna Tucak, coordinator of Zagreb Healthy City project. On behalf of the Support Centre, prof. Selma Šogorić D.Sc. was elected member of the Presiding Committee and Vice-President of the Croatian Healthy Cities Network. Members of the Supervisory Board are as follows: Nataša Basanić-Čuš, Poreč, Mandica Sanković, Vinkovci, and Eni Modrušan, Labin. Professor Lang D.Sc. suggested that the Presiding Committee be extended by coordinators (professionals) of the Healthy Cities Network, which was accepted. In accordance with the new Associations Act, the Croatian Healthy Cities Network By-laws shall be amended. The Presiding Committee will outline the plan of activities for the following four-year period, from 2014 to 2018, which will be presented and submitted for adoption at Network Assembly in February 2015, along with the amendments referred to above.

A short meeting of the newly elected Presiding Committee was held after the Electoral Assembly. There were two items on the agenda: election of Network secretary, and proposal for program of activities of the Presiding Committee for the period from 2014 to 2018. Proposal for Ms. Jasna Tucak, coordinator of Zagreb Healthy City project to be elected Network secretary was put up, and was unanimously accepted. Prof. Selma Šogorić D.Sc, national coordinator, is in charge of devising a proposal of Presiding Committee activities for the period from 2014 to 2018.

The closing part of the Electoral Assembly took place at the beautiful Kunjevci Hunters' Home, where discussion continued on how to continue improving health management practice on the local and national levels in the years to follow. At the end of the discussion, moderator prof. Selma Šogorić D.Sc. summed up obligations we are faced with: amend Network By-laws in accordance with new Associations Act, devise proposal of Presiding Committee activities for 2014-2018, initiate introduction of evidence based decision making in selection, planning and evaluation of interventions aiming to improve health and quality of life in communities, and bring together key stakeholders on the project aimed at developing Croatian Register of Preventive Programmes. Before leaving for dinner at Tena Salaš, we thanked our hosts for their warm hospitality and amazing effort they personally invested in this important meeting.

At the beginning of June, the 16th **Epoch of Health** was issued, addressing the topic of 'Citizens in the Centre'. Through their contributions to this issue, Croatian cities and counties presented examples (activities, events, projects) of successful inclusion of their co-citizens in decision making on priorities of community development, and serving their recognised needs.

c) Program Partnership

The 'Management and Administration for Health (healthy counties)' programme started in spring 2002 as a partnership project of the Ministry of Health, Ministry of Labour and Social Welfare, counties, and 'Andrija Štampar' School of Public Health of Zagreb Medical School. Its aim was to assist bodies of local government and self-government in the process of health and social welfare decentralisation.

Evaluations of the programme carried out in the biggest challenge the programme is facing, and therefore the first to be addressed, is progressive increase in differences in capacities and abilities among counties. Continued education, via the second set of education modules, led to an even greater gap between the most and the least successful counties. 2006 and 2012 helped us establish how successful we were. The differences in achievement vary greatly among counties. The greatest improvements in public health practice on county level, and 'delivery' of concrete products were achieved by six counties, the teams of which participated in the first and the second set of education modules: Istria, Promorje-Gorani, Krapina-Zagorje, Zagreb, Međimurje, and Zadar. The second set of education modules enabled us to overcome some barriers in the development of the Healthy Counties programme that we came across in the first round of evaluation in 2006, especially related to improving cooperation and networking skills, motivating for change as regards professionals and politicians (advocacy), and anchoring (maintaining the achieved level of change). However, the results show that 'the work is not finished'. There are still challenges (even among the best) in the area of resource management (communication with sub-system, development of intervention basis) and putting in place mechanisms of monitoring and evaluation. The skills which need to be worked on (along with the afore said ones) are communication and coordination (horizontal and vertical with super-system and sub-system), strategic network and resources management, evaluation of intervention efficiency, efficient intervention implementation, especially resource redirecting and redefining courses of action.

The biggest challenge facing the programme, which it thus the first to be addressed, is progressive increase in differences in capacity and abilities between counties. As education and training continued via the second set of education modules, the gap between the most successful and the least successful counties grew larger. At the last Business Meeting in Biograd n/M, it was decided that it was important to

introduce a new form of operating within the Healthy Counties programme – mentor work, i.e. partner cooperation between counties with different level of achievement in the programme. At the Business Meeting in Vinkovci, prof. S.Šogorić D.Sc. suggested we should start a new project – forming Croatian register of preventive programmes, i.e. academic validation of the existing models of good practice, for which it is necessary to determine criteria for successfulness, recension and validation processes, and who will conduct them. Members of the Presiding Committee of the Croatian Healthy Cities Network supported strongly the proposal, because they recognise it as a great assistance for selecting local projects financing cities and counties (criteria for selection of efficient interventions for financing). Within the Healthy Counties programme, the following activities and events were carried out: Days of Prevention, April 2014, during which local preventive activities were organised and in which a large number of Network members participated, along with several events of professional counselling on palliative care. Counties were invited to participate in educational modules of Public Health Postgraduate Study, 'Health in Community', 8-12 September 2014; module 'Public Health interventions' (teams of Krapina-Zagorje, Zadar, Karlovac, and Požega-Slavonija counties participated). As part of the Quality module, from 10 to 12 December 2014, education on the topic of 'Methodology of work on process improvement projects in health care provision – TQM projects' was carried out, and a meeting of Croatian health-promoting hospitals held.

d) Other Network Activities

Related to World Health Day, which is celebrated on April 7 (during the whole month), **Days of Prevention** were organised, the preparation of which was coordinated by assistant professor Aleksandar Džakula D.Sc., president of the Croatian Association of Public Health of the Croatian Medical Chamber. Days of Prevention aimed to foster and enable simple cooperation of all participating in preventive activities in Croatia, and address problems of public health interventions relating to food and diet. Given the bad practice where finished materials are not shared, nor are contents or experiences (identical materials are mostly created for the same population at several places simultaneously, without cooperation and coordination, instead of rationalising by sharing and coordinating efforts and time and thus gaining better results), the organisers wanted to offer a stock market used to share materials and prevention-related contents (web pages, publications, materials prepared for publication, technology used for an event or a workshop...). From such jointly created base, all interested could take what they need.

Action research 'Defining single-parent family needs in Croatian healthy cities' that we have been working on since 2011, creates possibilities to devise and implement concrete local programs to address the needs and improve quality of life of single parents and their children.

On the other hand, this research is a form of training (learning by doing) aimed at improving local authorities' capacity.

In 2014, researchers carried out field work and two educational workshops. On 10 April 2014, **'Intervention Planning' workshop** was held. Before the workshop, quantitative analysis of the 79 interviews that had been recorded was carried out. The most common single-parent needs were as follows: the need for personal growth, financial support, assistance in child care, assistance in employment and finding a place to live. In the first part of April workshop, city research teams reported on up-to-date status of interventions and possibilities to develop new ones. After the reports by city teams, an 'Introduction to project management' presentation was delivered, and the participants were given work materials (workbook) entitled 'Short guide to process improvement' (by CDC). The work continued in two parallel groups – one made up of community nurses, and other by all the other participants (representatives of other professions and city authorities). Every group went through the whole work material using one intervention as a model, related to selection and implementation of

interventions. All the participants thus gained knowledge on how to give an identical 'intervention selection, planning and implementation' workshop in their own communities by autumn. At the workshop, joint projects/interventions were agreed to be implemented by all participating cities:

- a) Continuing care about single-parent families by community nurses, which include creating a register, detecting needs, counselling, networking with existing services and non-government organisations, and including in various programmes for providing help and improving quality of life;
- b) Forming data base with all kinds of indirect help and all kinds of services intended for mothers and children in local communities, and distribution of data (on-line data base, published and other materials, etc.);
- c) Support to parent self-organisation;
- d) Raising awareness of institutions and associations for expanding their programmes towards the needs of single-parent families. Development and offer of free services intended for children and mothers in communities (sports, art, creative free time, outings and socialising) with emphasis on poorer parts of the city
- e) Parenting courses organised to bring together single-parent families and on-line courses;
- f) Improving accessibility of pre-school programmes (nursery and kindergarten), which includes adjusting their work hours, costs substitution, including unemployed mothers' children, 100% inclusion of children, special programmes of work with parents, continuous teacher training, and including children with special needs.

Long-term projects we haven't started, but are aware of the need thereof are: women's education, self-employment projects, flexible hours projects, programmes for including the other parent, and creating mechanisms for ensuring alimony payment.

The second workshop, entitled '**Intervention monitoring and evaluation**' was held on 25 November 2014, at 'Andrija Štampar' School of Public Health. The first part of the workshop was intended for reports by city teams on local workshops. Poreč started theme radio shows on single-parent families and engaged in raising awareness and informing local resources. Meetings with community nurses and single parents were held. A consensus has been reached by city authorities on providing support to single-parent families on priority area for financing according to programme of public needs for 2014. Furthermore, ways of monitoring and reporting on interventions aiming single-parent families were defined via set indicators and annual reports. Poreč solved the issue of helping single-parent families as regards child care by providing a new criteria for enrolling kindergarten, according to which single-parent families are awarded maximum points. Also, private all-day kindergarten was co-financed, and a call has been issued for nanny co-financing; however, there isn't a single registered nanny. Cooperation with non-government organisation was improved to create a network of support for single-parent families. Children from single-parent families have priority on eligibility lists for extended school days and are assisted financially in procuring school books and materials. Poreč Healthy City included yet another psychotherapist into parent work, and free legal counselling was provided. Assistance in finding a place to live for single-parent families was provided by Resolution on city-owned flats to be rented, where single-parent families have the highest number of points and subsidised freely contracted rent. Poreč improved financing projects by civil society organisations aimed at developing services for creative free time of single-parent families. They provided more points for enrolling in and for co-financing summer camp (nine-hour day programme), and discounts for children and parents for all programmes of Poreč Culture Centre and others. Development of social entrepreneurship was started, targeting single parents and disabled people. Cooperation with Social Welfare Centre was inadequate; therefore, a proposal was put forward to carry out jointly organised interventions. However, cooperation has not been established yet.

Dubrovnik presented the Guide of rights and services for single-parent families, containing: a)

rights provided by Social Welfare Act (guaranteed minimum allowance, allowance for the costs of living, one-off financial assistance, social services, child care allowance, temporary child care allowance, etc.); b) rights, assistance and subsidies provided by the city of Dubrovnik (one-off financial assistance, gift for a newly-born child, rent-a-flat subsidy for young people, allowance for pre-school education, co-financing school books procurement, student allowance, relieving of payment for kindergarten programmes financed by 'Acts of Kindness' Association); c) psychological support (locations providing individual or/and family counselling); d) other health services (courses for pregnant women, breastfeeding support, Unit for disturbances in development); e) free legal counselling; f) association for children and parents ('Roda – Parents in Action', 'Feniks – Association for children, youth, and family protection'). The guide contains locations and contacts of all places providing services. It has been decided that the guide will be available in printed version, and on-line with other Internet pages.

Labin had frequent meetings to carry out repeated interviews with single parents. They created a register of single-parent families participating in the research and plan to complete it with data from school, thus gaining a comprehensive register adequate for monitoring. They are preparing a brochure on all the rights and instructions for single-parent families, which will include information on school materials procurement, free extended school day, and free kindergartens. A 'Flat-Rental Resolution' has been passed, providing additional points for single-parent families in the application process. Youth associations are organising workshops for children and will help with child care during summer.

Zagreb is working on the idea to disseminate information on the project of assessing single-parent family needs. Also, they are working on additional benefits for enrolling kindergarten and organising more support groups. Needs assessment of single-parent families in the city of Zagreb was presented at Athens Healthy Cities Conference in October 2014.

After the presentations given by city teams, prof. emeritus S.Vuletić gave a lecture entitled 'Monitoring and evaluation', in which he explained what public health indicators are, and how they must follow logically the whole course of intervention, from the beginning to the end. Indicators are defined and calculated in order to evaluate: structure of a programme, intensity of events, differences in statuses, changes in time, connection between events, and prediction of events. Furthermore, certain types of indicators were explained: 'input' (resources needed to implement all interventions), 'output' (measure if planned activities were realised), and 'impact' (statuses which were realised as a result of our interventions). All the above indicators have their logical flow and point to the target of the programme. Description of indicators and how they will be calculated are obligatory for intervention master plan.

One of the project goals is also to spread on other cities in Croatia. Therefore, at the end of the workshop, it was agreed that all city teams will prepare information on projects in their own community which can be of use to the cities which haven't been directly included in the research.

On 12 May 2014, ***professional discussion on the topic of 'Successfulness of implementation of the programme addressing postponing early drinking of youth in Croatia'*** was held at 'Andrija Štampar' School of Public Health, Zagreb Medical School. We have held numerous theme conferences so far; however, unlike in previous conferences, we have not come to show our results off this time. The goal of the conference was to broaden the boundaries of responsibility public health professions have, and introduce new 'technology' of professional confrontation. Given the fact that in Croatia there is no public hearing as a form of searching and gaining different opinions of professional public in the process of political decision making, we at least managed to introduce it. Public hearing serves as an instrument for bringing professional public together in order to state their professional and academic thinking on a given topic, which politics then can (but doesn't have to) adopt; however, it is our duty to state it.

There are several reasons behind this initiative. Namely, for several decades now, we have been

improving public health capacity of local self-governing authorities ('Healthy City' project, 'Healthy Counties' programme) in order to be able to take local 'policy of planning for health' over in a competent way. Secondly, there is an undisputable importance of the problem described as 'youth and early alcohol consumption', which puts us on the third (inglorious) place in a number of European health studies (ESPAD, HBSC). And thirdly, (very personally, I must say), how many times have witnessed (although there is an evidence-based approach in public health) amateurish selection and even worse implementation of interventions which achieved no results, or even completely opposite results of those expected. However, it takes two to tango, so that we can only dish dirt between national and regional politics and profession. This discussion has given opportunity to all of us to open partner communication and it was an exceptional 'possibility to learn'.

Via the process of city and county health profiles (Healthy Cities and Healthy Counties programmes), as early as in 2005 it was visible that a large number of counties and cities recognises changes in the pattern of drinking in youth and articulates the problem of 'early alcohol consumption in youth' as one of the main public health challenges on their local level. At the beginning of 2006, within the framework of Healthy Cities and Counties Network, and under the leadership of prof. emeritus Silvije S. Vuletić and prof. S. Šogorić D.Sc, twelve city/county interdisciplinary teams were put together with the goal to start working on the research 'Youth and Early Alcohol Consumption'. The aim of the research was to use qualitative-naturalist research in order to define behaviour patterns of youth as regards alcohol consumption, and in accordance with the results achieved, define possible interventions and implement them to reduce the number of young people drinking alcohol, or at least postpone the onset of drinking in youth. In 2006 and 2007, the first, research activities were carried out. In 2007, interventions were selected, and in 2008 implementation began. Some counties selected world-renowned, evidence-based primary prevention interventions. Primorje-Gorani County, and later Zadar County, chose 'Life skills training' project. The city of Split, and later, Dubrovnik-Neretva County, implemented 'Buba' project ('Alcohol-free clear mind /*translator's note: Buba is an acronym of the project definition in Croatian*/, which is a version of 'Northland' project). Istria County, and cities Labin, Poreč, and Zagreb opted for the 'PATHS-rastem'. Other counties developed their own authentic prevention programmes. Medimurje County based their interventions on peer educators, Krapina-Zagorje on creative free time (providing support to empowering and self-organising of young people), and Zagreb County developed school-based preventive programmes. In the morning part of the programme, on 12 May, experiences of implemented county programmes (enumerated above) were presented – from information gathered (basis for needs assessment and intervention selection), to descriptions of selected interventions and results of their implementation. After that, 'High Five Healthy' national programme was presented. Its history is somewhat shorter. After national strategies and 'suppression...' action plans were arranged in 2012, at the incentive of the Ministry of Internal Affairs, the 'High Five Healthy' programme was introduced as the programme entitled 'Prevention of alcohol and psychoactive drugs consumption and gambling among students'. The programme was supported by the Ministry of Health (which should have implemented it via the network of the Institute of Public Health) and the Ministry of Environment Protection, as well as, after some hesitation, by Education Agency of the Ministry of Science, Education and Sport. Unlike the painstaking path counties and cities decided to embark on – working with 5, 6, and 7 graders of primary school in 'Buba' project, or since kindergarten age in 'PATHS-rastem' project, this programme promised results after five educational power point presentations. No matter the fact that 'High Five Healthy' project was neither piloted nor validated, pressure was put on Institutes of Public Health to implement it as soon as possible. Opponents of (validated, continuous, long-term, difficult and ultimately, expensive) local programmes finally had it their way. The existence of a national programme was an excellent excuse to cut financial and other support to local and county programmes, which takes up ten years back. Without regard to invested effort and knowledge, the

key issue is what trends are to be expected related to early alcohol consumption, and what the consequences of this decision are...

This description leads us to the reason for opening afternoon professional discussion entitled 'How to act together, or defining mechanisms of cooperation between different administrative levels when selecting and implementing public health interventions'. It is clear to professionals that interventions must be efficient, must not do harm, and must be viable. We think that (at this moment also related to resources at hand) it is not appropriate to develop new interventions. We need at least three to four years for an intervention to be developed and evaluated in terms of scientific proof confirming its efficiency and harmlessness. We think it is better to use interventions which have been evaluated and proven to be appropriate, adapt them to local conditions, and implement as such. Although there is a variety of reliable bases of evaluated interventions, because of its specific characteristics (language barrier, and generally low public health literacy present in those deciding on the projects), at the 2nd Croatian Congress of Preventive Medicine and Health Improvement, the Croatian Association of Public Health decided it was necessary to establish the register of public health validated projects. That, of course, did not happen. The barrier is not only inexistence of web platform, but even more, writing (project applications) and validation (review and setting fixed criteria to measure success). Intervention can be (short-term) evaluated via process indicators and indicators of change; however, it is not valid in any way if it does not contain indicators of achievement (which take time). Which brings us back to results of the disagreement between politics and profession. Politics would like to see results in no time, whereas we know that such possibility is possible only in case of legislative 'bypass' (as, in our case, it was legislation governing Prohibition of selling alcohol drinks and tobacco products to minors), provided it is implemented under strict control.

The afore said shows that it is not only selection of interventions which is challenging, but also viability of implementation thereof. The key to viable interventions is cooperation. Vertical (between various management levels) and horizontal (between sectors of the same level) cooperation is the key factor leading to successful implementation of interventions. Evidence which supports this statement results from research carried out during creation of WHO 'Health 2020' strategy, and all evaluations of Healthy Counties programme. Communication channels and intersector cooperation resulting from hard work should be safeguarded and used as a medium in development of new activities, and not persistently start all over again (as if nothing before us existed). The practice of local intervention piloting is not accidental. It is the model which we have been successfully developing via Healthy Cities and Counties Network for over a decade. It is possible to raise locally confirmed successful interventions to national level and disseminate in other local communities. Apart from ensuring human and material resources, this model of growth enables easier implementation because it is not necessary to stop at every step of the way and explain what, how, and why. Therefore, pushing one's own idea which pushes aside the existing projects does triple harm to local communities – it does not bring benefits (on the contrary, takes them away), and kills off creativity and the feeling of 'ownership'.

Horizontal level is also heavy with challenges. Schools, being the leading setting for health promotion, are overloaded with different health-related programmes. The programmes are so numerous, many are overlapping, and their authors are sometimes hostile to competition, which leaves schools confused. There is no adequate coordination, neither nationally nor locally, real competences of programme leaders have not been validated, not to speak about taking into account ideas coming from children and young people. Most interventions are about adults patronising children and young people (lecturing), and few rely on peer knowledge more acceptable to young people. For interventions to be more successful, it is important they be implemented by adequate professionals on the high level of implementation. Who are they? We don't actually have the answer to that question. Are they professionals of the Institute of Public Health, and if they are, which services – School Medicine (physicians), or mental health (psychologists)? Are they

professional school counsellors – teachers or development teams? According to recent findings on early development, a part of interventions should be moved to earlier, kindergarten age, which achieves better results and more possibilities for local communities (cities, kindergarten founders) to 'own' the programmes.

Therefore, the goal of the conference was to hear professionals out, as well as their experiences, examples of good practice, and build strategy of intervention development thereon. We diagnosed a number of challenges in the process of intervention selection and implementation on the model of 'early alcohol consumption'. However, what are the solutions? What can we do?

This brings us back to the statement that it takes two to tango. In 2010, at the 2nd Congress of Preventive Medicine and Health Improvement referred to above, the profession concluded that 'our activities (interventions) require knowledge, skills, cooperation, and continuing commitment. Most often referred to, as the ones we need to work on, are the skills needed to foster intersector cooperation and networking, raise the level of motivation for change (in professions, politics, citizens), achieve viability, ensuring systematic and continuous operations. We need to build systematic approach – develop and unify instruments and implementation channels (procedures, algorithms, guidelines), form the Register of preventive projects and ensure implementation of preventive programmes which were adopted and recommended by the profession. Uniform procedures should be adopted for leading public health problems of children and youth (diet, reproductive health, preventive programmes). Programmes (national and regional) should clearly define project proponents, resources for implementation (adapt to financial and human resources and local specific needs), indicators of success and achievement. On the national level, it is important to reach consensus on the strategy that will yield best results. With the goal of improving intersector cooperation, we need to develop new ways of communication with the public, health professionals, and local self-governing authorities...'. It is a challenge, however, to carry out all that was said in the discussion.

On 5 June 2014, **national conference presenting the 'Network of Health-Promoting Hospitals'** was held in Zagreb, at 'Andrija Štampar' School of Public Health, Zagreb Medical School. The conference was organised in cooperation with the Ministry of Health, and South Eastern Europe Health Network. The conference goal was to present the project concept to professional public and the activities of the Network of Health-Promoting Hospitals, and lastly, to discuss the need for implementation thereof in Croatia. As agreed with prof. Hanne Tønnesen, secretariat president of Health Promoting Hospitals, along with representatives of WHO Office for Europe (project initiator), the call for participation in the conference was extended to all hospital directors in Croatia, and guest lecturers Nazih Eldin M.D., coordinator of Irish hospitals, and prof. Jerneja Farkaš-Lainščak coordinator of Slovenian Hospital Network. The conference brought together over one hundred delegates from hospital institutions (general county hospitals, clinical hospitals, and clinical centres, special hospitals and health resorts) from all over Croatia (Vukovar, Našice, Koprivnica, Bjelovar, Čakovec, Varaždin, Novi Marof, Krapinske Toplice, Karlovac, Pula, Rijeka, Rab, Ugljan, Zagreb...). From the lecture of prof. Tønnesen, surgeon with Bispebjerg University Hospital, we learnt that the role of health promotion in hospitals is changing. It is not only limited to mere information on life style and habits after clinical procedures. Health promotion is becoming an integral part of health care process and is related to clinical, education, social, and organisational issues. Persons with unhealthy life styles (who smoke, consume alcohol excessively, are overweight, and physically inactive) and chronic non-contagious diseases are too present in hospitals compared to general population. Adding health promotion activities to clinical treatment improves both short and long-term health achievements, so that these activities must be built into hospital system. The issue of therapeutic education of chronic patients is growing more important. Hospitals have a long-term effect on behaviour of both patients and their families. Experiencing fear for their own health, in hospitals patients become susceptible to advice. Many hospital procedures, which are part of the

treatment, are aimed at improving quality of patient's future life. In order to maintain that kind of quality, both patients and their families must be educated and more intensively prepared for release from hospital. Although the main responsibility of the hospital ceases upon release, from the position of health organisation, it is important to stress that better preparation of patients and families, and connection with other medical and social welfare services providers (establishing continuity of care) leads to fewer repeated hospitalisations or complications.

Surgeon logic of introducing clinical health promotion is unquestionable. Bad life style+treatment=poor outcome. Bad life style+clinical health promotion+treatment= better results. Today, patients, physicians, family, and hospital management expect 'zero complications surgery'. Financial matter of the situation also stimulates decreased risks – leading patients to better risk group and thus lowering risk of postoperative complication. Related to that is also DTS way of payment, 'fixed days for surgery according to diagnosis', which prefers short both pre- and post-operative period and demotivates long postoperative stay for complicated patients. In conclusion, it is clear that clinical health promotion means patient-centered approach within health system. Introducing evidence-based health improvement interventions into clinical routine results in improved treatment outcome and contributes to greater patient safety. Health promotion thus becomes one of the key dimensions of improving quality of hospital work.

'Why does Croatia need health promoting hospitals?' was the question for representatives of the Croatian Health Insurance Institute, Ministry of Health, and academic community to answer. The issue was addressed by Siniša Varga M.D., Dubravka Pezelj-Duliba M.D., and prof. Selma Šogorić D.Sc. Although Health Care Act provides for health promotion in primary care and entrusts Institutes of Public Health with implementation thereof, in reality there is a big space, need and motivation for implementing health promotion strategy in hospital health care. In 2013, 700,000 hospitalisations were registered in Croatia, and around 11 million hospital visits (check-ups and diagnostics). In overall expenditure of Croatian Health Insurance Institute, hospitals account for 38%. A large number of people is employed by hospitals, amounting to 47,000, or 2% of the working population. Qualifications structure of employees is very high: there are 7,700 medical doctors and 19,000 nurses, who make up a huge capital of the community and for whose education a large amount of money of tax payers was spent – so their health should be taken care of? As work places, hospitals have numerous physical, chemical, biological, and psychosocial risk factors. Paradoxically, in hospitals, which are organisations dedicated to health restoration, detecting risk factors threatening their own staff is very inappropriate. However, there is strong evidence to support relation between staff health, their productivity and quality patient care. Lowering risks, improving working conditions, and adapting working place to ageing of staff are conditions which must be met in order to maintain health and functional abilities of highly valuable population – health workers.

Hospitals use a wide range of goods and products, they consume large amounts of energy, and produce large amounts of communal and hazardous waste. Introducing health promotion strategies and environmentally-friendly approach, hospitals contribute to reducing pollution, and improve local economy if they buy locally produced goods.

Finally, being research and education institutions, hospitals produce, collect and disseminate knowledge and have positive effect on local health network and improve professional practice of a larger community. They are centres of health excellence, 'knowing organisations' with strong influence on wider population of the community they provide care for. That is why communities have a special relation of high valuation of their hospitals (which is especially visible in smaller towns after making 'master plans' public) because they bring initiatives, intersector activities and development to life (and are in a way a way and a guarantee for survival of a community).

Health promoting hospitals are part of response to identified challenges of health development in the region. Rapid research of the existing national health policies (national equivalents of 'H2020') in the Eastern European Countries, carried out in spring 2013, indicated eight areas of operations (challenges) which are present in all countries of the region. All the countries from the region,

Albania, Bosnia and Herzegovina (Bosnia and Serbian Republic), Bulgaria, Montenegro, Croatia, Macedonia, Moldova, Romania, Serbia, have the same following priorities: the need to improve health care quality, reorganise system and work of health institutions (in order to achieve integrated health care – continuous care), maintain financial stability of health system, reduce inequality in health by improving preventive activities, enhance management capacity in health (professional and efficient system management), improve and make better use of human resources in health, introduce informatisation and e-health development, and improve cooperation with other sectors, territorial level and society on the whole. All the above priorities have been pointed to in the 'health' chapter of the Regional development strategy. Furthermore, this conference is in itself putting to life regional action plan (via cooperation with partners – international networks and organisations).

After the conference, on 6 and 7 June 2016, **a two-day education workshop with teams of eleven Croatian hospitals** took place. The following hospitals participated in the workshop: 'Sestre Milosrdnice' Clinical Hospital Centre, 'Sveti Duh' Clinical Hospital, Zagreb Clinic for Children's Diseases, Clinic for Infective Diseases, Koprivnica General Hospital, Bjelovar General Hospital, Varaždin General Hospital (Novi Marof), Pula General Hospital, Rab Psychiatric Hospital, Ugljan Psychiatric Hospital, and Srebrnjak Children's Hospital). During the workshop, with the help provided by trainers from Denmark, Ireland, and Slovenia, we learnt to use a self-assessment tool needed for the first step of implementation of health promotion in hospitals. Using a manual, managers and health workers can do the following: assessment of health promoting activities in their hospitals, formulate recommendations for their improvement, enhance their organisation's ability to make them routine activities, include all experts and patients in the activities, improve coordination of care with other providers, and improve health and safety of hospital staff and patients. The manual provides standards related to five areas: hospital management policy, patient evaluation related to risk factors and health requirements, informing patients on health promotion and interventions, promoting healthy work place and continuity of cooperation with other health, social welfare, and non-formal health providers.

It is not possible to introduce health promotion policy in hospitals without strong support of national stakeholders – Ministry of Health, Croatian Health Insurance Institute, regulatory agencies, and hospital management. Care about patients' and hospital workers' health, as well as cooperation with other sectors, are all part of the quality management policy and corporative culture which, at the end of the day, yields above-average results. Our hospital teams, made up of three professionals, two of whom are (executive/managerial) professionals of a selected hospital ward – head physician and head nurse, and assistant director for quality, are ready to take the challenge. After this education, one hospital ward team will become the focal point for project development first at its home ward, and then it will spread to other hospital wards. Hospital teams will be provided continuous support by a trainer of Health Promoting Hospitals Network, and 'Andrija Štampar' School of Public Health, and will thus in the following year gain a high level of knowledge and skills needed to implement selected programmes.

Aware of the size of the challenge, the newly elected Presiding Committee of the Croatian Healthy Cities Network decided in November 2014 to start a new project on **implementing evidence-based decision making in selection, planning and evaluation of interventions addressing improvement of health and quality of life in communities on local and national level.**

As other branches of medicine, professional public health prefers evidence-based approach in selection and implementation of public health interventions. Unlike clinical interventions, their activities target population of sub groups in population. Their goal is to use selected measures to prevent or detect a disease at an early stage, slow its progress down, and reduce its impact. Basic rules for selection of public health intervention are that they must be efficient, must not be harmful, and should be viable. Some interventions have already been integrated in health system, such as

children and pregnant women care (systematic check-ups, regular vaccination, early detection of phenylketonuria, hip displacement, etc.). At the same time, a large number of the so called complex (or comprehensive) interventions – composed of a larger number of health care measures with a number of interested participants within and out of the system, does not have their 'ensured' place. Complex interventions require significant financial, human, and time resources which can be mobilised only with strong and permanent political support. Although implementation of a large number of public health interventions is being carried out, especially related to prevention and control of cardiovascular diseases (diet, non-smoking, physical activities), and postponing early drinking of youth, their selection is both academically and professionally questionable, and the quality of implementation is uneven. Apart from the negative aspect where politics interfered (deciding on resource allocation), there are other challenges we have to face, such as low information accessibility and low level of systematic approach in the very public health profession. There is no or little knowledge on the existence of procedures, guidelines, recommendations, algorithms, tools for project and achievement assessment, monitoring and evaluation, guide for use, etc., which makes it harder for evidence-based public health to be included in routine work. Although there is a number of credible bases providing evaluated interventions, due to our own specific traits (foreign language barrier, and generally low public health literacy of the factors deciding on the projects), Croatian Public Health Association decided that it is necessary to establish the Croatian register of public health validated projects at the 2nd Croatian Congress of Preventive Medicine and Health Improvement.

Our efforts in the following years will therefore be turned towards creating preconditions for establishing Croatian Register of Preventive Programmes. The first phase of the programme provides for defined academic standards to be applied, and in the following phase, most suitable public interventions selected (with the goal of improving selection process both locally and nationally). Development and unification of instruments and guides for application, as well as establishment of Register of Preventive Programmes can result in the long run in achieving better systematic approach and ensuring implementation of preventive programmes which have been adopted and recommended by professional and academic communities.

By the end of 2014, existing international intervention bases were searched, as well as academic and 'grey' literature; furthermore, initial meeting of a wider group of researchers has been held and well as the meeting of 'super-sponsors' (interested stakeholders from national and local levels); also, study visit to CDC (Global Health Department and Department for chronic non-contagious diseases) took place in order to learn from their experiences.

On 28 November 2014, the **meeting with 'super-sponsors'** was held at 'Andrija Štampar' School of Public Health. The super-sponsors referred to are the Ministry of Health, Croatian Health Insurance Institute, Croatian Institute of Public Health, Croatian Medical Chamber, Association for Public Health, 'Andrija Štampar' School of Public Health, and Zagreb University Medical School, who met with the Presiding Committee of the Network in order to create preconditions for establishing Croatian Register of Preventive Programmes. Professor S. Šogorić D.Sc. gave a short presentation on the project goal, and stated that, in this first phase, they would like to hear and unify expectations various stakeholders could have, and identify preconditions for introducing academic standards in the process of selection of public health interventions. Developing a Register of (evidence-based) preventive programmes can in the long run lead to more systematic approach (discarding projects which create chaos in the system), and implementation of preventive programmes which have been adopted and recommended by the profession and academic community (and not imposed by authorities without proved validity). Primarius S. Varga, Minister of Health stated that the Ministry of Health supports the establishment of the Register of Preventive Programmes, and recognises the importance of the project. He stressed inter-sector cooperation as one of the basic preconditions for the Register to be founded, and stated that there are numerous

cases of programmes (one of which being poor response to national preventive programmes, especially colon cancer) which were unsuccessful because of the problems in inter-sector cooperation, and cooperation between administrative levels. Furthermore, he thinks that the first steps include assessing the existing framework, and defining the basis to start from, set goals, distribute tasks and roles, paying attention to establishing inter-sector cooperation and cooperation between administrative levels. Professor emeritus S.Vuletić stressed the need for methodology to be more precisely defined, because even during the discussion held so far, it is clear that there are several possible approaches and ways in which the Register could be developed; it is therefore important to have a consensus thereon of all the parties participating in the project. He also stated that all project participants must be aware of obligations and responsibilities they take over by engaging in this project. Professor J. Kern stated that there are many preventive programmes which are being carried out in Croatia; however, there is little information available on the programmes referred to. In order to establish the Register of Preventive Programmes, all attributes and criteria of evaluation must be clearly defined. Assistant professor A.Džakula pointed to up-to-date problems in Croatian public health, in which only a few good projects are present, whereas bad projects are often shown as good, which is an indicator of the existing crisis in our public health. He said that there are no mechanisms of international comparison and evaluation of public health programmes; therefore, we must define our clients' needs, and which policy documents are expected by our community and society on the whole from public health experts. Assistant professor A.Džakula stressed the possibility to use other data bases of preventive interventions, such as WHO data base, Cochrane systematic check-ups, and other. M.Erceg D.Sc said that Croatian Institute of Public Health will soon have the first international evaluation of screening programmes, and that the Institute plans to establish cooperation with Government Office for Drugs, which has been monitoring and evaluating very systematically the projects and the programmes it has financed and coordinated. Representatives of academic team stressed that it is necessary to define success criteria, which will be basis for intervention assessment and evaluation; furthermore, priority areas should be selected, for which initial methodology will be developed, as well as the process of selection for the Register of Preventive Programmes. An important gain of this process is that we will be able to differentiate between local models of good practice (which are often activities without adequate evaluation of achievements) and successful (evidence-based) interventions. The first step in gathering information of existing preventive programmes on the local level will be an invitation sent out to cities, counties, their institutes of public health, other institutions, and non-government sector, to be published in the following issue of the Epoch of Health. The issue will be dedicated to that very same topic, and all the cities and counties will be invited to present their examples of good or bad practice, i.e. interventions carried out locally. We would thus have an overview – description of successful projects, criteria used locally in their evaluation (of success), and ways of their implementation. In the closing part of the discussion, meeting participants defined three areas of work: a) assessment of the existing state, register what we have done and evaluate good and bad (with the goal to improve) in Croatia (where we are now, and where we want to go), and learn about international experiences via searching literature, available data bases, gathering information on preventive programmes, b) defining academic standards (evaluation tools), c) policy area – define the steps needed from idea to successful programme implementation. Furthermore, priority areas of preventive operations have been defined, around which initial Register development will be based: national preventive programmes carried out by the Ministry of Health in cooperation with Institutes of Public Health (breast cancer, colon cancer, and cervix cancer), excessive salt intake, and early alcohol consumption in youth.

On 10 December 2014, the **meeting of twelve Croatian hospitals** which remain included, whether it be nationally or internationally, in the Network of Health Promoting Hospitals. All hospital teams presented short reports on what they had been doing for the past five months. Three hospitals,

'Sveti Duh' Clinical Hospital, Koprivnica General Hospital, and 'Vrapče' Psychiatric Clinic participate very actively in international multicentre, randomly controlled study. Other hospitals ('Sestre Milosrdnice' Clinical Hospital Centre, Magdalena, Bjelovar General Hospital, Zagreb Children's Hospital, Srebrnjak Children's Hospital, Varaždin/Novi Marof General Hospital, and Našice General Hospital) had been preparing, more or less successfully, for implementation of self-evaluation provided by the Manual. In these meetings, examples of good practice would be presented so that all the participants could see the ways in which activities were carried out and implement the same in their local communities. Information sharing is very important, and so is mentoring, which 'more active' hospitals can provide to other interested ones. The conclusions made at the meeting are as follows: a) Koprivnica team will make available documentation which ensured them successful certification, b) at the beginning of the following year, we will carry out self-assessment of all present institutions; those institutions which have already been through the process will provide support to those which haven't, c) at the same time, we will define areas to be worked on, and find partners to share information with. After the meeting, all the participants had a chance to participate in a two-day 'Process Improvement' course.

We continued **cooperation with national partners**, Association of Cities of the Republic of Croatia, Association of Counties, Croatian Institute of Public Health, Croatian Medical Chamber, Association of Public Health, and **state government bodies**, especially with the Ministry of Health, under the auspices of which the 18th Health Fair and the 21st Motovun Summer School were held, and which provided financial support (amounting to kn 51.500,00) for the needs of theme gatherings of Network counties.

2. Local Level

In **Zagreb**, a series of workshops was held with a wider project team, the aim of which was to develop skills for evaluating project implementation. In three half-day workshops, the following topics were addressed: 1) defining area for measuring achievement in carrying out project activities, 2) indicators for measuring process, effects and results of project activities, 3) gathering, analysis and interpretation of indicators. In September, after the education finished, project teams wrote reports on their work (each for their own project group), and created PP presentations for the Health Assembly. The Health Assembly was held on 8 December 2014 in Old Town Hall. At the Assembly, the report on the activities of 'Zagreb-Healthy City' project in the 5th phase was made, and new priority activities selected for the 5th phase of the project.

3. International Level

Through activities of the Croatian Healthy Cities Network (visits, participation in meetings and conferences), excellent **cooperation continued with European Office of the World Health Organisation, CDC Atlanta, and via SEEHN, with Eastern European countries.**

Year 2014 was marked with strong international activity – **finishing the 5th phase and beginning the 6th phase of the WHO European Healthy Cities Project.** At the beginning of 2014, **Croatian Healthy Cities Network** applied for **re-accreditation in 'NETWORK'** (European Network of National Healthy Cities) in the 6th phase. The application was successful. We participated in evaluation of the 5th phase of

the WHO EU project and wrote a text on our Network for the **third issue of the book on European Network of National Healthy Cities Network** (which hasn't been published yet).

From 2 to 4 April 2014, a meeting of **national network coordinators and WHO EU representatives** was held in **Copenhagen**, Denmark. The meeting brought together twenty four participants, representatives of fourteen national healthy cities networks (from Israel, Belgium, Greece, Spain, Croatia, France, Germany, Czech Republic, Denmark, Finland, Norway, Latvia, Russia, and Baltic Healthy Cities Centre). The aim of this meeting was to, in the light of preparations for Athens conference, look back at what has been done (achievements of the 5th phase of the project), and foresee future challenges (during the 6th phase of the project). Workshops addressing new knowledge and skills were as follows: a) demonstration of the 'HEAT' tool (calculating decrease in adult population mortality due to increased recreational moving in cities), and b) age-friendly environments in Europe – development of guide lines and procedure manuals for developing elderly-friendly cities.

Athens, Greece hosted the **International healthy cities conference** from 22 to 25 October 2014. The aim of the conference was to mark **the 25 anniversary of the healthy cities movement**. The conference had international character, and was open for participants outside Europe; however, unlike Zagreb conference (held in 2008), it didn't attract more than five hundred participants. Some usual topics were addressed (obesity, diet, promotion of physical activity, addiction, healthy ageing, active citizenship, and others); however, this conference opened topics which are more appropriate for the time and the place, such as economic crisis and health. Some of the questions were as follows: What is the power of local action?, How can mayors make a difference?, How can we maintain achieved level of social rights of the most vulnerable groups during the times of recession, and work on decreasing (growing) inequalities in health?, How can we strengthen resilience of communities and come up with innovative solutions? Another topic addressed at the conference was the future of cities – how to make our cities resilient (to challenges facing their surroundings), wise, innovative, happy, and sustainable? I found various lectures most interesting and personally most informing: on cities in ancient Greece, on evolution of medical science, on holistic approach to people nurtured by Asklepien school, Greek and roman heritage in medicine (from terminology to treatment procedures), and Hippocrates' work in the context of development of modern medical ethics. Together with national healthy cities networks of Israel, Greece, France and the Baltic centre, we prepared and submitted pre-application for 'Horizon 2020' for the 'HELENA' project (Healthy and sustainable nutrition for All). The topic of project proposal was related to local food production, influence on diet and dietary habits in objects providing organised meals, and resulting influence on cardiovascular diseases prevention and sustainable resource management.

In 2014, Croatian Healthy Cities Network **cooperated** intensively with the **South-Eastern Europe Health Network (SEEHN)**, Regional Council for Cooperation (RCC). Although SEEHN primarily works with a very high (ministerial) decision-making levels of the ten countries in the region, it also provides opportunities for the sharing of experiences and fosters easier joint addressing of funds, as well as networking with important EU associations and institutions (for example, Network of Health Promoting Hospitals, EuroHealthNet with long-standing lobbying experience, IOM, Hope, and others). Cooperation within SEEN opens up new possibilities for our Healthy Cities Network to network with other countries in the region (Bosnia and Herzegovina, Serbia, Montenegro, Macedonia, Kosovo, Albania, Bulgaria, Romania, Moldova, Israel).

In 2014, two regional meetings were held (in Skopje and Bucharest), as well as two Executive Committee meetings and several meetings of the work group for **development and implementation of regional development strategy 'SEE 2020'**. In 2013, Regional Council for Cooperation (RCC) seated in Sarajevo, coordinated creation of regional development strategy aimed at bringing in line regional development with Europe 2020 development strategy, at the same time bearing in mind specific

characteristics of the region. SEEHN set up a work group for health which was in charge of development of the health chapter (included in the so called 'inclusive growth', along with the topics of education and employment important for social growth of communities). 'SEE 2020' strategy was adopted at the end of November 2013, and in 2014, RCC coordinated the development of implementation programme (development of indicators for assessing achievement, and operative development of priorities for action). In 2014, out of partner agencies, we cooperated most closely with the International Network of Health Promoting Hospitals (starting pilot programme in Croatia) and International Organisation for Migrations (continued cooperation on the 'Roma and Immigrants Health' project).

Cooperation with the Centre for Disease Control and Prevention, SMDP Programme, Global Health Department (Atlanta, USA) has been going on since 2001. Since 2002, the very beginning of the Healthy Counties Project, CDC has been partner institution in program implementation. To celebrate the 20th anniversary of the SMDP Programme, Global Health Department, Centre for Disease Control and Prevention, Atlanta USA, our 'Management and Administration for Health' (Healthy Counties) program was awarded **'The Global Health Program of Distinction Award'** on January 16, 2013. Although CDC was reorganised, and SMDP department closed, we continued cooperation with Department for Global Health and Department for Chronic Non-Contagious Diseases. Within the framework of establishing Croatian register of preventive programmes, professor Selma Šogorić D.Sc. visited CDC from 14 to 24 December, where she had a series of presentations and meetings with heads of NCD (malign diseases, reproductive health, population health, community health, mental health, cardiac diseases, minorities, smoking, and others). The aim of the visit was, among others, to get to know the methodology of creating CDC 'Guide to Community Preventive Services'.

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