

ARE INEQUALITIES PLAYING A MAJOR ROLE IN THE DOMESTIC ACCIDENT CONTEXT? WHAT CAN WE DO? EXPERIMENTAL STUDIES IN NORTH EASTERN ITALY

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DOMESTIC ACCIDENTS: A RELEVANT AND UNDERESTIMATED HEALTH ISSUE

Every year approximately 4.500.000 domestic accidents occur in Italy, causing around 8.000 deaths. In comparison, registered road accidents occurred during 2007 were 230.871, with 5.131 deaths, while on the same year on-the-job accidents were 874.940, with 1.120 fatalities. Despite the dimension of the problem, till recent years rare structured initiatives have been planned and realised. A turning point was represented by the National Prevention Plan 2005-2007 and by the National Health Plan 2006-2008, which promoted a national working group and stimulated regional studies and initiatives on the prevention of domestic accidents.

Aims

Our study aimed at :

- (1) **collecting information on the citizen behaviour related to domestic risks;**
- (2) **assessing the risk perception on home accidents;**
- (3) **defining subsequent prevention activities at the regional level.**

Methods

A first phase concerned the planning and realisation of a multicentric survey based on self compiled questionnaires about domestic hazards and behaviours. Two questionnaires were submitted to citizens accessing to structures of the public health service, for vaccination and prophylaxis. A tool was recently designed for this kind of surveys by the National Institute for the Prevention and on-the-job Safety (ISPESL), allowing to compute a domestic risk index for each house; the tool was never used extensively before. Another tool submitted to citizens was the check list produced by the Swiss Office for the Prevention of Accidents (UPI). Results about the perception of risk factors is reported in the following table.

RISK FACTORS	Percentage of houses (Confidence Limit at 95%)
Presence of inflammables' stuff in the furnishigs	50,6% (46,2; 54,9)
In case of fire, presence of stuffs that produce toxic smoke	14,6% (11,7; 18,1)
Presence of furnitures without unbreakable glasses	48,2% (43,9; 52,6)
Childrens can climb the furnitures	13,9% (10,1; 18,4)
Presence of inflammables' stuff in the furnishigs of childrens' room	33,5% (28; 39,3)
In the bedroom presence of carpets or of slipping's risk	22,2% (18,6; 26,2)
The stove is accessible by the children	20,6% (17,1; 24,7)
Bathroom's floor is very slipping	22,6% (19; 26,6)
Bath without noslip bottom or noslip carpets	40,3% (35,9; 45)
Presence of unprotected plugs	23,5% (19,8; 27,7)
Childrens can climb the parapet/banisters	18,4% (14,7; 22,7)

DO INEQUALITIES PLAY A ROLE?

A national survey (PASSI) about domestic accident risk perception - performed by phone interviews - suggests a general low awareness for what concerns domestic hazards. Our study was conducted on more than **1400** citizens from the region Friuli Venezia Giulia by **self compiled questionnaires**. It was also aimed at a self assessment of accident safety in homes. Potential generational, gender, literacy and cultural factors affecting domestic accidents awareness have been considered. Again **no clear evidences have been identified about social grouping and discrimination in risk awareness**, that in most cases is confirmed to be very low.

National statistics show by the way that **children 0-4 years old and elderly >65 years old** are more frequently subject to severe accidents, leading to death or permanent inhabilitation.



Since domestic accidents occurring to the elderly result frequently in hospitalization and high costs for the health system (e.g. femur fractures), the regional HPH team has posed specific attention on how to tackle a factor that can affect health outcomes and that is related to socio-economical inequality in EU societies: the **wide presence of not EU, not formed care givers in the retirement houses**. The HPH team planned dedicated courses that were realized for about 200 care givers (50% not EU) in the region FVG for providing culture and training about domestic accident prevention. Feed back from courses shows high share of appreciation for the activity (85%) .



Conclusions

This is the first application of ISPESL and UPI questionnaires for collecting information about domestic hazards and perception of domestic risks, that has involved more than 1000 citizens. Specific courses for 200 care givers (50% extra EU) in retirement houses were planned and realized for minimizing domestic risks. Both compilation of **questionnaires and courses for care givers are tools for health promotion and prevention of hospitalization** as it is demonstrated by declarations about usefulness of the survey and modification of wrong behaviours.