

APPLICATION TO BECOME A

„SAFE COMMUNITY“

**IN THE WORLD HEALTH ORGANISATION (WHO) NETWORK
OF „SAFE COMMUNITIES“**

RAPLA COUNTY, ESTONIA

RAPLA, JUNE 2004

Rapla County applies to become a „Safe Community“ in the World Health Organisation (WHO) network of „Safe Communities“.

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1. Background

Following Cardiovascular disease and Cancer, Injuries is the third largest reason for premature death. The indicator of injury caused deaths of men per 100 000 people is 3 times higher in Estonia than in Nordic countries and 2 times higher in case of women. More than 2300 people (160 : 100 000) die due to injuries and poisonings every year, among them 60 – 70 are children. About 18 000, including 3000 children, are hospitalised as a result of injuries every year. More than 150 000 people (10 000 : 100 000) are looking for doctoral visits and medical aid because of different injuries. Injuries disable about 500 people (30-50 : 100 000) every year. On the basis of pilot researches we can expect that 2/3 of injuries happened at home or during leisure time activities, about 20 % of all injuries are falls on the same level or from one level to another, about 10 % are caused by traffic and 10 % by sport activities (including sport games). Regrettably, alcohol abuse causes a considerable amount of accidents.

The most vulnerable of targets are children and youngsters (in particular, age 15 – 19), the group of young adults (age 20 – 44) and elderly people over 75.

Accidents, and to them related injuries are a major national and local health problem, there are both enormous economic costs to society and accidents also leave the victims and their families with immense personal suffering.

Expenses because of injuries exceeded 4 million Estonian crowns (270 000 Euros) in Rapla county in 2000. About 30 people die due to injuries in our county every year. 28 people died in 2002, the youngest among them was 18 years old; the medium age was 51. 33 people died in 2003, among them 3 kids; the medium age was 42.

Unfortunately, drownings and traffic accidents are considered as cause for death very often. Besides, there are many suicides (and attempts for suicides) and death due to alcohol intoxication.

In order to focus on preventive medicine, injury prevention and safety promotion and to tackle the problems on a basis of cross-sectional cooperation, Rapla County initiated the long-term injury prevention program and would like to continue within international „Safe Community“ movement.

1.1. Development and national targets

Injury prevention in Estonia started in 1993 with the founding of the Estonian Centre for Health Education and Promotion (ECHEP). In 1994, the World Bank Expert Commission set certain prerequisites for giving a loan to the Estonian Ministry of Social Affairs. The Ministry had to agree to carry out nation-wide programs, among others injury prevention program. Since that period, injury prevention and safety promotion project has been one of the leading nation-wide projects in Estonia. It was managed by ECHEP up to year 2003, and by *EURO-University* in 2004.

The main aim of this project („*Safe home*“, in Estonian „*Turvaline kodukant*“) was the reduction of traffic injuries and deaths caused by traffic accidents, as well as the improvement of traffic safety awareness. The main target group was – children. Since 2000 this work is conducted by Estonian Road Administration, and the task of the ECHEP (resp. in 2004 by Euro-University) has been to prevent injuries at home and in spare time. The project „*Safe Home*“ follows the principles of similar projects in Nordic and West European countries. Communities play an important role in this work.

The initiation of community level projects was supported by following documents and approaches:

- National Health Policy Document I (1995)
- Nation-wide injury prevention project „Safe Home“ (s.1995)
- Nation-wide community development project (s.1997)
- National health program for children and adolescents (s.1995), in which a part dealt with accidents registration and injury prevention among children
- National Health Policy Document II (2002)

National Health Policy documents (I – 1995; II – 2002) comprised valuable implications for injury prevention and safety promotion. However, Health Policy in 1995 focused on necessity for the improvement of health awareness and for changes in health behaviour, Population Health Policy until 2010 deals with a considerably larger number of health determinants, comprising among others the following: development of the social capital ; creation of equal opportunities for easily vulnerable groups (children, the elderly, disabled people); creation of healthy development for children; creation of favourable physical and psychological environment for the preservation and development of children´ health; creation of healthy choices and lifestyle; creation of the fair and effective health system.

Estonian Sick Found (ESF) has been the main financier of health promotion (incl. injury prevention projects both nationally and locally). ESF requires the injuries-related indicators in topic-specific project proposals such as decreased incidence rates in morbidity and mortality as one of most critical part of proposals.

Injury prevention and safety promotion *is not* an approved state-level population health–program up to now, i.e. all the initiations and interventions are project-based and have to be applied for finances every year again, although ESF allows longer-term planning. Thus, nation-wide project „Safe home“ has set up an objective: to decrease the number of home and leisure time injuries mortality by at least 20 % and injury frequency by at least 10 % by the year 2005 compared to 1999.

Community level projects´ (incl Rapla) objectives are in accordance with the objectives of the nation-wide project.

A „Safe Community“ model is an initiation of local (community) level to larger extent, i.e. based on „bottom-up“ approach.

1.2. Local development and targets

The idea of community based injury prevention program in Rapla county was first mentioned already in 1995. Injury prevention is related to disease prevention and safety promotion is a part of health promotion and those are very closely related to the holistic concept of health. In 1995-96 those ideas were challenges as new and non-experienced areas even for initiators of the current program.

However, we realised the need for ongoing efforts on basis of cross-sectional collaboration. The years 1996-97 have been the introduction period, i.e. presentation of Safe Community principles and criterias and first attempts for project-based interventions. Intersectoral teamwork began in 1998: a county level injury prevention council was set up and its essence and importance was explained during the travelling seminar to Finland (Helsinki and Äänekoski).

A period of studying - defining our mission and goals – was 1999 – 2000.

Much more clearly identified and concrete project based activities began in 2001.

Injury prevention and safety promotion program for Rapla county for 2002 – 2004 was proposed and also approved in 2001, and further, year by year, financed by ESF.

Injury prevention was involved into Rapla county development plan first in 1999, and was a part of health care chapter of that plan. The next county level development plan - up to year 2015 - is in phase of discussion; however, safety promotion aspects have been involved very clearly. Health and safety impact assessment of municipal level political decisions have also been included there as a critical requirement for sustainable development. The latter coincide with the administrative aspects pointing out municipalities' wider attention on safety problems and cross-sectoral cooperation, too.

The Rapla county „Safe Community“ program (2002-2004) has been financed mostly by ESF and also supported by Rapla county government and by 10 local municipal governments. The ESF` finances were used to carry out very different interventions according the projects/ program plans.

The program is organised through Rapla county government and municipal governments. The project manager and the health promotion specialist have been the major driving force of the project. The health promotion specialist has acted as an executive power of all meetings and has been involved with public relation as the spokesperson of the project. The members of the intersectoral council have been responsible for different aspects of the project plan (covering specific target groups, different situations and environments). That council belongs to Rapla county government and is approved by county governor` regulation since 2000. However, intersectoral council is working on everyones` own free will.

2 Demography

Rapla county is located in Northwest Estonia, less than 60 km South of the capital of Estonia, Tallinn. Rapla county has 37 270 inhabitants (01.01.2003). The crude birth rate is 10,19 (in Estonia 9,57) and the crude death rate is 11,53 (in Estonia 13,51). In years to come it is expected that a higher proportion of inhabitants will be elderly. Number of pensioners was a bit less than 10 000 by 01.01.2003.

The county stretches nearly 3000 square kilometres, population density is about 12 people per sq km, what is somewhat higher than the average number in Estonia. Rapla county comprises of 10 municipals, the biggest of them has got 10 000 inhabitants and the smallest one - 780. The county level administrative centre is Rapla town, where about 6000 people do live. The other bigger settlements are Märjamaa, Kohila and Kehtna municipals. National road from Tallinn to Pärnu runs through Rapla county to the extent of 48 km. There are counted 331 passenger cars per 1 000 inhabitants in our county (in Estonia 295: 1000).

Employment and Industry

The number of working-age persons (total, aged 15-74) is about 27 000; the labour force is 16200 people, the labour force participation rate is 58,7 % (in Estonia 62,3 %); the employment rate is 53 % (in Estonia 55,9 %) and the unemployment rate respectively 9,7 % in Rapla county and 10,3 % in Estonia by an average.

Building, transport and agriculture are the primary industry in Rapla county. Public administration, school, health and social service play also an important role. There are 23 schools (among them 6 gymnasiums), 2 professional training schools, i.e. vocational education institutions, 33 kindergartens, 12 social welfare institutions and 2 hospitals. About

1500 kids go to kindergartens and 6000 pupils to different schools. The number of pupils has been decreased since 1999.

3 Rapla county' efforts in relation to the criteria for the participation in the „Safe Community“ project in the WHO network

3.1 An infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in Rapla community

A cross-sectional *county level council* was set up in 1998. The mission of that is to improve the quality of life of inhabitants of Rapla county and decrease morbidity and mortality rates caused by injuries. The goals identified and approved by that council in 2000 followed as:

- to decrease the incidence rate by 5 % caused by home and leisure time injuries among the whole county population by the end of the year 2004 (compared to 2000)
- to decrease the number of death by 10 % by the end of the year 2004 (compared to 2000)
- two communes will join to international Safe Community movement by the end of 2004 (that time(2000) it was meant, two municipals of Rapla county).

During the period of the program (2002-2004) the main tasks of that council was to develop county level injury prevention/ safety promotion project, inform stakeholders and integrate all municipals and different sectors of life, analyse the process, carry out formative, outcome and even impact evaluations. This work is based on data collected by the health service and other surveys available. The council also aims to create more opportunities for program to be put into practice as well as administering of each year' budget.

The council meets about 4-8 time a year and at any other time required. The health promotion specialist is responsible for convening the meetings.

The council consists of the following county and municipal level specialists and representatives of local political and executive power:

two municipal governors,
county governer (at the moment),
health promotion specialist,
head of labour inspection,
specialist for traffic safety ,
specialist for traffic safety at the police,
head of the municipal kindergarten,
head of the municipal social institution for elderly people,
chairperson of citizens' protection association (NGO),
a private enterpriser,
leading specialist for county level fire and rescue service,
head of emergency medical aid department of county hospital,
a health education teacher of a municipal school,
a pediatrician of county hospital.

Collaboration between council' members is excellent. Staff of that council has been quite stabil since 1998. Cross-sectional group (council) has been successfully working for six years and achieved *country*-wide acknowledgement. The council is responsible for real process of the program, for sustainability and for results. However, as mentioned above, the council is working on voluntary basis.

Many more people are involved in to the project through various project activities and interventions.

Leadership

The program and each year project is administratively tied to Rapla county government. This ensures that program is closely tied to public and social sectors and also to 10 municipalities. The executive project manager is health promotion specialist whose work is chaired by program manager.

Health promotion specialist is accountable for intersectoral council, for Rapla county government and for Estonian Sick Fund.

Cross-sectoral cooperation

As seen above, the council consists of representatives of almost all sectors of the community. An important result of that is the opportunity to exchange the information and to evaluate the impact of the project on different sectors. It has also been critical to analyse the working mechanism of the program/ projects. The program is a long run undertaking and the results may not be apparent in short period of time.

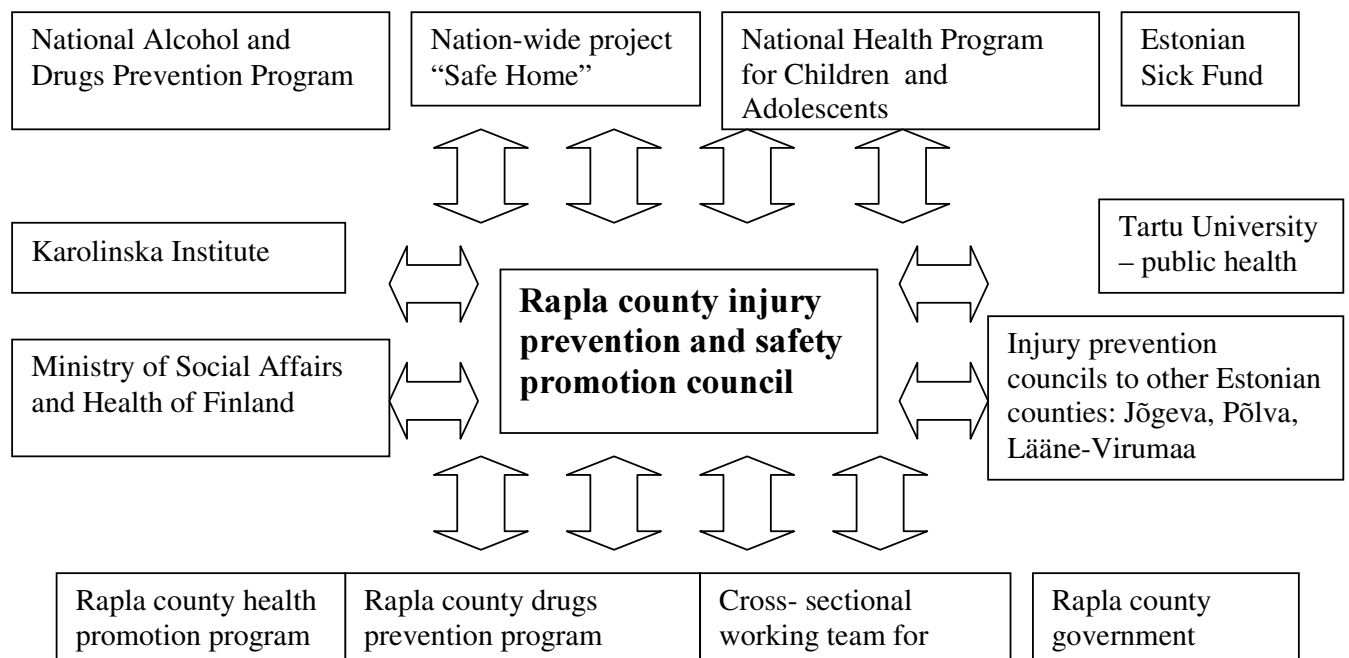
The general public has been informed about various activities through local media and called also to attend those interventions as much as possible. Informal communication between project leaders and different sectors has been frequent as well as inter-sectoral communication has increased. The latter should also be mentioned as an output of the whole program.

Infrastructure for collaboration and responsibilities

County level safety promotion council is responsible for county level program, for projects applications and their implementation, and also for chapter of safety promotion in long term development plan. *Health councils for local municipalities* – just undergoing the period of defining their tasks – would be responsible for municipal level projects, for chapters for health and safety on municipal level. Further, *health councils for schools and kindergartens* have already started and they supposed to be responsible for institution-level risk analysis and injury prevention.

Generally, in this respect we have followed the well known „community development“ approach, where decisions affecting peoples lives have to be made and also implemented by political power, closest to community people (i.e respectively on county level, on municipal level, on institutional level). It is critical for decision-makers to be capable to face local problems and find best solutions.

Diagram 3.1.1. Structure of the program and associated groups/ partners

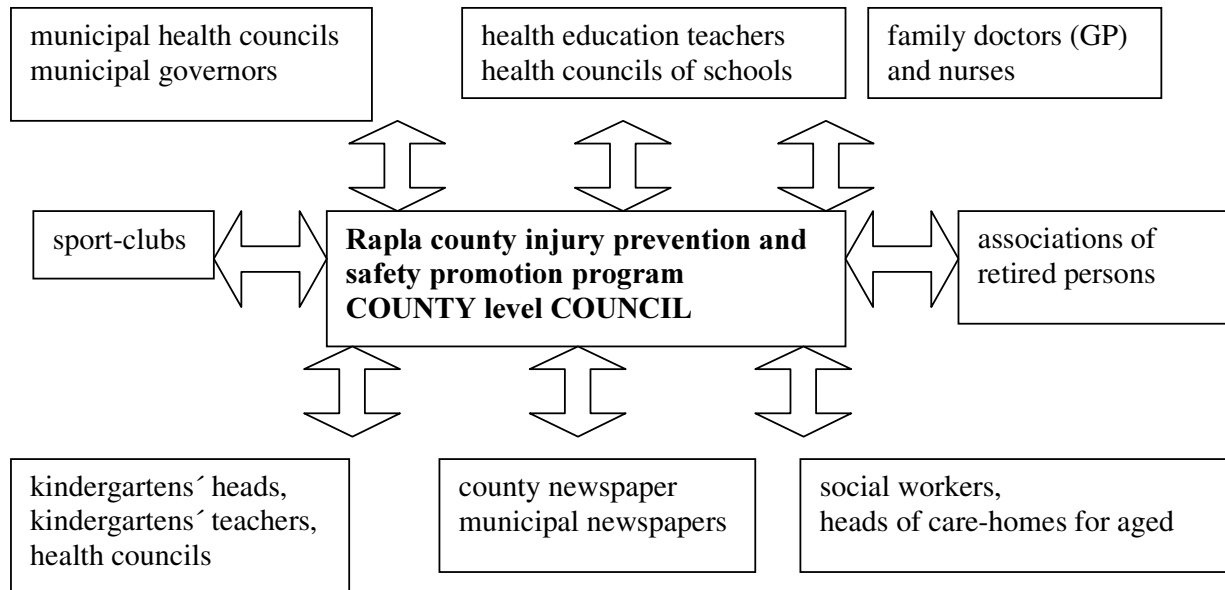


Planning

The county level program is a part and integrated into county level health promotion. As mentioned above, safety promotion is included into long term development plan up to year 2015. The program is definitely cross-sectoral what increases its independence from some kind of single sector and ensures its acceptance by different sectors.

Rapla county government has established a website where more information about safety promotion and „Safe Community“ is given. Round table meetings with family doctors, representatives of associations of retired persons, editors of municipal newspapers ensure the effective communication.

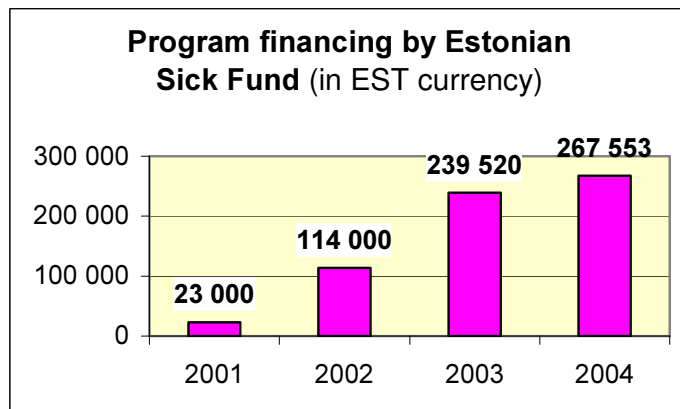
Diagram 3.1.2. Program collaboration



3.2. Long-term sustainable programs covering both genders and all ages, environments and situations

Rapla county started with small-projects, including one or some interventions, and targeting on few population groups (1996 -2001). However, that all has been a continual development towards the more comprehensive program. A first long run program for 2002 – 2004 was elaborated by the end of 2001 and approved for finances by Estonian Sick Fund. As seen on diagram, the scope of financing from 2001 to 2004 has been increased year by year.

Diagram 3.2.



There is also a perspective for the future to foresee: the county level long term development program for 2005 – 2015 will be approved, in which more attention to problems of psychosocial environment will be given. The county level program is also basis for municipal development plans. Thus, the long-term aspect of the program is ensured through the political will of the Rapla county government and ten municipal governments. The county sees „Safe Community“ program as a step on the way to create a better and safer community for its inhabitants. The program has been inserted into various sectors of community life. Established county-wide networks and evaluations of every year projects (within the program) ensure its sustainability.

„Safe Community“ program was introduced to municipal governors and carefully discussed in May 2003 and in March 2004. The conclusion reached was to support the programme and follow the criteria set out by the WHO, with the target to be recognised as a „Safe Community“.

The three years program has reached its comprehensiveness and covers both genders and all ages, environments and situations. However, there are always many opportunities to meet new challenges and to assure a better quality.

The target groups will be listed as following:

- kids (0 – 3 years old)
- preschool-age children (4 – 7)
- parents of 0 - 3 and 4 – 7 y.o.´ children
- pupils (in particular, 16 – 18 y.o.)
- pupils´ councils at schools
- kindergarten-teachers
- health education teachers
- elderly people (65 y.o and up)
- municipal social workers
- municipal governors
- the whole population

Associated (target) groups

- family doctors
- workers for welfare centres
- heads for day-care centres
- associations for retired persons
- editors for municipal newspapers
- county-level newspaper „Nädaline“
- sport-clubs

Children

The program mainly focus on children from newborn-age up to 7 years old kids. It was considered that injury prevention for 7-14(15) old pupils is carried out by National Health Program for Children and Youth. However, most probably some revaluations in that respect are needed in very nearest future. Injury prevention at schools is part of health education curriculum and responsibility of schools´ health care system.

Family doctors and nurses are important in this field. They are the first point of contact when new born children arrive home from the hospital, and the first instance where accident prevention can be taught. Family doctors counsel all parents of up to 1 year old babies.

Additionally, a topic-relevant brochure has been handed out. The parents were asked to fulfil a checklist regarding the contents of that brochure, and among those parents a safe-seat of a passenger car has been disposed of by lot.

The similar method was used, as to parents of pre-school age children, and that, in turn, based on good collaboration with kindergartens' teachers.

Kindergartens mainly focus on safe-traffic-skills and reasonable use of protective equipment. Interactive traffic-play, performed in all kindergartens highlighted significance of reflectors, helmets and other necessary protective equipment for cycling. Kids must wear helmets when cycle – that is a rule in all municipal kindergartens.

Our traffic-safety specialists are very frequent visitors in kindergartens and in schools.

Another interesting example of injury prevention is seminars for kindergartens' teachers and practical trainings for kids „Look for Ott!“ (how a child has to behave if he has lost the right way in forest).

Injury prevention and safety promotion in kindergartens could also be characterised by changes in physical environment.

Youths

As regards the pupils of age 16 -18 and young adults we work in very tight collaboration with drug prevention program both on national and local level. An emphasis has been placed on the relation between youth and alcohol and also alcohol related violence and accidents. In general, the given problem is complicated and challenging but at least schools have made efforts for seeking effective control-possibilities to guarantee alcohol-free events.

Our efforts and interventions have been followed to threatening results about alcohol consumption and abuse based on results of surveys in 2001, 2002, 2003, 2004, carried out among pupils of 10-11, 13-14, 17-18 years old.

Likewise, another critical approach is worth to mention: first medical aid trainings for teachers and gymnasium-pupils realised regularly by the specialist of county fire and rescue service.

Sports Clubs

Those are defined as associated (coherent) target groups. Sport clubs are facing stricter regulations on safety at their venues. Training methods and protection in sports has also been targeted in order to prevent accidents. There is an ongoing campaign, supported by our program to persuade people to use helmets while cycling or roller-skating.

We work in tight collaboration with local Basketball-club and local Bike-club. We also do have a good contact to local sport and leisure time shops as concerns safe equipment advertising.

Industry

The head of county level labour inspection belongs to intersectoral group since 1998. The work related accidents prevention is systematically coordinated and evaluated by country level institution. Our team is regularly informed about the Rapla county situation. The registration of work related accidents is as precise as possible and each case will be very carefully observed and assessed just by our colleague.

Road-safety

Estonian Road Administration is responsible for road safety as regards national roads. That administration also provides with targeted resources for road safety promotion its local (county level) branches. All other roads are municipal concern. Road safety programs target the whole population, an emphasis has been placed on children and young adults safety. As quite a many road accidents are due to alcohol consumption, special campaigns for drivers have been initiated.

County level undertakings, e.g. distribution of light reflectors for first graders and elderly people support general programs. With respect to reflectors we have done a good collaboration with „if...“ insurance fund and Estonian Red Cross.

Special topic-specific sticking tape highlights the helmets use by cycling. Those tapes will be given to everyone at cycling tours and competitions, at various children events. Traffic-behaviour is a part of health education in kindergartens and in schools. Road accidents and injuries are also documented in all details.

Alcohol

Regrettably, Estonian national alcohol policy is very liberal. Quite a many municipalities over the whole country have fixed their own rules to decrease access to alcoholic drinks. Rapla county is the first and the only one up to now where almost all municipalities have enacted the ban of retail of any kind of alcoholic drinks at night time. Long discussions preceded that political decision. The surveys, carried out in Rapla county in 2001-2004 among pupils, and health behaviour study among adults helped to understand the necessity of that ban. Parallel to above mentioned decision all municipalities are working on plans for youth to offer them a variety of different alternative activities and to more involve them into community life.

Rapla county example has had an impact to some other Estonian counties supporting relevant discussions and decision-making in local alcohol policy. Among others, we also have influenced the national alcohol policy.

The Elderly

The elderly has been one of the main target groups of the three-years-program. Municipal social counsellors, social workers and representatives of associations of retired persons are in tight communication with those people. A brochure for that critical target group has been compiled by the country-wide project, and just that brochure is used to inform aged people about injury prevention (incl falls). Another brochure about home-gymnastics for elderly also serves the falls prevention.

The home-visiting- social workers should register all possible accident related places and find solutions in order to decrease the risk of accident. The municipal social workers passed a special seminar on risk analysis and injury prevention for aged. The same risk-analysis approach is used in old-peoples homes, and in those more attention and efforts has been given for safer physical environment.

County and municipal newspapers have published articles about injury prevention and safe environment promotion for elderly people.

3.3. Programs that target high-risk groups and environments, and programs that promote safety for vulnerable groups

Considering the program objectives and data of statistics available the high-risk groups and areas were identified as children, young adults, elderly, road-safety, home and leisure time environments.

However, we have given more weight just to *target groups* while they happen to experience different situations and have to learn to avoid risky-behaviour, e.g children at homes, at school, in traffic, attending the leisure time events, doing a lot of sport.

Practical interventions as to kids, pupils etc have been listed and described in paragraph 3.2.

3.4. Programs that document the frequency and causes of injuries

There does not exist a common injury registry in Estonia. We use data available from official health care statistics where injuries as diseases are documented, although the causes of injuries could be not clearly appeared. It is to be hoped that national injury registry will fulfil that gap.

We also have used statistics from police and fire and rescue service, from county hospital, from county labour inspection and local traffic safety department.

Diagram 3.4.1. All registered injuries 1998-2003

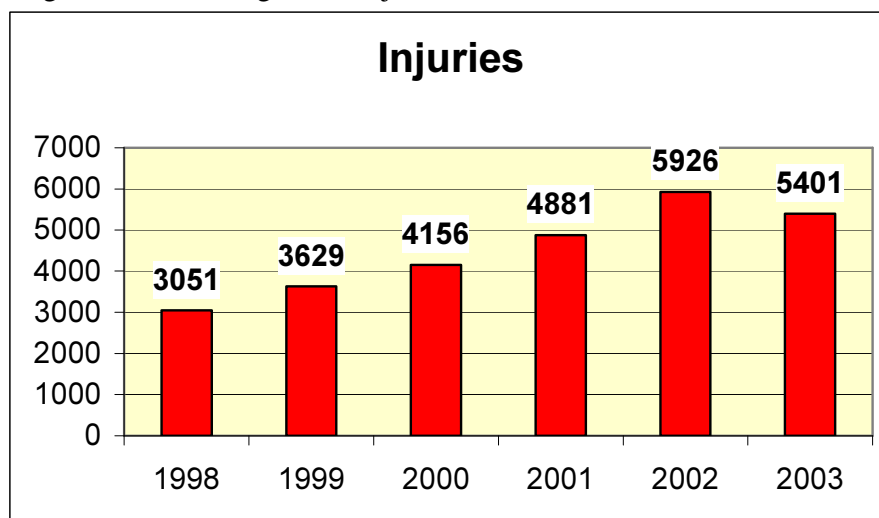


Diagram 3.4.2. Activity at time of injury each year

	1998	1999	2000	2001	2002	2003
All in all	3051	3629	4156	4881	5926	5401
Sport and physical activities	359	549	646	771	1007	917
Leisure time injuries	966	1464	1670	2074	2921	3029
Occupational injuries (at work)	123	167	203	257	306	298
Occurred at alcohol intoxication	204	251	269	Not reliable data	204	220

Diagram 3.4.3. Injuries at work 2001 – 2003

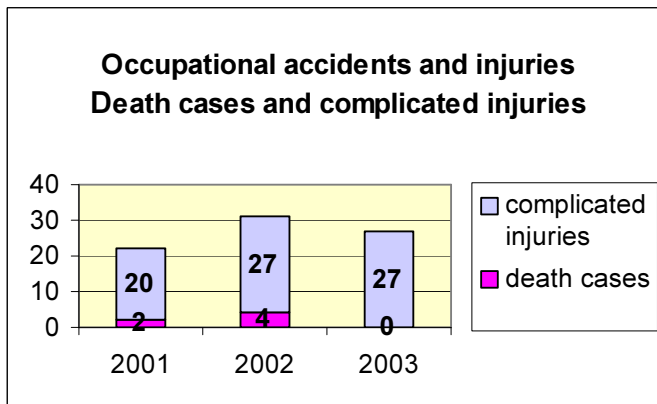
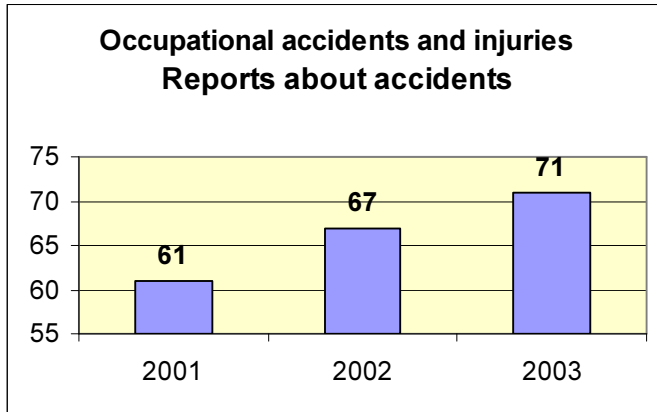
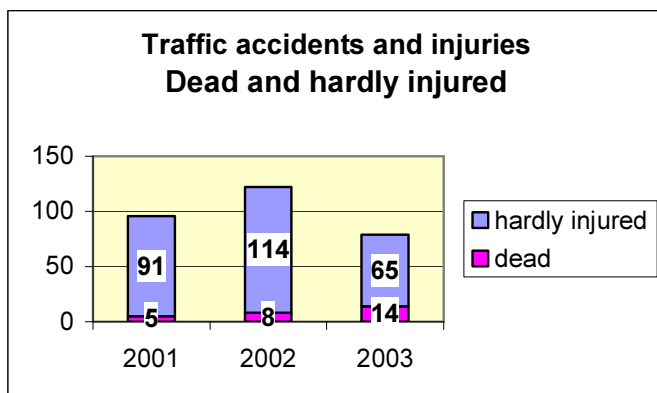
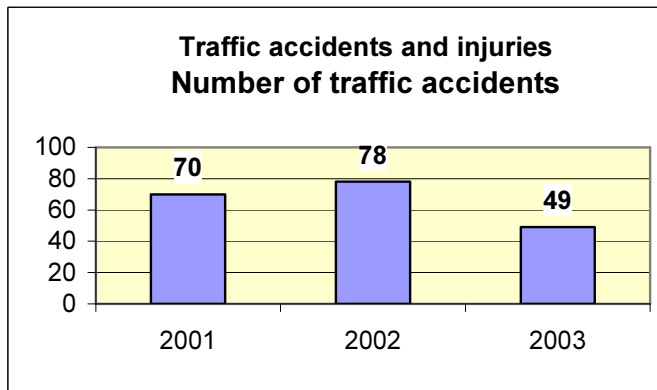


Diagram 3.4.4. Traffic injuries 2001- 2003



There could be some additional surveys and studies mentioned what have been in assistance of making conclusions:

Health Behaviour among Rapla County Adult Population, Survey-2002 (Kasmel, A., Lipand, A., Markina, A., 2003)

Social Health Determinants among Rapla County Adult Population, Survey-2003 (Kasmel, A., Lipand, A., Markina, A., 2003)

Survey 2001-2004 among Rapla County pupils regarding alcohol and drugs and using drugs (Rapla County Drugs Prevention Council)

3.5. Evaluation measures to assess their programs, processes and the efforts of change

Rapla county safety promotion program is grounded on internationally accepted community development approach, what is considered to be most effective to meet people's needs. Community itself carries out the needs assessment, determines priorities and formulates possible solutions. Evaluation measures base on that strategical, so called „bottom-up“ approach, what is not expert-led. Community people, resp. community level intersectoral council takes initiative and responsibility. They know the problems and can propose best changes based on community needs.

Process evaluation

Internal evaluation of the program has been executed by members of that council. All main activities, one by one, have been evaluated separately by each member:

Diagram 3.5.1.

Activities/gr.members	ÜL	AL	AH	TA	TT	AT	VJ	AK	points	medium
Round-table meeting of GP	7	6	-	-	-	-	-	7	20	6,6
Training "Look for Ott"	9	9	8	-	7	-	9	9	51	8,5
"Ott's Day"	9	9	9	9	8	-	-	10	54	9
Interactive traffic-play	9	9	9	9	9	9	8	9	71	8,8
First-Aid Courses	9	-	-	9	-	-	9	9	36	9
Trainings for social workers	9	-	9	-	8	9	-	9	44	8,8
Training for municipal leaders	8	-	9	-	-	-	-	-	17	8,5
Media, articles	9	8	9	8	8	10	9	10	71	8,8
Seminars for inj prevention council	10	9	10	10	10	10	9	9	77	9,6

That is called an empowerment evaluation, where group members themselves assess the program and make conclusions for future development. Cross-sectional group also evaluated council's ability for planning and implementation processes: 2002 – 7,80; 2003 – 7,98 (10 points could be maximum).

Further, empowerment of community groups and people is a very critical indicator of positive change.

Estonian Sick Fund carried out a financial audit for the second period of the program (2003). That was an external evaluation.

Outcome evaluation (if the program/project has reached the objectives)

Positive changes in population health indicators are long run process. However, all stakeholders are interested at least *in trends*.

In 2003 we lost in Rapla 3 kids due to fatalities. Considering the small number of children in our county, that has been a very high loss rate. No death among children was registered regarding injuries in 2001-2002.

Mortality rates among adult population in 2003 were 24.3 % lower compared to 2000.

Impact evaluation

We may report following changes in community life:

- program has created a counselling system at health care centres and family doctors: they inform parents, distribute guidelines (brochures) for safer home environment. Feedback from parents is asked.
- program has established a network for social workers, social counsellors, for representatives of associations of retired persons. The network passed a training program and has already been an initiator for some new interventions to tackle with injury prevention among elderly people.
- county newspaper is regularly forwarding relevant injury prevention and safety promotion information to population.
- evidence-based planning, implementation and regular evaluation according to each-year project requirements have helped to get continual finances from ESF for Rapla county program:
2001 – 1 500 Euros
2002 – 7 600 Euros
2003 - 15 400 Euros
2004- 17 100 Euros

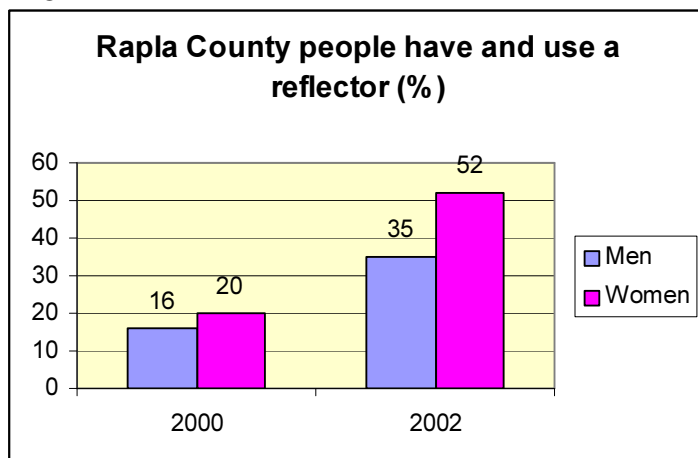
We also consider to be of importance the opinions of community people. Those could be gathered by various *surveys* listed above, e.g.:

- more than 70 % of the population think that their community (Rapla county) is safe
- walking around at night: that is thought to be safe by 78 % of men and by 69 % of women
- safe playgrounds for kids: 80 % of men and 86 % of women gave a positive response.

Results from Health Behaviour study 2002:

- pedestrians use reflectors when moving in the dark in Rapla county more often than on an average in Estonia
- Rapla county people use safety belts on front and back seats more frequently than Estonian people on an average
- there was a significant positive change in Rapla county in 2002 (compared to 2000):

Diagram 3.5.2.



Summaries and evaluations of the safety promotion projects/ program have been reported on Rapla county health promotion conference in 2001: „Injury prevention and community health“, and also will be presented on program´ sum-up conference on 1 October 2004: „Safe Community“.

3.6. Ongoing participation in national and international Safe Communities network

Rapla county co-partners on national level:

- Estonian-wide project for home and leisure time injuries´ prevention
- National program for alcohol and drugs prevention
- Estonian Road Administration
- Tartu University: public health institute
- Injury prevention councils to other Estonian counties

The program in Rapla is promoted to other Estonian counties through participation in conferences and seminars, through articles in public media and through informal communication with other health promotion specialists.

Members of cross-sectional groups have participated following international seminars and conferences:

- The 6th Travelling Seminar on Safe Communities at Karolinska Institute, Sweden, 1995 (A.Laasner)
- International workshop on Safe Communities: The Application to Societies in Transition, Tartu, Estonia, 1997 (A. Laasner – oral presentation)
- The 1st European Safe Community Network Development Meeting, Falköping, Sweden, 1997 (A.Laasner)
- Injury prevention seminar in Finland, Helsinki and Äänekoski, 1998, hosted by Ministry of Health and Social Affairs of Finland and Äänekoski Municipal (11 group members)
- The joint Scientific Latvian-Swedish Injury Prevention Research Conference, Riga, Latvia, 1998 (A.Laasner)
- European Conference on Safety in the Modern Society, Helsinki, Finland, 1999 (A. Laasner and Ü.Laasner – oral presentation)

- The Travelling Seminar on Safe Communities at Institute of Child and Mother Health in Dhaka, Bangladesh, 2000 (A.Laasner) and The 9th International Conference on Safe Communities
- International Course on Injury Control and Safety Promotion in New Dehli, India, 2000 (A. Laasner – poster presentation) and the 5th World Conference on Injury Prevention and Control
- The 5th Nordic Safe Community Conference, Helsinki, Finland, 2003 (Ü.Laasner, T.Peterson, K.Toomet, A.Laasner, A.Heinvee – oral presentation)
- The 13th International Conference on Safe Communities, Prague, Czech, 2004 (T.Peterson, Ü.Laasner, A.Laasner – oral presentation)

In December 2003 we have hosted in Rapla a group of 10 members from Finland (Folkhälsan i Nyland). An overview of Rapla county safe promotion program was given, and a practical site-visit organised.

Rapla county has committed itself to promote the „Safe Community“ and extend the network of safe communities within Estonia.

4 The Application

This application describes the accident and injury prevention and safety promotion work undertaken in Rapla county. The program has been developed from single projects since 1997 – 2001 to an integrated approach since 2002. The cross-sectional team has been a strength in the development of the program. The success of the program depends on enthusiastic community people, among them the above mentioned intersectoral group.

This overview and application is based on the collective efforts of many actors during many years. We also are very grateful for technical assistance, support and contribution of Estonian-wide institutions, in particular, to manager of country-wide injury prevention project „Safe Home“.

We would also like to acknowledge all those who have contributed to the working groups, county and municipal level politicians, who have dedicated a lot of their time, expertise and efforts to the program.

 Tarmo Peterson
 Head of the Program
 Program

 Ülle Laasner
 Executive Director of the

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