



Hrvatska mreža "Zdravih gradova"

Croatian Healthy Cities Network

Zagreb, 31 December 2018

Report on the Activities of the Croatian Healthy Cities Network for the year 2018

The year 2018 was a jubilee year in which we marked the 30 years since the Healthy City project was first introduced in Croatia and Europe. We enumerated all the past achievements and celebrated all the accomplishments, and we also created new challenges which resulted from evaluation of our work. Those particularly relate to 'ageing' and vitality of our project. In this report, as in previous years, I will enumerate and describe all important Network activities carried out in 2018 and I will provide insight into what lies ahead of us.

1. National Level

a) The Activities of the Network and its Support Centre

There were not any major changes in the activities of the Network Support Centre last year. With the exception of introducing our new associate Dorja Vočenec, MD, into the activities of our Network, the closest associates of the Support Centre have remained the same

In 2018, ***two Reporting Assemblies of the Croatian Healthy Cities Network*** have been held. One was held in Zagreb on 20 March, and the other one was held in Crikvenica on 27 October, during the Autumn Business Meeting of the Network. The ***Election Assembly of the Croatian Healthy Cities Network*** was also held on 22 May 2018 in Zagreb and, there, the new Presidency and the Supervisory Board of the Network were elected. The members of the Presidency of the CHCN (Croatian Healthy Cities Network) are: prof. Đulija Malatestinić, D.Sc., head of the Department of Health of the Primorje-Gorani County, Ms. Dragana Leko, assistant to the head of the Department of Health of the Vukovar-Srijem County, Ms. Miljenka Mužar Sertić, senior associate at the Department of Health and Social Welfare of the Krapina-Zagorje County, Ms. Sonja Grozić-Živolić, head of the Department of Health and Social Welfare of the Istria County, Mr. Miho Katičić, deputy head of the Department of Education, Sports, Social Welfare and Civil Society of the Town of Dubrovnik, Mr. Ivan Bosančić, mayor of the Town of Vinkovci, Ms. Nataša Basanić Čuš, coordinator of Healthy City od Poreč (Vice-President, National Coordinator), Ms. Zlata Torbarina, Town of Opatija, Ms. Jasna Tucak, coordinator of the Zagreb Healthy City project, prof. Selma Šogorić, D.Sc., (President) and Dorja Vočanec, MD, (elected secretary). Those elected in the Supervisory Board of the Network were: Mr. Jadran Mandekić, Rijeka, Ms. Mandica Sanković, Vinkovci and Mr. Nikica Sečen, Crikvenica. At the beginning of the Election Assembly, the CHCN Presidency Report was discussed for the period from 2014 to 2018, which was presented by prof. Šogorić. She pointed out that she was very pleased to say that the activity of the Network had been raised to a higher level of excellence over the previous period. Thanks to the introduction of academic standards in the selection process of public health interventions

locally (establishment of the Register of Evaluated Preventive Programs) and to the conducting of joint research and action projects instead of the existing mono-component ones, we are working on the planning and implementation of comprehensive interventions. She particularly pointed out the importance of conducting research on the needs of single-parent families, assessing the accessibility of the health system to people with disabilities and developing a comprehensive strategy for the investment in early child development. She emphasized the importance of developing new technologies and gatherings which they would devote to in the forthcoming period, and highlighted the need for media strategy development as a new challenge for the Network. She also commented on the improvement of the quality of the CHCN's *Epoch of Health* magazine, which presents texts of higher and higher quality that describe the work of the Network and its members. She also mentioned the thematic number of 'Acta Medica Croatica', where she was a guest editor, which features some of the best quality projects of the Network. Among other things, the successful regular activities of the Network (Business Meetings, Health Fair) and international cooperation with the WHO, CDC, SEEHN and other international agencies and partners were mentioned. To conclude, prof. Šogorić expressed her concern about the negative trend of smaller towns exiting the Network, mainly due to the lack of management capacity, and she invited the audience to think about how we can help such towns and stop this negative trend.

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 in carrying out activities on the local level.

Various regular Network activities have been carried out in 2018: there was the 22st Health Fair in Vinkovci in April; the Healthy Cities Day was celebrated on 20 May; courses of the 25th Motovun Summer School of Health Improvement were held in June and July in Istrian towns of Grožnjan, Motovun, and Poreč, the 20th (double) of the *Epoch of Health* was published, and the 23nd Network Business Meeting was held in October, hosted by the City of Crikvenica and Primorje-Gorani County.

The 22st Health Fair with international participation was held in Vinkovci, from 20 April to 22 April. It was held on various locations and in various facilities: in the 'Barun Trenk' sports hall in Hotel 'Slavonija' and at the Faculty of Agriculture and Secondary Vocational School of Vinkovci. The fair was held under the auspices of the Ministry of Health. It was organised by the town of Vinkovci, Vukovar-Srijem County and the Croatian Healthy Cities Network. Partners in this event were the following: Institute of Public Health of the Vukovar-Srijem County; Vinkovci Health Centre; General County Hospital of Vinkovci; Croatian Institute of Emergency Medicine; 'Zeus' Polyclinic from Vinkovci; Hungarian ethnic minority of Vinkovci; Croatian Public Health Association of the Association of Medical Doctors; Health and Recreation Center 'Zara' Vinkovci; Boso d.o.o. vinkovci; Croatian Chamber of Commerce; Vukovar County Chamber; City of Zagreb; Town of Poreč; Croatian Chamber of Architects; DAGIT Vinkovci; Croatian Journalists' Association; Bronte Natural Health Clinic from Oakville Ontario, Canada; General Consulate of Hungary in Osijek; Embassy of the Russian Federation in the Republic of Croatia, City of Kuressaare, Estonia.

The fair was traditionally organised in two parts: as a fair and as an educational/professional part. In the fair part, which proved to be the most interesting one for visitors, there were over one hundred participants.

The central topic of the 22nd Health Fair was ‘The Missing Link - Media Strategies and Communication for Health’ which aimed at connecting all the key participants on all levels in the fields of communication, media, health, social welfare, science and education, employment, sports and recreation, non-governmental sector, administration, technical professions including urbanists and architects (with adaptation of space). The central topic was the backbone of the professional, educational, workshop and exhibition-sales part of the 22nd Health Fair. Two forums, five symposiums, lectures and courses addressing lifelong learning were held in the educational part. They were intended for ten professions: medical doctors, pharmacists, physiotherapists, nurses, pedagogues, psychologists, social workers, veterinarians, forestry and construction engineers. Thirteen panel discussions were held, along with seventeen fun and useful workshops, such as: 'Babies like yummy food'; workshops of free haircut organised by Vocational School of Vinkovci; workshop of free minor sewing services organised by Vocational School of Vinkovci; Science Festival - discoveries at the Ruđer Bošković Technical School of Vinkovci; Sustainable waste management - Waste separation and composting workshop, Public Communications; a number of sports activities and the 13th Golden Apple – cooking competition.

As part of the fair programme, the Croatian umbrella with motifs of Croatian heritage – ‘Vinkovački Orion’ (the oldest Indo-European calendar) was presented, and the exhibition ‘Russian Emigrants in the Context of the Development of Croatian Science and Culture’ was presented under the auspices of the Russian Federation Embassy in Zagreb.

The section Media and Health showed the experiences of the Croatian Healthy Cities Network and Counties and the experience of journalists and media professionals working with Healthy Cities and Counties, which resulted in a significant number of tips in the context of enhancing media visibility, enhancing the visual identity and approaches in a two-way communication, obtaining feedback from journalists on previous activities and visibility of CHCN activities and guidelines on using the media in communication with target groups. In the introductory part, journalist Duško Popović, showed the historical development of the CHCN’s *Epoch of Health* magazine. Karla Mušković, coordinator of the Healthy City of Rijeka project, presented current examples of good practices related to the promotion of physical activity in the City of Rijeka. She highlighted activities in the community such as the long-standing ‘Homo si teč’, which promotes physical activity for people of many different age groups and which includes a large number of people. Psychology prof. Nataša Basanić Čuš, director of the Healthy City of Poreč, presented the experiences of the Poreč’s Health City project in communication with the media and she stressed that there was a long-standing positive communication that resulted in a significant number of press and electronic media releases. Affirmative approaches to communication and quality preparation of media statements are prerequisites for good cooperation with the media, which (on the other hand) contributes to strategic planning and orientation of local policies. Architect, Mr. Mandica Sanković of the Healthy City of Vinkovci project, presented the components of the Health Fair visibility and the possibilities of improving the visibility through linking health and non-health professions and through the creation of prerequisites for the preservation of health. Biljana Pavlović, director of the television program at the Vinkovci TV station, encouraged the participants to discuss the presented project models and to ensure their visibility. Journalists and media experts commented on the work models of the Healthy City representatives. For the purpose of achieving the goals, Branimir Bradarić, ‘Večernji list’, presented his experience as an example of a journalist's approach to the project’s visibility and stressed that he thought that many people had heard about the term ‘healthy cities’ but that they were not aware of the

content itself and of the wider activities that this term encompassed, which is somewhat a consequence of journalistic selectionism in the approach of creating current news for the public. He concluded that it was first and foremost necessary to work on informing journalists working in the field of health care so that they could be main actors in spreading information to the public. Nefreteta Zekić Eberhard of the Croatian Medical Journalists' Congress, journalist for 'Glas Slavonije', presented her experiences and example of a journalist's approach to project visibility and emphasized that the strategy whose goals were directed at one project or concept was the best in the context of creating visibility in the broad market, and, accordingly, the Fair should find the core around which the whole event could be created. Silva Capurso, a journalist at HRT Radio Dubrovnik, presented the visibility of the Dubrovnik Healthy City project and stressed that there is still a question as to whether the visibility of this project has achieved its full potential, although there has been a significant improvement in visibility, particularly through the example of the early intervention program in the area of the City of Dubrovnik. She stressed the need for improvement and additional education of city employees participating in the project implementation, with the emphasis on decision-making at the city level. In the discussion, it was concluded that there are long-standing positive experiences, but that there is also a significant space for improving the communication between Healthy Cities and journalists, with the need to define a clear strategy for the further development of cooperation and mutual communication.

The round table 'Health and Health Issues' with the topic of 'Should the Media Discuss Everything?' was led by a journalist Željko Draženović of the Croatian Journalists' Association. He pointed out the most important issues related to ethical dilemmas in journalism focused on the health sector. He pointed out that health care users are increasingly actively involved in the health care system through the media and that they affect the choice of health care measures provided by the system. But, sometimes, they react in accordance with incompletely formed opinions and they do not respect the recommendations of the health professionals. In the introductory part of the round table, Tamara Marinković, Croatian Journalists' Association, President of the Assembly of Public Health and Medical Journalists of the Croatian Journalists' Association, journalist for 'Hina', stressed that there are long-standing discussions about improving the communication of journalists (and the media) on the one hand, and the health system on the other, while still sustaining the objections of both parties - sensationalism in the media and the noncompliance of employees in the health care system (providing information in due time). She pointed out that there are fewer journalists who deal with specialized systems, including health care, and she also emphasized the importance of fast and accurate information. Representatives of journalists, patients, doctors, nurses and technicians, as well as other health care professionals, participated in the round table. Some of the participants were: Biljana Pavlović, TV station Vinkovci, Jasenka Vrdoljak, Croatian Radio Vukovar, Miroslav Flego, 'Glas Slavonije' ('The Voice of Slavonija), Senka Nedeljkovic, Radio Dunav, Gabrijel Šokičić, President of the Commission for the Protection of Patients' Rights of the Vukovar-Srijem County and Vesna Bosanac, MD, head of the General County Hospital of Vukovar. It was concluded that in the process of improving the communication of journalists, media professionals and health care representatives, it was important to respect the dignity of all professions and to continuously engage in the fulfilment of these prerequisites and the credibility of individual participants, because, otherwise, the lack of a clear communication strategy is highlighted when there is a need for truthful, fast and open communication. The participants of the round table concluded that it was necessary to clarify the perception of the role of media in promoting health, as well as the role of health care in the focus of media activity and their impact on the public.

Đurđica Mađar and Marko Mađar spoke about communication with the surroundings from the perspective of people with disabilities. Through his personal video, Marko Mađar presented his life as a young person with disability and he stressed which kinds of support he has in his family and in the surroundings. He emphasized that communication with people with disabilities and gained life experience were the main factors which influence the development of their self-esteem and the equalization of possibilities for young people with disabilities. Ivan Čavar, President of the Association of the Blind of the Vukovar-Srijem County showed the work of the Association through his presentation 'We can do it just as well as you', and, from the examples of everyday practice, he pointed out the importance of various forms of support, among which he highlighted the importance of a non-blind partner. He also pointed out the activities of the Association, especially those related to social inclusion and the development and expansion of the social services network. Jadranka Čulo and Martina Pekić from the Association of the Deaf and Hard of Hearing of Vukovar-Srijem County and the City of Vinkovci spoke about the promotion of the quality of life of the hearing impaired. Through their presentation, they pointed to the everyday problems that deaf and hard of hearing people are faced with in communicating with people without hearing impairment. They also emphasized the existence of different systems and possibilities of customized communication with deaf and hard of hearing people. In the debate, it was concluded that the promotion of the quality life of people with disabilities was one of the components of CHCN's actions and that overcoming the communication barriers was a necessary prerequisite for the equalization of opportunities for people with disabilities.

Still well-coordinated and guided by our 'first urbanist' and coordinator of the Healthy City of Vinkovci project, architect Mandice Sanković, the 22nd Health Fair attracted a large number of participants and visitors.

The two-day exchange of experiences of journalists, communication and media professionals with representatives of local communities and different professions was well accepted. By persistent cooperation and the design of a systematic media approach, it will lead to the strengthening of the capacity of all involved and to the better transmission of health messages within the community.

On 20 May each year, the **Healthy Cities Day** is being marked and it has been happening so since 2003. It is an opportunity for the city and county authorities to show activities that are being implemented in order to improve the health of their citizens. In addition to the traditional measuring of blood pressure and blood glucose measurements, a variety of recreational activities for all generations and a recreational-entertaining program are organized for the citizens. At the stands, people can get advice and educational materials, while specialists and volunteers will inform the interested citizens about the ways of prevention, treatment options and the work of their associations.

The 25th Motovun Summer School for the Promotion of Health was held from 27 June to 7 July 2018, on the already traditional Istrian locations - in Grožnjan, Poreč and Motovun. Along with the already established program, this year the Motovun Summer School also had a central event of marking the 25th anniversary of its existence.

On 27 June 2018, the **Healthy Urban Planning** course was held in Poreč, on the topic of 'The Impact of Living Space on the Health' lead by Nataša Basanić Čuš, coordinator of the Healthy City of Poreč, and Mandica Sanković, coordinator of the Healthy City of Vinkovci. Experts, lecturers of various profiles, demonstrated and proved that living space and health are truly connected and they also demonstrated how much each community is responsible for the

strengthening of the factors which have a protective influence on the health. Equally, the representatives of the technical professions have a direct responsibility for the indoor and outdoor landscaping. Ms. Gordana Lalić, engineer from the Poreč company 'Parentium' presented 'Poreč – the City of Green Present and Future' through strategic documents of the City of Poreč such as the CO2 reduction Action plan, as well as through numerous measures that Poreč conducts through sustainable development and health (solar benches, Poreč without the asbestos, the Green EE Library, the Green Office, the electric vehicle charging stations, the increase of the energy efficiency of public buildings, family houses, kindergartens and many others).

A great interest was shown for the presentation of the PROsystem – a capillary moisture solution system in family and public places, presented by Ms. Ivana Čalić Kovačević. Capillary moisture in facilities where people occasionally stay or live causes a negative impact on health and results in more frequent and severe respiratory obstructions. In the future, the system could remove capillary moisture in buildings of public and wider social interest (residential buildings, schools, etc.), as well as in private facilities. Furthermore, the exhibitors showed that up to 50% of housing is affected by capillary moisture.

Conditions for better health in a living environment include everything that enables healthy living choices (green zones, non-allergic plants planted in urban public spaces, promenades, cycling trails, outdoor fitness, beach accessibility, buildings of public interest, sports facilities, traffic safety, etc.). Equally, healthy living in some cities is marked by thinking and reflecting on the community sustainable development plans and strategic documents in the city that value and advocate HEALTH as a foundation for the community development through the reduction of CO2 emissions in urban areas, preparation for the upcoming climate change and the reduction of health risks through the comprehensive care of animals in urban areas and their coexistence with people. Also, it is important to pay attention to the quality of construction and to interventions in public areas which follow universal design and allow for accessibility for all community members.

On 28 June, with the **meeting of the towns and counties** of CHCN members at the 'Kaštel' Hotel in Motovun, **30 years of the Healthy City project** in the Republic of Croatia were marked and the **jubilee 25th Motovun Summer School** was held. A special program rich in recollections, as well as reflections on the future, which connected both important jubilees, was prepared by the Istria County and Primorje-Gorski County, in cooperation with the Network. On 29 June, the 25th anniversary of the Healthy City Poreč project was celebrated in Poreč.

From 29 June to 1 July, Grožnjan held a symposium on **Media and Health** entitled 'Health System and Health Risks'. The directors were docent Tea Vukušić Rukavina, D.Sc. (Faculty of Medicine, University of Zagreb), assistant professor Ognjen Brborović, D.Sc. ('Diffraction' association) and Tamara Marinković Margetić (President of the Assembly of Public Health and Medical Journalists of the Croatian Journalists' Association.). It was organized by the Croatian Journalists' Association (CJA) - the CJA's Assembly of Public Health and Medical Journalists, the Faculty of Medicine of the University of Zagreb and the 'Diffraction' association with the support of the symposium partners, the Croatian Network of Healthy Cities, the Croatian Music Youth and the Grožnjan Municipality. The meeting was devoted to the current health-political challenges and health risks. They discussed about the constantly present problem of cost planning with the aim of stabilizing the health system, and new legal regulations were presented with the challenges and opportunities that they bring. In the part of the program devoted to health risks, they discussed about four leading risk factors,

nutritional habits and the health-ecological aspect of the water that we drink, physical inactivity and obesity, excessive alcohol consumption and smoking prevention through harm reduction approach. Within the Healthy Communication program, the emphasis was on the need to establish partnerships with patients and to present new communication technologies and social networks. Also, they emphasized the need to show how new technologies can be used in the promotion of health and health care institutions.

From 4 July to 7 July 2018, **Symposium on Health Systems and Health Policy** was held in Motovun. The central topic of the symposium was the evaluation and decision-making in health care. The program covered the following topics: master data quality/automatic data collection, information and scientific knowledge, economic evaluation in health care and public policy, and decision-making in health care.

The **23rd Business Meeting of the Croatian Healthy Cities Network** was held in Crikvenica from 25 October to 27 October 2018.

The meeting brought together seventy representatives from seven healthy cities (Crikvenica, Zagreb, Rijeka, Poreč, Vinkovci, Opatija, Split) and three healthy counties (Primorje-Gorski, Istria, Krapina-Zagorje), the members of their health care and social welfare teams and the relevant ministries. The **central topic** of the 23rd Autumn Business Meeting of the Croatian Healthy Cities Network was **the Implementation of the strategy for the investment in early child development - connecting the health care and social welfare systems**.

The 23rd Business Meeting of the Croatian Healthy Cities Network started with a field visit to two models of good practice in the host City of Crikvenica. Participants have first visited the Centar for Providing Community Service 'Source', whose director, Mr. Nikica Sečen, is also the coordinator of the Healthy City of Crikvenica project. Mr. Sečen and his team presented the Center's activities - provision of social services to children and young adults without parents and without adequate parental care, and to biological, adoptive and foster families. The success of this Center is in its transformation from a stationary institution (ever since it was founded in 1918), into an institution which provides community services, which is in line with scientific and professional knowledge in the area of social welfare. Through a half-day stay, a service of organized housing, and, inevitably, counselling and helping children, young people and biological, adoptive and foster families, they have managed to achieve that no child be separated from their families in Selce, Crikvenica, Novi Vinodolski and surrounding municipalities in the past few years. Apart from children, young people and families, they also help the elderly through the service of helping in the house (primarily food delivery).

The participants then visited **Terme Selce**, the first private polyclinic for physical medicine and rehabilitation in Croatia. In a pleasant atmosphere, chief of medicine Vlasta Božičević, MD, presented the work of the polyclinic, whose team of experts is implementing health programs for special target groups of patients and clients. She also highlighted the contact points between Terme Selce and Croatian Healthy Cities Network, pointing out that they share a collective vision of improving the life quality of all citizens, which is a prerequisite for improving personal health. As key vulnerable groups, she highlighted children and young people, the elderly and people with disabilities, and she invited the Croatian Healthy Cities Network to achieve cooperation in the area of health of the locomotor system and prevention of obesity in children.

The opening ceremony and the majority of the Business Meeting program was held in 'Old School' in Crikvenica. The guests were greeted by Mr. Petar Mamula, deputy prefect of the

Primorje-Gorski County, Ms. Silvija Crnić, deputy mayor of the City of Crikvenica and Selma Šogorić, D.Sc., President of the Croatian Healthy Cities Network. As this year marks the 30th anniversary of the Healthy Cities project in the Republic of Croatia, prof. Šogorić, in her introductory addressing, presented thirty years of creation of the cities appropriate for all citizens. The Network has always dealt with significant and complicated problems that require complex solutions, for which the governing structure, unfortunately, did not always offer a helping hand. Thus, the proposals of the Network (our developed and piloted interventions) were differently accepted by the ministries. At the end of the presentation, prof. Šogorić highlighted the great contribution of the Primorje-Gorani County's health team to the Network, as it was one of the most motivated counties with visible and concrete success.

During the panel, the City of Crikvenica and Primorje-Gorani County presented a model of good practice. Mr. Sečen, who, along with prof. Đuli Malatestinić, D.Sc., from the Faculty of Medicine of the University of Rijeka, moderated the panel, initially reminded the guests that every political decision is relevant for the health of citizens, and he said that healthy cities give voices to people.

'The Healthy Activities of the City of Crikvenica' were presented by Ms. Jasminka Citkovic, head of the Department of Social Affairs and Local Self-Government of the City of Crikvenica. She outlined activities related to the four priorities that emerged from the City of Crikvenica's Health image: strengthening the capacity for early and effective mental health protection of families, children and young people, improving conditions for keeping young people in the city, promoting the importance of healthy diet and recreation in healthy environment, and enhancing care for the elderly in the community. Along with her, chief of medicine Brozičević, MD, once again presented Terme Selce for those who had missed the morning visit.

From the good models of this county, prof. Malatestinić presented a model for tracking early child development through the **'Register of a Child at Risk'**. Early diagnosis and detection of children with developing disabilities is one of the public health priorities of the Primorje-Gorani County for the period between 2015 and 2018. The Registry now covers the area of three counties (Primorje-Gorski, Istria and Lika-Senj), and its goals are early detection of children with developmental problems and early rehabilitation, improvement of preventive measures with the goal of preventing the handicap, and providing assistance to the child and its family. In addition to the Register, from December 2017, a new medical clinic was organized at the Paediatric clinic of 'Rijeka' Clinical Hospital Centre for early admission of high-neurorisk newborns/infants discharge from the Intensive care unit of Rijeka's maternity ward where children are included in further monitoring within two weeks of discharge. The Registry and the medical clinic have provided visible results in early detection and early treatment of children with developing disabilities through an interdisciplinary approach to diagnosis and therapy. The interdisciplinary approach is visible from the composition of the team which consists of a neuro paediatrician (the leader of the team), neonatologist, physician, physiotherapist, work therapist, audiologist, speech therapist, ophthalmologist, psychologist, social pedagogue and, no less important, parents.

Iva Josipović, M.Sc., presented the **expansion of the county Healthy Cities Network** by interlinking new cities. Today, in addition to Rijeka, Opatija and Crikvenica, the towns of Krk and Mali Lošinj are also included in the Network, and further plans are being made to include the town of Delnice. The expansion of the county Network is the result of activities and persistence of the County health team which, after establishing contacts with the mayor, helps

the newly formed Initiative Board in the activities that precede the creation of a Healthy City Plan (surveying citizens, making Healthy City profile, forming focus groups).

Finally, Darko Roviš, D.Sc., presented a **model of mental health screening of children and youth**, which is a part of the Department for Promotion and Mental Health Protection of the Primorje-Gorani County's Public Health Institute. As a reason for the establishment of such screening, he presented data on the growing number of mental disorders and poor mental health in the last twenty years, according to which 20% of adolescents experience some mental health problems and only 15-30% of those who need help actually do get it. The implementation of this screening has been made possible by the County Public Health Institute through mental health services, school medicine and the City Department of Health and the City Department for Education. The questionnaire on the SDQ's strengths and difficulties which students fulfil themselves shows which children are exposed to the risk of poor mental health and they are then referred to the County Public Health Counselling Centre where they are taken care of individually (based on the specific needs of children and families). The most common reasons for coming to the Counselling Centre in 2011/2012 and 2013/2014 were behavioural problems, learning and schoolwork, bullying and social anxiety.

After lunch, a workshop was held as part of the project '**Investing in Early Child Development**', whose aim was to analyse the implementation capacity of the health care and social care sectors and the possibility of their networking. Prof. Šogorić gave the introductory lecture on the importance of investing in early child development and on the past achievements within the project. Then the participants were divided into five small multidisciplinary groups, in which they responded to the questions previously posed related to the organization of social welfare, experiences, challenges and opportunities for the cooperation between the social welfare and health care systems in terms of early child development and the feasibility of proposed interventions in the area of early development. The heads of the working groups were: Ms. Nataša Basanić Čuš, Ms. Sonja Grozić-Živolić, Ms. Iva Sorta-Bilajac Turina, Ms. Jasna Tucak and Ms. Dorja Vočanec. Conclusions of each group were presented and discussed in plenary in the closing part of the Business Meeting.

The first question was about the organization of the social welfare service. It is described in the Social Welfare Act. From the law: Social welfare activities are performed by: social welfare institutions, associations, religious communities, other legal entities and craftsmen, natural persons as their professional activity and foster families. Social care institutes are: the Centre for Social Welfare, a social welfare home, a Community Service Centre and a home help centre. The Centre for Social Welfare is established by the Republic of Croatia following the decision of the Ministry. The Centre for Social Welfare is established in the area of one or more municipalities or towns within the same county. The Centre for Social Welfare may have one or more affiliates. The social welfare home is founded by the Republic of Croatia following the decision of the Ministry. Units of local and regional self-government, a religious community, a trade association, associations and other domestic and foreign legal or natural persons may establish a social welfare home. The social welfare home may have one or more affiliates. The Centre for Community Service Provision is a public institution established to provide support to users and providers outside of institutional forms of accommodation, provision of residential services, psychosocial support services, home help services, inclusion assistance services in education and training (integration) and services of organized housing, and exceptionally, accommodation services. The Centre Community Service Provision is established by the Republic of Croatia following the decision of the Ministry. Units of local and regional self-government, a religious community, a trade association, associations and other domestic and foreign legal or natural persons may establish

a Centre for Community Service Provision. The home help centre is a social welfare institution which is established with the purpose of providing all or some home help services. The home help centre can be established by local and regional self-government units, a religious community, a trade association, associations and other domestic and foreign legal and natural persons. As a professional activity, natural persons can provide accommodation services or stay in a family home, they can offer counselling in the counselling centre and home help services.

Proposal for the future: it is necessary to list social welfare institutions, associations, religious communities, other legal persons and tradesmen, natural persons performing social welfare activities according to their place of work; number of foster families in geographic areas; duties and authorisations of the above mentioned which relate to the early development (including those which are family-related).

The other question tried to establish which types of social welfare exist and where the information on social services at the state and individual county/city level can be found. Measures in the area of social welfare can be found in the Social Welfare Act. Information on additional social services (over standardized ones) of individual cities and counties can be found on their website or we can be informed about them in the Centre for Social Welfare. However, the information on the mentioned websites is not in one place, instead, one need to navigate a lot on the website in order to find it. The instructions on social rights and services are often written in a complicated way and are thus unintelligible to the (potential) users.

At this point, the City of Rijeka is planning to create one part of the website where all related information would be located, with the aim of facilitating the process of informing users.

Proposal for the future: It is necessary to list the services related to the care of families and children, and their providers, by geographical distribution/availability.

The third question sought to identify the procedures for obtaining social welfare and the biggest challenges/difficulties in the actualization of social welfare. Citizens can apply for social welfare at the Centre for Social Welfare themselves. The Centre for Social Welfare can initiate the process by examining the situation. The Center for Social Welfare starts the process of examination once the medical and educational workers or police officers make the call, however, the Center for Social Welfare is often contacted by neighbours or members of the extended family. The Center also receives some anonymous calls. The duration of the process for obtaining social welfare is around 2 months (one month in emergency cases). Criteria for being eligible for social welfare are 'strict', i.e. all demands must be fully met and there is no discretion. There is a large fluctuation of labour force from all parts of the Republic of Croatia. Social workers stay for a short period of time and they do not know the terrain or the specifics of the local population. Due to too many responsibilities (approximately 170), social workers are overwhelmed with work. Citizens are unaware of their rights and means of claiming them. Furthermore, they are unaware of the available services. The system is money-oriented, instead of being oriented on the complete solution of problems of families in need.

The fourth question explored which IT equipment is being used by the social care system for entering and managing information (networking possibilities and the question of whether IT support is available for the work that one does). The software system in centres for social welfare supports networking, but the real level of user information exchange is low. Networking with other sectors is not enabled.

The fifth question was broadly set. Do you communicate with health care workers? Which ones? In what way? In which situations? What are the biggest challenges/difficulties in achieving communication with health professionals? Which other services are you communicating/working with? In which situations? In general, the cooperation with services is mostly accomplished 'when it is too late', i.e. when an unwanted event occurs. There is no cooperation aimed at prevention. The cooperation protocol is clearly defined only in the case of abuse. What was also noticed was health care workers' hesitation in reporting cases due to 'complications' (giving statements, continuing to work with the 'reported' family, etc.). Furthermore, it is not always easy to get information about a user's chosen primary health care practitioner or community nurse, and vice versa. Meetings/cooperation with various services stand as declarative in the description of activities, but they are not included in the work program and there is no stipulated time or place for them. The communication takes place in free time through personal encounters with associates of other institutions (informal acquaintances). There is a problem of exchange of confidential information among different departments, general lack of knowledge about which information, between whom and in which way, can be exchanged (the communication is downgraded by the GDPR). Since the cooperation is not systematic (but informal), it is easier to achieve it in smaller milieus (people know each other), but there are also reverse cases in which the cooperation with individual employees is being avoided due to previous bad experiences. In some places, the cooperation with associations providing certain services in the area of social welfare has been established. Examples of good cooperation between the Community Service Centre and the Centre for Social Welfare can be found in the Health Centre Zagreb - West and Krapina-Zagorje County. Health Centre Zagreb - West has an internal protocol for the coordination with the Centre for Social Welfare according to which the Centre for Social Welfare sends a request to the Health Centre regarding the evaluation of care of a newborn/child in a family that receives social welfare. Their collaboration also functions the other way around when the Community Service Centre sends a request to the Centre for Social Welfare asking them to look into a particular situation. The requests are sent by post and contain parts of the community nurses' documentation, i.e. documentation of the social worker. The Community Service takes into account wishes of the family/mother regarding which information to share with the social worker. If necessary, community nurses and a social worker enter the house together. The meetings of the Community Service Centre and the Centre for Social Welfare are held twice a year, and for users in long-term care they are held only when needed. The social worker of the Vinogradska Hospital (maternity ward) also contacts the Community Service in more serious social cases (e.g. in cases where the mother is an addict), whereby the maternity ward receives the official feedback, as well. In the Krapina-Zagorje County, the meetings between the Community Service and the Centre for Social Welfare are held on a weekly basis. During the meetings, social workers inform community nurses about available social services. Also, there is communication between the maternity ward and the Centre for Social Welfare where nurses from the maternity ward, based on their own estimate before they release the mothers and newborns, contact the Centre for Social Welfare and ask to see the information about social circumstances of the family.

The sixth question - How do families react to you and your visit? What are the challenges/difficulties that you face during those visits? - was not answered because there were no social workers participating in the workshop, whose one of many duties is to pay a visit to the families.

The final question was related to their assessment of the feasibility of the intervention and the necessary preconditions for its realization:

- a) relating to education;
- b) organization;
- c) resources.

The greatest challenges mentioned were the lack of systematic classification and of cooperation protocol between health and social welfare system, non-coordination in providing care of all sorts and overload of social workers and health care workers with a large number of responsibilities. They also noticed the need for the development of risk assessment tools in families of mothers-to-be. There is a need for an information system that would enable the exchange of user's information, while respecting regulations and laws regarding data protection. For years, CSS teams did not have the means to continuously empower competencies such as educational workshops. Furthermore, there is a lack of constant supervisors (even though they work with users who can be extremely vulnerable and hard to deal with). There is also a need for better use of the existing community resources such as local counselling centres (places of psychological support) and new Community Service Centres. Along with the existing social welfare system, they can offer a whole range of services that would provide the opportunity of achieving a higher standard in the community, and they can also be a point of information and a place of support for all community groups. They also mentioned better inclusion of social workers in hospitals (maternity wards) who can send information to Community Service when they notice difficulties or detect a bad socio-economic situation of the mother while still in the hospital.

At the end of the workshop, a part of the participants went to see the exhibition 'One hundred times better 1918 – 2018', which was opened at the Museum of the City of Crikvenica at 19 o'clock on the occasion of the 100th anniversary of the 'Source' Center Selce.

Saturday's program of the Business Meeting was reserved for the CHCN's Reporting Assembly of 2018. Prior to the beginning of the report about Network's activities for the current year, prof. Šogorić asked the attendees to comment on the Proposal of the CHCN's Presidency Program in the period 2018-2022, which had been given to the members of the Network in electronic form before the meeting. As no comments or updates were made, the participants agreed that this document represents the Network's Program in the given period.

In order to establish the needs of Network's members as detailed as possible and incorporate them into the Annual Network Programs, Mrs. Sonja Grozić-Živolić, member of the Presidency, and Ms. Nataša Basanić Čuš, the newly appointed National coordinator, developed a questionnaire that was given to the participants upon their arrival to the Business Meeting in Crikvenica, asking them to fill it in and to return it to Mrs. Grozić-Živolić during the first day of the meeting. The questionnaire collected information from the present cities and counties. The questionnaires will be sent in electronic form to other members who had been prevented from attending,

Prof. Šogorić reported on all the Network's activities held in 2018. From 20 April 22 April 2018, the 22nd Health Fair in Vinkovci was held. The central topic of the Fair was 'The Missing Link - Media Strategy and Communication for Health'. In April 2018, a thematic, public health issue of the journal 'Acta Medica Croatica' - 'Health and Health Care System-Challenges and Opportunities' was published, featuring a part on the achievements of the Network and its members over the last decade. The central celebration of the 30th anniversary of the project 'Healthy City' in the Republic of Croatia was held on 22 May 2018 at the School of Public Health 'Andrija Štampar', Faculty of Medicine of the University of Zagreb.

At the end of June and in early July, the Motovun Summer School for the Promotion of Health was held and, along with the usual program, this year it had a central event marking the 25th anniversary of its existence. During 2018, most of the activities were related to the Project ‘Determining Barriers in the Implementation of Investment Strategy for Early Child Development - Analysis of Capacity for Implementation and Partner Networking’, which is also a continuation of working on the development of the investment strategy for early child development through intersectoral cooperation. After drafting the initial documents (overview of the current status and policy documents), consultations with partners in primary health care have continued. Workshops were held with community nurses, primary paediatricians and nurses, primary gynaecologists and nurses, and primary physicians and nurses. A proposal of the implementation of strategies in the City of Zagreb (pilot program) was drafted and the first education of primary paediatricians and community nurses on the use of the International Guide for Monitoring Child Development – GMCD was conducted.

Preliminary results of the survey conducted during the Autumn Business Meeting were presented at the assembly. When all members' surveys are collected, their detailed analysis will be conducted by Mrs. Sonja Grozic-Živolić and Mrs. Nataša Basanić Čuš with the help of Dorja Vočanec M.D. The aim of the survey is to collect opinions, suggestions and comments from members of the Network through questions, so that the work of the Network's Presidency in the forthcoming period is more focused on members' needs and interests.

Regarding the development of the Network's media strategy and the development of health-promoting skills, Vočanec M.D. presented the way in which Network's Facebook and Twitter accounts can be created and she showed what should be published there in order to increase the visibility of the Network and its members.

The date of the 23rd Health Fair in Vinkovci, April 12-14, 2019, and the approximate topic: ‘Platform for Investing in Early Child Development - Section of the Preschool Education’ were also defined, which will, at the same time, be the continuation of the analysis of the third sector's implementation capacity within the Investments in Early Child Development project. It was agreed that during the next three weeks the first call for the Health Fair would be sent.

The 23rd autumn business meeting ended with the round table ‘**The Platform for Investing in Early Child Development and the ‘Section’ of the Implementation Through Various Sector Groups**’, during which the participants once again addressed the conclusions of the workshop held on Friday, highlighting, in the first place, problems of the lack of information about services in the area of social care (and the need to list and consolidate information on the existing opportunities in one place - the creation of the Register), the need for the coordination of work among sectors and for a better flow of information in order to improve mutual cooperation in the provision of services in the area of early development (protocol development); development of instruments and defining standards in risk assessment, as well as the continuous development and empowerment of professional staff involved in early child development (and families). In particular, it was emphasised that the attention regarding the planning of interventions, in both sectors, should be focused on the development of children at the highest risk (those who are placed in an orphanage or a group home from the day they are born).

In December, the 20th double edition of the *Epoch of Health* named “People, programs, events which marked ‘our first’ 30 Years” was released.

c) Other Network activities

In April 2018, a **thematic, public health issue of the journal ‘Acta Medica Croatica’ ‘Health and Health Care System - Challenges and Opportunities’** was published, where a part of the achievements of the Network and of its members over the last decade was shown.

The central celebration of the 30th anniversary of the project ‘Healthy City’ in the Republic of Croatia was held on 22 May 2018 at the School of Public Health ‘Andrija Štampar’ of the Faculty of Medicine, University of Zagreb. At the ceremony, seventy participants of the cities and counties of the Croatian Healthy Cities Network and their associates from the relevant ministries, national institutions and non-governmental organizations gathered.

At the opening of the meeting, the guests were greeted by prof. Mirjana Kujundžić Tiljak, D.Sc., head of the School of Public Health ‘Andrija Štampar’ of the Faculty of Medicine, University of Zagreb, Ružica Palić Kramarić M.D., assistant to the minister of health and chief of medicine and Željka Josipović – Jelić, assistant to the head of the City Office for Health. After the welcoming speeches, some of the experiences of healthy cities and counties in the Republic of Croatia were shown. During the introductory presentation, prof. Šogorić presented a thirty-year long journey of the creation of cities which would suit the needs of all citizens. Through its activities, the Network has, during all these years, wholeheartedly supported city and county administrations in creating the preconditions for the health of their inhabitants. By continuously improving the public health and management competences of our members through the Network, we introduce a new quality in local planning and management of health, thus enabling our citizens a better quality of environment, a healthier lifestyles and access to services adjusted to their needs. What makes the CHCN unique is the approach to health in the community and health planning which goes from citizens themselves and the local communities towards the national level. CHCN advocates for the right to diversity of local communities – by recognizing needs and available resources, it respects the local specifics in the health planning process and it believes that there are no universal solutions (equal for all). Through the implementation of applied research, we have helped cities and counties to identify the needs of the most vulnerable population groups (rural, old, early drinking problems in youth, single-parent families, equalization of opportunities for people with disabilities, designing the investment strategy for early child development) and developing and implementing specific interventions which would be a response to the recognized needs. An example of the ‘cooperation among politics, administration and profession on the example of the improvement of life quality in single-parent families in the Town of Poreč’ was presented by Ms. Nataša Basanić Čuš. She stressed that the consensus of community, politics and profession ensures the recognition of vulnerabilities, equalization of opportunities and reduction of inequalities in health by introducing local standards of health. Mrs. Roberta Katačić from the Istria County presented an example of ‘cooperation of profession, politics and administration on the project of complete prevention of cardiovascular diseases (Love Your Heart)’. The project provided an opportunity for the networking of county health institutions and staff within the institutions and for carrying out interventions (development of services above the standard) through the health system. Mrs. Mandica Sanković from Vinkovci clarified the importance of networking between the management and profession on the example of the development of healthy urban environment. The quality of the urban environment has an effect on lifestyles, social connectivity, accessibility, security in buildings and traffic, quality of housing and aesthetics, and it enables local food production. Instructing urbanists to take into account users’ health and needs, and to actively involve the community in the process of documentation making, significantly contributes to the creation

of a healthy city. Mrs. Jasna Tucak presented the City Gardens of Zagreb. With the development of this project, citizens of Zagreb were able to obtain their own land for the production of food, which also increased the availability of fresh vegetables and fruits. Through spending time in nature, the physical activity of the citizens was improved, free recreation was enabled and sedentary illnesses were prevented. Through socializing, mental health and good neighbourly relations are being promoted and the alienation is being prevented. The education in gardening stimulated the organic food production and preservation of old and rare species and varieties of vegetables and flowers, and rose awareness of the need for environmental preservation. Through the development of partnerships with citizens, green oases and a more humane and beautiful city environment have been created, which contribute to the content and quality of life in the city. Mr. Jadran Mandekić from the City of Rijeka presented the cooperation of politics, administration and profession on the example of the development and implementation of the Healthy aging policy of the City of Rijeka - from social protection to poverty, through the work of clubs for retired people, designed physical activities for the elderly, the development of creative workshops and the establishment of the University for the elderly. Mr. Miho Katičić from the city of Dubrovnik presented an example of cooperation among politics, administration, institutions and civil society on the example of the development and implementation of a strategy for equalizing opportunities for people with disabilities. Through partnership, the changes have been introduced locally to the system of education and employment, to the development of social services and to the insurance of accessibility and transportation for people with disabilities.

Citing the words of the esteemed and dearly missed President of the CHCN, prof. Slobodan Lang, prof. Šogorić explained the essence of our work: “We advocate ‘a policy of good’ to counteract greed and narrow-mindedness. Thanks to Štampar's legacy, for ninety years we have been supporting the development of a health policy through ideas, research, networking, education... Faced with the challenges of the time we live in, we lead the action. We have done a lot and gained a great experience. We were, we are, and we will be strong. We are not afraid of the future. We are happy to accept new challenges. By helping people in need, we will acquire new knowledge and become better people.”

With the phrase ‘We change cities in order to change the world’, which sets out the goals of the European Movement for Healthy Cities for the next twelve years, prof. Šogorić concluded the introductory presentations. After that, there was a social gathering with refreshments.

The project **‘Identifying Barriers In the Implementation of Investment Strategies for Early Child Development - Analysis of the Capacity for the Implementation and Partner Networking’** is a continuation of work on the development of the investment strategy for early child development through intersectoral cooperation. After drafting the principal documents (an overview of the current status and the policy document), consultations with partners in primary health care have continued. Prerequisites for the successful implementation of the Strategy are: a) forming a ‘common framework’ for the implementation, and b) defining the ‘stages’ of implementation within each of the involved professions and system levels.

During the year 2018, workshops and meetings with primary health care workers were held: community nurses, nurses specialized in primary health care, primary paediatricians, gynaecologists and primary physicians. With their assistance, an analysis of the capacity for the implementation (within the Health centre) and networking were carried out, the possible

obstacles in the implementation were defined, and the implementation 'stages', as well as the way of their 'operationalization' (translation into action plan) were determined.

A draft of the Implementation Strategy (pilot program) in the City of Zagreb was made and the first education of primary paediatricians and community nurses on the use of the International Guide for Monitoring Child Development – GMCD was carried out, the implementation of which is supported by UNICEF and the World Health Organization. This is a new instrument for monitoring child development with the aim of early detection of developmental difficulties in children aged 0 to 42 months. GMCD isolates children with developmental difficulties in all areas. It is suitable for the early diagnosis of cognitive, speech, motor, communication and social-emotional developmental disorders, including autistic spectrum disorders. In addition to monitoring, this instrument also includes the stimulation of development and early intervention, and its application is intended for anyone caring for the health of children, from community nurses in home visits to doctors in clinics. The course was held on 15 and 16 October 2018 at the Grand lecture hall of the Children's Hospital in Zagreb and it was led by prof. Ilgi Ertem, D.Sc., author of the questionnaire. Through education, the attendees were trained to use and interpret this instrument which will enable them to continuously monitor and encourage the development of children, with a clear goal of early detection of developmental difficulties.

From September to December 2018, a thorough **review of the Croatian part of the CHCN's website was made.**

The **cooperation with national partners** has continued. These include: the Croatian Institute for Public Health, the Croatian Institute for Health Insurance, the Croatian Medical Association, the Public Health Society and **government authorities**, in particular the Ministry of Health of the Republic of Croatia and the Ministry of Demography, Family, Youth and Social Policy of the Republic of Croatia and the Ombudsman Office.

2. Local level

In the *City of Zagreb*, during the year 2018, professional assistance of the CHCN's Support Centre to the city's team of the Healthy City Zagreb project was continued. The Support Centre provided assistance in the implementation of the 6th phase of the project of the European Healthy Cities Network of the World Health Organization, through the provision of support to the work of the Project Coordination Office and the organization of intersectoral meetings of a broader health team.

In the *City of Rijeka*, alongside the (broader) team of the Healthy City of Rijeka, three workshops on the drafting of the Plan for health of the Healthy City Rijeka project were carried out.

3. International Level

The international cooperation of the CHCN was again continued mainly through the cooperation with the World Health Organization, the Office for Europe.

In February, a **Meeting of mayors** was held in **Copenhagen**, where Mr. Vojko Obersnel, mayor of the City of Rijeka, participated as the Network's representative. At the meeting, a document (*Copenhagen Consensus of Mayors: Healthier and Happier Cities for All*) was adopted. This document will direct the work of the Healthy Cities Network until the year

2030. The document covers six areas (6 P's: People, Place, Participation, Prosperity, Planet, Peace) within which work needs to be done so that cities are not only healthier but also happier. Full document is available at:

http://www.euro.who.int/_data/assets/pdf_file/0003/361434/consensus-eng.pdf?ua=1

Prof. Selma Šogorić, D.Sc., and Dorja Vočanec M.D. participated at the **Annual Meeting of the Coordinators of the National Healthy Cities Networks** held in Antalya, Turkey, from 25 to 27 April, 2018. The meeting brought together representatives of Austria, Cyprus, the Czech Republic, Finland, France, Germany, Greece, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Norway, Poland, Russia, Slovenia, Sweden, Turkey and the United Kingdom, as well as representatives of the WHO's Cooperation Centre for the Healthy Cities of the Baltic region and the WHO Regional Office for the Eastern Mediterranean and for Europe. The meeting was about adopting the Copenhagen consensus at the level of national networks and cities, and about the goals for the 7th phase which would cover areas from the consensus and the UN's Agenda for Sustainable Development by the year 2030. The 7th healthy cities phase is accentuated as transformative as opposed to business as usual'. The need for a stronger and better cooperation among national networks was also highlighted, which would include sharing of knowledge, exchange of experience, and support to the WHO in achieving such cooperation. Several different organizational models of the national networks (Turkey, Russia, the Czech Republic) and the achievements in network's operation (Finland, Ireland) were also presented. In the exchange of experiences, the topic of the early development was discussed - the first 1000 days of life and motherhood, where, with Israeli experience presented by Dr. Milka Donhcin, prof. Selma Šogorić, D.Sc., also presented the Croatian model of the early development policy. The other topic was the community mental health and it was presented by the Italian coordinator, Mr. Daniele Biagioni.

The World Health Organization's International Healthy Cities Network Conference

'Changing Cities in order to Change the World' was held in Belfast, UK, from 1 to 4 October 2018. The Belfast Conference marked the first thirty years of the Healthy Cities project. Among the five hundred participants there were also the Croatian representatives - members of the Presidency and delegations of healthy cities of Rijeka, Zagreb and Dubrovnik (Miho Katičić, Jasna Tucak, Mirela Šentija Knežević, Antonija Bobić, Andreja Ninić, Jadran Mandekić, Karla Mušković, Selma Šogorić, Dorja Vočanec). The conference opened with a business meeting of the participants at which the Belfast Charter was presented. It refers to the work in the 7th phase of the European Healthy Cities Network, which begins in 2019 and ends in 2024. The basis for the Charter's development is the political vision and framework agreed upon at the Mayor's consensus conference held in Copenhagen earlier this year. The Charter consists of a political statement which strongly advocates for the investment in cities and human capital, and expresses a commitment to work towards the strategic goals that had been set. During the business meeting, the election for the new Advisory Committee of the Healthy Cities was opened, which will, in the 7th phase, be composed of the cities' representatives and national networks. Representatives of national networks and city representatives also made some criticisms of the WHO's leadership regarding the poor communication between the national networks and the WHO (lack of reports from events and duly event notifications, primarily about webinars), poor involvement of the national/city coordinators in the organization of work (content wise) of the European Healthy Cities Network and the non-use of the Scientific and Advisory Board of the Network, for example when drafting the Belfast Charter and at this conference.

The three days of the working part of the Conference were filled with plenary lectures and round tables (topics: connection between the primary health care and healthy cities, achieving

peace through inclusion of all citizens, a transformative approach to environmental preservation and innovation related to the sustainable development and affordable nutrition). 47 parallel sessions were held with three presentations aimed at connecting participants from different countries who are dealing with similar topics, and also sharing experiences and presenting the models of good practice. Croatian good practices have also found their spot here. For example, Mr. Mandekić presented the Festival of Creativity and Achievements of Children with Developmental Difficulties and People with Disabilities, 'i-Fest', and Mentalfest - a festival of mental health, both held in Rijeka. Dr. Voćanec presented the results of the development of public policy of the investment in early child development in Croatia, and prof. Šogorić touched on the issue of the accessibility of the health system for people with disabilities and the research on the needs of single-parent families. Besides oral presentations, our representatives have also presented their success in the form of a poster: Mr. Katičić presented a strategy for equalizing the possibilities of people with disabilities of the City of Dubrovnik, and prof. Šogorić presented the meaning of the program 'Governance and Management for Health', which helped with the development and strengthening of the public health care and administrative competences of Croatian counties. Prof. Šogorić's poster was named the best poster of the conference, for which she was presented with an award.

Twenty-three guided excursions were organized, thematically grouped around the 6 P's (People, Place, Peace, Participation, Prosperity, Planet) within which the activities in the 7th phase of the Healthy Cities will be developed. A meeting was held among the representatives of the universities participating in the Healthy Cities Network, which raised the issue of their better networking, with the aim of working together and strengthening the scientific contributions to the Network.

The conference closed with a business meeting at which the Belfast Charter was adopted and a new Advisory Board was elected. The final round table was attended by Ms. Monika Kosinska and Agis Tsouros M.D., current and former WHO's Regional Officer for the Healthy Cities project. Tsouros M.D. also received a lifetime achievement award for his work on the Healthy Cities Project. They provided insight into what phase 7 would bring. Ms. Kosinska emphasized that the conditions for the Healthy Cities Network are ideal because the world focuses on achieving the sustainable development goals. 'The word is spreading,' she said in her closing words. 'People around the world are looking back to see what the Network of the cities is doing. Now is the time for Healthy Cities.'

By the appointment of the new National Coordinator of the Healthy Cities Network of Slovenia, Mr. Zlatko Zimet, the previous close cooperation with the Slovenian towns was renewed. After almost ten years of pause, on 22 November 2018, a National meeting of the Slovenian Healthy Cities Network was held in Celje (Celje Lodge), where prof. Šogorić gave an introductory lecture on the 30 years of Healthy Cities in Europe.

The cooperation with UNICEF Croatia has also been strengthened in relation to the early development investment strategy (GMCD workshop) and the implementation of the program of the Situation Analysis of the Early Intervention in the Republic of Croatia (the results of which should contribute to the further development of a strategic framework for the establishment of an integrated early intervention system for the youngest children).

The financial business activities of the Network in 2018 were different than the ones in 2017. The income from program partnerships and membership fees was reduced (by the exit of the town of Koprivnica and the Karlovac County from the Network). In line with the income reduction, expenditure was also reduced (as foreseen in the 2018 financial plan) in the case of

international activities, especially in travel orders, temporary service contracts and representation costs.

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