Hrvatska mreža "Zdravih gradova"

Croatian Healthy Cities Network

Zagreb, 31 December 2017

Report on the Activities of the Croatian Healthy Cities Network for the year 2017

The year 2017 was the preparatory year; we carried out many activities as an introduction to the 35th anniversary of the Healthy Cities project in Europe. The year 2018 will be the year of stocktaking and of celebrating our achievements, but also of 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 2017 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 have not been any major changes in the activities of the Network Support Centre last year. Apart from a new colleague, Dorja Vočenec MD, who joined us this year, all Support Centre members remained the same. However, I do not expect the same stability in 2018. There is a generational shift present and we will have to recruit younger members for the Presiding Committee and the Support Centre of the Network.

In 2017, ***two Reporting Assemblies of the Croatian Healthy Cities Network*** have been held in Zagreb. One was held on 23 February, and the other on 2 October 2017, during Autumn Business Meeting of the Network.

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 2017: there was the 21st Health Fair in Vinkovci in April; the Healthy Cities Day was celebrated on May 20; courses of the 24th Motovun Summer School of Health Improvement were held in June and July in Istrian towns of Grožnjan, Motovun, and Poreč, the 19th issue of the Epoch of Health was published, entitled ‘Investment in the early development of children', and the 22nd Network Business Meeting was held in October, hosted by the City of Zagreb.

The 21st Health Fair with international participation was held in Vinkovci, April 21 to 23 2017. It was held on various locations and in various facilities: 'Barun Trenk' sports hall, Faculty of Agriculture, Secondary Vocational School of Vinkovci and 'Bajka' kindergarten. 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,

Croatian Institute of Emergency Medicine, Institute of Emergency Medicine of the Vukovar-Srijem County, General Hospital of Vinkovci, Vinkovci Health Centre, General County Hospital of Vukovar and the Hospital of Croatian War Veterans, Vukovar Health Centre, Županja Health Centre, Croatian Public Health Association of the Association of Medical Doctors, Croatian Food Agency, 'Zeus' Polyclinic from Vinkovci, Croatian Chamber of Commerce, Natural Health Clinic from Oakville Ontario, Canada, General Consulate of Hungary in Osijek, Hungarian ethnic minority from Vinkovci, and the town of Kuressaare, Estonia.

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

Three forums, four symposiums, and courses addressing lifelong learning were held in the educative part of the forum. They were intended for ten professions: medical doctors, pharmacists, physiotherapists, nurses, pedagogues, psychologists, social workers, vets, forestry and construction engineers. Ten panel discussions were held, along with seventeen fun and useful workshops, such as: 'Babies like yummy staff'; 'City and I': little school of architecture; mini honey park; workshops of free haircut organised by Vocational School of Vinkovci; workshop of free minor sewing services organised by Vocational School of Vinkovci; a number of sports activities and the 13th Golden Apple – cooking competition.

As part of the fair programme, a Collection of Papers and the Fair Report were published. The fair was excellently coordinated and led by our 'first urban planning lady', Mandica Sanković M.Sc. The fair attracted great many visitors.

The central topic of the Forum of Healthy Cities and Counties held during the fair was '**Investing in Early Development of Children through Intersector Cooperation',** and it was for a reason. The goal of the host and organisers, among which 'Andrija Štampar' School of Public Health of the Faculty of Medicine, Zagreb University, was to organise theme round tables, defined according to areas of activities, in order to bring together and foster the sharing of experiences among stakeholders included in providing support and care for young families. Given the fact that gaining insight into the existing situation (resources and needs) is the first step in strategy development, plenary speakers and representatives invited to the round table were as follows: representatives of line ministries from health, social welfare, education, physical planning, labour and employment, sport and recreation, and the media. Around forty lectures were held, which presented major health and social problems; furthermore, health priorities and solutions for improving health and quality of life from the earliest age were presented. The presented texts and discussions were analysed, which provided insight into both achievements and challenges we are facing; also, priority areas were defined. Conclusions of all panels were submitted to all interested stakeholders for consultations and suggestions. Around forty participants of panel discussions participated in consultations and they completed the conclusions with their own ideas, observations and professional experience relating to the topic. Apart from providing version zero of the text (future platform for creation of implementation of national strategy of investment into early development of children), the participants of panel discussions provided descriptions of their own experiences in the form of case studies, models of good (or bad) practice, and the like. The second round of consultations included extensions and additions to the text: the participants were required to offer alternative solutions (legal, organisational, professional, local, etc.) on various level, i.e. to translate into action plan their part of implementation. Based on their suggestions, the

third version of the text was created, which will serve (and it will be in 2018) as a professional basis for a series of theme workshops aimed at operative agreement on possible strategy implementation (suggesting evidence-based interventions and planning implementation process). The final document – 'Common platform for creation and implementation of the national strategy for investment in early development of children' was submitted for further observations and suggestions to the participants of the panel discussions and Network members. In 2018, it will be submitted to the Parliament and the Government of the Republic of Croatia.

It is well known that inequalities in health result from inequalities in life opportunities. How can Croatian society (in transition) provide all children opportunity for good health in later life? Numbers testify to changed family structure; furthermore, they show that families are formed later, the number of newly-born children is decreasing steadily (around 38.000 in 2015), whereas the number of children at social risk is rising (around 20% children aged up to 7 are at risk of poverty) and so is the number of children at neuro and developmental risk (around 10% of children). Croatia does not have a platform for creating early childhood intervention policy or strategy of investment in early development. There is a large number of laws governing the rights of parents and children (especially those with developmental difficulties); however, reforms are often introduced in the system and legal regulation changed, which leads to unsatisfactory understanding of laws and rights. Furthermore, parents are ill-informed and experts are not competent enough.

We find obstacles to improving young family care even on the level of organised care (we see that systems of health, social care and education are not networked) – it is slow, produces double procedures and is inflexible. The existing institutions cannot meet the needs of children at social or neuro risk, which leads to untimely (late) procedures of early interventions. Tragic examples of unfortunate fate of some children and their families the media report about have been supporting our recognition of how inadequate organisation of our social system is and how it lacks so much needed services for children and whole families.

The role of health centres has been on the agenda of the Ministry of health for decades, without any visible result. An exceptional potential of community nursing service, as a part of primary care, has not been valorised enough. Community nurses play an important role in providing counselling service in pregnancy, infant care, parental support, early identification of social risk and preventing developmental risk. Their community services are important if we take into consideration changes in family structure and increase in health-social and economic problems in society. The number of primary paediatric teams is insufficient, and so is their distribution, which leads to teams having less time for prevention (counselling) work. For example, average time for filling the guide for monitoring child development aged 0-3 is 20 minutes.

Early intervention services are not equally available. There are dramatic differences in possibilities between rural and urban areas because trained professionals are concentrated in (large) urban centres. Affordability is the most vulnerable point in early intervention in Croatia because the state covers only public sector, and parents have to pay for additional services themselves (if they can afford them). There is too little multi-disciplinary approach, and there is too wide range of services. also, information on types of services and their providers is not easily available, which makes parents feel rightfully lost.

Furthermore, quality vertical education is important, from nursery to school age, because it provides a framework within which interventions can be carried out. A special emphasis is put on multi- and inter-disciplinary approach and the importance of good inter-sector cooperation. The number of pre-school children (60%) is tragically low compared to other EU countries. Furthermore, enrolment policy often 'closes the door' for the most vulnerable families (single, unemployed parent families).

A significant challenge is finding a way to support employees in developing alternative employment models for parents of small children through changes in employment contracts. In Croatia there are no new models of work for parents: shared employee, shared work, flexible employment possibility or flexible work arrangement, shorter hours, flexible hours, shared position, work from home, temporary work from home, shorter work week, social entrepreneurship… A big problem for young families (especially if parents have degrees) is low maternity benefit; also, mothers cannot spend long time out of their profession because the longer a mother stays out of her profession, the more difficult it is for her to re-enter it.

Obstacles to a more quality life of young families are present in their environment. They include mobility and accessibility, such as adjusted education, health and other facilities, public transport, children's playgrounds and other public facilities. The role of outdoor play is given importance: the need to organise children and families' free time within safe environment which provides opportunities to adopt and implement healthy life habits, foster social awareness and intergenerational solidarity ('bring children back to parks').The changes in the life of children in the last 30 years resulted to decrease in free play in nature; also, children's motor ability decreased, obesity prevalence tripled, allergy and asthma incidence increased by 0.5% annually, and 5-7% of children were diagnosed with ADHD. Obesity and decrease in physical abilities in children are happening at the same time when we see the biggest increase in organised children's sports in history. Children are not given time to play feely in nature, which would teach them that they are not helpless, that they can make their own decisions, solve their problems, crate and adhere to rules, and cooperate with others as equals. When children interact with others, they learn how to negotiate, please others and modulate and manage the anger which can arise from confrontations. Free play is a natural way which helps children to discover what they like. Nature has a revitalising effect on humans; therefore, direct exposure to nature is important for physical and emotional health of children; it improves their cognitive abilities and resistance to negative stress; furthermore, it can ease hyperactivity symptoms to a large extent.

The biggest drawback of professional public health has been pinned down in discussions: poor use of the media and lack of articulated media strategy, regardless of the type of intervention. Without strong support of whole range of media and the use of social networks, no strategy can be implemented successfully, no matter how well-intended it is. The media provide wide inclusion of interested stakeholders and the public and promote implementation responsibility (by insisting on evaluation and owning up of what has or has not been done).

However, Croatia has potential! Not only for the development of Early Development Strategy, but also great examples of achievements, good practice, which we can use as springboard for future all-inclusive intervention. Besides the existing strategies, policies and regulations supporting the concept of investment in early development (ex. Social Care Act, Labour Act, EU regulations), there is impressive infrastructure (organisational resources) which can favour the goals and support implementation thereof: from Ombudsperson for Children, Ombudsperson for People with Disabilities, Ombudsperson for Equality of Sexes, UNICEF

office in Croatia, WHO European office in Croatia, EU institutions and EU Parliament in Croatia, our government and ministries, Croatian Parliament and the President of the Republic of Croatia. Croatian Institute of Health Insurance provides financial support for some of the above interventions. Croatian Institute of Public Health (along with the network of county Institutes) has good insight into the needs and possibilities of providing financial support for persons with disabilities, which is made possible through the Register of Persons with Disabilities (and help in developing a register of children at neuro risk). A wide range of professional associations provide a large number of supporting activities: from Croatian Medical Chamber and Association of Medical Doctors (evaluation of interventions aimed at neuro-developmental rehabilitation, which recommends introducing standards and new treatment procedures with additional training of health workers who will implement them), to Chamber of Nurses, chambers of architects, psychologists, developmental therapists… Community nursing activities provided within activities of health centres have already greatly increased their range and established the following programmes: more comprehensive pregnancy courses (courses for parents during pregnancy), home visits to pregnant women, postpartum women and newly born babies, breast-feeding support groups, feeding/breast-feeding counselling, baby handling courses, cooperation with primary physicians and nurses and cooperation with other community services.

There is even the technology (know-how), ranging from diagnostic methods of early diagnosis of neurodevelopmental disorders (MFDR 1, Guide for Monitoring Child Development – GMCD) of Croatian SCPE register, which sets an objective basis for claiming rights for children with cerebral palsy and their parents from Ministry of Health, Croatian Institute of Public Health, and Ministry of Demography, Family, Youth and Social Policy; furthermore, there is a search engine entitled 'raniKLIK' – 'earlyCLICK', provided by HURID – Croatian Association for Early Childhood Intervention, which provides information on early intervention service providers in Croatia (which is a valuable source for planning support for children with early difficulties and their families on local and regional level, which ensures the best possible developmental outcome).

Impressive results were presented by programmes realised in partnership with local communities (Croatian Healthy Cities Network – Healthy City, Healthy County, Association 'Our Children', children-friendly cities and municipalities, children-friendly maternity hospitals, for a child's smile in hospitals…). The above mentioned are just some of Croatian programmes of psychosocial support, which have been developed as a kind of supra-standard of local communities; they should be available (as a standard) to every child and family. For example, the city of Poreč provides comprehensive support to early development through: counselling for children, youth, marriage and family, support for families/parents in vulnerable phases of family cycle (especially for single-parent families), preparing young couples for birth and the arrival of a new family member (psychological and physiological preparation), creating brochures/guides entitled 'When I count to three..'; 'I'm enrolling in crèche, I'm enrolling in kindergarten'; 'My child is enrolling in first grade';' PATHS – I'm growing' programme in primary schools, etc. There is a unique Veruda – Pula Daily Rehabilitation Centre. It is a specialised facility for social care which provides services of diagnostics and treatment for children who need early interventions. The Centre was founded by local self-government units: the towns of Poreč, Buje, Buzet, Labin, Novigrad, Pazin, Pula, Rovinj, Umag, Vodnjan, and the municipalities of Medulin and Vrsar. In order to bring services of early interventions as close as possible to end users, children and families, since 2015, the Centre has established branch offices in local self-government units. The first to be opened was Istrian branch of the Veruda Centre for children and parents of Poreč and

surrounding area and North-East Istria, which now operates in Istrian health centres – Poreč branch. Primorje-Gorani County developed a similar programme provided by the 'Fortica' Rehabilitation Centre in Kraljevica, which primarily provides services of accommodation and half-day stay for persons with disabilities. The Centre also developed mobile early intervention teams for the islands of Rab (2013) and Krk (2015), and organised outpatient service in Rijeka, where there are the following partners: the city of Rijeka, health centres of Primorje-Gorani County, Clinical Hospital of Rijeka and Social Care Centre of Rijeka. Karlovac County provides financial support for the work of Suvag Polyclinic in Karlovac, which has been providing group therapy for children with motor and language-speech difficulties since 2006. 'Mali dom' in Zagreb was founded by the City of Zagreb, which has been providing professional and financial support for children with various developmental difficulties since 1999. Their programme includes both professional support in family (which it is aimed at) and services and activities in the Centre.

Nowadays, we have knowledge and technology which can significantly improve health of future generations. Out of all population and public health interventions, investment in early development proves to be the one intervention which benefits society the most (ex. financial return of invested resources is USD 12 one invested USD). In Vinkovci, we organised initial panels, during which several problems were identified: related to environment dimension, increased needs and inadequate system response (insufficient number of early intervention teams/professionals, especially outside of larger urban centres, insufficient inter-sector cooperation and insufficient trans-disciplinary approach to children and families, lack of information and awareness of the need to ask for early intervention and implement preventive procedures, inexistent monitoring system for quality of early intervention services); however, several possibilities have also been identified: existing technologies and gained experience (both in Croatia and abroad).

Strategy priority areas:
I/ Recognise (describe well) the problem: relating to environment dimensions, increased needs, inadequate system response, existing technologies and gained experience… For example, there is insufficient number of early intervention teams/professionals (especially outside of larger urban centres), insufficient use of resources which are present in local communities (or if they exist, but parents can not afford them), lack of information and awareness of the need to ask for early intervention and implement preventive procedures, insufficient inter-sector cooperation and insufficient trans-disciplinary approach to children and families, inexistent monitoring system for quality of early intervention services.
II/ Offer possible alternative solutions on various levels (from legal, organisational, professional, local …). For example, form an early intervention team of professionals, devise a plan of systematic development of early interventions, provide criteria for selection of early intervention service providers, finance early intervention system, monitor quality of early intervention services, network the system in order to honour the principle of all-inclusiveness and thus ensure quality and available access to families and children, develop interlinked microsystem algorithms (criteria, procedures, etc.)

May 20, ***the Healthy Cities Day***, has been celebrated since 2003, and is an occasion for city and county authorities to showcase activities undertaken to improve their fellow citizens' health. Unfortunately, this year neither cities nor counties have provided information on the activities they have undertaken.

The 23rd Motovun Summer School of Health Improvement traditionally took place in

Istrian towns of Grožnjan, Motovun, and Poreč from 23 June to 9 July 2017.

From 23 to 25 June 2017, the **Media and Health** course was held in Grožnjan, entitled 'The future of healh care in Croatia'. Tea Vukušić D.Sc. (Zagreb University Medical School), assistant professor Ognjen Brborović D.Sc. ('Difrakcija' Association), and Tamara Marinković Margetić (president of Chamber of Health and Medical Journalists with the Croatian Journalist Association) were course directors. The course was organised by the Croatian Journalist Association - Chamber of Health and Medical Journalists, the Faculty of Medicine, Zagreb University and 'Difrakcija' Association; it was supported by the following partners: Croatian Healthy Cities Network, Croatian Musical Youth, and the Municipality of Grožnjan. Around eighty health professionals and journalists participated in the 2017 Media and Health course.

Media and Health course is devised as a leading place to meet and discuss burning health issues and to provide opportunities for open discussion about the future of Croatia's health system. The course has been organised for 16 years in a row and traditionally brings together key stakeholders in health, representatives of Ministry of Health, Croatian Institute of Health Insurance, Croatian Medical Chamber, Croatian Association of Medical Doctors, Croatian Association of Hospital Physicians, Coordination of Croatian Family Medicine, patients' associations, representatives of pharmaceutical industry, and health and health policy journalists. The mission of the Media and Health Course is to upgrade communication between health workers, health politicians and the media.

The first day of the course was dedicated to current problems present in health system. Milan Kujundžić, the Minister of Health, presented for the first time the projects of functional hospital merger and introduction of priority waiting lists which he planned to implement in the following months. Fedor Dorčić, director of the Croatian Health Insurance Institute, spoke about expenditure in health, major challenges and possible solutions, and about all existing levels of eHealth. Krešimir Luetić D.Sc., first vice president of the Croatian Medical Chamber presented achievements of the Chamber in the previous year and presented the e-Croatian Medical Chamber project. Prof. Željko Krznarić D.Sc., president of the Croatian association of Medical Doctor presented the vision of future development of his Association. Prf. Mirjana Kujundžić Tiljak D.Sc. spoke on behalf of Zagreb University Medical School and presented the importance and the role Medical School had played in educating medical doctors over the last one hundred years and presented new curricular programmes aimed at providing more up-to-date education for future challenges, with special emphasis on competences of specialists. Other speakers were as follows: Ines Strenja Linić, president of Parliamentary Health Committee, Dražen Jurković, president of Association of Health Employers, and others. The presentations and the ensuing discussion addressed problems health system is facing; also, it was stressed that various political options and the government should cooperate and reach a consensus in order for the system to persist.

On the second day of the course, in the part of the programme dedicated to communication, Saša Leković, president of the Croatian Journalist Association held a talk entitled 'How healthy are new media?'. He said that new media enable much faster flow of an ever growing body of information; however, information is often unreliable. According to him, when it comes to medical and health topics, it is especially problematic because 'fake news' in health can lead to lethal outcomes. 'The number of specialised journalists, especially health/medical journalists is decreasing, which can result in low-quality information being published in the media', Leković said.

Assistant professor Joško Viskić D.Sc. of Zagreb University Dental School presented a joint project of Medical and Dental Schools entitled 'E-professionalism of health professionals', which addresses challenges and dangers presented by communication of health professionals

on social media. Tina Puhalo Grladinović presented a much acclaimed campaign entitled 'Scratch with a reason', the goal of which is to raise awareness of testicular cancer in young males aged 18 to 35. Hrvoje Handl M.D. of 'Sv. Ivan' Psychiatric Hospital presented development and results of daily hospital for eating disorders and achievements of the '(H)rana' campaign aimed at eating disorders */translator's note: the name of the campaign combines the words 'wound' and 'food'/*, the idea for which he got during a workshop on public-health campaigns at 2013 Media and Health Course.
When we talk about better cooperation between journalists, medical doctors and other medical staff, we come to a conclusion that it is necessary to improve communication through joint workshops and counselling in concrete critical situation; we should overcome the resistance in medical doctors to communicate with journalists; also, sensationalistic news and stories should be avoided because they lead to poor relationships and non-professionalism.
There were several delegates who participated in the course on behalf of University of Zagreb Medical Scool: prof. Mirjana Kujundžić Tijak D.Sc., acting principal of 'Andrija Štampar' School of Public Health, Danko Relić M.D., head of Centre for Planning Professions in Biomedicine and Health, Mario Cvek, spokesperson of Zagreb Medical School and assistant professor Tea Vukušić Rukavina D.Sc., who is also one of course directors.

For the seventh time in a row, a '**Healthy Urban Planning for Healthy, Resilient, Sustainable and Healthy City**' seminar was held in Poreč, on 7 July 2017.
The seminar is intended for urban planners, technical professions, city and county utility departments and urban planning departments (representatives of healthy cities). It was opened by Nataša Basanić Čuš, coordinator of the Healthy City of Poreč. She stated that in the whole world the topic of healthy urban planning connects urban planning and people's health. People's health depends on many factors, one of them being the way in which environment where people live is planned. Urban planning has most direct influence on health because a well-planned environment offers better quality of life and provides possibilities for healthy life choices to its residents. The goal of the seminar is to raise awareness of professionals, key people in communities and the citizens of how important it is to care about urban planning so that it can cater for health of all people living in a community. Ms. Basarić Čuš pointed out that WHO provides undisputable evidence that urban planning, construction and urbanisation have direct influence on health of people living in a certain area. She stressed the importance of green areas, children's playgrounds, bicycle and walking lanes, accessibility of spaces for vulnerable groups, using non-allergen plants, cleanliness, removal of pollutants and hazardous waste and many other things. On behalf of the organisers, she greeted Loris Perušić, Mayor of Poreč and pointed out that the Mayor is also the representatives of technical profession and that, even before his tenure, he contributed to healthy urban planning projects working in city teams on planning walking lanes, participating in the 'My asbestos-free Poreč', fostering alternative bicycle transport, outdoors fitness and the like. Sandra Čakić Kuhar, vice county prefect, greeted the delegates on behalf of Istria County. She stressed that their county, along with Croatian Healthy Cities Network is one of the founders of Motovun Summer School of Health. For years now, Istria County has been passing and implementing its health plans and taking care about conditions of living and health of all its citizens. Organisation of the Healthy Urban Planning course is a collaborative project of the Healthy City of Poreč and Healthy City of Vinkovci (supported by the Croatian Healthy Cities Network).
Mandica Sanković M.Sc., coordinator of the Healthy City of Vinkovci, addressed the delegates and pointed out the importance of city networking, intersector cooperation, experience sharing, presentation of Croatian and the world good practice models, observation of the principles of healthy urban planning in our own environment, primarily by urban

planners and representatives of technical profession. The afore mentioned professionals have the knowledge which gives them both possibility and obligation to take care of the environment, foster construction and planning which preserves and improves health, and to collaborate with local teams implementing health improvement projects.
The central topic of this year's seminar was ‘Apolicy – guidelines for implementing architectural policies of local communities and visions of cities and environment – international recommendations for special and urban development /Architectural policies of the Republic of Croatia 2013-2020: National guidelines for quality and culture of construction. Key European documents governing urban planning provide guidelines which support and stimulate urban planners to turn their cities and living areas into inclusive, safe, resilient and sustainable places for living! It is very important because nowadays 50% of the world population lives in cities; furthermore, it is expected that by 2050 urban population will account for 70% of overall population. The vision of modern cities therefore includes urban planning which is respectful of the space, tradition and the culture of construction; it also plans the environment so that it can support healthy life of all its residents.
New European documents hold a special place for urban planners (especially for professionals in city government) and see planners as precursors of change, scientists, humanists, visionaries, experts who should be political counsellors for responsible decision making about space; they should govern city and whole region territory. That is to say that they see the position of urban planners, especially in city and county governments, as very responsible and important, almost vital for development of a certain communities.
Guest teachers at the conference were renowned Croatian experts, known all over the world, leaders of umbrella institutions in the republic of Croatia, which guide and coordinate spacial development following the EU guidelines for building culture and space preservation for health: prof. Tihomir Jukić D.Sc. of Faclty of Architecure, Zagreb University, Rajka Bunjevac of the Croatian Chamber of Architects, Irena Matković M.Sc., director of the Croatian Institute of Spacial Development, and two colleagues of hers, Jadranka Vranek and Ingrid Gojević, and Sandra Jakpec of the Association of Croatian Urban Planners.
New EU guidelines were discussed in working atmosphere among delegates who were in good mood. The guidelines are already built in or are being introduced into Croatian regulations and are becoming reference framework for the work of technical professions when planning space with the goal of preserving the environment and residents' health. It was stressed that EU guidelines form a framework; also, local possibilities of communities which wish to take care of health are great in their endeavour to make their environment happier, more beautiful, better and healthier place for living for all their residents.
The following decisions have been made:

1) Popularisation and concretisation of ApolitikA and current international documents governing special and urban development published in 'Visions of cities and spaces': a) The Charter of Barcelona, b) New Urban Agenda, c) The Amsterdam Pact – EU Urban Agenda and d) Mediterranean Urban agenda.
2) Education of stakeholder (heads and officials working in local/regional government, urban planners, building designers and others) for implementation of ApolitikA and international documents governing special and urban development in practice. Education should be carried out by competent institutions and bodies.
3) Set up stimulating measures for local/regional governments for the processes relating to implementation of ApolitikA and current international documents collected in 'Visions of Cities and Spaces'.
4) Development of effective advocacy communication skills used also for implementing documents.
5) Gathering and dissemination/visibility of good practice.

From 5 to 8 July 2017, the 12th **Health Systems and Health Policy** course was held in Motovun. The central topic of the course was the improvement of business and policy processes in health. It was an international, three-day course with over 90 delegates: representatives of state institutions, health providers, employers, business sector participating in health, academic community and patient associations. As part of the programme, the summer meeting of European network of public health residents (Euronet MRPH) was held; also, education within postgraduate Management in Health study provided by Medical Faculty of Zagreb University was held (LMHS- Leadership and Management in Health Services).
The first day was dedicated to processes from the perspective of several stakeholders in health system and why we need process way of thinking. Business processes in integrated care were presented, as well as process management in hospitals (business and clinical), quality management and accreditation in health providers, critical points in patient care in various levels of health care; also examples of differences between public and private sector were discussed. Special emphasis was put on standardisation of business processes in health. In the last programme block of the first day, a round table entitled 'Commodification and commercialisation in health' was held.
The second day was dedicated to policy processes in health and the relevant stakeholders. The delegates were presented what evidence-based policy process means, how to create a policy document and how it is currently implemented in practice; furthermore, current way of decision-making process was discussed and how it can be upgraded. In the last programme block, a round table entitled 'Interregnum in health' was held. 'All for Her' patient association presented analysis of experiences of breast cancer patients during oncological treatment.
The third day was reserved for the workshop addressing process improvement. Also, we agreed that Motovun Initiative should be established as a platform for inclusion and networking of interested professionals from various domains who would disseminate information and transfer knowledge regarding health management in daily practice.

The 22nd Business Meeting of the Healthy Cities Network was held from 1 to 3 October 2017. The meeting was hosted, fifth time in a row, by the City of Zagreb. Given the fact that Zagreb is oftentimes chosen to host important national or international congresses (of interest to our members), we have become accustomed to hold Network Business Meeting alongside that central event. This time, the reason for our gathering in Zagreb was to celebrate the 90th anniversary of 'Andrija Štampar' School of Public Health of Zagreb University Medical School, which is also the headquarters of the Network Support Centre. The anniversary of the foundation of our School was celebrated by organising professional-scientific conference entitled 'Health and health care: challenges and possibilities – where profession meets politics'. Therefore, a strong bond between health, he system of health care and politics was selected as the central topic of our business meeting. There are two topics which we wanted to address in the meeting: one, related to health and health system and formulated in the following question – Does the present system of health meet health needs of the population and does it have effect on health?; and the other, related to relationship between politics and profession and formulated in the following question – What is whose job in preserving and improving health – what does politics do, and what does profession do?. Models of good practice were presented as usual. Also, we held a Reporting Assembly. Furthermore, over the two days, we held round tables, presentations and plenary discussions during which we and our Network guests searched for answers to the above questions. Our old friends and collaborators, John Middleton from Great Britain, Ms Milka Donchin and Yoel Donchin from Israel, professor Rudolf Karazman from Vienna and Brian Robie M.D. from the USA

accepted our invitation to participate in this year's Business Meeting. The meeting brought together around one hundred coordinators and health team members from Croatia's six health cities (Zagreb, Rijeka, Poreč, Vinkovci, Opatija, Zabok) and nine counties (Primorje-Gorani, Krapina-Zagorje, Karlovac, Vukovar-Srijem, Međimurje, Požega-Slavonija, Zagreb, Istria, Osijek-Baranja).

Although the 22nd Business Meeting of Croatian Healthy Cities Network started a day earlier when the Network Presiding Committee met, the main theme part of the programme took place on Monday, 2 Otober 2017. The meeting started with addresses delivered by Ms. Jasna Tucak, coordinator of the Healthy City of Zagreb on behalf of our Mayor, Mr. Milan Bandić, prof. Mirjana Kujundžić Tiljak D.Sc. on behalf of 'Andrija Štampar' School of Public Health, and emeritus professor Silvije Vuletić, president of the Croatian Healthy Cities Network.

The opening addresses were followed by a theme talk entitled 'Health and health system – politics and profession', delivered by prof. Selma Šogorić D.Sc., national coordinator of the Healthy Cities Network. In order to interconnect health and health system, interventions must be planned and implemented simultaneously on three levels: planning and implementing interventions aimed at social health factors, implementing public health interventions and rendering services which meet the population needs through the system of health. In the domain of influencing health factors (creating preconditions for health), the target group with the most power to influence health are politicians. Politics literate in public health recognises health as a value and takes careful care of it the decision-making process. The key skills which a competent (including public-health competences) administration and professional public health require include diagnosis and interventions. Their task is to periodically (every five years) assess the needs of their community, participate in the selection of priorities and plan interventions (on local, regional and national levels) which will meet the needs of the community in the most efficient way. Rendering health services lies in the hands of health system which must adjust to changed needs of the population (regarding demographic changes ad changes in disease patterns, especially to challenges in mental health, chronic diseases and conditions related to ageing). Key words used in European 2020 'Health for All' Strategy – reorientation and quality improvement – best illustrate the course of wanted changes in health system. Reorientation of health system means reorientation of the system towards individual persons and communities and from the paradigm of disease towards health. Health system should continuously strive to improve health and integrate levels of health care in order to ensure continuum of health care and support self-care and provide services as close as possible to users' homes. Given the complexity of the above process, implementation of an intervention strategy is needed which will enable us to have a wider framework when planning for health. We need programmes which will be more efficient (which require less financial means and effort) and effective (which achieve best results), and which will combine a larger number of components and strategies. Most interventions gathered in 2015 through workshops of project entry organised by the Croatian Healthy Cities Network are mono-competent. We, on the other hand, need interventions which use multiple, interconnected strategies and combine/network different programme components (from interventions into physical or social environment, intervention of community mobilisation, direct-service interventions, education interventions, strategic use of media to new policies or regulatory activities). Strategy of equalising possibilities for persons with disabilities (the task of which was to bring in line all policies of activities aimed at protection of persons with disabilities and to make all areas of live and activities accessible for persons with disabilities) was recognised as the prototype among registered policies and is the most developed and best implemented public-health intervention in Croatia today. Experiences gained in its implementation will help us to develop new strategies – Investment in early development of children through inter-sector cooperation.

As far as health system is concerned, its goals are clearly defined by the WHO, EU Health 2020 Strategy, which in its preamble states as follows: Shared goals of all EU member states are to "significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality". WHO recommendations to EU member states are to work towards developing the health system which will be equitable, rely on policy and practice of inclusion, available (as regards territorial accessibility and volume, ex. waiting lists), accessible (financially, through transport and architecture, time and culture), evidence-based and financially viable and the services of which will respond to users' needs thus having effect on health (provide equitable improvement of health outcome).

After the coffee break, examples of good practice were presented by hosts. The presentation was moderated by Ms. Jasna Tucak, coordinator of the Healthy City of Zagreb from the City Health Administration.
First, the project entitled 'Promotion of healthy work environment in Sveti Duh Clinical Hospital' was presented by M.D. Ivana Mikačić D.Sc. Since 2014, the hospital has been a member of international and national Network of Health-Promoting Hospitals. The initiative for founding the Hospital Network came from WHO, EU in the early '90s with the goal to introduce the concept of clinical health promotion into hospital and other health providers. The first step towards implementing the concept of health-promoting hospital is self-assessment of the following: a) health-promoting activities in the hospital and formulating recommendations for their improvement and implementation; b) include all professionals and patients into the process of improvement of health and safety of both staff and patients through upgraded coordination of health care. Self-assessment manual written by WHO, EU provides for assessment in five areas (standards): policy of hospital management, patient assessment related to risk factors and health needs, informing patients on health promotion and intervention, promoting healthy work environment and continuity and cooperation of hospitals with other health, social and non-formal health providers. 'Sveti Duh' Clinical Hospital presented the project of general medical check-ups of its employees and thus addressed the standard of promotion of healthy work environment. Health care of employees in the Republic of Croatia is regulated by Health Care Act, Plan and Programme of Health Care Measures (specific health care of employees), Rules and regulations governing jobs with special working conditions (pre-wok and periodical medical check-ups aimed at health ability assessment and evaluation), etc.; however, THERE ARE NO regular medical check-ups aimed at early risk detection for certain diseases and /or early disease detection. It is major drawback because health workers are more prone to diseases due to greater work load and exposure to stress (risk from injuries and diseases, forced position at work place, unfavourable influence to immune system…) The hospital administration and the team for quality initiated general medical check-ups of all hospital employees and ensures necessary financial means. First, employees were asked whether they were interested in medical check-ups; next, the plan and program of medical check-ups was devised and finally, medical check-ups were carried out. Out of 1.340 employees, 834 underwent medical check-up; the check-up was completed by 658 employees (final check-up by an internist), out of whom 52% accounted by health workers, and 44% for non-health workers, women more often than men). Data analysis showed that the most common new diagnosis is hyperlipidaemia; the most prescribed therapy is iron supplements. The most recommendations include the change of life style and diet (hypolipemic diet). Eighteen workers presented with various tumour diseases (fibroid, polyps, liver tumours), whereas there were pathohistological cancer findings in two patients. Hospital administration concluded that this (pilot) general medical check-up represents an important

standard of healthy work environment promotion and that, if organised well and rationally, it can be implemented. Results show that general medical check-ups are necessary because they provide risk detection; furthermore, if adequate intervention is implemented (risk decreasing or removing) they provide better possibility for early disease detection and timely treatment of employees.

Prof. Draženka Blaži D.Sc. of the Faculty of Education and Rehabilitation Sciences presented 'Establishing models of early interventions with children with neurorisk and deviant development'. In the introduction, she explained that ecological-systemic approach, which is a referent approach for early development in the world, presupposes the following: a sysem comprised of services for very small children and their families aimed at providing necessary support in order to ensure and improve a child's personal development, strengthen family competences, and promote social inclusion of both families and children. Early intervention activities should be carried out in a child's natural environment, on local level, through a multidimensional team approach aimed at families; furthermore, prevention should be carried out on primary, secondary and tertiary levels. Primary prevention is aimed at decreasing the number of new cases of children with developmental difficulties in the population (i.e. decrease the number of new cases by detecting children who are at risk). Secondary prevention is aimed at decreasing possibilities for developing more severe consequences by taking action after the problem has been detected. Tertiary prevention is aimed at decreasing complications related to a problem/difficulty, i.e. limit the consequence of the difficulty after its onset. 'Bio-psycho-social' model of functioning and disability supported by the WHO since 2001 recommends that prevention i the area of early intervention can not take into account only health status of a child, but should also take into consideration his/her social environment. Early intervention has two basic characteristics: early young age of a child and complex need of a child, which requires joint effort of various professions – interaction of various intervention participants and cooperation of all included services with direct inclusion and participation of parents (and other family members). It is only efficient combination of actions and interventions which ensures good result of all interventions aimed at small children. If such approach is not adopted, a special needs child will turn into a special needs family, which will result in financial repercussions for the state and local community. The number of children with deviant development and at risk of deviant development is steadily growing in Croatia. Around 4.800 (10%) of the overall number of the newly-born children account for children at neurorisk and at risk of severe deviant development (Croatian Register of Persons with Disabilities). Since 2001, the Republic of Croatia has been using international experiences on the importance of bringing together interdisciplinary groups of professionals. With that goal in mind, in 205, the Faculty of Education and Rehabilitation Sciences started post-graduate specialist study of early interventions. Since 2006, civil society organisations have been founded aimed at promotion and implementation of early development; also, awareness of potential financial sponsors has been raised aimed at introducing financial support for early intervention programmes (through projects, continuous financing and co-financing). In the last ten years, there have been positive changes: there has been a growing number service providers, ranging from non-government organisations, private providers; departments have been founded within the existing rehabilitations centres and hospitals; there has been a growing number of educated service providers, scientific research addressing early intervention; also, the age of children included in early interventions has been decreasing. The existing problems are as follows: a) neglected parameters of deviant development even when difficulties are visible (ex. cerebral paralysis, muscle tonus), and when they are less visible (late detection, even if there are indications); b) insufficient legal regulations – services of early intervention are stated in the Social Care Act as social care service, whereas Health Care Act only barely mentions them; c) availability in the sense of administrative barriers when

looking for early intervention services and insufficient information of early intervention service providers (lack of professional network; animosity towards private service providers); d) accessibility – services are concentrated in larger urban areas, there is no strategy of development of regional centres because the existing legal regulation provides insufficient information on service providers (questionable criteria for selection of service providers); e) affordability is also one of the most vulnerable points of our early intervention system (the state covers the cost of public sector – social and health care, education, which is far from covering cost of needs of children and families in Croatia; civil sector depends on insecure project financing, whereas private sector is paid solely by parents); f) transdisciplinary / interdisciplinary approach, which is insufficiently used due to various reasons; the prevailing model is health instead of social model (assessment of health state instead of bio-psycho-social characteristics and need of a child); g) (too) many different services because there is neither strategy nor quality indicators to evaluate rendered early intervention services. What should be done? Firstly, the problem should be recognised – there are not enough teams/ professionals for early intervention, especially outside larger urban areas. Resources existing in local communities are not used enough (if they exist, parents can't afford them). Insufficient information on the need of early intervention and implementation of preventive procedures. Insufficient intersector cooperation and insufficient transdisciplinary approach to children and families; furthermore, there is no monitoring system which would evaluate rendered early intervention services. The second step – bring together an early development team, devise early interventions, define financing of early interventions system, monitoring quality of early intervention services, and interlink and network systems in order to observe the principle of all-inclusiveness and thus ensure quality and accessible services for families and children.

'Improvement of outpatient care and treatment of persons with psychotic disorders and post-partum depression' was presented by Elizabeta Radonić D.Sc. of the Centre for Mental Care in Community, Zagreb-Zapad Health Centre. Before the model of good practice, the concept of 'mental health care in community' was presented. It is aimed at deinstitutionalisation and establishing a balanced mental care system which includes hospital and outpatient services (promotion and prevention, early detection, treatment and rehabilitation of persons with mental disorders) and community care, at home or close to home. The Zagreb- Zapad Centre for Mental Care in Community covers the community of 250.000 people. The assessed needs (expected number of Centre users) were 2.500 persons, 20% of which are expected to need frequent rehospitalisations (more than 15 in a lifetime or 2 in the previous year). The expected number of post-partum patients is 250 annually. It is a disorder with the biggest treatment gap – 80%. Prior to the Centre opening, there were no intensive outpatient treatments for mood disorders and childhood and adolescence behavioural/emotional disorders; also, there was no anonymous counselling service. Within the project, education of community service was carried out and nurse's discharge letter was introduced as well as nurse's visits to patients. If deterioration is suspected, a nurse informs family physician and the Mental Health Centre thereof. Family medicine team carries out outpatient treatment and does home visits if necessary. More severe cases are treated in cooperation with mental health team, who cooperate with the patient to devise treatment plan and provide support in taking treatment, do home visits according to the plan or because of deterioration, do outpatient treatment with emphasis being put on participation in sociotreatment and other procedures with participation of the patient's family. In the following phase, optimum health care for persons with mental disorders is ensured through a Twinning project (cooperation with the Netherlands). As regards women with post-partum depression, family physicians were educated in pharmacotherapy, community nurses were trained, and written materials prepared for future mothers. The Centre for Mental Health team provides continuous support for family

physicians (more complicated cases), supervises their work and supports community nurses. As a result of the project, the number of persons with the above stated disorder who seek professional support increased (108). In the following phase, the project is expected to expand to the whole area of the city of Zagreb. Also, a larger number of professionals and users are expected to join the project.
Ms. Andrea Miškulin M.D. of Zagreb Home Care Institute presented Organisation of palliative care in the city of Zagreb. In 2010, improvement of facilities for chronic treatment and palliative care were recognised as priorities of the Zagreb – Healthy City project (a Health Assembly). In 2011, the Centre for Coordination of Palliative Care was founded as part of the City Health Care Institute, which started a pilot project of palliative care on primary level (health centres, home care institute), secondary level (specialised hospitals), and tertiary level (clinic, clinical hospital), which was financed by the city of Zagreb as a form of super-standard. The activities carried out by the Centre for Coordination of Palliative Care in the city of Zagreb were as follows: establishment of call-centre, aid rental, web pages, promotion materials, records of process participants, organisation of additional care an physical therapy, home visits to patients and their families, support groups (remembrance meetings), project of education and cooperation with social care centres and education workshops. The Home Care Institute cooperated with the City Office for Health to develop several projects dealing with palliative patients care: the 'Home Hospital' project aimed at attending to patients discharged from Special hospital for pulmonary diseases. The project provides for home visits by nurses twice or more times daily. Furthermore, the 'Additional palliative home care for elderly patients' project provides one-hour nursing services for terminal patients (whose needs were not covered by work order issued by a family physician). Also, there is the 'Home Dentist' project which provides tooth extraction, simple tooth repair, tarter removal, denture making and repairing, all in the home of a palliative patient. In 2012, a pilot project of the Croatian Health Insurance Institute started in Zagreb-Centre (situated in Siget) health centre – mobile palliative team (a physician and a nurse). Also, mobile teams for Zagreb-East and Zagreb-West health centres are being prepared. In accordance with the network of public health care services, there should be 8 coordinators for palliative care in primary care. Each coordinator can have one mobile palliative team. Secondary palliative care is provided in cooperation with 'Sveti Ivan' Psychiatric Hospital and Special Hospital for Pulmonary Diseases in Rockefeller Street. In October 2015, a ward was opened in 'Sveti Ivan' Psychiatric Hospital with 15 beds for prolonged treatment and palliative care of demented patients. Also, palliative hospital team was formed and procedures of planned discharge, medical doctor's and nurse's discharge letters introduced. In accordance with the Network of public health service, 51 beds for prolonged treatment and palliative care are provided by Special Hospital for Pulmonary Diseases. However, only 34 beds are being used. Tertiary palliative care is provided in cooperation with 'Sveti Duh' Clinical Hospital (34 beds for prolonged, long and chronic treatment and palliative care) and in cooperation with 'Vrapče' Psychiatric Clinic (15 beds for long treatment and palliative care organised by the Institute for biological psychiatry – psychogeriatric ward). Apart from organisations founded by the city of Zagreb, several other civil society organisations provide care for terminally ill and dying persons: secular Franciscan order, Croatian Hospice-Friendly Association, City Red Cross Organisation, Centre for Palliative Care and Medicine, Croatian Centre for Palliative Care, Croatian Association of Caregivers, and 'Krijesnica' Association.

Tooth decay prevention in pre-school and school children in the city of Zagreb was presented by Ms. Snježana Kadić, M.D. dental of Zagreb Dental Polyclinic. According to WHO, oral health includes healthy and functional teeth and their supporting tissue, including health of all parts of oral cavity which participate in chewing. Leading oral diseases are tooth decay and

periodontal diseases. Given the fact that 60-90% of school children has tooth decay, a project aimed at raising awareness of the importance of oral health was devised. It was carried out through education of school and pre-school children, their parents, and all persons included in their education (kindergarten and school teachers). The education included possibilities of tooth decay prevention and treatment. The idea for the project came from prof. O. Lulić Dukić of the Institute for Children's and Preventive Stomatology of Zagreb University, School of Dental Medicine and B. Klaić D.Sc., principal of Zagreb Dental Polyclinic. It was organised in cooperation with the City Office for Health. During the project, several goals were met: cooperation with the City Office for Education, the project was verified by the Ministry of Health, two specialisations in children's and preventive stomatology, and specialist office for children's and preventive dental medicine as part of Zagreb Dental Polyclinic. The project comprises three parts: education, oral cavity check-up, and tooth decay prevention and repair. Children, parents, and teachers are educated on proper oral hygiene, healthy diet and the importance of regular dental check-ups. The education is carried out at Zagreb schools and kindergartens. Oral cavity check-ups, records and medical reports are undertaken only for children whose parents have signed the informed consent form. Tooth decay prevention and repair is carried out in dental offices specialised for children at Zagreb Dental Polyclinic. They are free and no referral is needed. Every child who has been examined gets a report and individual recommendations on oral cavity hygiene. So far, over 10.000 check-ups have been carried out in 27 kindergartens and 22 primary schools in Zagreb. In the past 6 years, children's dental offices were visited by 17.141 patients, and 162.109 preventive and curative procedures were undertaken.

Ms. Branka Mrakužić, B.Sc. in engineering of the City Office for Agriculture and Forestry presented the 'Urban gardens' project – production and placement of healthy food on local level. The project started in April 2013 (by a Mayor's decree). It resulted from cooperation of several city offices (Mayor's Office, Office for Strategic Planning and Development, Office for Proprietary and Legal Affairs, Office for Land Register and Geodetic Affair, and Office for Agriculture and Forestry). The project's goal was to provide agricultural land for Zagreb residents, on which they could produce: food (vegetables and berries), herbs and flowers for their own use. This project therefore has considerable economic value because it provides possibilities for the following: from feeding socially vulnerable groups and financial aid to home budget, to creating alimentary safety (by producing own food). Individual and social value of this project is considerable – from improved diet (bitter intake of fresh fruit and vegetables), maintaining physical health, more physical activity, prolonged stay outdoors, preventing diseases caused by 'sedentary life style' (obesity causing diabetes type 2, coronary diseases, heart attack and stroke, back problems, cancer, depression), maintaining mental health (socialisation, prevention of alienation, prevention of substance abuse and crime), education, recreation, development of good neighbourly relations to development of partnership between the city and its citizens.

There is also a significant ecological benefit: creating green oases, a more humane and beautiful urban environment, contributing to the content and quality of the city life, organic food, contributing to a healthier environment, preserving old and rare varieties of vegetables and flowers, promoting traditional food production, raising awareness of the need for the environment conservation, gardening based on natural principals and acceptable management of natural resources by applying the determinants of sustainable development. Over the past four years, the city gardens on 12 location have been equipped (Klara x 2, Sopot x 2, Sesvete x 2, Borovje, Sloboština, Stenjevec, Prečko, Savica, Maksimir) with a total area of 22 ha with 2,080 garden parcels. A public call for giving out garden parcels is published on the website of the City of Zagreb and in the daily press. Persons who have the right to apply have to reside in the City of Zagreb and they cannot own, co-own, lease or use other land for

cultivation in the city. The request for the use of a 50 m² garden parcel may be filed by a household member. The parcel may be used for 2 years free of charge with the possibility of extension. Criteria for determining the list include the applicant's residence time in the City of Zagreb, social status and the number of members of the common household. Citizens' obligations are regulated by the contract. Obligations of the City of Zagreb are: chemical analysis of the soil, the rearrangement of the unbuilt construction site belonging to the City of Zagreb which can be cultivated until it starts being used for its intended purpose, land fencing and land parcelling, preparation of land for sowing and planting, and the arrangement of common areas of the garden intended for rest and education. The city also provides garden equipment - composters, tool kits, water tanks, benches and tables for resting, bicycle parking, chemical toilets, waste disposal bins, a special part of the garden adapted for persons with disabilities with custom elevated girder, etc. The town has prepared a handbook for gardening, fertilizing and soil treatment, sowing time, planting and harvesting and plant care. Since last year, many educational workshops have been organized on all the locations of the city gardens by the Faculty of Agriculture and the City Office for Agriculture and Forestry 'City Gardens as an inspiration for a new lifestyle in the city - some aspects of eco-gardening and educational programs for different age groups'. The aim of these workshops is to incorporate education about the environment, biodiversity and eco-gardening in all segments of the educational system and everyday life of children, students and all other users. One of the specific aims of the project is the exploration of biodiversity in city gardens, which includes listing the flora of the city gardens (the prevalence of plant species, their taxonomy, origin, type of growth, i.e. durability, potential invasiveness, allergenicity, toxicity and garden use), determining diseases and pests of vegetables, berry fruits, herbs and flowers, and also determining the useful fauna. In the Maksimir city garden, a floral band was implemented to attract pollinators (which aims to correct the negative trend of the disappearance of natural pollinators caused by the intensification of agriculture in Europe and in the world) and to achieve a higher yield of breeding cultures. In the city gardens, there is a constant monitoring of the soil condition, the contamination and the healthiness of the produced vegetables (by the Faculty of Agriculture, University of Zagreb). Recognizing citizens' great interest, the plan is to find new arable land, primarily in the western and eastern part of the city, and to enable their actual purpose of becoming urban gardens of the City of Zagreb.

The last presentation of the host city was related to the Encouragement and improvement of the employment in the City of Zagreb by the Croatian Employment Service, Regional Office Zagreb, held by Mrs. Marija Halić. Although employment trends at the level of the City of Zagreb in the period from 2013 to 2016 were positive (19% decrease in the number of unemployed persons, 14% increase in registered need for labour force), in August 2017 there were 23,771 unemployed persons registered (56% were women). The number of unemployed persons with disabilities was 1,384 (5.8%), whereas the number of unemployed Croatian war veterans was 2,589 (10.9%). During the three years mentioned above, the percentage of unemployed persons above the age of 50 had seen the slowest decrease, and there is a permanent disparity between education (the unemployed) and the labour market needs (labour force needs). In addition to the rights arising from the Social Welfare Act and the Law on Mediation and Unemployment Rights in the City of Zagreb, there are additional benefits locally – more favourable public transport and the possibility of participation in various programs organized be the local community. In addition to the state aid for the employment, training grants, self-employment support, education of the unemployed, job placement training, job placement training without taking up employment, public work, job preservation support and a permanent seasonal worker status, the Regional Employment Office for the City of Zagreb offers additional programs for the unemployed. In cooperation with City Offices, programs for raising the level of general and professional competencies are being carried out

in order to harmonize supply and demand on the labour market. The City Office for Culture, Education and Sports supports a recruitment program for teaching assistants through which more than 300 unemployed persons are educated and employed annually. Furthermore, annually, about a hundred scholarships are awarded for deficit craft professions. The City Office of Economics encourages self-employment of unemployed persons through education for entrepreneur beginners (Blue Office). The City Office of War Veterans annually introduces more than one hundred unemployed veterans to the education system, 62% of whom take employment
after finishing the program. Each year about 50 unemployed Croatian war veterans are included in self-employment education, with some of them having started their own businesses. The City Office for National Minorities is working on the inclusion of unemployed Roma on the labour market, partly through education, and partly through involvement in public works and the project 'Zaželi – Wish for'. The City Office for Social Welfare and People with Disabilities uses various projects to include people with disabilities and working-age beneficiaries of social welfare in the labour market. In the first eight months of 2017, 435 people with disabilities were employed, and 8 of them were included in professional rehabilitation. In cooperation with the Caritas of Zagreb and the Red Cross, activities aimed at the inclusion of marginalized groups of people (homeless people, children without adequate parental care and others) are being implemented. Workshops for successful job search are being organized and, also, the employment is being organized through various projects or through active employment policy (80 unemployed people are involved in the 'Zaželi- Wish for' project). Measures are also being taken to involve the unemployed in volunteering work. In 2017, a partnership for 42 EU projects was signed, a Job Fair, European Business Days and Tourism Jobs Days were held and the Local Partnership for Employment has been put into action.

After lunch, a series of lectures by guest lecturers opened a thematic round table: **Preserving and Improving Health - Politics and Profession - Who is in Charge of What?**, which was moderated by professor emeritus Silvije Vuletić and professor Selma Šogorić, D.Sc.

Ms. Milka Donchin, national coordinator of the Israeli Network of Healthy Cities from 'Hadassah' School of Public Health, gave a lecture aimed at answering the following question: **Are the mayors of Healthy Cities truly committed to the idea of health – an overview of the results of the evaluation study**. The World Health Organization's Healthy Cities project is a global project whose fundamental purpose is to involve local 'government' in the process of health development through providing political support - through both institutional changes (within the city government) and partnership planning with the community, encouraging the implementation of innovative projects. Political support (commitment to the idea of health) is key for the success of the Healthy City project and, without it, there would be no progress in the project nor would its sustainability be possible. Before conducting research among members of the Israeli Network of Healthy Cities, the means of measuring the political commitment of the mayor were determined. On the one hand, this support can be seen through a statement of intentions (support and signature on declarations, intent letters), but also verbally - by expressing the importance of health through speeches and public performances. On the other hand, the support can also be seen through the organizational backing of the project (specific policies and organization of the infrastructure supporting the project) and the aid in its funding (resource allocation in urban budget for the specific needs of the Healthy City project). The research was conducted by collecting data from official websites of the cities that are members of Israel's Network (27 of them) and comparable cities (according to size, region, and social-economic status of the population) that are not members of the Network (also 27 of them). Comparing the results, it

has been noticed that on the Healthy Cities' websites (48% HC and 12% non HC) the 'health' folder can be more commonly found, health is more commonly mentioned as a term (63% HC and 43% non HC), and the city budget is publicly available (67% HC and 45% non HC). Paradoxically, mayor's speeches more often include the word 'health' in non HC (8%) than in HC (4%). The existence of organizational and financial support for the Healthy City project was measured through a questionnaire filled out by project coordinators in 2003 and 2013 (both questionnaires were filled out by 12 cities). In the given time period, the financial support granted to the project remained identical, the number of full-time coordinators increased, the role of the project's supervisory board was strengthened and the mayor's support slightly decreased. The main challenge that Healthy City coordinators are faced with in Israel is similar to the one that all coordinators in the Republic of Croatia are faced with: political changes (local elections held every five years), the complexity of the project Healthy City (slightly incomprehensible approach – it is more comprehensible to target one population, e.g. Child Friendly Cities or Elderly Friendly Cities), and allocation of resources (political support should be reflected in the funds intended for project activities).

Professor John Middleton, president of The British Royal Society for Public Health, with his lecture **Politics and profession in promoting and maintaining health – who is in charge of what?** gave an answer to the question of what is the responsibility of politics, and what is the responsibility of profession in preserving and improving the health of the population. The role of politicians in improving and preserving health is to create social and economic conditions for health. Research shows that fair distribution of resources reduces inequalities in health and is economically viable. It brings benefits to the whole society, not just to the poor. More egalitarian societies (in which there is a fairer distribution of goods) promote health more and strengthen human capital and society as a whole, and they also benefit from it economically. Investing in health provides an economic reimbursement of resources not only to the health care system, but also to other sectors and to the wider economy (a quadruple return on each invested dollar - *fiscal multiplier*). The responsibility of politicians is to finance health and health care systems - creating a health policy and measuring the impact that other policies have on the health. The responsibility of politicians is also the regulation and control of the non-healthy industry (tobacco lobby, alcohol, food products rich in fats and salt) because these industrial corporations prefer the profit over the health of the population. The responsibility of politicians is also the investment in prevention. The profession should help the politics - guidelines in this process of "creating health policy" are brought by the **public health manifest 'Good start - better life'** created by The British Royal Society for Public Health. Every child should have access to a good start in life (1,001 critical days), good personal health, education and at least two hours of physical activity per week. Good laws should be introduced in order to prevent poor health and to save lives, such as: stop the marketing of foods rich in sugar, salt and fat, introduce 20% tax on sugary drinks, increase alcohol tax, introduce standardized cigarette packs and limit the car speed. It is important to help people to lead a healthy life, have decent earning and a universal health care system funded by general taxes and free of charge for the users. National actions should be taken in order to address the global problems, such as investing in active transport in order to encourage better health and reduce adverse environmental impacts (halting climate change) and shifting to renewable energy sources. The pre-election request of the British Royal Society for Public Health was to incorporate health in all policies, address inequalities in health, create conditions for the health and prosperity of future generations, reduce cuts in public health and increase the investment in health, protect the workers in the health care system, support our members and associates in implementing the policy 'Good start - better life'. In the Brexit process, politics is required to defend the right to health and to ensure fair trade relations that will enable better, and not worse, health. The role of public health

professionals is: measuring health and identifying health needs, using evidence of investing in health (prevention), advocating for what needs to be done, supporting the development of the community and strengthening local capacities, collaboration with partners, which can improve health and health services, and administrating leadership in providing health services. In the UK, there are significant aspects of health that are in the hands of local authorities: social services, recreation and leisure, education, environmental protection, housing, urban planning, transport, sustainable development, economic development, culture and heritage. Therefore, the role of public health professionals is very important locally - from assessing the health conditions, health effects and needs, to advocating for health, reducing health inequalities and providing health care appropriate to the needs.

Professor Rudolf Karazman of IBG from Vienna spoke about **Health in all environments: healthy public policies and health promotion in the workplace**. Dr. Karazman first introduced his company IBG, Austria, which has been operating since 1995 and which has seven centres and 189 employees. It cooperates with 350 companies, i.e. cares about the health and productivity of 70,000 of their employees. Through consultations, training, research and project implementation, they work on the improvement of workplace health and the introduction of a *human quality management concept*, by promoting intergenerational understanding and multiculturalism in the workplace. Health is seen as a complex bio-psycho-social order, and disease as a disorder. Dr. Karazman et al. found that a healthy working environment is one that encourages social inclusion and in which work adds meaning to life. A healthy work environment is based on the balance of effort (challenges) and renewal. Human productivity is health-related, therefore, it is the highest among the healthy and satisfied employees. This concept of life-style dynamics (balance of challenges and renewal) that leads to health can be applied to every environment: home, school, personal, work, social life and retirement. Contrary to this concept of healthy and people-oriented management, there is still a business policy today that is based on insecurity, discrimination, racism, environmental pollution, starvation and war, which leads to high stress and illness. Therefore, Dr. Karazman believes that the best indicators of a healthy public policy are precisely the health and well-being of the population.

Dr. Brian Robie of the Center for Disease Control and Prevention, Department of Global Health, Atlanta, USA (retired since January 2017) demonstrated to the attendees which strategy the CDC had chosen in order to fight one of today's major challenges **Cardiovascular disease: where do we stand now and what can we do about it?** Global burden of the disease and leading risk factors - all ten leading causes of death in the world are linked to non-communicable diseases. Heart disease and stroke are two of the leading causes of death worldwide and they have been steadily increasing since 2000. The most dramatic aspect of this statistic is that cardiovascular diseases take lives of middle-aged people, and the majority of the causes can be prevented. Changing risk behaviours (smoking, physical inactivity, unhealthy eating habits, including high-fat food) will reduce the likelihood of developing cardiovascular diseases. The risk factors for the development of cardiovascular diseases are elevated blood pressure, obesity and high cholesterol. High blood pressure (over 140/90 mm Hg) is the leading risk factor for the development of cardiovascular diseases. However, as this disease passes without people noticing the symptoms for a long time, more than half of the patients will not even know that they are suffering from high blood pressure. High blood pressure will increase the risk of heart diseases with the possibility of simultaneously damaging the brain, arteries and kidneys. Uncontrolled hypertension may also cause blindness, heart rhythm disturbances and heart pruritus. Although hypertension is considered one of the diseases that are relatively easy (and cheap) to treat, globally only one in seven people with hypertension has 'the disease under control'. Reducing the intake of salt

through food (on the population level) is, singlehandedly, the most effective measure that will lead to a reduction of blood pressure in the general population. The estimate is that, globally, 1.7 million deaths from cardiovascular diseases in 2010 can be attributed to excessive salt intake. The estimate is that people take about 10 grams of salt per day, which is twice the recommended daily dose. The economic impact and costs of fighting cardiovascular diseases - around $35 billion a year is spent on health care, but, excluding tobacco control, less than 1% of that money is spent on cardiovascular disease prevention. If we don't reduce high levels of blood pressure, the cost of health care will increase to over $1 trillion a year in the next ten years. Indirect costs could reach a level of $3.6 trillion a year. It is estimated that the cost of medicines for cardiovascular diseases that would reduce the annual rate of dying of this cause in the 23 lower and middle-income countries is $1.8 per person. Taking into account that in the lower and middle-income countries a large number of people suffer from high blood pressure, hypertension control will lead to a decrease in death at least in half moderately and high-risk individuals (preventing 0.77 million deaths from this cause). As a result of this, there would be a reimbursement of $23 on $1 invested. The Framework for the advancement of global cardiovascular health - the understanding of how to address the global burden of cardiovascular diseases exists, but what needs to be done is to expand this knowledge - globally. By applying this existing knowledge, we can quickly and effectively address the current negative trends. The action of the CDC's Non-Communicable Disease Centre is led by the UN Sustainable development goals, specifically with the goal of 3.4 - to reduce the premature death caused by cardiovascular diseases by 1/3 and to improve mental health and well-being. In line with the political declaration of non-communicable diseases adopted by the United Nations General Assembly in 2011, the World Health Organization has developed a Global framework for monitoring, enabling global monitoring of progress in preventing and controlling the most significant non-communicable diseases and their risks. The Global framework for monitoring sets nine global goals and is significant because it enables a specific quantification of that which we are pursuing. There are two particularly relevant goals: 25% relative reduction in dying from cardiovascular diseases, cancer, diabetes and chronic obstructive pulmonary disease, and to enable that at least 50% of those who need it actually receive medication therapy and counselling to prevent heart attack and stroke. The 'Million Hearts' campaign empowers the spread of standardized therapeutic protocols for the improvement of blood pressure control. The available therapeutic schemes and protocols can be adjusted to each national health system. By using 'best buys', i.e. the narrowest set of evidence-based interventions advised by the WHO (profitable, adequate and easy-to-use in every health care system), millions of lives and dollars can be saved. Reduction in the use of tobacco products can be achieved by increasing taxes on tobacco products, by introducing laws that prohibit smoking in the workplace and in public places, by issuing health information and warnings, by banning the advertisement and promotion of tobacco products, including sponsoring events by the tobacco industry. Alcohol abuse can be reduced by increasing alcohol tax, restricting access to alcoholic beverages and prohibiting their advertising. Salt intake control can be carried out by reducing the intake of salt through food. Saturated fatty acids can be replaced by semi-saturated ones, and the use of mass media will increase public awareness of their dietary habits. Another significant thing is counselling and medical therapy of people who are at risk of heart attack or stroke (including those with advanced cardiovascular disease), as well as using aspirin as a heart attack therapy. Vaccination against Hepatitis B should be conducted with the aim of preventing liver cancer. It is also important to carry out screening as well as the pre-treatment in the case of cervical cancer. The 'Million Hearts' model has successfully connected the community prevention and the clinical concept of prevention and treatment in the United States with the aim of improving health outcomes. The initiative began in 2012 with the goal of saving one million

people from heart attacks and strokes over the period of five years. Community prevention reduces the need for treatment and is carried out through tobacco control and through reduced intake of salt and saturated fats. Clinical prevention promotes treatment and is focused on ABCS (the use of protocol for treatment), health information technology and clinical innovation. 'Million Hearts' uses four strategies in order to improve blood pressure control: 1) it introduces a standardized protocol for treating high blood pressure, 2) team care, 3) self-measurement of blood pressure with clinical support, and 4) payment of the improved health outcomes through innovative care models. The City of New York distinguishes itself among many successful examples because it has successfully implemented a campaign for the prevention and treatment of diseases associated with high blood pressure.

The last in a series was a presentation 'A Short History of Public Health' given by Mr. Yoel Donchin of 'Hadassah' hospital, 'Hebrew University of Medicine', Israel. With this presentation he showed us that the knowledge of the connection between illness and bad hygienic habits had already existed even before Christ. Archaeological findings from the time of Vespasian show the existence of a toilette, and from the remains of Masada and Hebrew records from that time we can observe the importance of hygienic disposition of human faeces (the existence of a toilette) and the obligation to wash hands. It was only in the 17th century that Europe discovered toilet bowls and started regulating water supply and sewerage in the cities. Research confirms the existence of microorganisms and emphasizes the importance of hygiene only in the time of the Industrial Revolution. This also opens the door to the so-called sanitary era of public health, during which the construction of safe water supply and drainage, land abatement and improvement of general hygiene habits of the population have significantly reduced the number of people dying of contagious diseases.

After the afternoon coffee break, the Reporting Assembly of Croatian Healthy Cities Network was held. The introductory presentation about the Report on the work of the Network in 2017 was held by the national coordinator, prof. Selma Šogorić, D.Sc. As for the regular activities of the Network in 2017, two Reporting assemblies were held, just like in previous years, in February and now, in October, in Zagreb. The 21st Health Fair was held in April in Vinkovci. On the 20th of May they commemorated the Healthy Cities Day. During June and July, the 24th Motovun Summer School of Health Promotion was held in the Istrian towns of Grožnjan, Motovun and Poreč. The 22nd Business Meeting of HMZG in currently being held in Zagreb. The 19th Epoch Health edition, entitled 'Health and Health System: Challenges and Opportunities' is also currently being prepared. As for the other activities of the Network in 2017, prof. Šogorić emphasized the development of two projects: Development of the methodology for designing a national strategy for the investment in the early child development through intersectoral cooperation and the project 'Health-OSI' - a Program of socially useful learning for a better approach to people with disabilities in health services. In March 2017, a workshop was held for the urban project teams 'Evaluation of interventions for single-parent families - where are we now?' through which we gained insight into the implementation of activities for single-parent families in project cities. The program continued its cooperation with the City of Zagreb (about the implementation of the Health Plan), Poreč (education workshops for the preparation of the City Health Plan) and Rijeka (the Consensus Conference of the project Rijeka Healthy City was held). In addition to the already announced workshop with partners in the development of the Strategy for Investments in the Early Child Development, by the end of the year the plan is to organize workshops with community nurses within the framework of strengthening competences and redefining the duties of community nurses and to organize a meeting on redefining the role of the Health centre (early development, mental health, palliative care, accessibility of the health system). In addition to the 19th edition of Epoch Health, the Network will also co-sponsor the printing

of a thematic, public health edition of *Acta Medica Croatica's* journal 'Health and Health System: Challenges and Opportunities'.

At the end of the Reporting Assembly, participants were invited to a joint sightseeing of Gornji grad (Upper town) which ended at 20 o'clock with the mayor's reception in Dverce Palace.

On the second day, the 90th anniversary of **'Andrija Štampar' School of Public Health** was held under the auspices of the Government of the Republic of Croatia and in co-organization with the Croatian Ministry of Health and the Department of Medical Sciences of the Croatian Academy of Sciences and Arts. Prime Minister of the Republic of Croatia, Andrej Plenković, participated in the opening of the conference, highlighting the 'successes' of Croatian health care (transplantation program and e-prescriptions) and said that the aim of the Government is to ensure equal access to health and its quality for all citizens, especially in rural areas. The headmistress of the School, prof. Mirjana Kujundžić Tiljak, D.Sc., said in her introductory speech that the School of Public Health 'Andrija Štampar' is now a part of the European and world network of public health education and research institutions and that it is actively collaborating with the World Health Organization. The former goals of sanitation and fight against infectious diseases, malaria and tuberculosis have now been replaced by new challenges such as cardiovascular diseases, various forms of addiction and mental health disorders. The task of the school is to convey new insights through new channels and modern technologies and to create public health policies based on science and scientific evidence.

Dean of the Faculty of Medicine, University of Zagreb, Marijan Klarica, D.Sc., presented the role of the Faculty of Medicine as an educational, scientific and professional institution in the Republic of Croatia, which in December of this year marks the 100th anniversary of its existence. Since the time of its establishment, in 1917, until 1947, the School went through various phases of operation. In 1947, by the decree of the Government of Croatia, it became a part of the Faculty of Medicine of the University of Zagreb, thus creating a partnership between clinical and basic medical sciences and public health.

After the welcoming speeches, a professional scientific conference **'Health and Health System: Challenges and Opportunities - Meeting of Profession and Politics'** was held. The introduction was given by the three generations of people who had worked at that school and who presented their views of the public health care system: prof. emeritus Silvije Vuletić, prof. Selma Šogorić, D.Sc., and Danko Relić, MD. After the introduction, the panellists (Dean of the Faculty of Medicine of the University of Zagreb, Director of the Croatian Institute of Public Health, the President of the Croatian Medical Association, the President of the Croatian Chamber of Physicians, the Chairman of the Parliamentary Committee for Health and Social Policy, and others) had to comment, each from their current position, the current state of the Croatian health care system.

In the afternoon, seven workshops were held parallelly. At the 'Planning for Health at the Local and National Levels' workshop, prof. emeritus Silvije Vuletić, prof. Selma Šogorić, D.Sc., and Dr Brian Robi, Atlanta, presented the experiences of the Health Management Program (Healthy Counties). The program started in the spring of 2002 as a partner project of the Ministry of Health, Ministry of Labor and Social Welfare, counties and the School of Public Health 'Andrija Štampar' of the Faculty of Medicine, University of Zagreb, with the aim of assisting the local government and self-government authorities in the process of decentralization of the health system and social welfare. With the change of leadership in the Ministry of Health and Social Welfare and with stopping the decentralization process, the project has continued being implemented since 2004 as part of the Croatian Network of

Healthy Cities. The evaluations of the program carried out in 2006 and 2012 helped to determine how the public health and management capacities of Croatian counties have been successfully strengthened. The differences in achievements among counties are significant. The greatest advancements in the improvement of public health practice at the county level and the 'delivery' of actual products were achieved by six counties whose teams participated in the first and the second set of education modules - Istria, Primorje-Gorani, Krapina-Zagorje, Zagreb, Međimurje and Zadar. With the second set of education modules, some of the obstacles to the development of the Healthy Counties program which had been noticed during the first round of the 2006 evaluation were overcome, particularly those related to the improvement of the skills of cooperation and networking, motivation for (advocating for) the change in the professional circles and in politics, and 'anchoring' (preservation of the achieved degree of change). However, from the results of the 2012 evaluation, it can be concluded that 'the job is not finished'. There are still challenges (even among the best) in the area of resource management (subsystem communication, development of the intervention base) and in the establishment of monitoring and evaluation mechanism. The skills that need to be improved include communication and coordination skills (horizontal and vertical with a subsystem), strategic management of networks and resources, assessment of the effectiveness of interventions and their effective implementation - in particular resource redirection and a different defining of the direction of operation. In response to the recognized challenges related to the selection and implementation of interventions, a project for the formation of the Croatian Preventive Program Register (selection of effective financing interventions) was launched at the end of 2014.

In December, the 19th thematic issue of the 'Epoch of Health' entitled 'Health and Health System: Challenges and Opportunities' was published. The idea behind this issue was for it to respond to questions from the 22nd Autumn Business Meeting of the Network held in Zagreb at the beginning of October. One of the topics related to the relationship between health and the health care system was shaped by the question 'Is this health system tailored for the health needs of the population and does it have the desired impact on health?' Another topic related to the relationship between politics and the profession was shaped by the question 'Whose job is it to maintain and improve health - what is being done by politics and what by the profession?' In addition to the articles that present the model of a good practice of the City of Zagreb and the presentation of invited guests (held at the thematic round table), other articles from workshops held during the occasion of the School day celebration were also published.

c) Other activities of the Network

In March 2017, a workshop entitled 'Evaluation of interventions for single-parent families - where are we now?' for the urban project teams was held. Through this workshop, we gained insight into the implementation of activities for single-parent families in project cities.

The development of the 'Zdrav-OSI' project – a Program of socially useful learning for a better approach to people with disabilities in health services was developed in cooperation with the City Office for Social Welfare and People with Disabilities, Zagreb, the Association of People with Disabilities and the Faculty of Medicine of the University of Zagreb. Through joint meetings and coordination between them from May 2016 until May 2017, a project was developed for the awareness-raising of health care workers (doctors and nurses) through education about the needs of people with disabilities. Once a financing decision has been made, the project will be implemented in several cities and counties of HMZG.

The Project *The development of the methodology for designing a national investment strategy for early childhood development* through intersectoral cooperation was launched during the 21st Health Fair in Vinkovci by organizing a series of eight round tables on the topic of 'Investing in the Early Child Development through Intersectoral Cooperation'. Through roundtables (health care, education, social welfare, mobility, employment, sports and recreation, leisure, and strategic use of the media), information was gathered on which a report on the current state of investment in early childhood development was made. The report was forwarded to the partners (forty representatives of ministries, health care institutions, education and social welfare institutions, vocational and non-governmental organizations, regional and local self-government) and the first round of consultations was conducted. Based on their remarks, a working version of the strategy was presented during the partnership conference **'Investing in the Early Child Development Through Intersectoral Cooperation',** held on November 16, 2017 in Zagreb, at the 'Štampar' School of Public Health. The purpose of the partnership conference was to *formulate an operational document for the implementation of the Strategy for the Investment in the Early Child Development* (proposal based on the evidence of interventions and the planning of the implementation process). Based on their proposals, a third version of the text was formed, which was a professional background for the first in a series of **thematic workshops held with community nurses**, organized on December 8, 2017 at the School of Public Health. By working in small groups, during the workshop a lot of information was gathered on the organization of charity activities in Croatia, the role of community nurses in the family before and after birth, and the possibility of their earlier encounter with the family of pregnant women.

A community nurse acts as an independent team. In most health centres, there is one nurse that was appointed the head nurse. She is in charge of both nursing and home visits (she is often the assistant to the head of the Nursing department) and does not do field work. Depending on the size of the health centre and the area it covers, the head nurse can have between 2 and 80 community nurses under her service. They have between 3,500 and 5,100 persons under their care, according to the geographic distribution which is predefined at the level of each health centre, and the terrain is being 'rotated' depending on the contracts with the Croatian Health Insurance Institute. In urban areas, residents live on a smaller area, while in rural areas the territory is large and the drive from one patient to another lasts between 45 minutes and one hour. Community nurses are paid according to the Collective agreement and coefficients, some of them have a company car, and some of them use private cars for business purposes and they are not paid extra for it. They are not entitled to additional payments for the activities they carry out and they consider themselves to be underpaid, compared to other health workers. The norm is to see 6-8 patients per day. Diagnostic-therapeutic procedures are being written, but there is still no accounting being done based on them. Most of the services are organized in such a way that when they are out in the field, they don't have any IT equipment (just pen and paper), and, when they return to the health centre, they store the patient's information on a computer. In some community health services there is a lack of computers, therefore it is necessary to arrange who will input the information about their visits and when, which makes the job even more difficult and prolongs it. During the home visit, only the most basic information is stored, while everything else is only being observed and stored later. Most of community nurses have official mobile phones. It has been noticed that patients react poorly when a nurse writes something down during the visit (they are suspicious). Also, the patients prefer it when someone really devotes themselves and talks to them, instead of typing on their mobile phones. The biggest observed difficulty is the incompatibility of the program with the program used by family physicians. In addition, they exchange data with physicians in person, by phone, by mail and through text messages and

messaging applications, and the level of communication often depends on the interpersonal relationship with the physician. As for the gynaecologists, they aren't really in direct communication with them, with the exception of receiving decrees on pregnant women, after which they go out in the field. If they have the same program, family physicians can allow them to see certain patient's information which it recorded (and they can also see what they had noted down). In addition, they can see medical records if they ask the pregnant women for them themselves because pregnant women are usually very likely to share information and ask questions. Sometimes they can see the discharge letter with diagnosis codes, and it is only when they arrive at the home of the pregnant women that they know the circumstances of the pregnancy. Such situations can sometimes put them in an unfavourable position because they can have difficulties with preparing for some difficult circumstances (infectious diseases, addictions, psychiatric untreated patients who are aggressive, etc.). The problem occurs when the pregnant woman arrives home, and the discharge letter is sent retrospectively. When it comes to pregnant women, gynaecologists are obliged to report to their community nurses that they have a pregnant woman under their care, but not all of them do so. Sometimes the communication goes through a gynaecologist and sometimes through a gynaecologist's nurse. There are also a number of cases in which a gynaecologist gives the phone number of a community nurse to the pregnant women or pregnant women see a poster/leaflet (posted by community nurses) in the gynaecologist's waiting room, so the women call the nurses themselves and request a visit. The communication with private gynaecologists/ gynaecologists' nurses is weak, but a large number of pregnant women who visit private gynaecologists also do some check-ups at the 'public' gynaecologist, and this gynaecologist also issues the documentation for the maternity leave (for employed mothers), therefore, these women sometimes also get noted in the public state system. The success of the cooperation varies greatly. There are examples of excellent cooperation and there are also examples of very complicated cooperation, depending on interpersonal relationships. The problem is with women who take care of their pregnancy in a different county than the one in which they have a place of residence and, because of that, they do not get information about their community nurse. Throughout the work day, community nurses are in constant communicating with other health professionals while working in the office, in the field and in the car, and, on average, these conversations last around 2 hours per day. 1/3 of the work time is spent on entering data, communicating with other health employees, organizing work tasks, etc., while 3/4 to 2/3 are spent in field work. Social workers, just like community nurses, are assigned based on a certain area. Every community nurse is in contact with the social worker in charge of her area. The collaboration between community nurses and social services varies from nurse to nurse and from social worker to social worker - there are examples of very good and of almost non-existent cooperation.

Community nurses enter the house of the pregnant women during the last quarter and visit them one or two times. In the event of some earlier problems during pregnancy, they come sooner and make multiple visits. According to diagnostic-treatment procedures, a visit to the pregnant woman takes an hour, but, in reality, a visit to the pregnant woman who still has no children lasts for about an hour and a half. Otherwise, the duration of the visit also depends on the woman's interest for the content of the conversation. Most pregnant women are interested in receiving a visit by the community nurse. There is no standardized review/advice that community nurses give to pregnant women, but most of the time they talk about the birth process, breastfeeding and arriving home with a child from the hospital. The nurses leave leaflets with information to the pregnant women, but these materials are also not standardized. Some materials are made by the community nurses themselves, some are from UNICEF, different organizations... As for the courses for pregnant women organized by community nurses, there are breastfeeding support groups and a course for pregnant women (and their

partners). The courses are generally held once or twice a month. The number of attendees depends on the availability and it is smaller in the area in which people have to travel to the place where the group is meeting. Pregnant women are informed about those programs through posters/leaflets shown in gynaecologist's waiting rooms and by community nurses themselves.

The maternity ward sends the report of birth to the community nurses' department in the respective health centre, whereas the discharge letter is sent by post/phone/e-mail. Sometimes the parent/s of the child contact the community nurses' department before the birth report is received, and sometimes the family physician's nurse contacts the community nurses' department. In some maternity wards, mothers are given instructions to contact the community nurse within 2 days. The problem again appears when a child is born in a county different from the mother's place of residence. It is prescribed that newborns should be visited twice in the first month (ideally until the 7^{th} and after the 15^{th} day). Community nurses usually come to visit within 24 hours since the mother and child had returned home from the hospital, unless they had returned on Friday or over the weekend because that is when community nurses do not work. On average, they visit the mother and child 3-5 times in the first month if all is fine with them. Otherwise, they come even more often. If the child and the mother are not released from the hospital at the same time, the community nurses receive information about it from the maternity ward and they continue to follow up on the child's arrival at home. In the meantime, they usually make contact with the child's mother. The two mandatory visits in the first month are followed by two visits after the child's first birthday and one visit when the child first reaches pre-school and then school age. In accordance with the assessment of the community nurse and in agreement with the family physician, the child may be visited multiple times at any age, if necessary. If everything is in order, the child is usually not being visited after the infant age. As part of the first examination, alongside newborns, other children in the family (if there are any) are also being observed. The content of the visit is not standardized. It is individually tailored, but its main focus is on the assessment of the child's progress and health, breastfeeding counselling, navel examination, child bathing, and information on the rights and access to services and other health care facilities (e.g. choosing a paediatrician). There is often a problem of the mismatch of information at the level of community nurses department - gynaecologist in a health centre - hospital gynaecologist - paediatrician (e.g. different approaches to breastfeeding which confuse the mothers). Maternity information material is also not standardized. The first visit lasts between 30 and 90 minutes. Most family members are usually present during the first visit. The basic information is mainly written down in a notebook using a pencil, and later all the other information is recorded in the mother's and child's medical chart (on a paper or on a computer). When the community nurse comes to see the child before the child receives its insured person's number, the child is being recorded under the mother's insured person's number. Then, when the child subsequently receives its insured person's number, the data from that visit is not related to the child unless the community nurse subsequently enters the data. In case there is a health problem related to the mother or the child, the community nurse informs the family physician/paediatrician/gynaecologist about this (by mail, phone, visit). If everything is okay, no one will be notified about the check-up/counselling. Sometimes the community nurse might exchange experiences with other community nurses in the health centre, but on a principled and professional level. The mothers, especially the first-time mothers, are happy to receive a visit from the community nurse. They expect the information and they involve their husbands, partners, family members. The current programs for mothers and children held by community nurses are: breastfeeding support groups, baby handling, counselling for mothers and children. The programs take place once or twice a month.

Community nurses name the following challenges as the biggest ones in their work:

• they are mostly involved in chronic patients care, not in primary prevention

• they do not believe that their work is sufficiently valorised,

• they are often mistaken for in-home caretakers (even by some medical doctors),

• somewhat difficult cooperation with other health professionals and social service; in the first part of the intervention, gynaecologists, although they are obliged to, often do not report having pregnant women, making the job of community nurses more difficult because they need to invest additional effort to find out that there are pregnant women in their area,

• poor collaboration with gynaecologists and also later with paediatricians results in contradicting information (related to nutrition, breastfeeding, vaccination, etc.) provided by various employees, including community nurses, which in turn leads to the confusion of the pregnant woman and the loss of their confidence,

• difficult situations in which there is an increased psychological engagement for which community nurses are not adequately prepared – e.g. visiting a family with an adopted child, a child suffering from a serious or hereditary illness, insufficient advancement in growth or body weight, parents' non-cooperation, blame for failures, parents' lack of readiness to cooperate, unrecognized post-partum depression, parents' unwillingness to share certain information, especially among mothers - addicts, mentally ill mothers and mothers suffering from chronic illnesses (hiding information), extremely high expectations that people have from community nurses (related to pathological conditions)

• the problems of location isolation and information accessibility, and the problems that people receiving welfare have in exercising their right to health care. Also, there is no feedback on the necessary medical examinations and there is the rejection of vaccination

• the challenge is also the lack of work on Saturdays due to discharges from maternity wards on Saturdays and Sundays (only a small portion of nurses agrees with it) and there is also the problem is one shift - the morning one. They may, however, maybe work one day during the week in the afternoon (for women who work)

• the problem of wrong addresses, weather conditions,

• they have outdated and heavy equipment (e.g. children's scales),

• many patients do not stick to the scheduled appointment time,

• hard working conditions and the level of protection.

They agree that early visit to the family is needed and feasible with the fulfilment of the few of the following preconditions. They believe that strengthening the roles of community nurses is of particular importance, especially in segments of risk assessment by the community nurses department which is in direct contact with pregnant women and maternity wards. What contributes to the strengthening of the role of the community nurses is the creation of a more favourable environment in which the community nurse would be one of the most important co-partners in charge of not only the assessment, but also the intervention and evaluation, and later the adjustment. They believe that community nurses department is a highly engaged segment that would further increase its productivity with better working conditions and a much clearer restructuring of their roles, so that they could continue to work on the

improvement of individual segments of their actions and consolidate the role of community nurses as public health care nurses.

Prerequisites for the realization of this intervention would be:

- Educational - community nurses have at least received a bachelor's degree and their formal education encompasses the knowledge and skills needed to work with pregnant women, mothers and their newborns. However, there is a wide range of non-compulsory additional education (courses, seminars, literature) for those who are more interested in working with new mothers and their newborns. Acquiring additional knowledge and education largely depends on the motivation and possibilities of the community nurses themselves, but also on the support of the health centre's director. There is a need to design a structured content for the visit to pregnant women and children, which would be standardized at the national level, as well as the need to unify the content of educational materials. The questionnaire/check list based on which the risk assessment would be made might also be problematic if it were to be filled in front of the patient at their home. Also, in order to become aware of some of the risks (e.g. alcoholism in the family), more visits are needed. It is important to provide better information regarding community nurses' duties and roles in relation to other health care workers involved in the processes of providing health care to pregnant women and new mothers. There is also a need for educating parents and the local community about the necessity of community nurses' care.

- Organizational - creating a higher level of communication flow between community nurses' department and other workers in the health care system in order to avoid unnecessary waste of time and to reduce ineffectiveness at workplace. Also, there is a very bad network of community nurses and other health care workers due to the lack of discrepancies between computer programs and the use of paper medical charts.

- Resource - It is necessary to invest in the equipment used by community nurses - IT equipment, work shoes and clothing, transport issue, equipment that community nurses bring with them when they are out in the field.

The cooperation with national partners was continued. These include the cooperation with the Croatian National Institute of Public Health, the Croatian Institute for Health Insurance, the Croatian Medical Association, the Public Health Society and the state administration bodies, in particular the Ministry of Health (through sponsorship of the Health Fair) and the Ministry of Construction and Physical Planning at the Health Fair).

2. Local Level

During the year 2017, the professional help of the Croatian Healthy Cities Network Support Centre to the team involved in the Zagreb - Healthy City project was continued. It involved the help with the implementation of the fourth phase of the project of the European Network of Healthy Cities of the World Health Organization through two groups of activities: 1/ providing support to the project coordination office and to the organization of intersectoral meetings of the wider health team; and 2/ providing targeted professional support to the activities of the thematic groups of the fourth phase of the project according to the selected priorities.

In Varaždin, on October 23rd and 24th, the Institute of Public Health of the Varaždin County organized the 4th International Meeting of Partner Countries in the SPAHCO project (Erasmus + Program - Strategic Partnership for Adult Education - Empowering Parenting Skills) on the topic of 'Healthy Community'. In the first part of the meeting which was open to the public, prof. Selma Šogorić, D.Sc., held an introductory lecture on Croatia's Healthy Cities Network and its achievements in Croatia, with a presentation of numerous examples of good implementations of the project. On the same day, a meeting between the Healthy Cities Network and mayors of county towns and their representatives was held, where future activities were discussed and arranged.

In Rijeka, on September 13th, the Consensus Conference of Rijeka - Healthy Cities Project was held with the aim of submitting reports to the general public about project activities in the previous phases and with the aim of defining the priority areas of project activities in the upcoming phase that will last for five years. The consensus conference was organized by the project holder (City of Rijeka - Department of Urban Health and Social Welfare) in cooperation with the Croatian Healthy Cities Network. Hundreds of participants appeared: politicians (representatives of the local self-government), experts (representatives of institutions of the health care system, social care and education), administration (representatives of city offices and services), and representatives of the social and non-governmental sector (health, social, cultural, sports and ecological citizens' association). The report on the achievements and results of the project Rijeka - Healthy City, as well as the basic indicators of the city's image of health, was presented by Mrs. Karla Mušković, head of the Department of Health and Social Welfare and project coordinator. The small groups have chosen new city priorities: openness to the needs of people with disabilities, support to the families and young people, healthy aging, complete mental health care and the promotion of the culture of living, public place preservation and environmental protection.

On December 2nd, right before the celebration of the International Day of Persons with Disabilities, for the fifteenth consecutive year, the town of Rijeka held the Festival of Creativity and Achievements of Children with Developmental Disabilities and Persons with Disabilities – the i-Fest, at the Croatian cultural centre in Sušak. The festival has already become a traditional event organized within the project 'Rijeka - Healthy City'. This year, around four hundred participants from numerous associations and institutions attended the festival. All of them had the opportunity to present their music, dance, drama and visual arts and expertise through the festival program. Due to the great interest of the participants, the festival was held in two parts: at 11 o'clock the youngest participants of the festival gave the performance, and at 18 o'clock the older participants performed. Apart from the performance at the festival, from 9 am to 6 pm at the HKD atrium at Sušak, many associations and institutions also had the opportunity to present the works of children with developmental disabilities and people with disabilities at an exhibition, and visitors had the opportunity to buy the exhibited works and to give their contribution to the future work of the participants.

Each year, the participants of the festival are involved in all segments of the festival organization, from technical preparation to the organization of the program. This year, the participants of the program were: Center for Upbringing and Education Rijeka, Center for Autism Zagreb - Division Rijeka, Multiple Sclerosis Society of Primorsko-goranska County, Down Syndrome Association 21, Association of Persons with Polio and Cerebral Palsy Rijeka, County Association of Polio and Cerebral Palsy, Kindergarten Rijeka, Rijeka's School of Economics 'Mijo Mirković', Primary School Gornja Vežica, Primary School Kantrida, Rehabilitation Center Fortica, Rehabilitation Center Rijeka and Fashion Agency Glamor Tara. Apart from the participants of the festival, contributions were made by other associations,

institutions and groups of citizens, therefore, the stage arrangement, the performance of the elements and the visual template for the poster, program, invitation and thank you cards were created by the students of the School of Applied Arts in Rijeka. Furthermore, Medical high school students provided great organizational assistance during the festival, and members of the Citizens' Interest Group for the Improvement of the Quality of Life of the Elderly within the project 'Rijeka - Healthy City' prepared presents for the participants. The process of organizing this festival is an excellent example of the cooperation between civil organizations, volunteers, people with disabilities, young people and senior citizens who jointly contributed to the successful realization of the i-Fest project.

3. International Level

The international cooperation of the Croatian Healthy Cities Network was again continued mainly through the cooperation with the World Health Organization, the Office for Europe.

At the beginning of March 2017, the annual WHO, Europe's Business and Technical Conference on how to build Healthy cities as safe, inclusive, resistant and sustainable communities was held in Pécs, Hungary.

At the beginning of June 2017, a meeting of deans and directors of the European Schools of Public Health (ASPHER) was held in Rennes, France, where prof. Selma Šogorić, D.Sc., as the guest lecturer, presented the relationship between the Healthy City project and the School of Health.

In mid-June prof. Selma Šogorić, D.Sc., as the guest lecturer of the community nurses section, participated at the Congress of the Croatian Nursing Association: Nursing Without Borders.

Among those who had accepted our invitation to attend this year's Business meeting were our long-time friends and associates prof. John Middleton of Great Britain, Mrs. Milka Donchin and Yoel Donchin of Israel, prof. Rudolf Karazman of Vienna and Dr. Brian Robie of the United States of America.

The activities of the Croatian Healthy Cities Network were also presented at the 4th SPAHCO meeting 'HEALTHY COMMUNITIES' in Varaždin and at the UNESCO Chair in Bioethics meeting in Zagreb 'Dignity in healthcare - access to healthcare'.

We could not attend the two summits that WHO, Europe, organized in September 2017 (the meeting of national coordinators of the Healthy Cities Network in Prague and the meeting of the politicians of Healthy Cities in Cork, where Rijeka was representing Croatia).

The financial business activities of the Network in 2017 were better than the ones in 2016. We have generated income from membership fees and through contracts with the City of Zagreb, Poreč and Rijeka. Expenditure has been reduced regarding travel orders and service contracts.

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