

HEALTH PROMOTION AND DISEASE PREVENTION A Handbook for Teachers, Researchers, Health Professionals and Decision Makers	
Title	Healthy Kindergartens
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Key words	pre-school child, health promotion, kindergarten
Learning objectives	After completing this module students should: <ul style="list-style-type: none"> • be aware of importance of project such as Healthy Kindergartens project is; • recognise the need for establishing such a programme; • increase knowledge about how to launch such a programme;
Abstract	<p>Pre-school period is extremely important in adopting individual health behaviour. Consecutively it is very important how to present health and healthy behaviour to the child. The project is directed to create conditions for children's well-being and health, education for a healthy behaviour, and support of social and professional partners.</p> <p>At the beginning of the nineties, a project entitled »Healthy Schools« was launched by the World Health Organization to stimulate schools for incorporation of health promotion in their curricula and everyday life. Since this project was relating to primary schools only, similar project entitled »Healthy Kindergarten« was developed in some European countries.</p> <p>Two case studies are presented to illustrate the development, aim, and goals of healthy kindergartens, and as an example how the project concepts could be implemented as a routine.</p> <p>The first case study is presenting the development of the »Healthy Kindergarten« project in Slovenia, and the »Health in the Kindergartens« programme, the successor of the project, implemented as a routine.</p> <p>The second case is presenting an intervention tool in Hong Kong where children's health status was found to be poor.</p>

<p>Teaching methods</p>	<p>Teaching methods include introductory lecture, exercises, and interactive methods such as small group discussions. Students after introductory lectures first carefully read the recommended reference on healthy kindergartens. Afterwards they visit local kindergarten and discuss with the pedagogic workers special challenges and obstacles, which they bring out in connection to the implementation and development of the programme. At the end they discuss about possible indicators of programme development, which could be used for qualitative and quantitative evaluation.</p>
<p>Specific recommendations for teachers</p>	<ul style="list-style-type: none"> • work under teacher supervision/individual students' work proportion: 30%/70%; • facilities: a computer room; • equipment: computers (1 computer on 2-3 students), LCD projection equipment, internet connection, access to the bibliographic data-bases; • training materials: recommended readings are mainly available in the internet; • target audience: master degree students according to Bologna scheme.
<p>Assessment of students</p>	<p>Assessment is based on case problem presentation and oral exam.</p>

HEALTHY KINDERGARTENS

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Theoretical Background

Definitions

According to Oxford Advanced Learners Dictionary (1) a kindergarten is defined as a school or class to prepare preschool children (i.e. mostly children between the ages of about two to five or six years old) for school. The synonym used in Great Britain and Australia is a nursery school.

The expression »healthy« is in this module used in a meaning »good for health« and »friendly to health«, and in any case not as a criterion of any formal classification of educational settings in healthy and unhealthy. It is rather expressing the main goal if initiative for stimulating kindergartens to in all respect become friendly to children's health.

Children's health and kindergartens on the agenda

Health of the youngest population groups is of enormous importance for the population as a whole. Creating an environment, which allows children to develop their physical, emotional and social potential, is an investment with long-term health effects. Consequently, giving children a healthy start in life should be a top priority for any society (2).

Since starting from the early life children are acquiring basic social and health values, it is very important to give them the right values. In the process of health behaviour literacy the educational system settings¹ has one of the key positions, kindergartens being one of them. In Health 21, the health for all policy frameworks for the European Region of the World Health Organization (2) the important role of the kindergartens in health behaviour literacy process and in supporting healthy natural and social environment is evident. It is set out in four out of twenty-one targets of this policy:

- Target 3 – healthy start in life;
- Target 4 – health of young people (up to 18 years of age); target 4.1 is especially important in exposing the role of kindergartens being children and adolescents should have better life skills and the capacity to make healthy choices;
- Target 13 – settings for health; target 13.4 is especially important in exposing the role of kindergartens being at least 50% of children should have the opportunity of being educated in a health-promoting kindergarten, and 95% in a health-promoting school;
- Target 20 – mobilizing partners for health.

Important aspect will be discussed later on.

Settings for health

»Settings for health« is being one of the most important approaches to promote health through community action. Action itself can take many different forms: through organizational development, including change to the physical environment, to the organizational structure, administration and management. Settings can also be used to

¹ According to WHO, a setting is the place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and wellbeing (3). Examples of settings include schools, kindergartens, work sites, hospitals, villages and cities.

promote health by reaching people who work in them, or using them to gain access to services, and through the interaction of different settings with the wider community (3).

Educational settings, e.g. kindergartens, primary and secondary schools, are very important in this respect since childhood and adolescence are stages of life during which there are particular periods of intellectual and physical development of a human being, and during which social and health skills are acquired, being very important for the adulthood as well.

Among educational setting perhaps the most important role have those caring for education and upbringing the youngest population groups. Kindergartens play extremely important role in helping children to start their life in healthy environment as well as in environment friendly to health since they convey basic health values to children and help them to develop basic social skills (2).

Health promoting schools and kindergartens

Focusing only on kindergartens in this context and not considering at the same time at least primary schools is rather difficult since health promoting schools and health promoting kindergartens have a lot in common. Also, the »The Healthy kindergarten« initiative arose from »The Healthy School« initiative. Consequently, it is reasonable to introduce health promoting schools first.

Health promoting schools

Schools are those settings in which health can be created and sustained. Children's perception of health can be greatly enhanced by the content of the formal teaching curriculum. Action to protect and promote health can be brought to life in the school's physical environment. The school influences the perceptions, attitudes, actions and behaviour not only of pupils but also of teachers, parents, health care workers and local communities.

A health promoting school is defined as a school constantly strengthening its capacity as a healthy setting for living, learning and working (3-5). According to WHO (5), the main characteristics of health promoting schools are:

- they foster health and learning with all the measures at its disposal;
- they engage health and education officials, teachers, teachers' unions, children, parents, health providers and community leaders in efforts to make the school a healthy place;
- they strive to provide a healthy environment, school health education, and school health services along with school/community projects and outreach, health promotion programmes for staff, nutrition and food safety programmes, opportunities for physical education and recreation, and programmes for counselling, social support and mental health promotion;
- they implement policies and practices that respect an individual's well being and dignity, provide multiple opportunities for success, and acknowledge good efforts and intentions as well as personal achievements;
- they strive to improve the health of school personnel, families and community members as well as children; and works with community leaders to help them understand how the community contributes to, or undermines, health and education.

They are focused on:

- caring for oneself and others
- making healthy decisions and taking control over life's circumstances
- creating conditions that are conducive to health (through policies, services, physical / social conditions)
- building capacities for peace, shelter, education, food, income, a stable ecosystem, equity, social justice, sustainable development.
- preventing leading causes of death, disease and disability, e.g. drugs and alcohol, violence and injuries, unhealthy nutrition, etc.;
- influencing health-related behaviours: knowledge, beliefs, skills, attitudes, values, support.

All aspects of life organized in schools contribute to physical, social and emotional health of children and adolescents. Moreover, the young learn best about responsibility and empowerment through direct participation in decision-making. The same holds for kindergartens as well.

In 1991 Regional Office of WHO for Europe launched the project »Healthy Schools« to stimulate schools for incorporation of health promotion in their curricula and everyday life. This project, as well as the network of schools joining this project, European Network of Health Promoting Schools – ENHPS (6, 7), the network of »Healthy Schools« in the European region, was relating to primary schools only.

Health promoting kindergartens

One of the most important aspects of relationship between health and education in early childhood is empowering young people for clashing with health threats. Strong sense of coherence seems to be one of the most beneficial factors in this context (8).

A sense of coherence and belonging must be built up starting from infancy and childhood. Experiences acquired in child's basic communities i.e. the family, kindergarten community, and afterwards a school community, play an important role in ensuring that young people get a consistent message and acquire the resources and coping skills for managing health and other threats (2). Thus, health promotion needs to be an important aspect of formal and informal educational process.

The most important aims of kindergartens friendly to health, e.g. health promoting kindergartens, are (2):

- education aims to provide the skills and action required for behavioural change, and not merely to transmit knowledge;
- equity, solidarity and human dignity, the cornerstones of good health of the population, are to be experienced and taught;
- teachers contribute to the healthy development of children by providing a model of a healthy physical and social environment, by:
 - teaching and using fundamental attitudes to support health e.g. by introducing basic hygienic behaviour, healthy eating habits, and basic health enhancing physical activities;
 - laying down the ethical foundations and foundations of social responsibility for health;
- education also serves to transmit and develop cultural identity and concepts of social responsibility, democracy, equity and empowerment.

In health promoting kindergartens principals, teachers, parents and the children should be partners who together design, implement and evaluate programmes to enhance their basic health values, promote healthy lifestyles for themselves, prevent accidents and acquire basic life skills. This partnership would be stronger when supported by school health service.

»Healthy kindergarten« and related projects

As a response to »Healthy Schools« project, in some European countries few years later grew up an idea to launch a similar project for kindergartens. Two of the first countries where this process was started were Slovenia (9) and Czech Republic (10, 11).

The movement was especially strong in Czech Republic, where the sixteen principles of healthy kindergartens were elaborated by a group of professionals in the project entitled »Healthy Kindergarten« (10):

GROUP I: Creating conditions for well-being and health.

1. Holistic health concept;
2. Meeting the needs;
3. Spontaneous play;
4. Free movement;
5. Healthy diet;
6. Self-esteem support;
7. Social climate of respect and cooperation;
8. Rules and rhythm;
9. Environmental comfort;

GROUP II: Educating for a healthy lifestyle.

10. Early education for a healthy lifestyle;
11. Experiential learning;

GROUP III: Seeking the support of social and professional partners and collaborating with them.

12. Kindergarten and family community;
13. Participation in management and education;
14. Teacher's healthy lifestyle;
15. Kindergarten as part of the community;
16. Stress-free transition to primary school.

Similar projects were launched few years later in other European countries, as for example in Slovakia (12), Germany (13), and Estonia (14), and also in Asia, as for example in Hong Kong (15).

Case study 1 – kindergartens and health in Slovenia Kindergartens in Slovenia and their role

In Slovenia, kindergartens are institutions with a very long tradition. They are organized separately from primary and secondary schools. Besides being a day care centre for children between 2 and 5 years of age they are an important educational setting since the kindergarten teachers in Slovenia are pedagogical professionals with university educational level.

Major part of pre-school children in Slovenia is entrusted to the care provided by the kindergartens. In school year 2004/2005, for example, 61% of this population group was included in kindergartens educational system (16).

Short history of implementing the healthy kindergarten concept in Slovenia

The healthy kindergarten project started in Slovenia as early as in 1993. At that time it became obvious that it was of enormous importance to enhance the awareness in the population that the great gulf between knowledge of what is good for health and between actual circumstances in the sphere of health behaviour had to be diminished. In that aspect, it was of great importance to strengthen the awareness that every individual is also responsible for his/her own health and not only the society or the state what was the case before Slovenia became independent.

However, it was obvious as well that this difficult task could be accomplished only if the individuals would be adequately educated to have habits and skills that would help them to solve health problems and to meet decisions in favour of their health. It has been clear at that time already that the success on that field would be expected only if close and constant collaboration of all those, responsible for health of the children (or those who could in any way affect the health of the children) would be provided. In the first line, this could be achieved through establishing an environment well disposed to health.

On this basis the project »Healthy Kindergarten« was started as incentive and under the auspices of CINDI (Countrywide Integrated Non-communicable Disease Intervention) Slovenia preventive unit, located at Community Health Centre Ljubljana (9, 17, 18).

The project in a following ten years outgrew into a programme entitled »Health in the Kindergartens« (16).

»Health in the Kindergartens« programme

The programme »Health in the Kindergartens« was started in 2006. It is run in the frame of Regional Public Health Institute Ljubljana (16).

In the first phase only the kindergartens from Ljubljana region are included in the programme. In the second phase it will be extended countrywide.

Important characteristics of the programme

Within the project, special attention is given to health promotion and promotion of healthy way of living, prevention of risk factors and stimulation of forming a healthy and safe environment in kindergartens and its surrounding.

Innovative management is significant for the project (19). Parents, educators, professionals from other fields and representatives of local administration are included in the management. Such approach enables to solve the problems immediately, to pave the way for intersectional cooperation and to instate conditions for healthy way of living. Besides, on local level, the project is included in Healthy Cities Project and that way it represents (together with Healthy Schools Project) a foundation for higher quality and for healthier life of next generations.

Aims of the programme

Basic aims of the project are:

- to give every child an opportunity to develop his physical, psychical and social potentials in highest measure;

- to form, initiate and encourage healthy way of living and work in kindergartens (for children, staff, parents and visitors in kindergarten);
- to encourage the children, their parents and educators to gain knowledge and skills, that are needed in everyday wilful decision-making about health;
- to stimulate personal, family and social responsibility for health, and
- to include all social sectors, which have an effect on children's health.

Goals of the programme

Goals of the programme are divided into two main groups. The first group is consisted of goals directed to achieve healthy environment for pre-school children, while the goals of the second group are directed in diminishing the burden of major health problems e.g. non-communicable diseases, communicable diseases, injuries, and mental disorders (16).

1. Group 1.

Basic goals of this group are:

- linkage of the partners (kindergartens principals, teachers, parents and the children) to achieve the common aims;
- empower kindergartens to accomplish their mission in the field of health promotion including health education;
- empower kindergartens to increase inclusion of children with special needs in their programmes.

2. Group 2.

Basic goals of this group are:

- in diminishing the burden of non-communicable diseases:
 - to increase healthy food consumption, and healthy nutrition behaviour,
 - to increase health enhancing physical activity behaviour, and
 - to decrease passive smoking;
- in diminishing the burden of communicable diseases:
 - to increase personal hygiene behaviour,
 - to decrease transmission of communicable diseases by increasing knowledge about characteristics of diseases of this group, and
 - to promote vaccination programmes;
- in diminishing the burden of injuries:
 - to assure safe and secure physical environment, and
 - to increase safe behaviour in kindergartens, at home as well as in the transport;
- in diminishing the burden of mental disorders and diseases:
 - to increase good interpersonal communication,
 - to increase self-esteem, and
 - to decrease violence and violent behaviour in the kindergartens and in the family.

First steps of the programme

In the first year the main task to be accomplished was to make a snapshot of the situation left after the predecessor of the programme, the project »Healthy Kindergarten« was finished, and to evaluate the extent of the effects of this project. All kindergartens in Ljubljana region were handed the questionnaire for achieving this goal.

Also the activities to introduce the programme in a suitable and effective way (e.g. by using social marketing methods) were started. For achieving this goal in the above mentioned questionnaire the questions about needs of kindergartens in the field of health promotion were included. For the first information the pamphlet describing the most important characteristics of the programme was prepared and distributed to all kindergartens in the region

Case study 2–Kindergartens join CUHK’s healthy schools (pre-school) award scheme

A health survey done by the Centre for Health Education and Health Promotion of the Faculty of Medicine (the Centre), The Chinese University of Hong Kong indicated the health condition of pre-school children needs great improvement. It demonstrated a considerable concern for pre-school children’s eating habits, hygiene practices and living environment. Capitalizing on the success of the Healthy Schools Award Scheme, the Centre launched the »Healthy Schools (Pre-school) Award Scheme« to promote the collaboration in parents, schools and the community, building a healthier future for next generation (15).

Identification of the problem

In 2004, the Centre has conducted a health survey for 1,639 pre-school children aged 2-7 by means of parent questionnaires. The results showed that 14.2% of these children were reported over-weight. Nearly 75% of them had a daily intake of vegetables less than 1-2 servings and the intake of fruits less than 1 serving as recommended by dietitians. Though 86.6% of these children would consume milk frequently, 61.3% of the parents would choose full cream milk for their children and only 14.1% of the parents would choose low fat milk or skimmed milk. As well, only 74% of these children had five times or more outdoor activities in a week. In addition, only 20% of these children would wash hands before meals and almost 78% of them had never have dental check-up. On the other hand, 24.1% of these children were exposed to second-hand smoke at home more than one hour per day and more than 34.4% of them were exposed to second-hand smoke at indoor environment more than one hour per day. It was reported that the sources of the second-hand smoke were mainly the family member (23%) and the public area (63.3%).

The findings of the study thus demonstrated that the parents of the pre-school children in Hong Kong should pay more concern on maintaining a balanced diet and regular exercise for their children. Also good hygiene practices should be developed, especially when children are still very young, since it is more effective to establish healthy living style and good hygiene practices when children are young than changing their bad living habit after it has set in their minds.

The Centre suggested that in order to provide a healthy living and learning environment for children in Hong Kong and to ensure a positive health starting early in their life, a strong collaboration should be built between families and schools.

»Healthy Schools (Pre-School) Award Scheme«

The »Healthy Schools (Pre-school) Award Scheme« is supported by the Quality Education Fund and the Hong Kong Institution of Education is the major collaborating party of the Scheme. The Scheme has gained the endorsement from the World Health

Organization, Regional Office for Western Pacific and is the first health promoting school movement in pre-school education. The Education and Manpower Bureau, the Hong Kong Institution of Education together with the Centre are the awarding bodies of the Scheme.

The »Healthy Schools (Pre-school) Award Scheme« is built on the framework which consists of components for health promoting school in six key areas adapted from the WHO's guidelines including school health policies, health services, personal health skills, social environment, community relationships, and physical environment. It aims to promote a healthy, hygienic, safe and harmonious learning environment and balanced development of different aspects necessary to a child's development and enhance the quality education for pre-school children. A comprehensive framework and guidelines have been provided and there is a system to monitor the progress of development and to accredit the attainment of the participating kindergartens.

The Centre organises training for staff to equip them with knowledge and skills to promote health in kindergarten children and to conduct self-evaluation on the progress of developing a healthy kindergarten. The participating kindergartens are provided with professional support for organising health education and health promoting activities as family health education.

The Centre is facilitating the participating kindergartens in accessing relevant health information and encouraging them to set up health resources corner. District-based healthy kindergarten networks would have been established as a platform for sharing experience and good practices. The Centre also promotes mentor-mentor relationship between Healthy School Mentors and participating kindergartens to realize the full potential of the sustainable development of the concept of health promoting school. As well, the collaboration between kindergartens and primary health care professionals who are interested in promoting child health is promoted to strengthen the health services for kindergarten children.

The Scheme not only aims to promote the all-round development of pre-school children, but also to improve the health and well-being of parents, school staff and the community at large. The Scheme promotes balanced development, better health and emotional well-being for kindergarten children, as well, staff development, parental education, involvement of whole school community and linkage with different stakeholders in kindergarten setting. The Scheme received enormous responses from the public and a total of 83 kindergartens are participating in the Scheme. It is anticipated that the Scheme will eventually extend to all early childhood settings in Hong Kong.

Exercise

The main aim of the exercise is to get the students acquainted with the health promotion programme, which was developed for the very young children that are in kindergarten, with the possibilities and opportunities of such an approach.

Task 1:

Carefully read the reference:

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Task 2:

Identify the most important elements of Healthy Kindergartens programme and key prerequisites that need to be fulfilled in order to enable implementation and development of the programme.

Task 3:

List the most important signs of Healthy Kindergartens (at least 10) which cover all aspects important for healthy development of children between 2 and 5 years of age.

Task 4:

Visit local kindergarten and discuss with the pedagogic workers special challenges and obstacles, which they bring out in connection to the implementation and development of the programme.

Task 5:

Discuss about possible indicators of programme development, which could be used for qualitative and quantitative evaluation.

After accomplishing this module students will become aware of the complexity of a social programme in term of participator, approaches, different social, cultural and economical environment as well as in term of broader social support from governmental and nongovernmental organisations.

Students will understand that the program implementation, development and evaluation is a complex task where all partners need to be fully involved and where also a strong support from the local community is necessary

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