



Hrvatska mreža "**Ždravih gradova**"

Croatian Healthy Cities Network

Zagreb, 31 December 2015

Report on the Activities of the Croatian Healthy Cities Network for the year 2015

Notwithstanding long recession, which we all find tiresome, Network activities in 2015 have been positively turned towards the future. This year has been marked by activities important for our development: **registration of Croatian Healthy Cities Network, which we carried out anew** in order to bring it in line with new Associations Act, comprehensive updating of **Croatian part of our web pages, activities relating to the project** entitled 'Introducing academic standards in the process of selecting public health interventions – **establishing Croatian register of preventive programmes**' and opening new topic '**Investing in early development**' (by use of proved efficient interventions), all of which makes way for a better and more efficient Network activities in the years to come.

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 2015. 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 2015, **two Reporting Assemblies of the Croatian Healthy Cities Network** have been held. One was held in Zagreb, February 24, and another in Opatija, during the 20th autumn Network business meeting, on 24 October 2015.

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 2015: there was 19th Health Fair in Vinkovci in April; the Healthy Cities Day was celebrated on May 20; courses of the 22nd Motovun Summer School of Health Improvement were held in June and July in Istrian towns of Grožnjan, Motovun, and Poreč, the 17th issue of the Epoch of Health was published, entitled 'Public Health Interventions', and the 20th

Network Business Meeting was held in October, hosted by Opatija and Primorje-Gorani County.

The 19th Health Fair with international participation was held in Vinkovci, April 17-29 2015.

The central topic of the fair was 'Health, safety, and protection in community. The fair programme took place on various location: in the 'Barun Trenk' sports hall, 'Silvije Strahimir Kranjčević' Vocational School, the Faculty of Agriculture, Vinkovci Technological Park, and Vinkovci Home for Elderly Care. The fair was organised by the City of Vinkovci, Vukovar-Srijem County and the Croatian Healthy Cities Network, under the auspices of the Ministry of Health. The list of partners is longer than ever before: Institute of Public Health of Vukovar-Srijem County; Vinkovci Health Centre; Croatian Public Health Association of the Croatian Medical Association; Croatian Institute of Emergency Medicine; Croatian Food Agency; Zeus Polyclinics, Vinkovci; Zara Health Recreational Centre, Vinkovci; Croatian Chamber of Commerce, Vinkovci County Chamber, The City of Poreč, Ministry of Construction and Physical Planning; Silvije Strahimir Kranjčević Vocational School; DAGIT Vinkovci; Croatian Chamber of Architects; Vinkovci Technological Park; Zagreb Business News; Union of Vinkovci Sports Associations; and Croatian Olympic Committee. There were also international partners, as follows: Bronte Natural Health Clinic, Oakville Ontario, Canada; General Consulate of Hungary in Osijek; and Hungarian minority of the city of Vinkovci. Media coverage was provided by Vinkovci Television, Vinkovci Newspaper, Vinkovci Radio and web portals www.cibalia.info and www.poslovni.hr.

One part of the 19th Health Fair included the following activities: 1 state competition (chef cup – the 11th Golden Apple), 1 theme session, 2 forums (Healthy Cities and Counties Forum, Disabled Persons Forum) 11 professional conferences and 15 workshops, 4 exhibitions, 1 book promotion, 1 charity event, and a number of sports activities at mobile outdoor sports field of the Croatian Olympic Committee (minor events held at fair stage and fair classroom have not been mentioned here), and the Fair itself. Approved conferences were held and organised as part of life-long education for medical doctors, pharmacists, physiotherapists, pedagogues, psychologists, educators, forestry and wood industry engineers, as well as construction engineers.

The 19th Health Fair, held on new location, was again very well coordinated and led by our 'first urban planner lady' Mandica Sanković M.Sc. of Vinkovci Administrative Department of Urban Planning, Construction and Environment Protection, and attracted a large number of visitors.

Three presentations and a discussion were held as part of **Healthy Cities and Counties Forum**. The first presentation was delivered by Mr. Antonio de Blasio on the structure and activities of the Hungarian Healthy Cities Network. Mr. de Blasio, a long-standing coordinator of the Pesc Healthy City project and Hungarian Network of Healthy Cities is currently working as Consul of the Republic of Hungary in Osijek. His presentation on the programme for prevention of obesity among children and young people, carried out by Hungarian cities, proved to be of utmost interest for the participants. We asked Mr. de Blasio to send us Croatian translation of programme description in order to study the activities and assess if they could meet our needs. Video and ppt presentation delivered by Akica Ilić M.D. addressed health activities during extraordinary circumstances relating to flood in Županja Posavina in May 2014. This extraordinary experience will be presented as a model of good practice – system organisation and functioning in extraordinary circumstances in course book for year six of medical school, entitled Health System Organisation. We expect this important topic (with all its aspects and with cooperation of participants) to be developed and issued as a separate professional publication.

In order to link the work of the Forum to the extended assembly of the Network Presiding Committee, the central topic of the Forum entitled 'From models of good practice to evaluate interventions, or Who needs Croatian Register of Preventive Programmes?' was left for the last. At the beginning of her presentation, professor S. Šogorić D.Sc. introduced the audience to the basic public health terminology – what interventions are, what public health measures are, how they are used to plan interventions, what the meaning or primary interventions is, which we use to tackle (upstream) causes of poor health, and what the term 'comprehensive interventions' means. After the introductory part, she presented what has

been done in the past few months to develop our project. The goal of our activities on developing a register of evaluated programmes is to carry out systematic analysis of efficiency evidences provided for national programmes which have been carried out (starting from Croatian Healthy Cities Network) in order to transform them into recommendations and guidelines for improving policy and practice of public health activities on both national and local levels. Development and unification of instruments and guides for use, and establishment of the Register will enable the development (and dissemination) of informed decision making in planning future interventions. Evaluation presents systematic process that helps us understand what the programme does and how well it does it. Evaluation results can be used to (maintain or) upgrade quality of the programme and make sure that the planning of future programmes relies on evidence (as much as possible), the so called evidence-based efficiency. Registering models of the best practice is a good introduction to evaluation. Gathering and review of models of best practice will lead to determining the most economical (requiring least financial means and effort) and the most efficient (providing best results) ways to reach goals, which rely on repeatable procedures determined in the course of time on larger number of people. Evaluation will also provide information on programme strengths and potential weaknesses.

Using international experiences (CDC Community Guide), our research team developed a form (programme description matrix) that will be used for systematic information gathering on activities, characteristics, and effects of every undertaken programme. In order to improve quality of the information gathered by use of the above mentioned form, we will organise workshops for entering projects/programmes in the form in Zagreb, at 'Andrija Štampar' School of Public Health. We will invite programme leaders, their city/county coordinator, and representatives of county institutes of public health to the above mentioned workshops. We will 'quote' expert team during entering the programme in the form, and will thus get structured models of good practice (evidence-based programme evaluation, documented processes of implementation, outcome, efficiency, and financial viability). Once these have been gathered, they will be submitted for review to expert teams, which will carry out systematic assessment of efficiency evidences and write recommendations and guidelines for improving existing practice based thereon.

There are multiple gains resulting from the development of the register of evaluated programmes. Every programme that is carried out can be improved (once its status has been assessed), results enhanced, and credibility of the undertaker strengthened. The Network on the whole will benefit from generating knowledge usable in other communities, setting basis for implementing the most efficient approach to problem solving and (evidence-based) efficient allocating of limited resources.

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. This day was marked in an especially sumptuous way in Poreč, with a series of lectures and radio shows, festival of Dancing Classes, and County Symposium on early intervention in childhood. In Zagreb, The Right Age Fair was held (fair for the elderly and everybody else), as well as the Little Health Fair – neighbourhood for kindergarten/kindergarten for neighbourhood. On the Healthy Cities Day, the project 'Rijeka – Healthy City' organised traditional Sports games for children with developmental disabilities (aged up to 21).

The 22nd Motovun Summer School of Health Improvement traditionally took place in Istrian towns of Grožnjan, Motovun, and Poreč from 26 June to 4 July 2015.

From 26 to 28 June 2015, the **Media and Health** course was held in Grožnjan, entitled 'Left, right, center..'. Tea Vukušić D.Sc. and assistant professor Ognjen Brborović D.Sc. of 'Andrija Štampar' School of Public Health were course directors, together with Mario Harapin of the Croatian Radio.

Representatives of the most important political parties were invited to the course (held before new

parliamentary elections) in order to present their parties' visions of immediate future of the health system.

For the fifth time in a row, a **'Healthy Urban Planning'** seminar was held in Poreč, on 29 June 2015. The seminar is intended for the representatives of engineering profession, city administration, key people in city utilities companies, psychologists, medical doctors, and other professionals, and is intended as a place for connecting various professions in care of health in the broadest sense. The coordinators of the Healthy Cities of Poreč and Vinkovci were course directors. Around fifty course delegates gathered around the central topic of the course entitled **'Apolicy'** – Architectural policy of the Republic of Croatia 2013-2020. Lectures were given by renowned architecture experts, representatives of the Ministry of Construction and Physical Planning, Croatian Chamber of Architects, and Croatian Chamber of Commerce. The seminar was moderated by Andriana Pozojević of the Ministry of Construction and Physical Planning, and the presenters were the following: Rajka Bunjeva, Helena Knifić Schaps, Marin Račić, Tomislav Kukin, architects, and Damir Parcel, construction engineer. All presenters stressed the importance and the meaning of social awareness in the care of environment, the impact of environment on the people's health, culture and the quality of construction, and stated that **'Apolicy'** is a document of vital importance to Croatia. **'Apolicy'** is the document whose goal is to give course to architecture in Croatia. The document should determine our relation to space and quality urban planning solutions that are adapted to the needs, specific traits and traditions of a variety of regions in our country. Its standpoint is that the area of Croatia is our brand and should be respected by not only planning professionals, but also all stakeholders in the process, and key actors of local, regional, and national administration. The aim of the document is to regulate construction and planning in a way to advocate quality and healthy life as first and primary interest, in an area free of devastation, using quality architectural solutions, protecting green areas, and respecting traditional characteristics. That is the way which will ensure that everybody feels good, both residents and visitors. It was stressed that key implementers of the document in daily life should be primarily experts, designers, architects, key people of local and regional authorities, but also responsible citizens who guard and make their living space better for both themselves and future generations. The document is one of the rare documents in Croatia about which there is a consensus on the part of profession, parties in power and opposition, and should serve as guidelines for responsible physical planning in Croatia. Architectural solutions in every community should be based on quality, characteristics of identity of a certain community, cultural heritage, native flora, and customs. Therefore, the message has been sent out from the conference proposing **'Apolicy'** guidelines to govern the work of both architects and investors, as well as representatives of local or regional authorities adopting urban plans and providing for the physical planning of their towns, municipalities, and regions.

On 2 July 2015, the ninth festival of **Children's Film and Video Making in Function of Public Health** was held in Motovun. It was organised by Croatian Film Association as part of the 'Health systems and health policy' programme which took place from 30 June to 4 July. The following films were shown: 'The Circle of Death', animated, Zaprešić Photo Video Film Club; 'Picture Books', documentary, Eugen Kumičić Primary School, Velika Gorica; 'Little Stork', documentary, Vladimir Nazor Primary School film group, Slavonski Brod; 'Boomerang of Good in 6A', feature film, Strahoninec Primary School film group; 'Flower from Baldekin', documentary, 53rd Šibenik International Children's Festival; 'Gain or Loss', TV coverage, Tight Rope Walkers Association, Zagreb and 'I know my goal', TV coverage, ZAG film group, Marija Jurić Zagorka Primary School, duration of 61'55".

After the film showing, which was held in Branko Bauer Cinema in Motovun, primary students, film authors, and their teachers participated in moderated discussion with public health professionals, among whom Siniša Varga, Minister of Health, Željko Jovanović, president of the Committee for health and social policy of the Croatian Parliament, and a number of Institute of Public Health directors, and other medical doctors. The discussion revolved around the films shown, how they had been made, their purpose and possibilities of use, and examples of mutual cooperation, interest for which was expressed.

From 30 June to 4 July, the **Health Systems and Health Policy** course was held in Motovun, providing a number of round tables and working meetings which addressed the topics of development of palliative care and national preventive programmes, defining the role of professional organisations, experts and users in changes in health system, new technologies and viability of changes, as well as cooperation in health.

The 20th Business Meeting of the Healthy Cities Network was held in Opatija, from 23 to 24 October 2015. The meeting was hosted by the town of Opatija and Primorje-Gorani County. The central topic of the 20th autumn business meeting of the Croatian Healthy Cities Network was **Investing in Early Development**. Academic notions tackling the importance of investing in early development of children were presented; furthermore, the **Idea Sharing Fair** was held for the first time, opening possibilities for the Network members to showcase their own models and get to know models of good practice from other parts of the country. The meeting brought together around ninety coordinators, politicians, and professionals from twelve Croatian health cities (Zagreb, Rijeka, Poreč, Labin, Vinkovci, Opatija, Dubrovnik, Zabok, Split, Osijek, Čazma, and Karlovac), and six counties (Primorje-Gorani, Krapina-Zagorje, Karlovac, Požega-Slavonija, Istria, Dubrovnik-Neretva).

Even though the meeting officially started one day earlier – when the meeting of the Network Presiding Committee was held, the major theme part of the programme was held on Friday, 23 October 2015. After the opening speeches, professor Selma Šogorić D.Sc. gave a lecture on academic notions of investment in early development of children. What has been known for over one hundred years in social medicine is the fact that poor conditions lead to poor health. Today this notion can be proved. There are many factors which influence health of population, which are out of health system domain. It is these very outer, macro-social factors (cultural, political, socioeconomic, environmental, and educational) which influence health to a much larger degree than the health system. Although personal responsibility for one's own health is important, i.e. adequate diet, physical activity, avoiding smoking and excessive drinking, responsible sexual behaviour, and other, there are social and economic circumstances (social health factors) which are often out of individual control, but shape their choices and have influence on health. Adult health is based on prenatal life and early childhood. Slow growth and lack of emotional support during this time results in risk of poor physical health during life and hindrances to physical, cognitive, and emotional functioning. 'Poor' social and economic circumstances pose the biggest threat to a child's development, and 'launch' the child into low social and educational orbit, referred to as 'the vicious circle of poverty'. (Longitudinal) studies of 'harmful' events in childhood have been carried out for decades in the USA and Europe. The numbers resulting from them provide undeniable evidence that harmful events in childhood can be linked to later poor health results. The following childhood events are listed as harmful: physical/emotional/sexual abuse, physical/emotional neglect, drug/alcohol abuse in family, family violence, mental illness in parents (especially mothers), and crime-prone parents (jail). Results show that exposure to harmful events in childhood will lead to frequent health-risky behaviours (ex. promiscuity, violence, alcoholism, drug abuse, smoking), illnesses and injuries (sexually transmitted diseases, gynaecological problems, cardiac diseases, diabetes, stroke, malign illnesses, suicide), and numerous challenges related to mental health and wellbeing (depression, posttraumatic stress disorder, aggression, tenseness, somatic conditions, attempted suicide, unwanted pregnancies, problems at work, sick leaves). Cumulated effect proves to be disastrous – exposure of children to a larger number of harmful effects leads to exponential growth in bad health results. Thus, a Scottish study of causes of early dying in young men presents data that boys more exposed to harmful events in childhood (cumulative four or more harmful events) face eight times greater risk of alcoholism, and twice greater risk of dying from a heart disease. Boys exposed to physical violence in their young age become twice as often bullies themselves, participate three times more often in fights, are more prone to carrying guns, and are eight times more often violent in relationships. The reasons of such devastating situation

are explained by 'bonding theory'. Deep emotional bond a child develops with his/her primary carer is the basis for the development of relationships with other people and has been recognised as determining for later emotional, cognitive, and social results. 'The model of internally built relations' reflects a child's expectations from parents' behaviour in situations which the child deems important. Unpredictable behaviour on the part of parents caused by poor mental health, alcoholism, addiction, and other factors (unpredictable, chaotic mothers) sets poor basis for the future development and health of their child. For example, children whose mothers have poor mental health are five times more prone to suffer from mental problems (emotional and behavioural) themselves. Bonding theory has been supported by a strong body of biomedical research (on primates), which provides explanation of this bond on the level of neurotransmitters and hormones. The difficulties a child has been faced with in his/her early development are not unsurmountable; however, they are difficult and expensive to compensate for at an older age. Researchers have calculated that the return of money invested in interventions in early development amounts to as many as 12 times. Interventions in early development are aimed at providing safe, stable, supporting relationship and environment, and are grouped into interventions at an earlier age (from conception to school) and interventions at later childhood (from the start of school to puberty). The best system for a 'healthy start' includes health, social, and educational policies providing: a) excellently organised health care in pre and post-natal period, b) distributive social equity which recognises risks caused by early poverty, c) good possibilities of maternity leave use, and d) high quality early education and care. The most important factor for development is stimulative family environment. Family, parents, and especially mothers have the most important influence on children. Mother's mental health plays the most important role. Quality parenting is the best guarantee of future good social and emotional development of a child. The role of fathers is important as carers and those who lift the burden off mothers. Arguments and lack of understanding between parents pose a risk to healthy development of children. Extended families, functional, and especially those including grandparents enrich children's lives, give support to parents and additionally stimulate child care. Programmes providing support to parents in community contribute greatly to development of children. The basis of care system in early childhood is high quality and universally available pre and post-natal health care. Maternity leave which is adequately paid and long enough (providing for sufficient economic wellbeing of parents) facilitates bonding necessary for mental development of children and supports breastfeeding. Furthermore, high quality, flexible, and financially accessible system of care and early education is of utmost importance. Pre-school education should be available to all children, regardless of the fact if their parents are employed or not. On the community level, it is important to ensure support system for parents from vulnerable groups, and enable its extended use. Healthy communities, which care for all its members, represent the most important positive determinant of health (strong social networking, communities' good social capital).

After the coffee break, the **hosts presented their models of good practice**. Presentations were moderated by Ms. Zlata Torbarina, coordinator of Opatija-Healthy City project and professor Đulija Malatestinić D.Sc., head of Administrative Department for Health of the Primorje-Gorani County. Opatija models of good practice were presented, among which the work of 'Spiritus Movens' Association – fitness for pregnant women and fitness for mothers and babies (2008-2012). The need of the mothers and babies group for socialising and going for walks resulted in the idea to go for a marathon in nature (**Mum-Baby Učka Marathon**), which has been held for eight times now, on the first Sunday in June, with increasing number of participants. The programme introducing vaccination of children in Opatija (not mandatory on the national level) was presented. From 1997 to 2015, the following vaccinations were introduced in the programme: since 1997, hepatitis B vaccination; since 2006, varicella vaccination; since 2010 pneumococque vaccination; and since 2011 rotavirus vaccination. The presentation showed how **investing social financial means** (the town provides financial means for this health surplus standard) **in good vaccination programme** results in **gain through healthy children**. Opatija Kindergarten (with facilities on five locations) presented its programme entitled '**Quality diet for**

healthy children'. Children prepare their meals and beverages independently, birthdays are celebrated with healthy food, and occasions marked. The project fosters observing and learning local customs (marunada – chestnut grill, and fritule – local pastry, gathering old recipes), and educating parents and general public. 'Our Children' Association from Opatija presented their programme entitled 'Quality free time', organised via numerous creative workshops as support to healthy growing of children (such as dance, 'Grad – Town' art workshop, storytelling for youngest – 'Laurus' Gallery from Lovran; Lampica – Lamp, workshop for gifted children; communication and creative workshops organised by Dobreč and Veprinac local authorities). 'Our Children' Association provides most valuable assistance to parents in summer (when they work most), organising summer activities and supporting parents of children with difficulties in development in 'Kolibrići – Humming Bird' activities. Furthermore, activities of 'Gorovo' Sports and Recreation Club were presented. The club developed a range of activities for various age groups, with special emphasis on pre-school children. Regular **multisport programmes** were developed: sea swimming school including rules of conduct, sailing school, small sports school (exercises to develop motor skills by engaging in basic elements of various sports: athletics, gymnastics, polygons, ball games, outdoor activities in nature), sports and recreational programmes for pre-school children in remote areas of Opatija, gymnastics for children up to six years of age. In July, swimming school is organised at 'Tomaševac' children's beach (up to 40 children), as well as summer sports camp, sports education, sports and recreational programmes and entertainment. 'I can do it, too' programme is a special sports and recreation programme for disabled children.

Presentation of models of good practice in Primorje-Gorani Health Counties introduced the participants to the programme implemented by 'Rijeka' Kindergarten entitled 'Inclusion of the Roma in pre-school programme'. The pre-school programme is designed for all children who turn six by 31 March (and are obliged to start school), whereas children who are of Roma minority can enter the pre-school programme even two years before they start primary school. Quality pre-school education of Roma children is of vital importance because it improves their language preparations and abilities to start school; furthermore, it provides undeniable wellbeing for their overall development. In school year 2014/2015, 'Rijeka' Kindergarten offered pre-school programme in duration of 250 hours (February/May), which was attended by 128 children, 38 of whom of Roma minority (integrated in regular educational groups). In cooperation with Rijeka city administration for education, 'Oaza' Association, Roma associations and volunteering interpreters, a three-language brochure was published (Croatian/Albanian/Roma) in order to ensure Roma parents are informed on obligation and possibilities of including their children in pre-school. The flyer was distributed to Roma parts of the city (Rujevica, Mihačeva draga, Drenova), but also to other parts of the City; also, the procedure of entering children in the programme was carried out with individual approach to every family. In cooperation with Croatian Employment Agency, Rijeka Office, four Roma women were employed as auxiliary staff, during which procedure public works measures were applied (package of measures for unemployed people of Roma minority). Half-day stay was organised for children (breakfast, fruit, lunch), and after we applied to the Ministry of Education and Sport, co-financing was provided to ensure the programme is free for parents, as well as monitoring and evaluation of programme implementation. The association for autistic people care presented the programme entitled '**Early intervention in children with difficulties from autistic range by means of mobile service in local community**'. Mobile service for education-rehabilitation support is a programme of professional support to families (IPPO): education – rehabilitation support and assistance for parents (strengthening parenting competences), systematic and professional support for parents in realising their rights in the systems of social welfare, health and educational care, assistance in organising- including children with difficulties from autistic range into an adequate form of pre-school education, counselling parents wishing to get answers to their questions, thus resolving queries they might have relating to children's upbringing and development, raising the quality of care aimed at families with young children. The association organises and provides workshops and counselling for teachers, school pedagogues and psychologists, and students' personal assistants. It assesses the needs of a family and a child and participates in devising individualised educational

programme for children with difficulties. The association facilitates inclusion of children into regular pre-school programmes (with the help of personal assistants financed by parents and/or other sources in Rijeka), into inclusive programme provided by Rijeka Kindergarten, and into educational groups with special programmes of Rijeka Kindergarten. The participants were presented the programme entitled **Oral health improvement in pre-school children** of the Educational Institute of Public Health of Primorje-Gorani County. The programme provides for two obligatory dental check-ups: prior to primary school (obligatory for entering primary school), and control check-up in year 5 of primary school. In the past years, there was a decrease in DMFT index in twelve-year olds who were integrated in the programme when starting school. However, they thought that even better results could be achieved if the programme is introduced in even earlier (pre-school) age before starting kindergarten (introduced in 2014). Parents were thus additionally motivated to take care of oral health of their children and to choose their primary dentist at an earliest age. The second programme presented by Educational Institute of Public Health of Primorje-Gorani County is the programme of social-emotional learning for kindergartens and primary schools entitled 'PATHS-GROW'. It is about development-based curriculum of universal prevention promoting social-emotional competences and helping to prevent behavioural and emotional problems in children. There are two versions of the programme, one for pre-school institutions, and other, for primary schools (first four grades). Implementation and research phase of the PATHS-GROW project in Croatia lasted for two years (2010-2012), and was carried out in three places in Rijeka, Zagreb, and Istria; in each place two kindergartens were included with two mixed groups (4-6 years), and five experimental and five control primary schools (year 1). The last afternoon presentation addressing the **development of care homes in Primorje-Gorani County or how to get from children's home to service-provision centre in community**, presented by a representative of 'IZVOR' Selce, the Centre for Service Provision in Community. Two years ago there were only two care family homes in Primorje-Gorani County. Thanks to the cooperation with the Social Welfare Centre and IZVOR Centre, Primorje-Gorani County became the only one which provides organised support for care families. The change referred to resulted from taking into consideration the needs of children, youth, local communities (the towns of Crikvenica, Vinodolski, and Primorje-Gorani County), social welfare, and employees. IZVOR Centre for service-provision in community established a service for support to care families, family reintegration and prevention of institutionalisation of children and youth (counselling and assisting children and youth after leaving care and children in foster families, counselling and help provided to children and youth and primary, foster and care families, service of half-day stay for children and youth from 7 to 21 years of age), it organised housing for children and youth (aged 16/18 to 21, eight people at the most share one flat), and developed services of help and care at home (preparing meals for elderly and weak persons, food delivery).

After lunch, which was organised by our hosts, an **Idea Sharing Fair** was held in Catering School. The Fair aimed to open space for Network members to present their ideas, and learn about models of good practice from other places, all in relaxed atmosphere. The Fair was held outdoors, in the park in front of Villa Antonio. Between 15.30 and 17.30, city and county models of investment in early development were presented simultaneously at ten promotional stalls. Visitors rotated every five minutes in order to hear all presented models. Around twenty programmes were presented in two hours, ranging from pregnancy courses and preparations for parenting, support groups (nursing and single-parent families), detecting and treating postpartum depression, preparing for kindergarten, programme of work with children and parents in kindergartens, playgroups and programmes for free time, early interventions in neurorisk children, integrating children with additional needs, etc. The programmes were presented via programme technology and products (publications, posters, photos, videos, experiences of participants, etc.), and not via ppt presentations, as was the case before. Demonstrational exercises with pre-school children were run continuously during the Fair. **Table tennis playgroups** develop motor skills in children, as well as functional capacity of their bodies, but they also improve children's capacity to communicate and cooperate with other group members (socialisation). Our Children Association Opatija

presented 'Kolibrići – Hummingbirds' workshops (aimed at children with difficulties in development under professional mentoring of rehabilitators, special education teachers, psychologist, speech therapists, and pedagogues). The workshop serve to include children with difficulties into groups of their peers, and to participate in play and all organised activities to the extent their difficulties enable them to. The city of Rijeka was represented by Rijeka Kindergarten, Patak Association, and Tić Children's Home. **Rijeka Kindergarten** presented regular programme with addition of sports elements, early English studying, catholic religious education, gifted children programme, oral health care, inclusion of children with difficulties in development. Every child is educated according to individualised educational programme devised jointly by teachers, professional team and parents. Various social events are organised, such as Festival of Creativity and Achievements by children with difficulties in development and disabled people, Children's Week, Festival of Spring, Carnival, and *Homo si Teć* sports event. Exercises for the first few months in a babies' lives was presented by Patak Association. **'Sport before sport'** programme is devised and run by physical education teachers, kindergarten teachers, a physiotherapist and a paediatrician, and have proved to be an excellent basis for later engaging in any sport. Balanced exercising stimulates the development of basic motor skills and has effect on overall psychomotor and functional growth of children. Counselling programme for abused children was presented by Tić Kindergarten, which also organises School for divorced parents and a workshop entitled 'Mummy, daddy, and I'. **'Mummy, Daddy and I – together for two hours'** is a five-workshop cycle intended for pre-school and younger school children and their parents. What is emphasised is positive interaction and quality time spent together. The programme not only improves parents' capacities, but also prevents children abuse. **'School for divorced parents – programme of psychological support to divorced parents'** aims to make adjustment to new life circumstances easier for both children and parents. The programme includes possibilities for sharing experiences in a group, gaining theoretical knowledge, and all parents are offered a possibility of individual psychological counselling. Counselling includes diagnosing difficulties in children with suspected cases of abuse or neglect, work with parents with risk of onset of child abuse or neglect, and cooperation with institutions in order to protect abused and neglected children in the most effective way. Professional help is provided by a multidisciplinary team (psychologist, social worker, psychiatrist, and paediatrician).

Zagreb City Office for Education, Culture and Sport presented programmes for nursery and kindergarten children. The city of Zagreb founded 60 kindergartens operating on 220 locations and 2 hospitals. City kindergarten network is supplemented with 67 private and religious kindergartens and three specialised institutions for children with difficulties of early and pre-school age. Zagreb kindergartens provide around a hundred various programmes aimed at children and parents' needs in duration of 10 hours daily at the most (the programmes start at 5 a.m. and last till 8 p.m. according to the requirements of parents' working hours). The programmes include the following: programmes for children aged 6 months to 1 year, regular whole-day 10-hour programme, half-day programme, shift programme, special whole-day, shorter programmes, programmes for children with difficulties in development and gifted children, Montessori and Waldorf special programmes, programmes for national minority children, religious programmes (catholic, Jewish, evangelist), programmes for children in social welfare programmes, 'Kindergarten Days' programmes, **'Kindergarten in hospital'** programme, **'Children in nature'** programme which lasts for 5 whole days and is intended for children before they start school, health and recreation programmes, summer vacations at the seaside organised by the city of Zagreb, various events including charity events. There are 10.660 children with difficulties in development included in Zagreb kindergartens, and the number is growing because difficulties are detected thanks to kindergartens' professional developmental service working directly with children. Zagreb West Health Centre presented its project tackling **early detection of postpartum depression**. From around 40.000 puerperae yearly in Croatia, 10 per cent (4.000) suffer from postpartum depression; however, only one fifth will recognise the state they are in and seek professional help. Screening tests were introduced, which led to twice as many diagnosed postpartum depressions. Zagreb Centre Health Centre organises baby handling workshops, community nurses lead nursing

support groups, support groups for single-parent families, and cooperate with kindergartens and schools in Gračani. Zagreb East Health Centre has recently started organising **nursing counselling**. In case difficulties in nursing are detected, community nurses direct the woman to counselling, where professional support and help is provided by a community nurse and internationally certified nursing counsellor. Telephone counselling is also provided for mothers. In Zagreb, parenting school is organised by 'Andrija Štampar' Educational Institute of Public Health. Education is provided in the evening, and Centre for Social Welfare has recently joined in. Groups number 12 members at the most. Their members learn together how to recognise their own parenting mistakes and improve their parenting styles. **The model of early intervention in children with neurorisk and difficulties in development** was presented by Leri Association from Zagreb. The association is into early speech therapy and education-rehabilitation intervention and aim to provide professional interdisciplinary help to children with difficulties in development and children with risk to develop difficulties, as well as their families. The professional team referred to consists of a speech therapist, educational rehabilitator, work therapist, physiotherapist, psychologist, paediatrician, and social worker. Due to brain plasticity, early intervention (up to year three) is the most efficient way to influence the development of a child's potential, so the association presented how the above early intervention model (developmental counselling for parents of children with difficulties in development for facing risk to develop such difficulties) was set up in **Zagreb**. A model of development of early interventions for children with neurorisk and difficulties in development carried out by **Istria County** was also presented. Children with difficulties in development in whom the difficulties are not presented, and can not be determined immediately after birth, but show later, are treated with delay. Their rehabilitation procedures start late, they often have to wait for service provision, so that mobile team aims to bring early interventions as close to users as possible. In **Dubrovnik**, local branch of RODA (Parents in Action) Association carries out baby car seat education. The programme aims to raise awareness among parents and public in general about the importance of baby car seats, and the role they play in preventing injuries and death of children passengers in car accidents, and to give parents relevant, correct information on the importance of their use, as well as provide concrete advice on how to use them. The Dubrovnik RODA branch also carries out a **Small School of Nursing**, which provides valuable help to future mothers preparing for nursing, because it is most often the only place (along with RODA website and forum) where they can get enough information on nursing (preparing, ways of nursing, nursing techniques, problems, etc.), which often have impact on how successful nursing will be. In pleasant company with trained nursing counsellors, couples learn about basic nursing information, get first impulse of self-confidence in nursing as doable (even in hectic rhythms of today), learn how valuable it is and how worth of initial effort and preparation; also, myths are debunked, fears cleared, and positive attitude is thus created important for nursing success. The **Born to read** project is about group book reading to children, depending on their age and comprehension abilities. Books are given to children as a present, so that they have their small library containing 4 picture books before they start school. The importance of reading to children from their earliest age is the single most important activity in gaining knowledge for reading success; it stimulates the development of literacy and language, builds love of reading and enriches the relationship between parents and their children. The project is carried out at children's ward of Dubrovnik General Hospital, where every hospitalised child gets an age-appropriate picture book as a present. **Community nurses of Krapina-Zagorje County Health Centre** presented their programme of work with pregnant women and mothers aimed at nursing promotion. Community nurses get informed about pregnant women from (primary) gynaecology nurse, and starts visiting women even before they give birth. Community nurses are also informed on release of puerperae from hospital. Community nurses visit and counsel puerperae at least 4 times during the first month after giving birth, and in following 3, 6, and 9 months. In case difficulties are detected, a patient is referred to a family physician. Over 90% of pregnant women are included in the programme in over 20 locations in the county. The importance of early intervention was presented by **Karlovac branch of SUVAG**. They do speech therapy, rehabilitation, group therapy and kinesiotherapy. During speech therapy, parents are actively involved in the programme. Rehabilitation

therapy provides overall motor and sensor stimulation. **Community nurses of Karlovac Health Centre** presented their activities. They provide training, counselling and demonstrative workshop intended for pregnant women, mothers, children, but also all other family members taking care of children from their earliest age, and wanting professional support. Preparation parenting courses and pregnancy courses are provided, groups for nursing support are organised, as well as infant formula feeding courses and others. There is a special form of training which also provides opportunities for playing and socialising, which is carried out in cooperation with 'Ivan Goran Kovačić' Library, and is entitled '**Library Babies**'. It is a programme in which community nurses hold lectures on up-to-date topics. A similar activity is provided by 'Knjiguljica' library and reading club. **Programmes of overall support to early development in Poreč** were also presented. The support includes preparation for giving birth, guide through children's activities and parenting manuals (preparing for kindergarten, preparing for school...). The example of **Vinkovci** served to present shown how **design of living areas in a city influences allergy and respiratory diseases**. The study referred to showed the influence of street construction and greenery planting (allergenic pollen) on occurrence of acute rhinitis and allergy asthma. The study led to new criteria adopted in the process of granting approval for building in Vinkovci. The precondition for health is urban planning seen as interdisciplinary activity which must include the community it is intended for. Prevention of allergic respiratory diseases results in improvement of quality of life of patients and their families, and also in fewer sick leaves and lower treatment costs.

Given the fact that many Network members were interested in results of **action research of specific single-family needs**, a round table was held on that topic on Saturday, 24 October 2015, after the coffee break. Action research had been carried in six Croatian cities (Poreč, Labin, Rijeka, Vinkovci, Dubrovnik, and Zagreb), where efficient programmes of assistance and support had been developed aimed at meeting the assessed needs. Two sets of reasons lead to this research. The first is to create possibility on the local level to devise and implement programmes to address the needs and improve quality of life of both single parents and their children. The second reason is to strengthen capacity (form of training) of local authorities through joint action research based on learning by doing model. In 2011, four introductory meetings/workshops were held, where we got the description of present state in cities included in the research (description of the present state, trends, existing programmes for single-parent families), and an overview of research and interventions carried out so far (search of references in Croatia and worldwide). Research group meetings continued in 2012, within the framework of Healthy Cities Forum, and with two workshops (May and December) in Zagreb, at 'Andrija Štampar' School of Public Health. In summer 2012, the survey was submitted to Ethical Committee of Zagreb Medical School, and in autumn we got their approval and informed consent forms to be signed by survey participants were accepted. Intended sampling of information-rich interviewees was used in the survey, with several limitations – child's age (under 7), and mother's/father's age (under 35). In workshops questions were agreed on for standardised interview and the order in which they will be asked. The categories agreed on were the following: social status (questions on income, housing and employment); health status (questions on special needs and illnesses), quality of life (questions on diet and free time activities); help with child care, upbringing and education (questions on the other parent, family relations, use of services provided by health providers and local self-government institutions), programmes of social and psycho-pedagogical support for raising quality of life, how mature and informed the parents are on their rights, violence (physical and psychical) and social stigma. Workshops were used to train interviewers (community nurses), and field part of the survey was agreed. All interviewees gave their written consent for interview and recording thereof. The community nurses coded the interviewees (for data protection) and after putting information down in writing, erased the recordings. We were receiving interview transcripts up to the end of April 2013. We received 79 interviews from several cities: 40 Zagreb, 10 Poreč, 8 Labin, 8 Rijeka, 7 Dubrovnik, and 6 Vinkovci. We used qualitative analytic methods to analyse the results, which were then used by city teams to select the most appropriate interventions to be implemented in their particular local situation. The existing

interventions gathered via literature search were grouped into those applying to general population and those intended for single-parent families as vulnerable group. Interventions were also grouped as general and focused (relating to finances, child care, psychological help, informing on the rights, solving housing problems and employment). During the second workshop held in December 2013, every research group presented one or more successful local interventions and developed an implementation plan for one intervention to be implemented. In the second part of the workshop, the creation of single-parent families register was discussed, which would be kept by community nurses (development of joint sub-project ensuring continuous support to all families). In 2014, researchers gathered in field work and two education workshops. Before the workshop held in April 2014, the quantitative analysis of the 79 interviews was carried out. The results showed the following biggest parent's needs: need for personal growth, financial assistance, help with child care, assistance with employment and finding a place to live. In the workshop, every group gained the knowledge to do the identical workshop addressing 'intervention selection, planning and implementation' by autumn in their own towns and cities. The following projects/interventions to be implemented by all cities were agreed on:

- a) Continuing care of single-parent families taken by community nurses, which includes keeping register, assessing needs, counselling, networking with existing services and non-governmental organisations, and joining various programmes for support and improving the quality of life;
- b) Forming data base with all kinds of direct help and all kinds of services intended for mothers and children in local community and data dissemination (on-line data bases, printed and other media, etc.);
- c) Support to parent self-organisation;
- d) Raising awareness of institutions and associations for the need to create programmes for single-parent families. Developing and offering free services for children and mothers in community (sports activities, arts workshops, creative free time activities, outings and socialising) with stress on poorer city areas;
- e) Courses addressing parenting skills organised via single-parent gatherings and on-line;
- f) Making pre-school programmes more accessible (nurseries, kindergartens), which includes adjusting working hours, costs substitution, including unemployed mothers' children, 100% coverage of children, special programmes for parents, continuing education of teachers and inclusion of children with special needs.

Long-term projects we didn't embark on in 2014, but are aware of the fact that we should start developing them are as follows: women's education, self-employment, developing flexible work hours, including the other parent, and mechanism for more efficient alimony payment.

The last workshop, entitled 'Intervention monitoring and evaluation' was held in November 2014 at 'Andrija Štampar' School of Public Health. The first part of the workshop was dedicated to city teams' reports from local workshops, whereas the second part served to train defining indicators (which must logically follow the whole course of an intervention, from its start to end). One of the project goals was to spread to other cities in Croatia, so that it was agreed that city teams would prepare information on the project in their own cities, which could be useful for the cities which hadn't participated directly in the research. This round table resulted from the above conclusion. For this occasion, local results were presented by Zagreb, Dubrovnik, and Poreč teams.

Needs assessment of single-parent families in the city of Zagreb from social welfare aspect was presented by Romana Galić, assistant to the head of City Social Welfare Office. The presentation first showed in figures how families in Zagreb (and Croatia) were transformed, and explained provisions of Social Welfare Act, which define single-parent families. Ms. Galić also mentioned that single-parent families were recognised as a vulnerable group within the framework of 'Strategy for fighting poverty and social exclusion in the Republic of Croatia 2014-2020'. In Zagreb, 40 single-parent families were interviewed (39 with the mother, 1 with the father). The majority of interviewees had problems relating to child care, finances, employment, and housing. The problems also included bringing in line employment and parenting roles, poor knowledge of the rights and institutions, exposure to stress and lack of support

from the other parent, friends, and community. In accordance with the existing Regulation governing social welfare of the City of Zagreb (official gazette 26/14, 19/15), family packages including material help are provided for 203 single-parent families (with 367 children), and meals in public kitchen are provided for 83 single-parent families (with 139 children). Families in need are entitled to help in procuring milk meals and organised summer vacations at the seaside, as provided by City Office. When applying for scholarships, students of lower social status are granted additional points; equipment for the newly-born is provided, social welfare and humanitarian programmes are co-financed, as well as counselling and assistance. One of the priorities of the Social plan of the City of Zagreb from 2014 to 2020 is to widen the network of social services, preventive and treatment programmes offered as support to families. The office plans to publish brochures, guides for realising the rights and using the services, and co-finance programmes aimed at improving capacities and providing help to single-parent families. Assessment of single-parent families in Zagreb from health aspect was presented by Ms. Jasna Tucak, coordinator of Zagreb Healthy City project of the City Health Office. From 2011 to 2015, the project brought together the stakeholders, community services of all three Zagreb health centres were networked, as were the three city offices – for social welfare, disabled people, education, culture and sport – pre-school education and health, Zagreb Centre for Social Welfare – family centre and organisations of civil society, such as Brave Telephone Association, Flight Association, and 'Andrija Štampar' School of Public Health as project professional support. The interventions were grouped according to areas of activities and designated stakeholders. Zagreb West Health Centre and its Centre for mental health care used multidiscipline approach to non-institutional care for persons with psychotic disorders, and carried out numerous programmes. They cooperate with community service to provide screening of pregnant women with mental disorders, early interventions and psychological support for families. They provide supervision for their health centre workers in early detection of mood disorders, early parent-child interactions, case screenings and psychological support to adult family members (small supervision groups). They also provide counselling in early parent-child intervention, psychoeducation, and psychological support for children and adult family members. Zagreb Polyclinic for Protection of Children works on improving parenting skills (the polyclinic provides individual and group diagnostic and treatment work with psychotraumatized children and their parents). Furthermore, parenting skills are also tackled by 'Andrija Štampar' Educational Institute of Public Health (School for parents). Quality parenting is also promoted by Zagreb health centres, which organise maternity courses, nursing support groups; they also established Nursing Counselling Centre within the framework of Zagreb East Health Centre, and carry out research on the length of nursing in Zagreb Centre Health Centre. Furthermore, Zagreb Centre – Trnje cooperates with Children's Library in order to provide workshops entitled Stories about Health- the first three are the most important. A closed Facebook group was formed entitled Mothers on Wednesdays (Zagreb Centre-Trnje Health Centre). The mothers are thus in contact 24/7, exchanging experiences, problems, joys, arrange meetings, park outings, swapping children's clothes. The mothers from the above group are currently working on establishing 'Healthy Family Environment' Association. Quality parenting is also supported by civil society associations, such as: Association for Psychological Help, though 'Pinklec' programme, which provides mental health care for children of divorced parents (joint meetings and children-parents group); Brave Telephone Association, which provides counselling (35% are single-parent families) and strengthening parenting skills (School for parents, parents' needs, stress management, self-respect); LET /Flight/ Association provides psychosocial counselling (individual and group), support via web pages and publishing manuals 'For and about Single-Parent Families'.

Assessment of single-parent families in Dubrovnik was presented by Ankica Džono Boban M.D. of Dubrovnik-Neretva County Institute of Public Health and Mirjana Beg of the City of Dubrovnik. It was planned for the assessment to include ten single-parent families; however, only seven parents agreed to it. The research partners were the city of Dubrovnik, Administrative Department for Education, Sport, Social Welfare, and Civil Society, Dubrovnik-Healthy City Association, Institute of Public Health of Dubrovnik-Neretva County, and Dubrovnik Social Welfare Centre. Mayor challenges detected by this

assessment were the following: housing problems, material status (finances insufficient for meeting basic needs), social life (lack of free time for socialising even with closest friends), and information on the rights (interviewees, all mothers, found information out accidentally, or surfed the Internet in search for information). Most interviewees stated that they are well supported by their own families; also, the most used rights were the right to temporary alimony, child benefit, and subsidised housing. In 2014, a round table of stakeholders was held in Dubrovnik town hall, where it was decided that, resulting from the assessment results, the following measures are to be taken: an informative brochure is going to be published, psychological help provided, as well as assistance and support in founding single-parent families' association. Furthermore, a proposal was put forward for a new criterion to be introduced when deciding on users of subsidised housing (which includes single-parent families), and for community nurses to be included in identifying single-parent families when paying maternity visits. So far, the following activities have been carried out: the Guide on the rights and services for single-parent families in Dubrovnik was published and distributed; a cooperation network has been established between local partners, as well as cooperation with Employment Agency and Centre for Career Information and Counselling. Community nurses have been included in identifying single-parent families' needs when paying first maternity visits; also, a criterion of single-parent family (as vulnerable and needy) has been introduced in decision-making process of Dubrovnik social welfare programme.

Support provided to single-parent families in Poreč was presented by Ms. Nataša Basanić Čuš, coordinator of Poreč-Healthy City, and Tihana Mikulčić, counsellor in Poreč Administrative Department for Social Activities, Social Welfare, and Health. In Poreč, support has been provided to families via: Counselling for children, young people, marriage, and family, support to families in vulnerable phases of family cycle, support to early children's development, maternity birth-giving courses; 'Until I count to three..' – first three are the most important years; 'I'm starting kindergarten, I'm starting nursery'; free time programmes, obesity prevention programmes, improving parenting competences, 'My child is starting grade 1', 'PATHS – I'm growing' programme in primary school, and many other programmes. Assessment of single-parent families' needs added a new component to the programme supporting Poreč families – it improved the network of stakeholders included in the process, established cooperation and raised community awareness. The needs resulting from the research are as follows: help with child care, support with 'difficult' divorces and protection from violence, assistance in finding housing, insufficient services for support of parents' free time, and employment. As soon as the results were gained, the vice mayor presented them to the City Council and municipal bodies (committees and commissions), the mayor, and organisations and institutions responsible for families and children. Meetings were held with community nurses and single parents included in the research. A system of cooperation and information sharing was established with community nurses. City authorities reached a consensus on setting single-parent family as a priority for financing according to 2014 programme of public needs. Single-parent families were introduced to all documents governing citizens' rights. The continuity of the programme was thus ensured, as well as continuity of interventions aimed at these vulnerable groups. Also, better conditions for their future development were provided. Problems relating to child care are kindergarten working hours, giving priority to working parents for accepting children to kindergartens (according to the research, over 50% of single-parent families attended pre-school institutions; however, these were primarily working parents), and extended school stay in grades 1 to 4. The following activities and measures have been undertaken: according to new regulations, single-parent families are granted maximum points when applying for kindergarten, private whole-day kindergarten has been co-financed; a call has been made for nannies to apply for co-financing children's stay, and support for setting up services and employing nannies has been provided (at the moment there are no such registered services). Single-parent families are granted priority when applying for extended school stay; also they are provided financial assistance in procuring school books and equipment. The mayor passed a resolution providing for bringing in line conditions of income of both parents with income of a single parent ('Condition of income, Article 13 of Resolution on Social Welfare which is to be met by single parents and parents from single-parent families in 2015 is provided in

double amount'). Two other problems set forth were insufficient support and assistance during divorce, and protection from violence. Healthy City Fund is the only resource providing help, giving the fact that family centres have been closed, and support provided by social welfare centres has proved insufficient. In order to provide support during 'difficult' divorces and in cases of violence, the following measures have been undertaken: another psychotherapist was employed by Healthy City Fund to work with parents, the Lux Vitae programme was started – psychosocial treatment for perpetrators of family violence, as well as free legal help provided. However, given the fact that legislation did not provide financial means for the above treatment of perpetrators until 2015, and from 2015 the amount provided for the treatment in the budget is only kn 2.000 per 6 months, without covering therapist's travel expenses, local authorities must spend their own resources, thus damaging specific local preventive programmes. Inadequate cooperation with Social Welfare Centre was improved by strengthening partner relations, joint planning of quick and efficient interventions which should be part of overall individual plan of change for each single-parent family in need, and which should be carried out by a social worker, as provided by legislation, with support of all other stakeholders. The problem of housing (although some families have a place to stay in form of city homes, 50% of families are tenants, and have no possibility for other housing solutions) was addressed by the following measures and activities: a new Resolution was passed providing for renting city flats (single-parent families are granted additional points when applying), and subsidy for freely contracted tenant fees has been introduced (from 2013, a standard was introducing covering 100% tenant fee expenses in extremely difficult situations). There was no possibility to have influence on decisions made by the state administration to have single-parent families in mind when deciding on subsidised housing. Support for parents' free time was provided in the following ways: financing OCD projects (pilot CGI project for creating network of support to single-parent families) 2014/2015, co-financing summer camp (9-hour programme for children during summer), free transportation for children, discounts for children and parents on all POUP programmes, etc. Employment was also stressed as one of the problems. Although most of families participating in the research were employed, we estimate that it seasonal jobs might be problematic in the future (only 1 case). Poreč sees solution to this problem in devising the Strategy of Economic Growth, which includes measure 3.1.8 entitled Development of Social Entrepreneurship, which will be carried out via social entrepreneurship aimed at parents from single-parent families, and OSI (education and project creation will start in 2016), and providing subsidies for setting up nanny services and employing nannies. One of the most important things resulting from the research is more intense COOPERATION WITH THE MEDIA, and raising awareness of the need to support single-parent families in COMMUNITY!

In October, the 17th theme issue of the *Epoch of Health* was published entitled 'Public Health Interventions', with an overview of successful projects, criteria used locally in their evaluation (successfulness), and ways of their implementation. In order to achieve the effect of comprehensive public health intervention, multiple strategies are used. We wanted to simplify future analysis and understanding; thus, we grouped the strategies into programme components such as community mobilisation, new policies or regulative activities, strategic use of the media and health communication, advocating (influencing national regulatory agencies), financing the most prominent projects, direct service interventions, research projects, education programmes, etc.

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.

Programme evaluations were carried out in 2006 and 2012 and helped us assess how successful we were in achieving the goal we set forth. 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 2012 evaluation 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. In order to meet the challenges related to intervention selection and implementation, in 2014, the project aimed at establishing Croatian register of preventive programmes started (selecting efficient interventions to be financed). The second challenge of the programme – progressive increase in differences in capacities and abilities among counties – was not tackled in 2015. The way to meet these challenges would be to organise mentoring, i.e. partnership cooperation between counties with different achievement levels, which we will strive to do in 2016.

d) Other Network Activities

In 2015, the new Network Articles of Association were adopted and Croatian Healthy City Network was registered anew to be brought in line with the Associations Act. Network web pages in Croatian were reviewed in the 'About the Network' part (description of the European Healthy Cities Project, Croatian Healthy Cities Network, mission and how we plan to achieve it, basic principles governing Network activities, Presiding Committee, Support Centre, and healthy cities/counties for beginners). Information on cities and counties' web pages was updated, and the 'Efficient Knowledge for Health' altered completely (providing new texts and removing the programmes which are no longer active).

Action research 'Assessing single-family needs in Croatian healthy cities' which we have been working on since 2011 is drawing to an end. One of the goals of the project was to disseminate information and experience gathered in the project so that it reaches other cities in Croatia. Therefore, at the business meeting held in Opatija, Zagreb, Dubrovnik, and Poreč teams presented information on activities carried out and results achieved in their own cities, which can be of use to cities not involved directly in the research (presented information is attached to the report from the business meeting).

The project entitled 'Introducing academic standards in the process of selection of public health interventions – establishing Croatian Register of Preventive Programmes' started in 2004. It should provide an answer to the question how knowledge of academic public health can be introduced in the practice of local health management. Project aim was to review systematically the efficiency indicators used in interventions carried out so far (starting from the Croatian Healthy Cities Network) and turn them into recommendations and guidelines for improving local and national policies and practices of public health. The development and collection of instruments and guides for use and setting up the register will result in development (and spreading) of the culture of informed decision making in future intervention planning. In 2015, around ten meetings of academic research team were held at 'Andrija Štampar' School of Public Health; also, meetings with representatives of cities and counties were held,

as well as partner meetings of wider research team and associates (the so-called super sponsors – representatives of the Ministry of Health, Croatian Institute for Health Insurance, Croatian Institute of Public Health, Public Health Association of Croatian Medical Chamber, 'Andrija Štampar' School of Public Health, Zagreb University Medical School, and the Network Presiding Committee). The research team use international experiences (CDC Community Guide) to develop a form (matrix of programme description) which we then used to carry out systematic data gathering on activities, features, and results of each programme carried out by the Croatian Healthy Cities Network (programme registration). In order to improve the quality of information collected via the forms, we organised **three workshops on how to enter projects/programmes in the form**. The workshops were organised in Zagreb, at 'Andrija Štampar' School of Public Health. The first 'pilot' workshop addressing entering programmes in the form was held on 12 May 2015. Programme leaders, city/county coordinators, and representatives of county institutes of public health were called to participate in the workshop. The second workshop was held on 1 July 2015, and the third on 2 September 2015, the call for which was extended to all network members. Over two hundred delegates participated in the workshops addressing entering programmes in the form. Over sixty structurally written models of good practice were gathered (with argument-supported programme evaluation, documented implementation, outcomes, and efficiency). In summer and autumn 2015, the projects thus gathered (models of good practice) were uploaded onto Croatian part of Network web pages under 'efficient knowledge for health'. Literature, and data bases search, as well as visits and other, enabled us to gather information on existing international experiences. We are working on defining academic standards (evaluation tools), 'policy' area and development of itinerary (defining steps to be taken from an idea to successful project implementation). What we have learn so far has been shown in the new, 17th issue of Epoch of Health entitled 'Public Health Interventions', presenting overview of successful projects, criteria used locally to evaluate successfulness, and ways of their implementation. In order to be efficient, comprehensive public health interventions use multiple strategies. In order to simplify future analysis and understanding, the strategies were grouped into programme components, which have been presented in the Epoch of Health in the following way:

- a) Strategies (example of a strategy aimed at bringing in line possibilities for disabled persons)
- b) Interventions into environment aimed at physical or social environment with the goal to improve health or prevent diseases (ex. infrastructure projects, removing allergens, increasing possibilities for employing groups with difficult employability, and development of coalitions in community with the goal of achieving system change)
- c) Strategic use of the media (creating public opinion) via campaigns, events, and celebrating important anniversaries
- d) Actions aimed at mobilising communities, which have influence on community development and strengthening its social cohesion
- e) Educational interventions – interventions aimed at sharing knowledge and interventions with the goal of modifying behaviour
- f) Direct service interventions or services provided through health system (improving service accessibility, providing services closer to users, or establishing continuity of care).

Expectations from various groups of interventions cannot be the same, given their different possibilities to be efficient. By now, it is clear that planning comprehensive interventions means dealing with a great (professional) challenge of 'selecting and ordering' and simultaneous implementing of multiple strategies and their networking and coordinating during implementation.

Out of other Network activities carried out in 2015, I would like to mention 2015 Days of Prevention (joint workshops and individual events in April and May 2015), and meeting with representatives of Croatian Network of Health Promoting Hospitals, held in Zagreb, December 4, 2015. In the meeting, a report was submitted on the international conference of health promoting hospitals held in June 2015 in Oslo; furthermore, two workshops were held – sharing of experiences of health promotion programmes in hospitals, and meeting management skills (Video Arts). The meeting brought together around thirty

delegates from 'Sveti Duh' Clinical Hospitals, 'Srebrnjak' Children's Hospital, 'Vrapče' Psychiatric Clinic, 'Kukuljevićeva' Psychiatric Hospital, 'Jankomir' Psychiatric Hospital, 'Klaićeva' Clinic for Children's Diseases, 'Magdalena' Special Hospital, Našice General Hospital, Koprivnica General Hospital, 'Srebrnjak' Children's Hospital, and 'Vrapče' Psychiatric Clinic. They were provided professional support and worked all year on the project, either in Croatia, or in international network of health promoting hospitals. Three Croatian hospital were included in international random study aimed at evaluating clinical health promotion.

Cooperation with national partners continued, among which Association of Croatian Cities, Association of counties, Croatian Institute of Public Health, Croatian Medical Chamber, Public Health Association, and state administration bodies, especially with the Ministry of Health – under the auspices of which Health Fair and Motovun Summer School were held, and which provided financial support (amounting to kuna 50.000,00) for theme gathering of Network counties.

b) Local Level

In **Zagreb**, a series of meetings (operative agreements) was held with representatives of six formed theme groups with the goal to analyse the status and available resources and define areas of work in the following five years (palliative care, mental health, health promotion, family and health, unemployment, healthy urban planning, and environment). A whole-day workshop was held on 16 December 2015, bringing together all priority groups, with the goal to 'limit' the area of work of the Zagreb Healthy City project in the following five years. Small groups worked gradually on defining problems, analysing causes underlying the problem, to reach possible improvements and ways of their implementation (splitting work and defining steps). Plenary presentations of theme groups led to draft version of city Health Plan.

On 20 May 2015, a consensus conference of the town of Krk was held, at which five priorities for future activities were selected to be carried out within the framework of the Krk Healthy City project, as follows: strengthening capacities for youth self-organising, expanding network of non-institutional services aimed at elderly and disabled people, improving traffic connection of the island of Krk, improving accessibility of health services and improving quality of urban spaces and life.

c) International Level

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

In spring 2015, WHO EU issued e-version of the book of European Healthy Cities with evaluation of the 5th phase of European healthy cities project (with our contribution in form of author text on our Network). In March 2015, a meeting of national healthy cities networks coordinators was held in Milan, which we didn't participate in due to financial problems. In June, an annual meeting of WHO EU Healthy Cities Network was held in Kuopiu, Finland, in which only Ms. Jasna Tucak participated (once again because of financial reasons) on behalf of the city of Zagreb.

At the end of 2015, we were informed that Mr. Agis Tsouros, a long-standing leader of international healthy cities project, was retired. WHO EU regional director, Zsuzsanna Jakab D.Sc. expressed gratitude to all cities involved in the project and to all national networks, and promised that healthy cities will remain an important part of activities of WHO Regional Office for Europe, Department for politics

and management for health and wellbeing, connected via implementation of the 'Health 2020' strategy. Ms. Monika Kosinska is a newly appointed contact person for cities and national networks.

In 2015, Croatian Healthy Cities Network continued international **cooperation** (even though in smaller range) with the **South-Eastern Europe Health Network (SEEHN)** and Regional Council for Cooperation (RCC).

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 February 2015, a donor coordination was held in Sarajevo, addressing implementation of 'SEE 2020' regional development strategy. A good choice of employees for professional committee of Health Network (which I took part in in Copenhagen in May) would have ensured SEEHN's high position on the list of implementers of activities provided by the strategy. Unfortunately, there were difficulties in reaching consensus among the ten member states of SEEHN, which resulted in another failed attempt to establish quality professional Network committee (based in Skopje). In July 2015, the Government of the Republic of Croatia passed the resolution which provided for altering the status of Croatia in SEEHN from member state to partner (observer state). In autumn 2015, I asked the Ministry of Health to relieve me of duty of national coordinator for health for South-Eastern Europe. Nevertheless, Croatian Healthy Cities Network continues direct cooperation with International Network of Health Promoting Hospitals (BKPZ programme in Croatia) and with International Organisation for Migrations (continued cooperation on 'Roma and Immigrants' Health' project).

Cooperation with the Centre for Disease Control and Prevention, 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 in December 2014, and continued cooperation with NCD (malign diseases, reproductive health, community health, population health, mental health, cardiac diseases, minorities, smoking, and others)

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