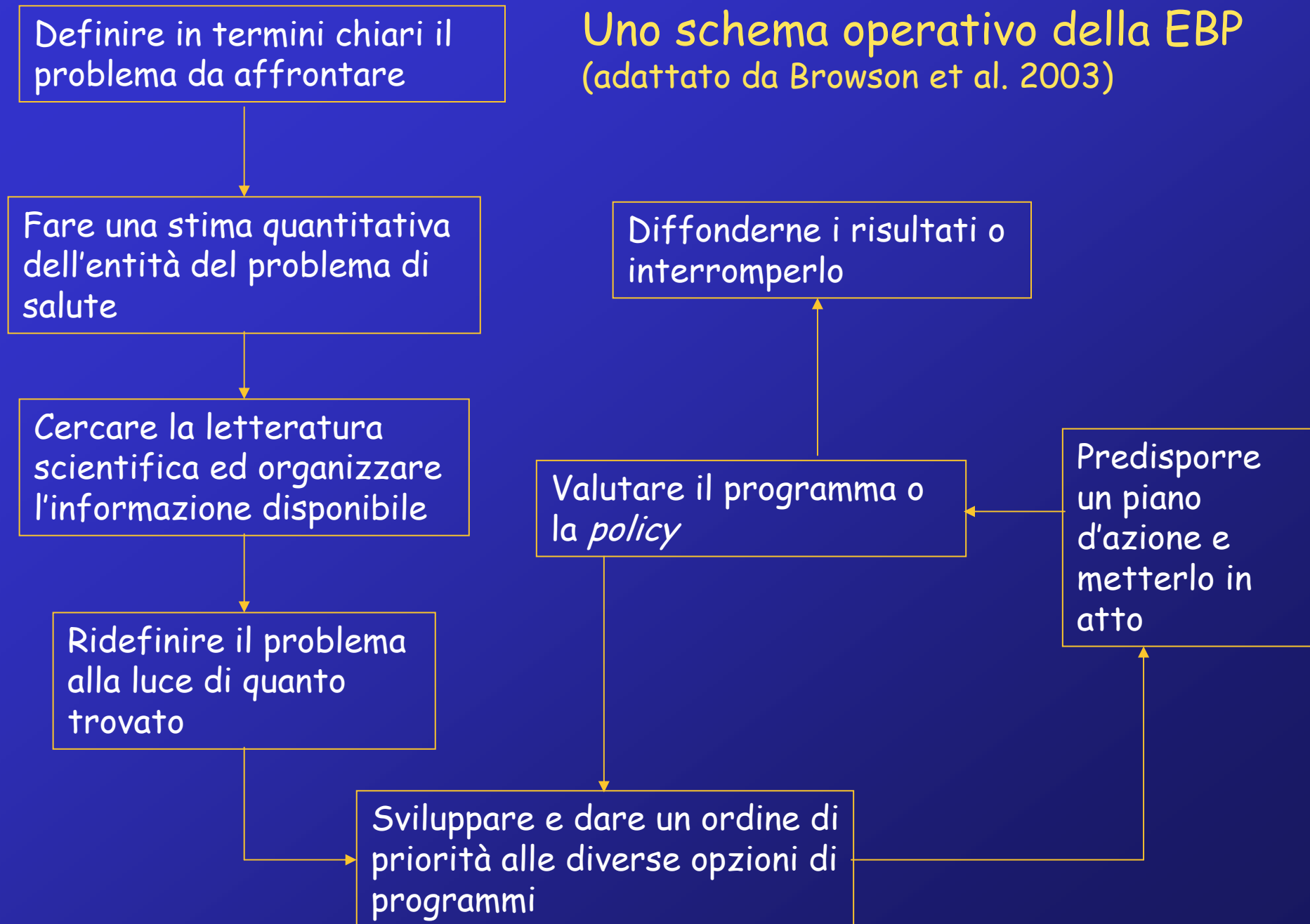


# Logical Framework



SCOMPOSIZIONE  
DELLE PRATICHE  
E DEI PROGRAMMI  
NELL'AMBITO  
DELLA SANITA' PUBBLICA

## Uno schema operativo della EBP (adattato da Browson et al. 2003)



## Uno schema operativo della EBP (adattato da Browson et al. 2003)

Definire in termini chiari il problema da affrontare

**Aprire la "scatola nera" del PSP (Programma di Sanità Pubblica), scomponendolo nelle sue parti e chiarendo su quale di esse si voglia programmare l'intervento di EBP**

Cercare la letteratura scientifica ed organizzare l'informazione disponibile

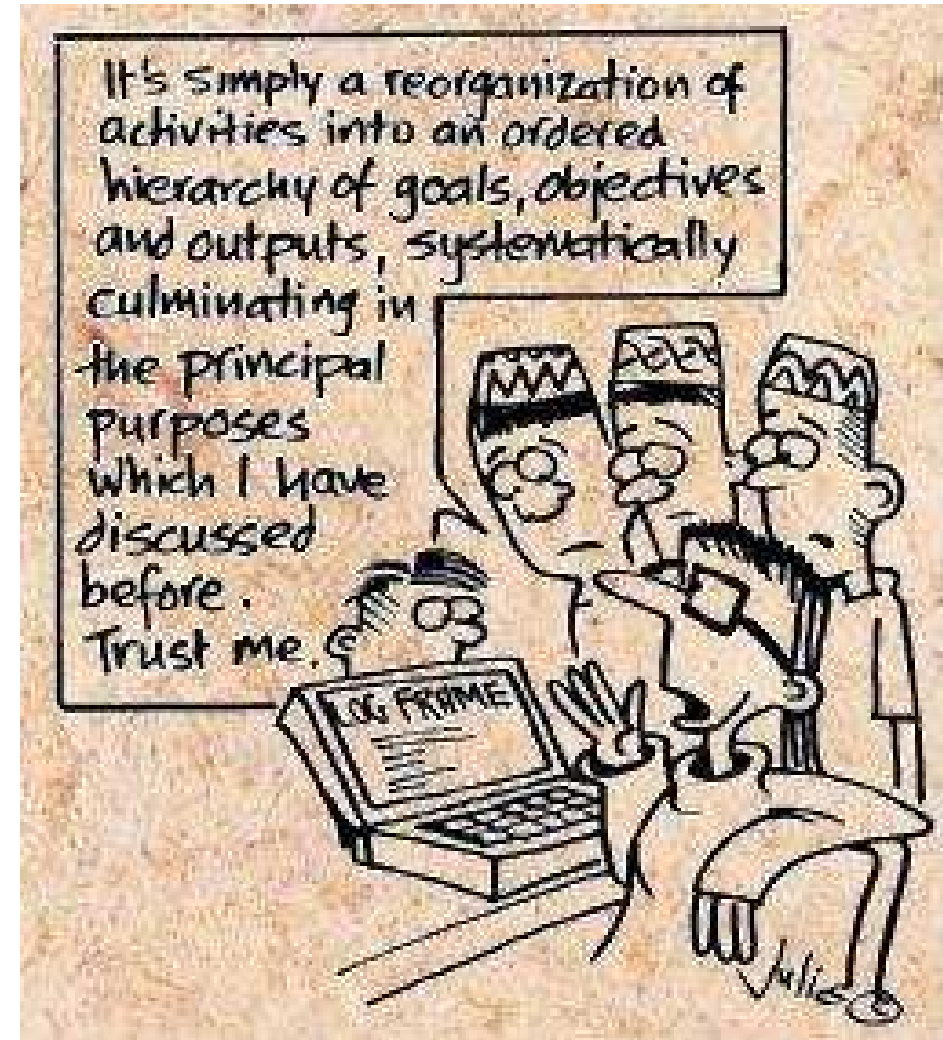
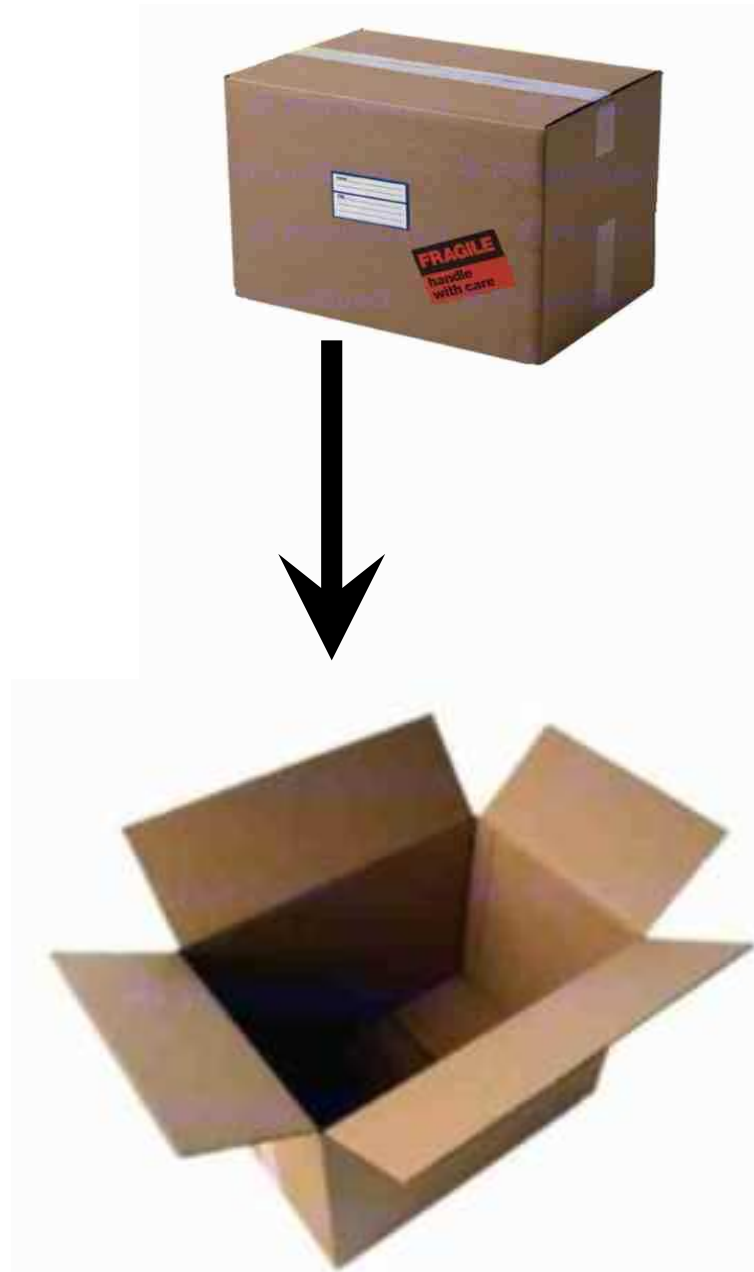
Ridefinire il problema alla luce di quanto trovato

Sviluppare e dare un ordine di priorità alle diverse opzioni di programmi

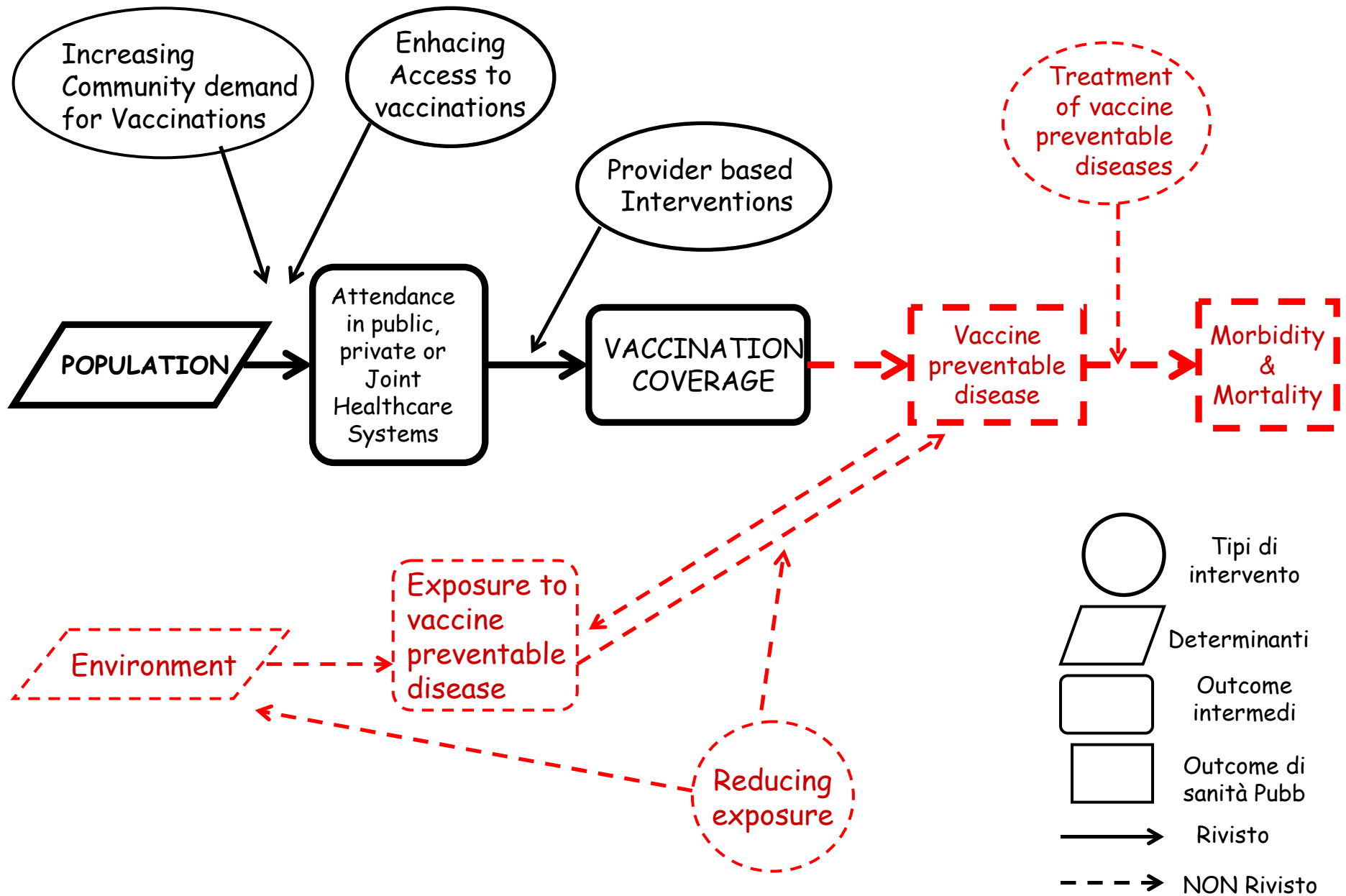
Valutare il programma o la *policy*

Predisporre un piano d'azione e metterlo in atto

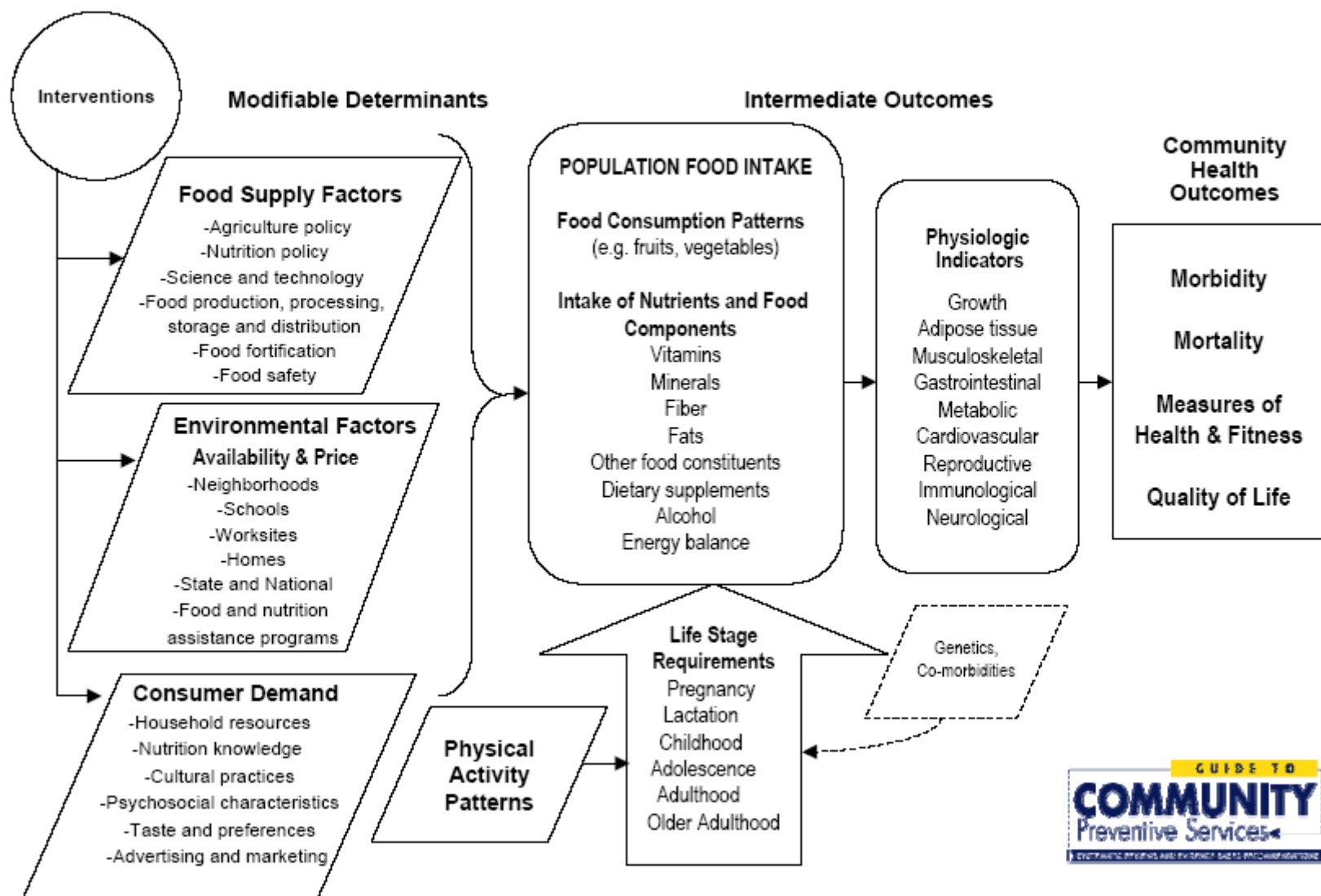


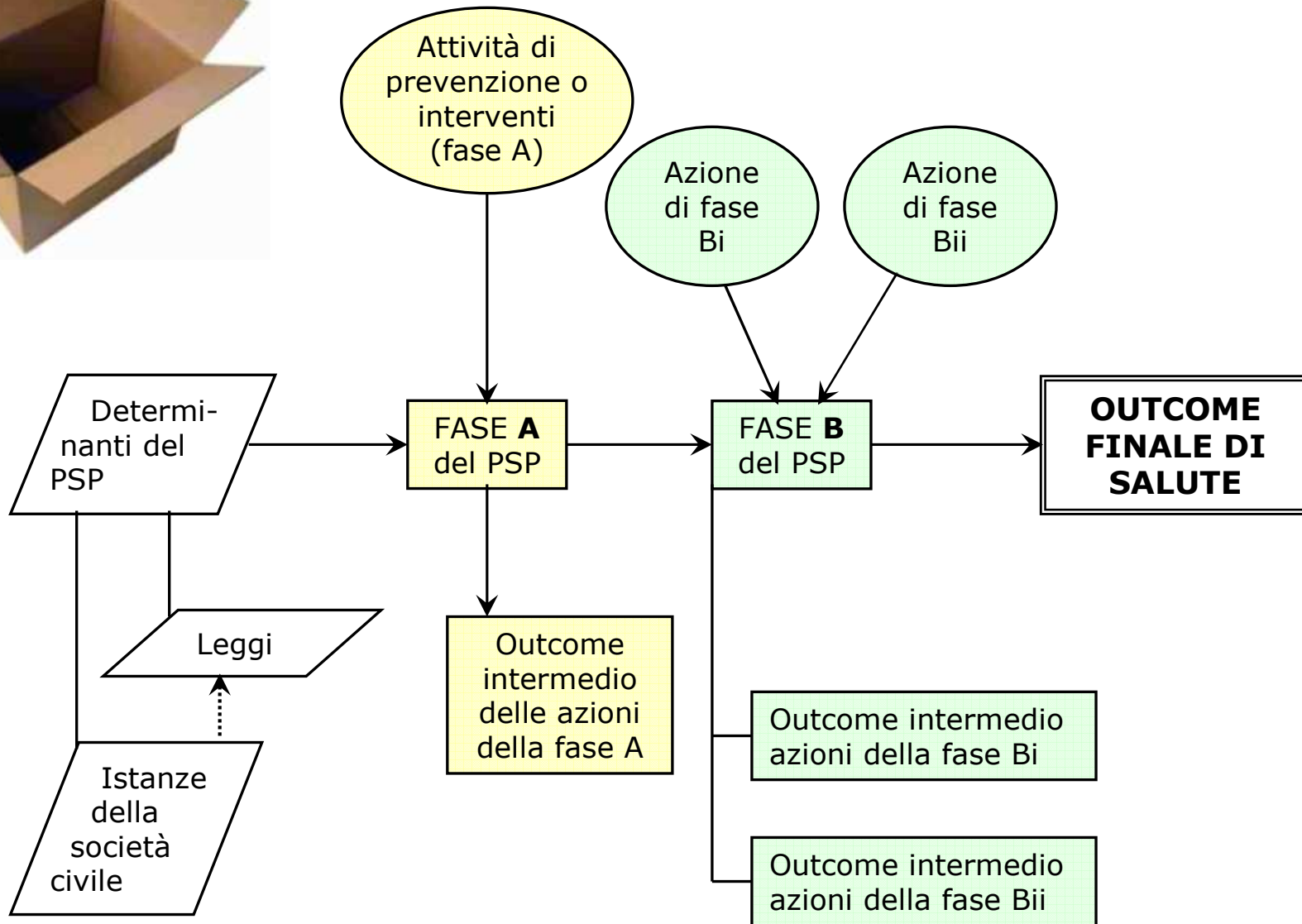
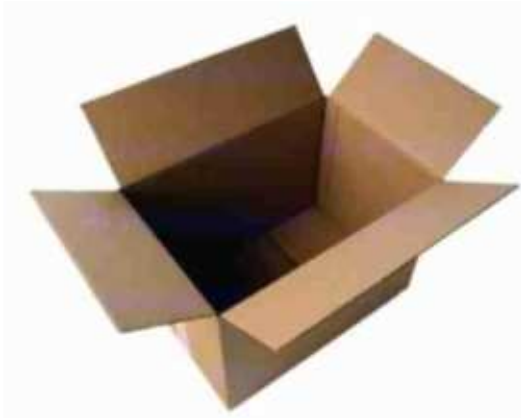


# Logic framework depicting conceptual approach used in this chapter



## LOGIC FRAMEWORK ILLUSTRATING CONCEPTUAL APPROACH TO NUTRITION & COMMUNITY HEALTH

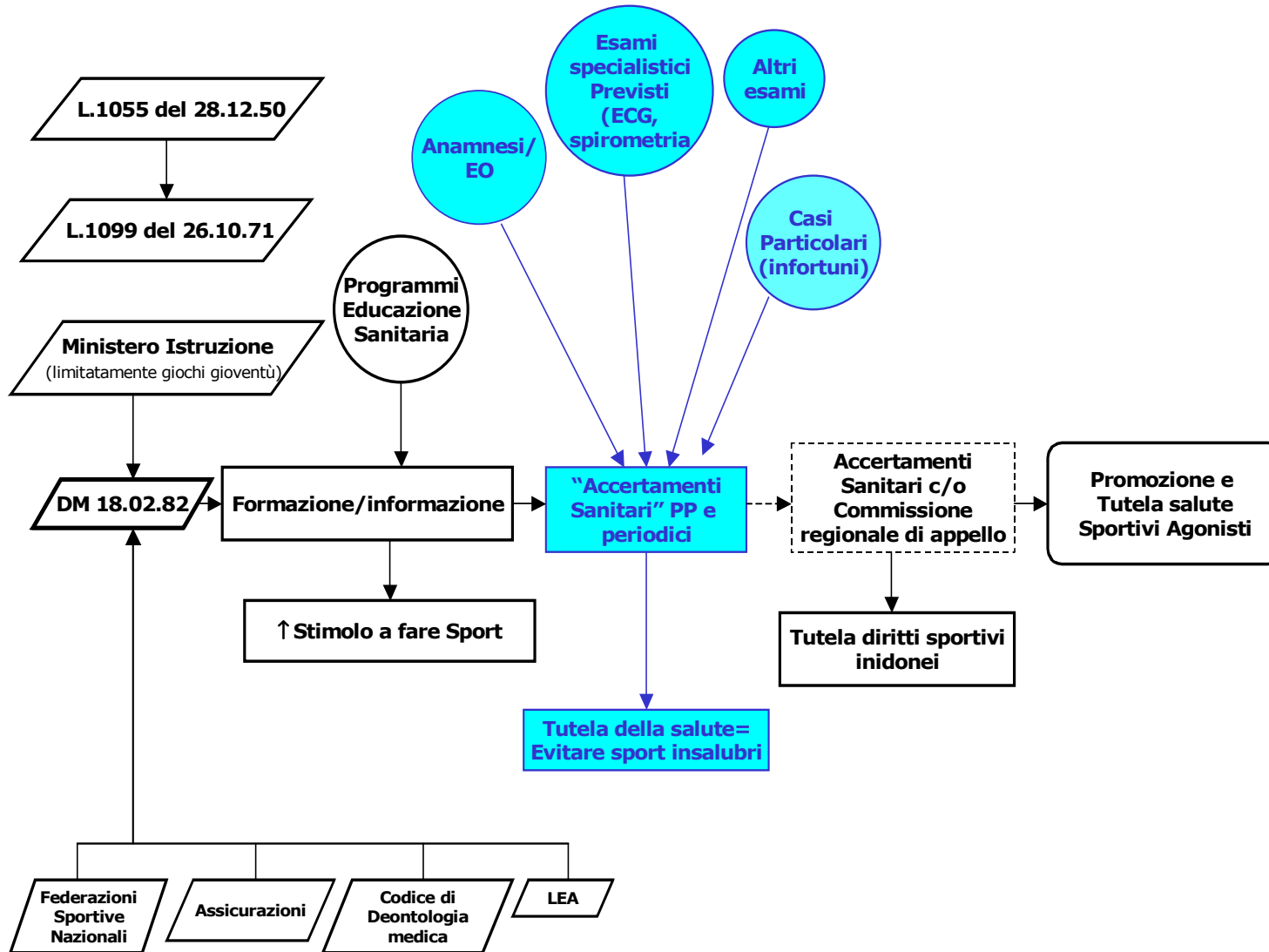




# Programma di Sanità Pubblica

"Promozione e Tutela  
dell'Attività Fisica della  
Popolazione"

# Logical framework per l'analisi del PSP "Promozione e Tutela dell'Attività Fisica della Popolazione"



# Analisi della fase: "Tutela sanitaria dello sport agonistico"

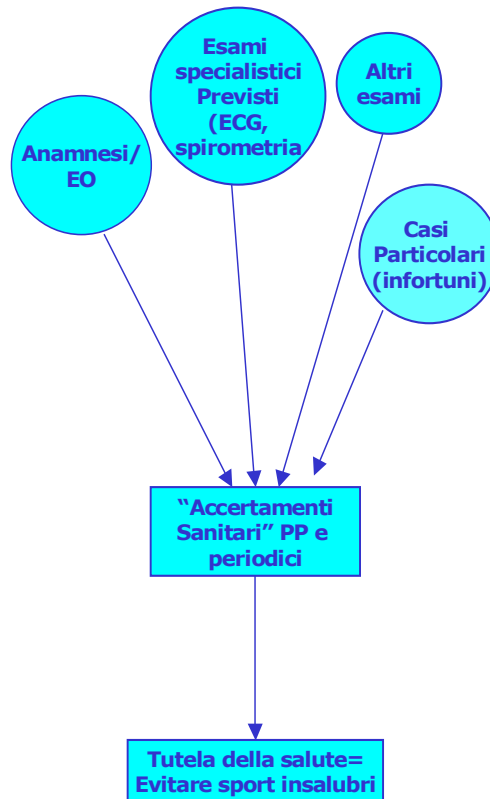
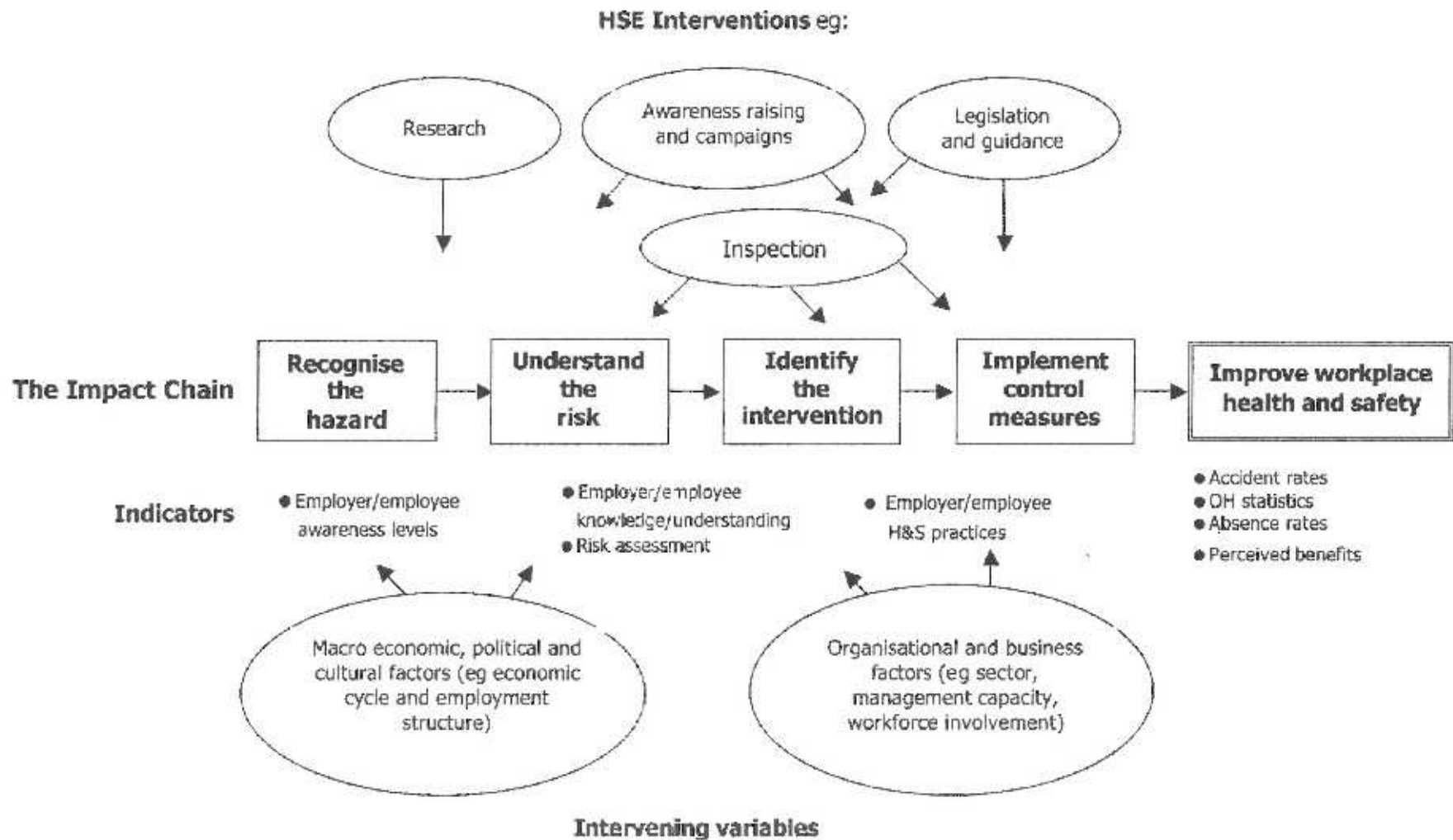
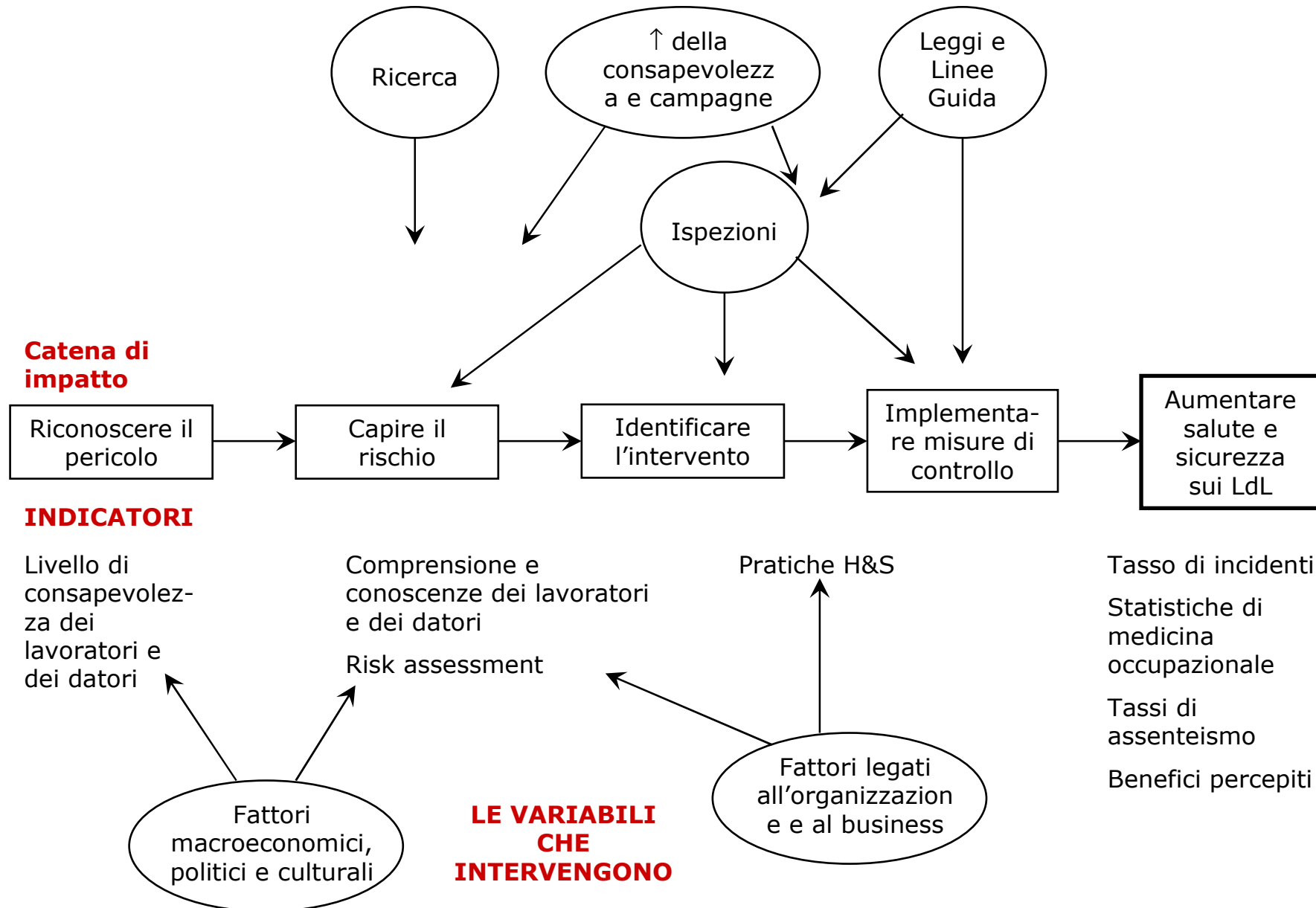


Figure 3.1: Influencing health and safety at work

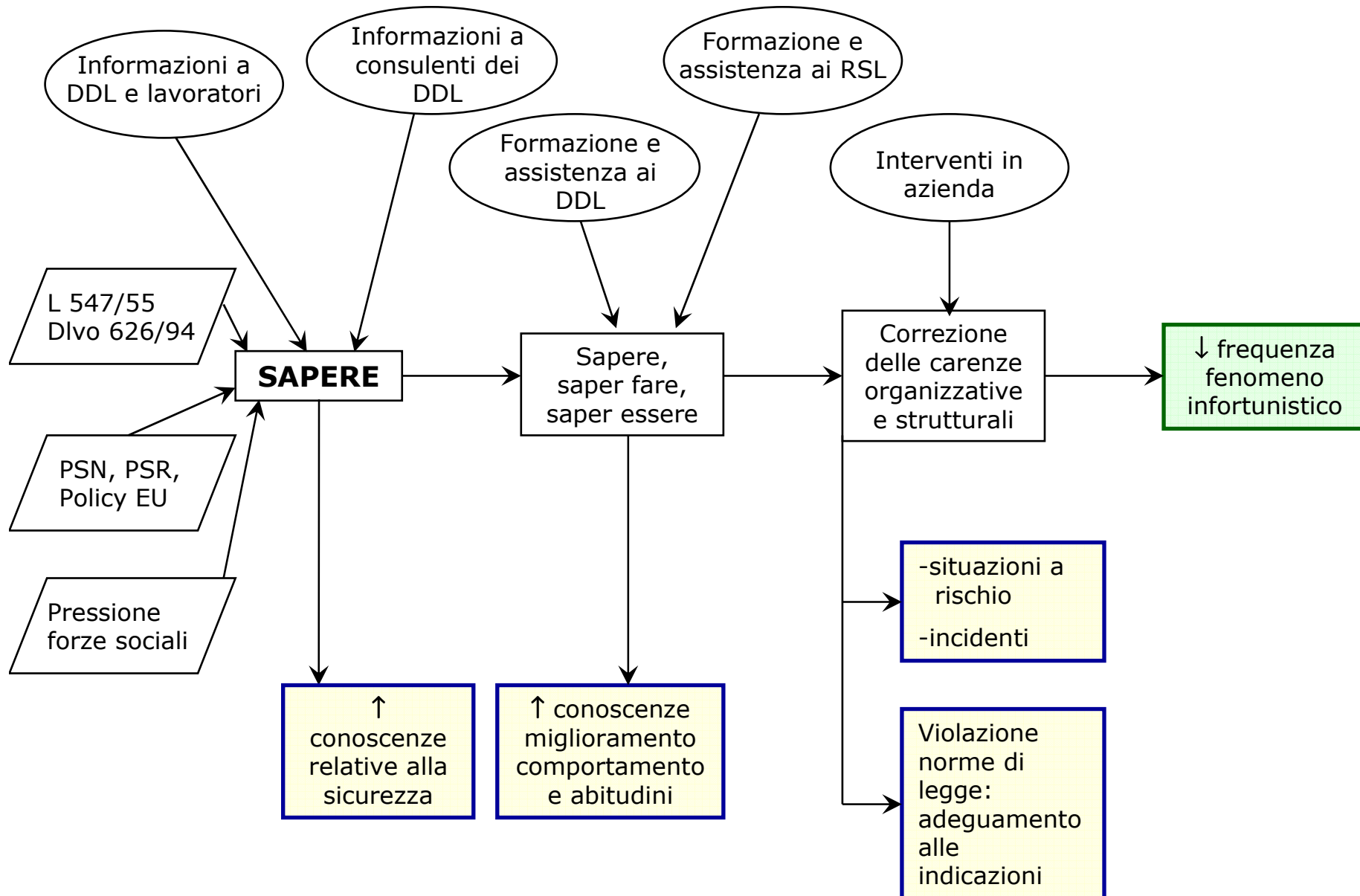


Source: IES

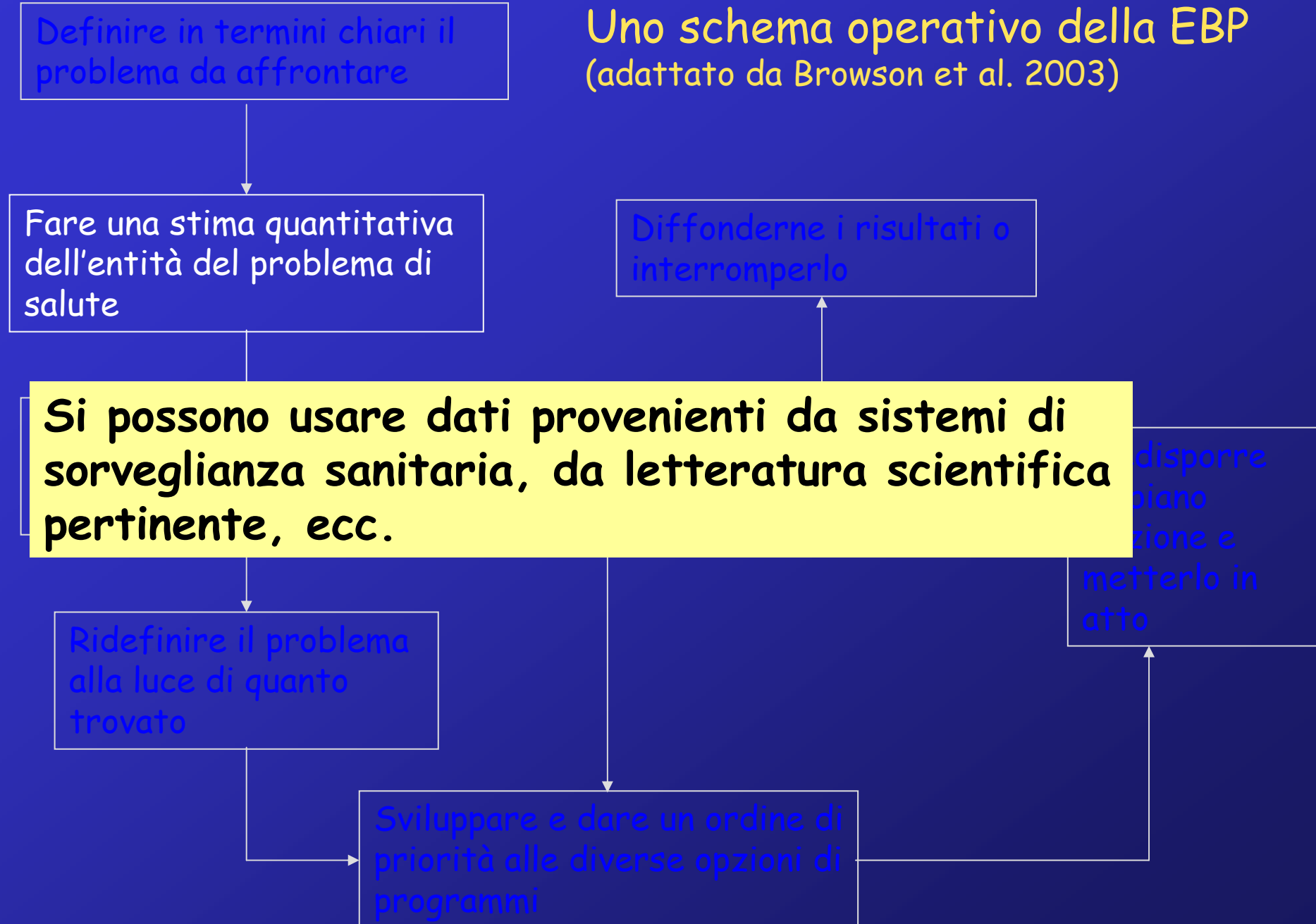
# INFLUENZARE LA SALUTE E LA SICUREZZA NEI LdL



# ANALISI LOGICA DI UN PSP PER LA PREVENZIONE DEGLI INFORTUNI SUL LAVORO



## Uno schema operativo della EBP (adattato da Browson et al. 2003)



# AUSL 10 di Firenze - Scelta delle priorità d'intervento - Infortuni

## CRITERI DI SCELTA DELLE PRIORITA' problemi di salute SETTORE PISLL 2007<sub>(ST - DIP FI)</sub>

CLASSI DI Problemi di danno-	Problemi: Infortuni lavorativi nei comparti	CRITERI DI RILEVANZA										Affrontabilità (al livello di potere del DIP)	Qualità dei dati (accuratezza? precisione? Attendibilità della fonte?)
		N° soggetti esposti (Add. NAİL 2003) (*)	Diffusione del danno casi denunciati per anno Media 00-04	Probabilità del danno = n° casi denunciati / n° esposti	Soggetti deboli % infort. stranieri, proiezi. 2008	Gravità del danno DALY 0,0 / n° casi denunci.	Entità del danno di salute DALY [0,0] per anno	Stima dei costi annuali		Pressioni			
								Costi diretti per ricoveri	Costo Sociale	sociali	istituzionali		
F – EDILIZIA Unico comparto in posizione prevalente in tutte le zone ASL per entità del danno		29.000	2.000	0,069	28%	0,39	770	€ 370.000	€ 120.000.000	Alta	Alta	???	
Altri comparti occupano posizioni diverse secondo le zone. Per ciascuna di esse si riportano i comparti più importanti (**):													
<b>ZONA Firenze</b>		N° esposti	Diffusione del danno	Probabilità del danno	Soggetti deboli	Gravità del danno	Entità del danno	Stima dei costi annuali		Pressioni		Affrontabilità	
								per ricoveri	Costo Sociale	sociali	Istituz.		
I Trasporti		11.000	814	0,075	12,2 %	0,23	187	€ 91.000	€ 29.000.000				
K Attività immobiliari		27.000	726	0,027	17,3 %	0,14	105	€ 73.000	€ 16.000.000				
G52 Commercio dettaglio		15.000	367	0,024	7,7 %	0,19	69	€ 26.000	€ 11.000.000				
O Servizi pubblici		9.000	359	0,038	6,4 %	0,18	63	€ 31.000	€ 10.000.000				
H Alberghi e ristoranti		11.000	498	0,045	30,7 %	0,14	69	€ 44.000	€ 11.000.000				
<b>ZONA Nordovest</b>		N° esposti	Diffusione del danno	Probabilità del danno	Soggetti deboli	Gravità del danno	Entità del danno	Stima dei costi annuali		Pressioni		Affrontabilità	
								per ricoveri	Costo Sociale	sociali	Istituz.		
I Trasporti		4.000	365	0,088	21,7 %	0,30	109	€ 41.000	€ 17.000.000				
Metalmeccanica (DJ + DK)		8.000	331	0,041	7,0 %	0,24	796	€ 39.000	€ 12.000.000				
G52 Commercio dettaglio		7.000	285	0,041	7,0 %	0,17	49	€ 21.000	€ 7.500.000				
DB Industria tessile		6.500	140	0,021	11,2 %	0,27	38	€ 19.000	€ 5.800.000				
<b>ZONA SUDEST</b>		N° esposti	Diffusione del danno	Probabilità del danno	Soggetti deboli	Gravità del danno	Entità del danno	Stima dei costi annuali		Pressioni		Affrontabilità	
								per ricoveri	Costo Sociale	sociali	Istituz.		
AGRICOLTURA - Totale		14.500	239	0,016	20,0 %	0,26	62	€ 30.000	€ 9.500.000				
DI CUI Agric. autonomi		10.500	71	0,007	1,80 %	0,33	23	€ 11.000	€ 3.500.000				
DI CUI Agricoltura salariati		4.000	168	0,041	27,69 %	0,23	39	€ 26.000	€ 6.000.000				
Metalmeccanica (DJ + DK)		4.000	270	0,066	20,0 %	0,25	66,1	€ 33.000	€ 10.000.000				
I Trasporti		800	110	0,134	9,4 %	0,20	22,1	€ 12.000	€ 3.000.000				
DN Altre industrie		1.800	80	0,043	14,3 %	0,26	21	€ 9.000	€ 3.000.000				
<b>ZONA Mugello</b>		N° esposti	Diffusione del danno	Probabilità del danno	Soggetti deboli	Gravità del danno	Entità del danno	Stima dei costi annuali		Pressioni		Affrontabilità	
								per ricoveri	Costo Sociale	sociali	Istituz.		
AGRICOLTURA totale		4600	173	0,038	13,0 %	0,46	80,1	€ 27.000	€ 12.000.000				
DI CUI Agricoltura autonomi		3900	113	0,029	1,2 %	0,40	45,4	€ 18.000	€ 7.000.000				
DI CUI Agricoltura salariati		700	60	0,086	34,7 %	0,58	34,7	€ 9.000	€ 5.000.000				
I Trasporti		550	80	0,145	10,4 %	0,50	40	€ 9.000	€ 6.000.000				
Metalmeccanica (DJ + DK)		1800	162	0,090	14,0 %	0,17	27	€ 2.000	€ 4.000.000				
DA Industria alimentare		650	41	0,063	9,7 %	0,23	9	€ 6.000	€ 1.500.000				

Alta per i dati INAIL, discutibile (valutazioni ancora sperimentali) per le stime dei DALY e dei costi

A questo punto abbiamo gli  
elementi per formulare  
correttamente il quesito al  
quale rispondere

# Lo schema PICO(T) in EBM

**P** Patient population – For which group do you need information?

EXAMPLE: Post-Menopausal Women

**I** Intervention (or Exposure) – What medical event do you need to study the effect of?

EXAMPLE: Estrogen Replacement Therapy

**C** Comparison - What is the evidence that the proposed intervention produces better or worse results than no intervention, or a different type of intervention?

EXAMPLE: No Estrogen Replacement

**O** Outcomes - What is the effect of the intervention? EXAMPLE: Effect on Incidence of Osteoporosis and Breast or Endometrial Cancer

**(T)** Type of study design to include in the review

# Lo schema PICO(T) in EBP

Are mass media interventions effective in preventing smoking in young people?

Problem, population	Intervention	Comparison	Outcome	Types of studies
Young people, under 25 years of age	<ol style="list-style-type: none"> <li>1. Television</li> <li>2. Radio</li> <li>3. Newspapers</li> <li>4. Billboards</li> <li>5. Posters</li> <li>6. Leaflets</li> <li>7. Booklets</li> </ol>	No intervention	<ol style="list-style-type: none"> <li>1. objective measures of smoking</li> <li>2. self-reported smoking behaviour</li> <li>3. Intermediate measures (intentions, attitudes, knowledge)</li> <li>4. Process measures (eg. media reach)</li> </ol>	<ol style="list-style-type: none"> <li>1. RCT (and quasi-RCT)</li> <li>2. Controlled before and after studies</li> <li>3. Time series designs</li> </ol>

## Esempio di un quesito mal formulato

~~1. Are condoms effective in preventing HIV?~~

1. In men who have sex with men, does condom use reduce the risk of HIV transmission?

~~2. Which interventions reduce health inequalities among people with HIV?~~

2. In women with HIV, do peer - based interventions reduce health inequalities?

## Esempio di un quesito mal formulato

~~E' in grado il PPE\* di salvaguardare la salute degli atleti ?~~

\* Pre-Participation Examination

## Esempio di un quesito mal formulato

~~E' in grado il PPE di salvaguardare la salute degli atleti ?~~

## Esempio di un quesito ben formulato

Intervention

Outcome

Population  
setting

Condition  
of interest

E' in grado la visita cardiol. di prevenire la SCD nei giovani atleti agonisti ?

- Anamnesi
- EO
- ECG standard

- HCM
- AOCA
- W-P-W
- ARVD
- Marfan Syndrome
- Others

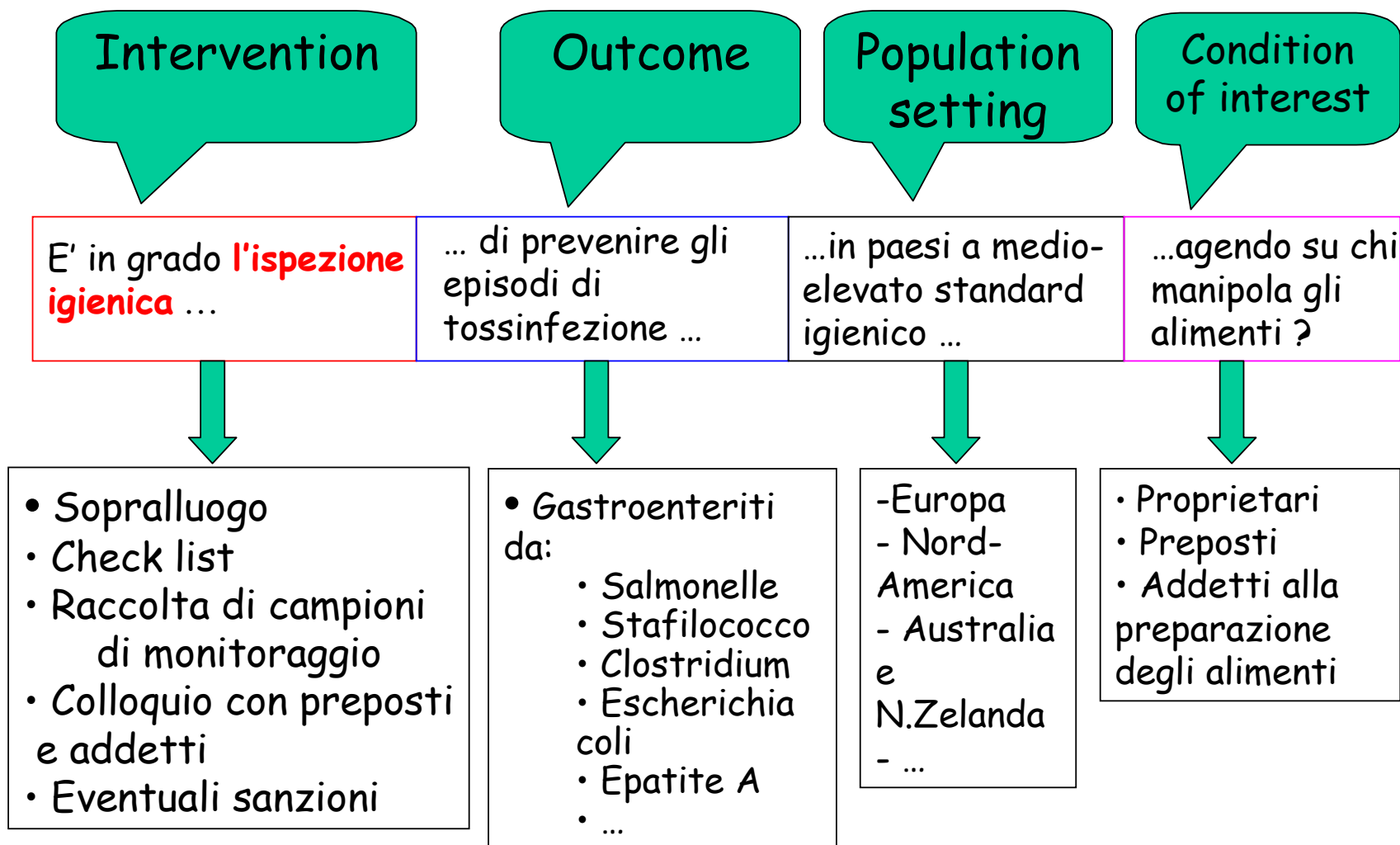
Atleti tra i  
10/12 e i 35  
anni,

che si avviano allo  
sport agonistico  
per la prima volta  
o si controllano  
periodicamente

## Esempio di un quesito mal formulato

~~Gli interventi dei servizi pubblici di prevenzione delle ASL sono in grado di garantire la sicurezza alimentare ?~~

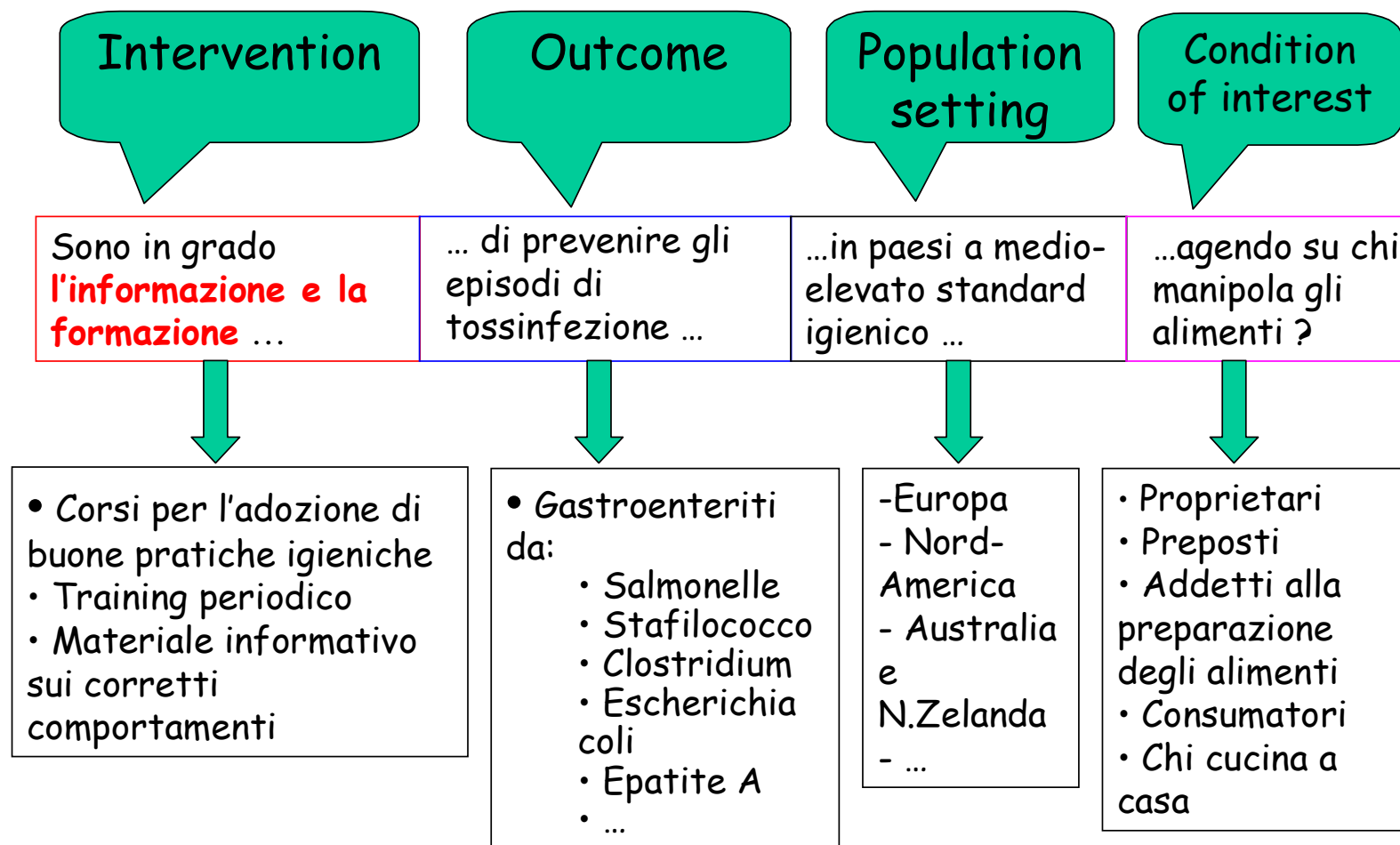
## Esempio di un quesito ben formulato



## Esempio di un quesito mal formulato

~~Gli interventi dei servizi pubblici di prevenzione delle ASL sono in grado di garantire la sicurezza alimentare ?~~

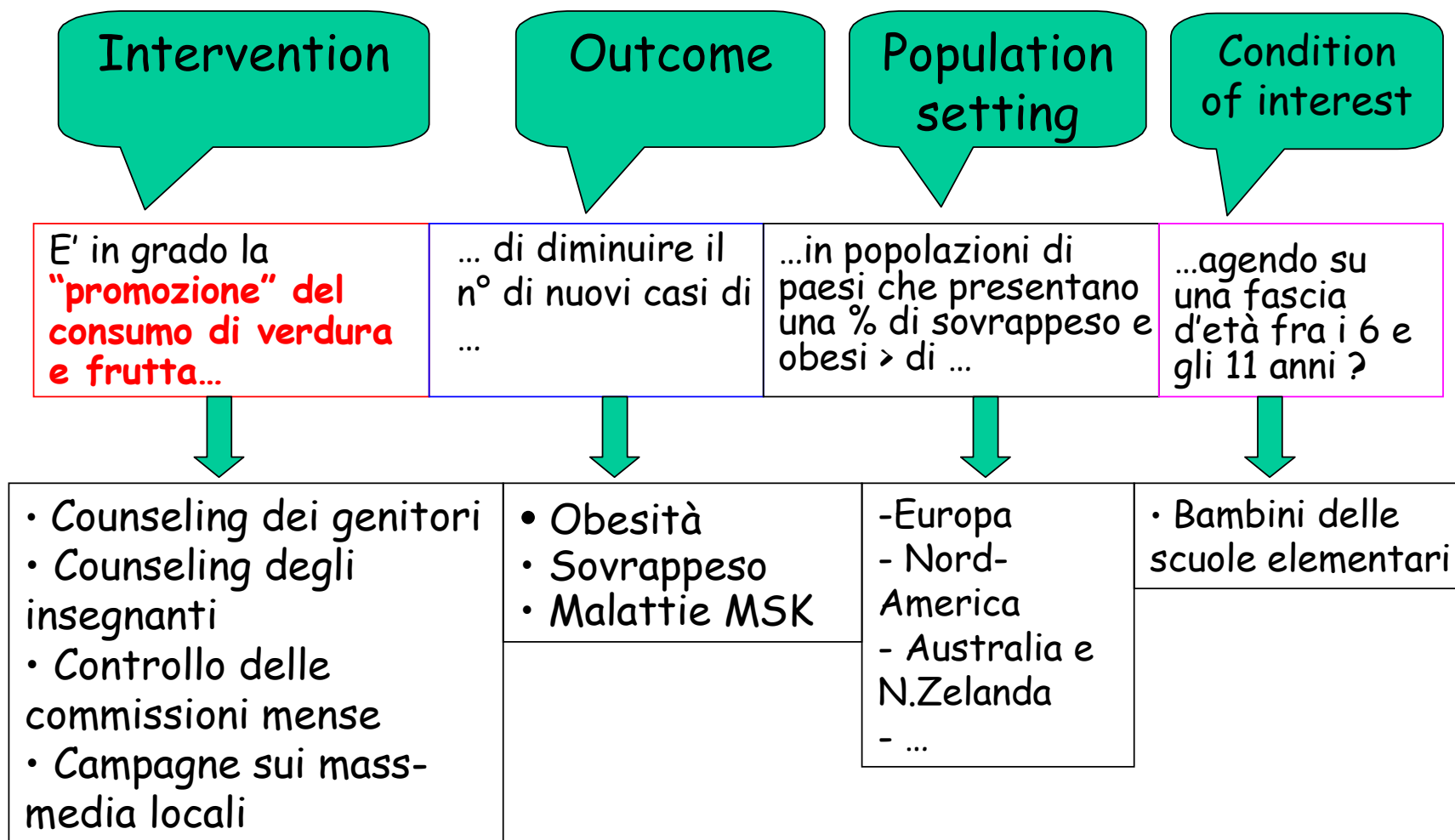
## Esempio di un quesito ben formulato



## Esempio di un quesito mal formulato

~~Quali sono gli interventi efficaci per prevenire l'obesità?~~

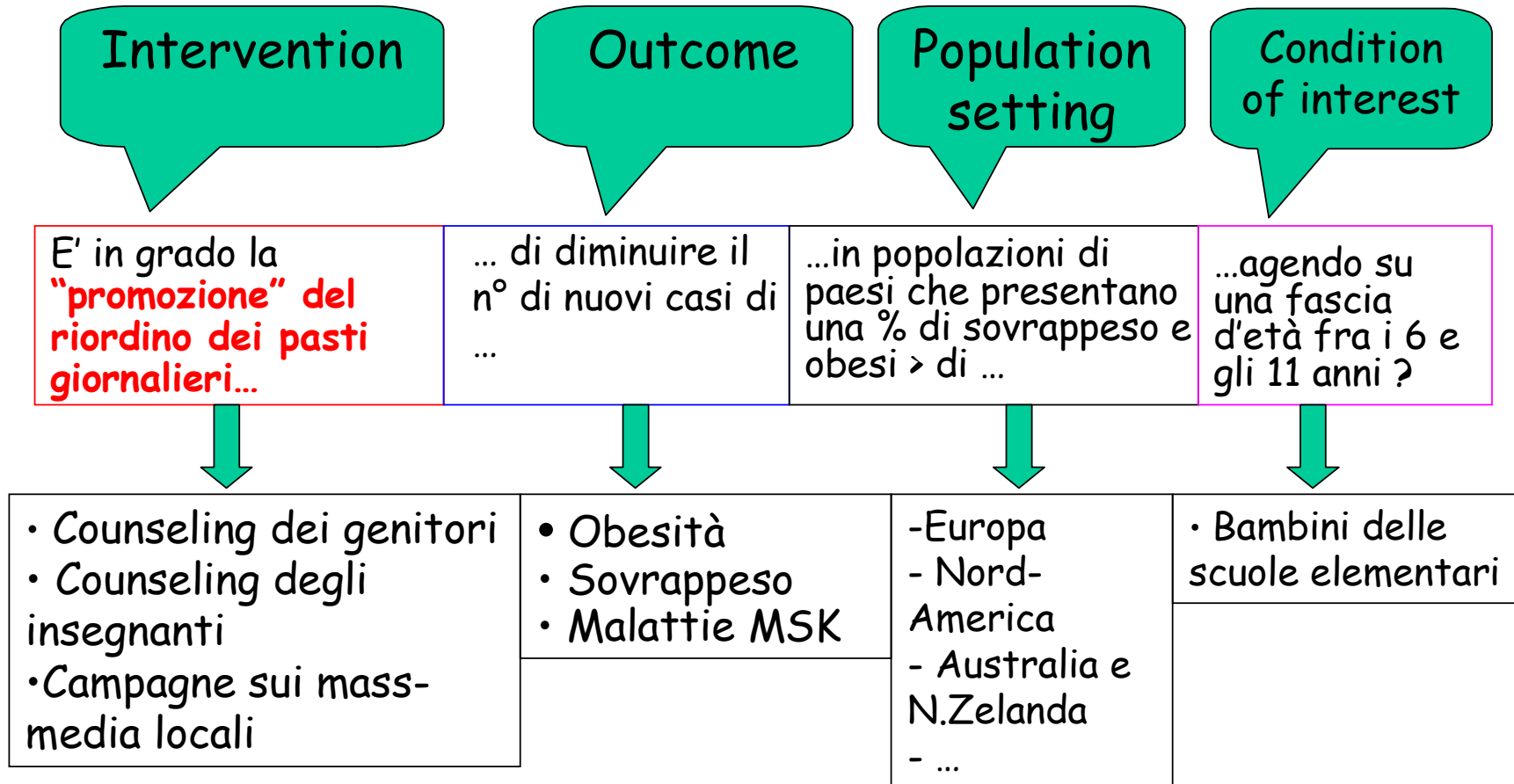
## Esempio di un quesito ben formulato



## Esempio di un quesito mal formulato

~~Quali sono gli interventi efficaci per prevenire l'obesità?~~

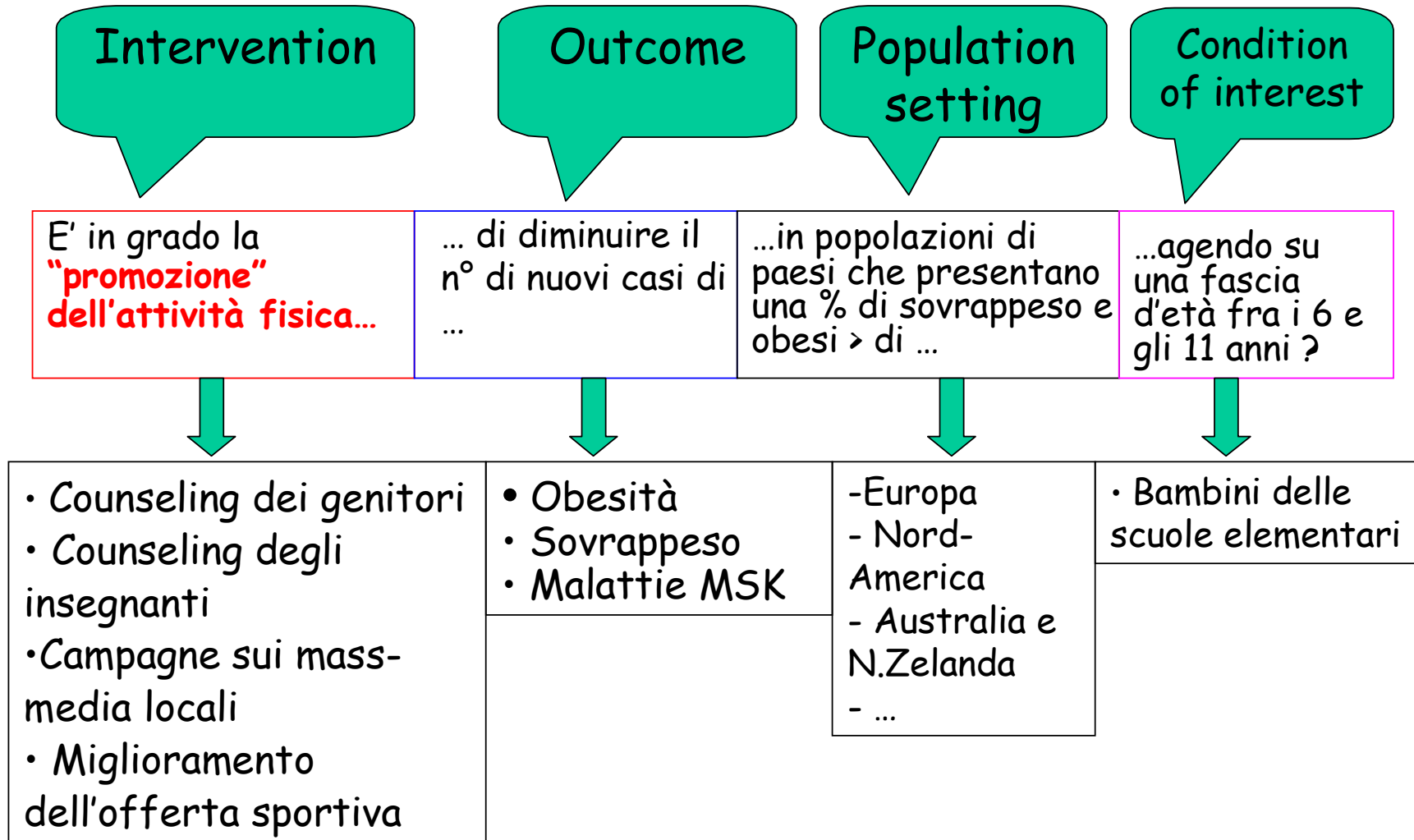
## Esempio di un quesito ben formulato



## Esempio di un quesito mal formulato

~~Quali sono gli interventi efficaci per prevenire l'obesità?~~

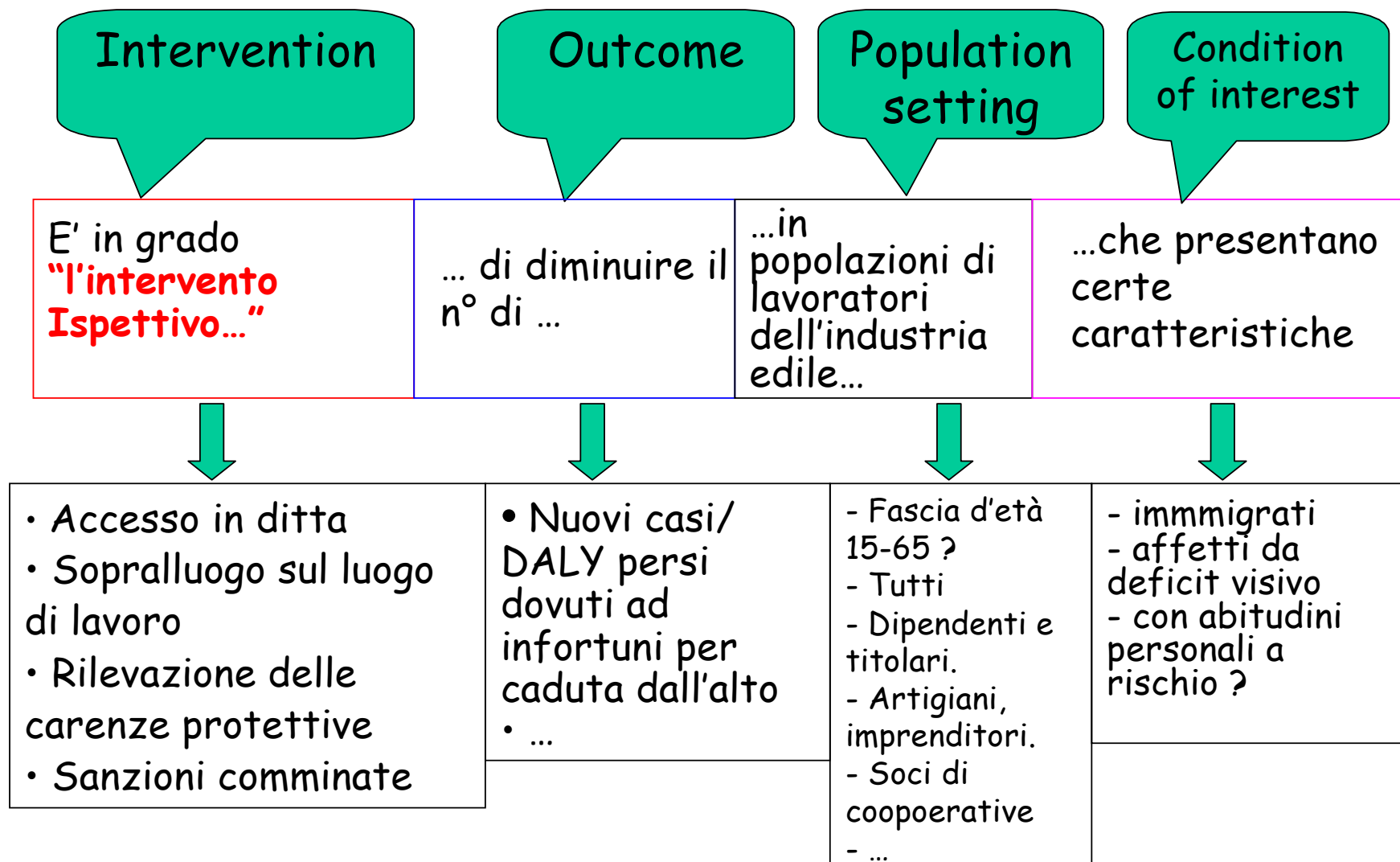
## Esempio di un quesito ben formulato



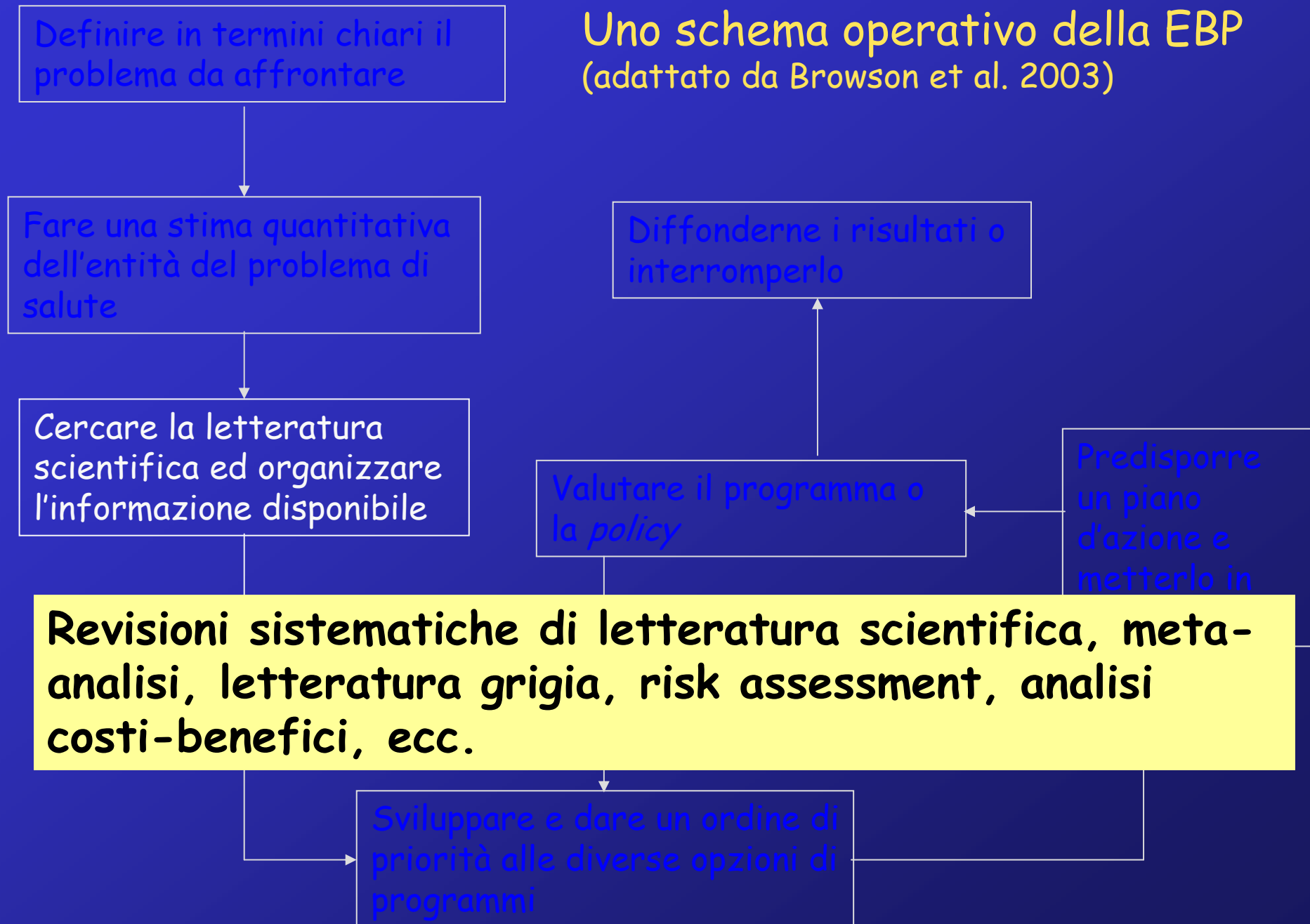
## Esempio di un quesito mal formulato

Quali sono gli interventi efficaci per prevenire gli infortuni sul lavoro ?

## Esempio di un quesito ben formulato



## Uno schema operativo della EBP (adattato da Browson et al. 2003)



# Preparticipation Evaluation

## *An Evidence-Based Review*

*Kristin Wingfield, MD,\* Gordon O. Matheson, MD, PhD,\* and Willem H. Meeuwisse, MD, PhD†*

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**Objective:** To review available evidence establishing the validity of the preparticipation evaluation (PPE) as a method for screening health risk prior to participation in exercise and sport. Specific emphasis was placed on reviewing original research evaluating methods to screen participants for risk of sudden cardiovascular death. Literature on the current state of the PPE as a screening tool for athletic participation was examined.

**Results:** The 5 studies that assessed the format or effectiveness of the PPE concluded that it was inadequate. The format of the PPE is not standardized and does not consistently address the American Heart Association recommendations for cardiovascular screening history and physical exams. A variety of health care professionals, some without proper training, administer the PPE. The 12 original studies that looked at specific cardiovascular screening techniques were divided on the effectiveness of history, physical examination, electrocardiogram, and echocardiography for detecting cardiovascular risks

*Clin J Sport Med 2004;14(3):109-122*

## Review

## Effects of physical training in asthma: a systematic review

Felix S F Ram, Stewart M Robinson, Peter N Black

**Abstract**

**Objectives**—To assess the evidence for the effects of physical training on pulmonary function, symptoms, cardiopulmonary fitness, and quality of life in subjects with asthma.

and adolescents,<sup>1</sup> but this has not been investigated in the same detail as the mechanisms of exercise induced asthma.

Exercise induced asthma can be prevented or reduced by pretreatment with a number of medicines including  $\beta$  agonists, chromones,

Comparison: 01 Exercise v control  
Outcome 06 VO<sub>2</sub>MAX (ml/kg/min)

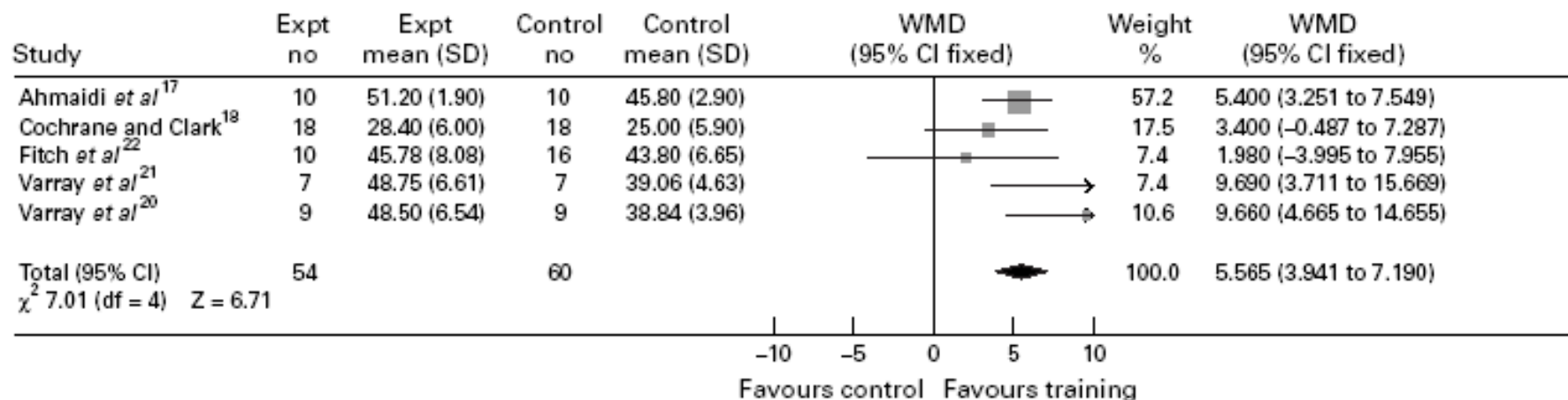


Figure 1 Details of VO<sub>2</sub>MAX (ml/kg/min) outcome. The mean value for each trial is indicated by a square box with the line through it representing the 95% confidence interval (CI). Mean values left of the zero effect line (0) favour control and values on the right favour physical training. The solid diamond indicates the overall mean effect that physical training has on VO<sub>2</sub>MAX. A percentage weighting (Weight %), which is dependent on the precision and sample size of the estimation of the mean value for each randomised controlled trial, is allocated to each study. The  $\chi^2$  (7.01) and the degrees of freedom (df = 4) values at the bottom left give a measure of heterogeneity of the combined results that contributed towards the overall mean result for VO<sub>2</sub>MAX. The Z statistic (6.71) indicates the level of significance for the overall result.

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# Effectiveness of Mass Media Campaigns for Reducing Drinking and Driving and Alcohol-Involved Crashes

## A Systematic Review

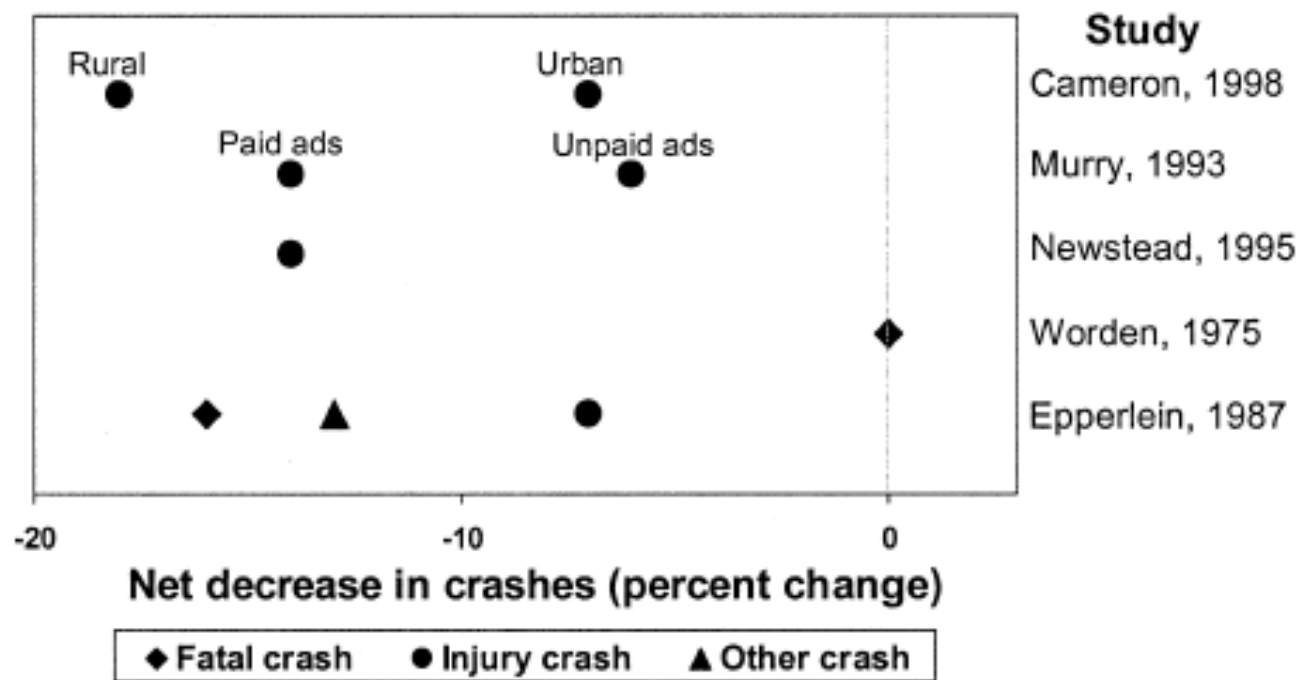
Randy W. Elder, PhD, Ruth A. Shults, PhD, MPH, David A. Sleet, PhD, FAAHB, James L. Nichols, PhD, Robert S. Thompson, MD, Warda Rajab, MS, Task Force on Community Preventive Services

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**Abstract:** A systematic review of the effectiveness of mass media campaigns for reducing alcohol-impaired driving (AID) and alcohol-related crashes was conducted for the *Guide to Community Preventive Services (Community Guide)*. In eight studies that met quality criteria for inclusion in the review, the median decrease in alcohol-related crashes resulting from the campaigns was 13% (interquartile range: 6% to 14%). Economic analyses of campaign effects indicated that the societal benefits were greater than the costs. The mass media campaigns reviewed were generally carefully planned, well executed, attained adequate audience exposure, and were implemented in conjunction with other ongoing prevention activities, such as high visibility enforcement. According to *Community Guide* rules of evidence, there is strong evidence that, under these conditions, mass media campaigns are effective in reducing AID and alcohol-related crashes.

(Am J Prev Med 2004;27(1):57-65) © 2004 American Journal of Preventive Medicine

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**Figure 2.** Percent change in crashes likely to involve alcohol after implementing mass media campaigns to prevent alcohol-impaired driving.

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# Systematic Reviews of Injury-Prevention Strategies for Occupational Injuries

## An Overview

Frederick P. Rivara, MD, MPH, Diane C. Thompson, MS

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**Background:** Information on which strategies have been shown to be effective, which are ineffective, and which strategies have been inadequately evaluated is important for both public policy and future research.

**Objective:** The objective of this study was to provide systematic reviews of the literature on important strategies to prevent occupational, including agricultural, injuries.

**Methods:** The Injury Control Research Centers (ICRCs) funded by the National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention, and Centers for Agricultural Injury funded by the Division of Safety Research, the National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, identified 12 important occupational and agricultural injury-prevention strategies or areas of research. Systematic reviews of the literature were conducted to identify relevant controlled trials and studies. These were critically reviewed and summarized.

**Results:** A total of 12 reviews were conducted on a range of topics in the occupational injury field. Few randomized controlled trials were found; most controlled studies were either comparisons over time and/or across different populations. In several areas we were limited to summarizing the descriptive literature. Nevertheless, summaries of these studies provide meaningful conclusions about the effectiveness of various interventions to decrease morbidity and mortality from selected occupational and agricultural injuries.

**Conclusions:** A large body of literature on occupational, public health, or injury prevention interventions exists. The summary of this literature provides a framework to both direct policy and guide future research efforts.

**Medical Subject Headings (MeSH):** evidence-based medicine, intervention studies, evaluation studies, review literature (Am J Prev Med 2000;18(4S):1-3) © 2000 American Journal of Preventive Medicine

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Review

The effectiveness of occupational health and safety  
management system interventions:  
A systematic review

Lynda S. Robson<sup>a,\*</sup>, Judith A. Clarke<sup>a</sup>, Kimberley Cullen<sup>a</sup>,  
Amber Bielecky<sup>a</sup>, Colette Severin<sup>a</sup>, Philip L. Bigelow<sup>a,b</sup>,  
Emma Irvin<sup>a</sup>, Anthony Culyer<sup>a,c</sup>, Quenby Mahood<sup>a</sup>

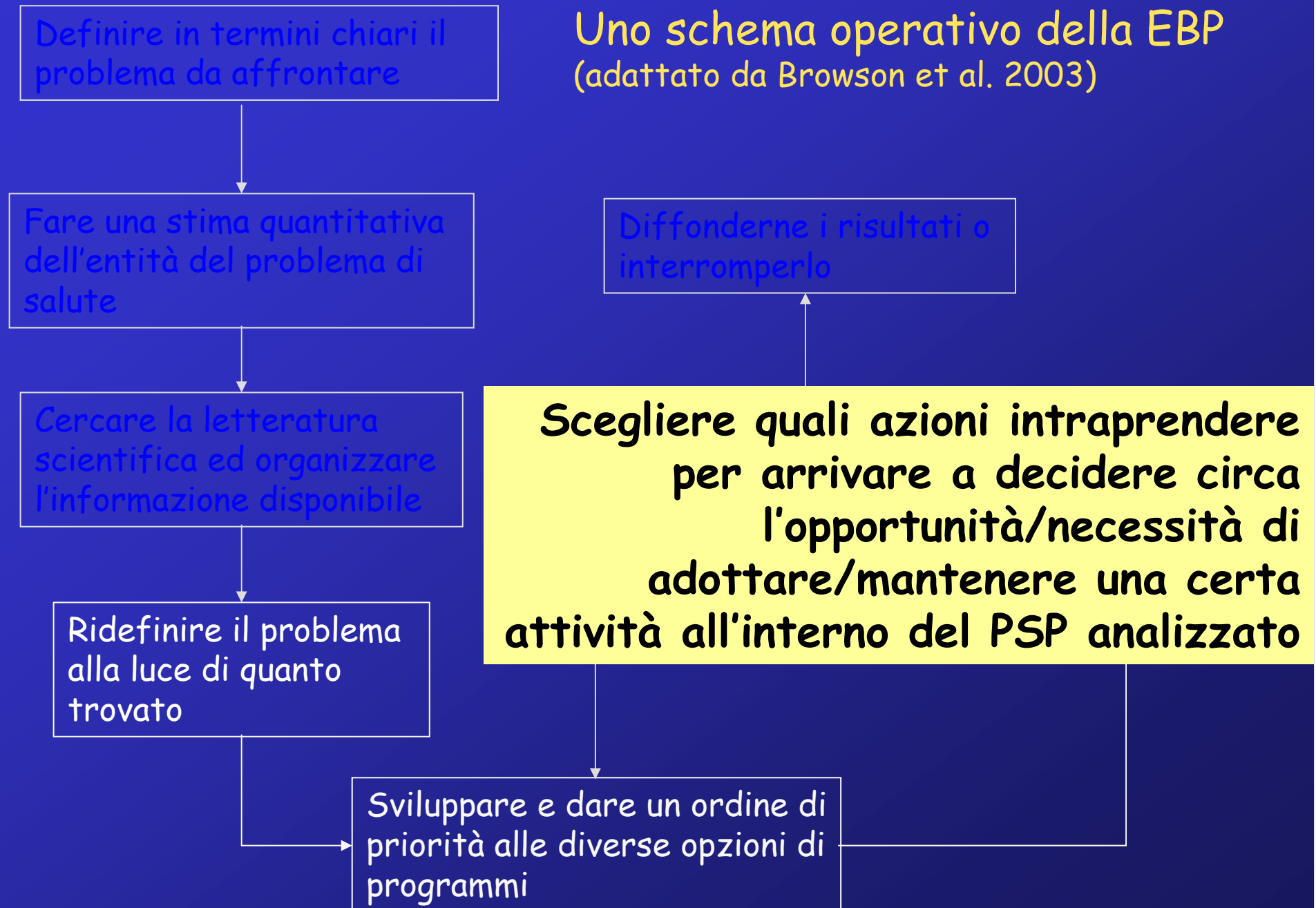
<sup>a</sup> *Institute for Work and Health, 481 University Ave., Ste. 800, Toronto, ON, Canada M5G 2E9*

<sup>b</sup> *Department of Public Health Sciences, University of Toronto, 6th Floor, Health Sciences Building,  
155 College Street, Toronto, ON, Canada M5T 3M7*

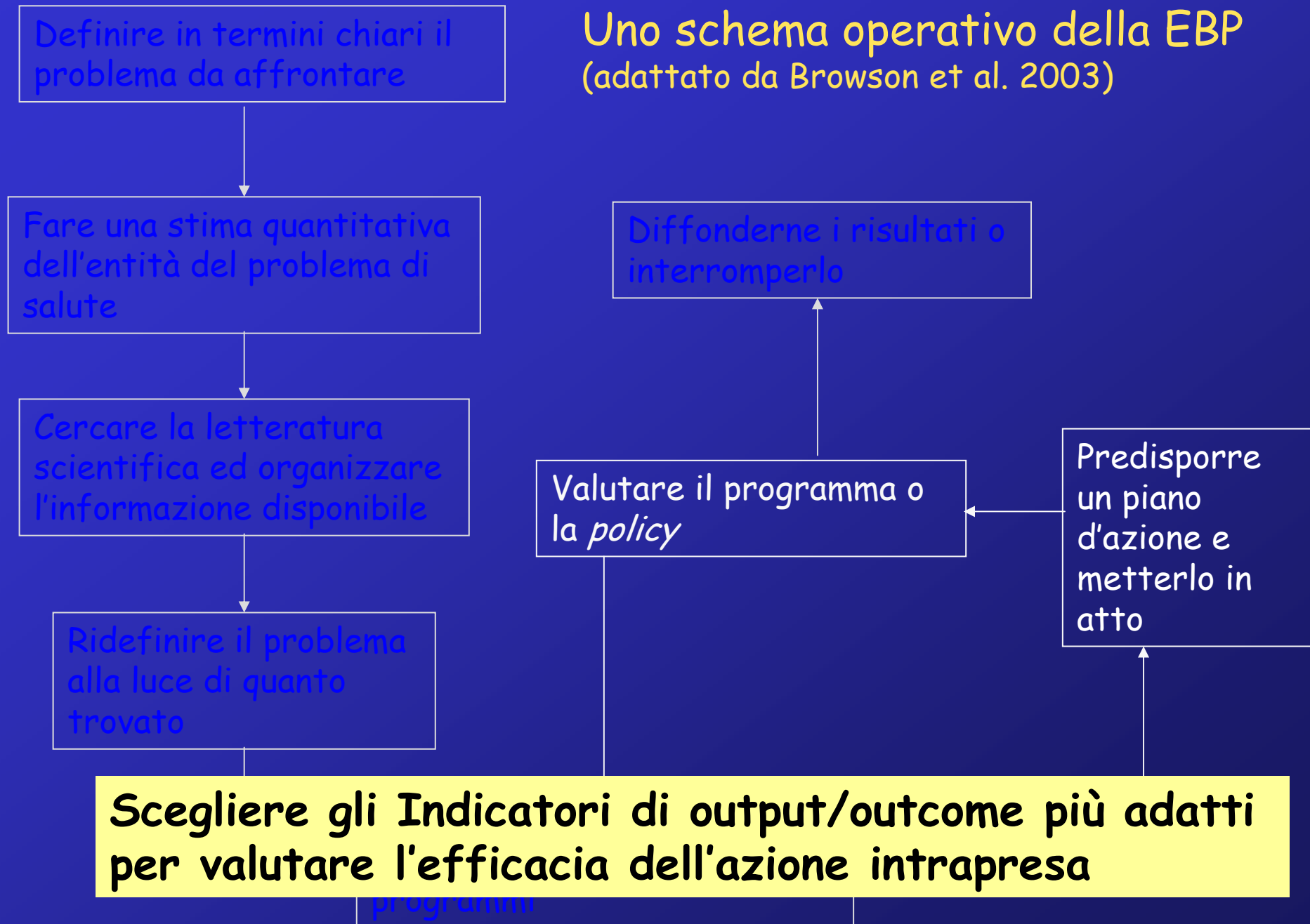
<sup>c</sup> *Department of Economics and Related Studies, University of York, Heslington,  
York YO1 5DD, England, UK*

Received 23 December 2005; received in revised form 12 May 2006; accepted 6 July 2006

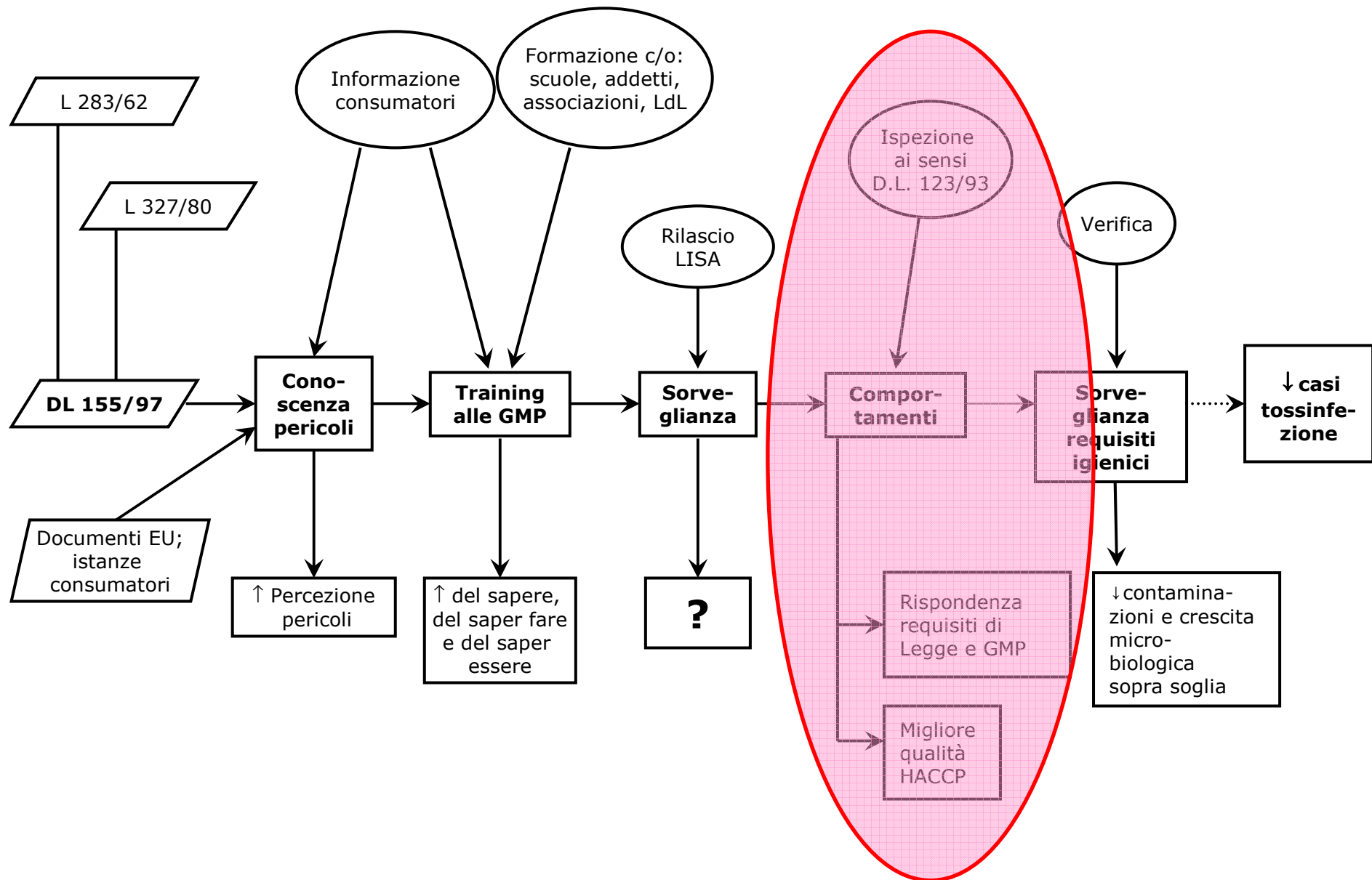
## Uno schema operativo della EBP (adattato da Browson et al. 2003)



## Uno schema operativo della EBP (adattato da Browson et al. 2003)



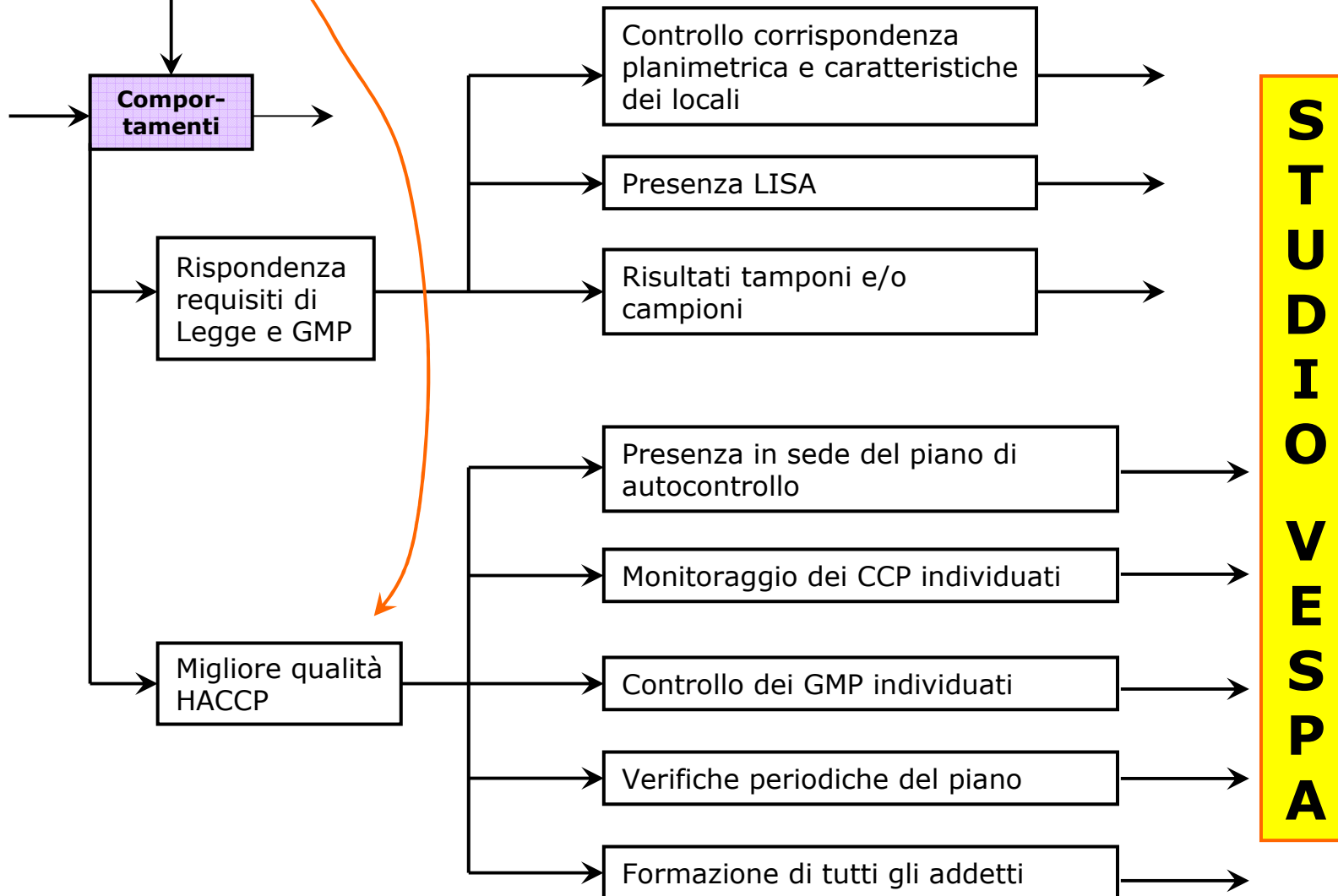
# PSP per la Salubrità e la Sicurezza degli Alimenti



Ispezione  
ai sensi  
D.L. 123/93

Effective PH Practice Project  
**The effectiveness of food safety  
interventions**  
Hamilton, Ontario, Canada. Sept 2001

**INDICATORI DI OUTPUT**



## Short-term effects of Italian smoking regulation on rates of hospital admission for acute myocardial infarction

Francesco Barone-Adesi\*, Loredana Vizzini, Franco Merletti, and Lorenzo Richiardi

*Cancer Epidemiology Unit, CeRMS and Center for Oncologic Prevention Piemonte, University of Turin, Via Santena 7, 10126 Turin, Italy*

Received 26 May 2006; revised 25 July 2006; accepted 4 August 2006; online publish-ahead-of-print 29 August 2006

**Table 2** RRs and 95% CI for AMI, by sex, age group and period (Piedmont, Italy)

Age	Sex	Before ban (October–December 2004 vs. October–December 2003) RR (95% CI) <sup>a</sup>	During ban (February–June 2005 vs. February–June 2004) RR (95% CI) <sup>a</sup>
<60 years	Men	1.08 (0.95–1.23)	0.91 (0.82–1.01)
	Women	0.88 (0.64–1.20)	0.75 (0.58–0.96)
	Both sexes	1.06 (0.93–1.19)	0.89 (0.81–0.98)
≥60 years	Men	1.05 (0.96–1.14)	1.03 (0.96–1.11)
	Women	1.02 (0.92–1.13)	1.05 (0.97–1.14)
	Both sexes	1.05 (0.98–1.12)	1.05 (1.00–1.11)
Comparison (<60 years vs. ≥60 years <sup>b</sup> )	Men	<i>P</i> = 0.73	<i>P</i> = 0.04
	Women	<i>P</i> = 0.37	<i>P</i> = 0.01
	Both sexes	<i>P</i> = 0.89	<i>P</i> = 0.003

<sup>a</sup>RR adjusted for age (5-year age groups).

<sup>b</sup> $\chi^2$  test for homogeneity.<sup>32</sup>

## Uno schema operativo della EBP (adattato da Browson et al. 2003)

**Predisporre una politica di pubblicizzazione dei risultati ottenuti che consenta di far tesoro dell'esperienza offrendola a chiunque altro si trovi ad operare scelte analoghe in circostanze simili.**

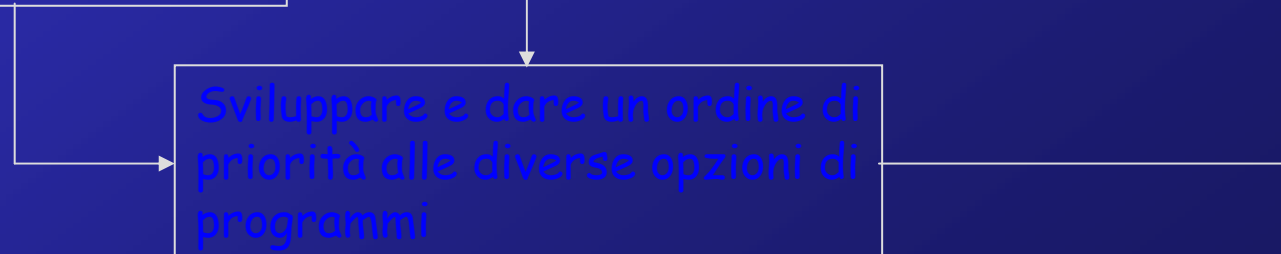
Ridefinire il problema alla luce di quanto trovato

Diffonderne i risultati o interromperlo

Valutare il programma o la policy

Predisporre un piano d'azione e metterlo in atto

Sviluppare e dare un ordine di priorità alle diverse opzioni di programmi





## Motor Vehicle Occupant Injury Prevention

Through decades of public and private partnerships at the federal, state, and local levels, motor vehicle travel has become safer. Although six times as many Americans drive today as did in 1925, covering ten times as many miles in eleven times as many vehicles, the annual death rate from motor vehicle crashes per 100 million miles traveled has decreased 90%. Despite this, approximately 40,000 people in the United States still die each year from injuries suffered in motor vehicle crashes. More than 40% of these crashes are alcohol related.

The **Guide to Community Preventive Services** addresses the effectiveness of community-based interventions for three strategies to prevent motor vehicle occupant injuries: 1) Increasing the proper use of child safety seats, 2) Increasing the use of safety belts, and 3) Reducing alcohol-impaired driving.

### Summary of Findings

The independent Task Force on Community Preventive Services issues the following findings for interventions within each of these strategic areas. Recommendations are based on the strength of the evidence of effectiveness found through a systematic review of published studies conducted by a team of experts on behalf of the Task Force. **A determination that there is “insufficient evidence to determine effectiveness” does NOT mean that the intervention does not work**, but rather indicates that additional research is needed to determine whether or not the intervention is effective. Decision makers should consider these evidence-based recommendations in light of local needs, goals, and constraints when choosing interventions to implement.

Intervention	Recommendation
<b>Interventions to Increase the Use of Child Safety Seats</b>	
<a href="#">Child safety seat use laws</a>	Recommended (Strong evidence)
<a href="#">Community-wide information + enhanced enforcement campaigns</a>	Recommended (Sufficient evidence)
<a href="#">Distribution + education programs</a>	Recommended (Strong evidence)
<a href="#">Incentive + education programs</a>	Recommended (Sufficient evidence)
Education-only programs	Insufficient Evidence to determine effectiveness
<b>Interventions to Increase the Use of Safety Belts</b>	
<a href="#">Safety belt use laws</a>	Recommended (Strong evidence)
<a href="#">Primary enforcement laws</a> (versus secondary enforcement laws)	Recommended (Strong evidence)
<a href="#">Enhanced enforcement programs</a>	Recommended (Strong evidence)
<b>Interventions to Reduce Alcohol-Impaired Driving</b>	
<a href="#">0.08% blood alcohol concentration (BAC) laws</a>	Recommended (Strong evidence)
<a href="#">Lower BAC laws for young or inexperienced drivers</a>	Recommended (Sufficient evidence)
<a href="#">Minimum legal drinking age laws</a>	Recommended (Strong evidence)
<a href="#">Sobriety checkpoints</a>	Recommended (Strong evidence)
<a href="#">Server intervention training programs</a> (face-to-face instruction with management support)	Recommended (Sufficient evidence)

## Physical Activity

### Informational approaches to increasing physical activity

Recommended (strong evidence)

[Community-wide campaigns](#)

Recommended (sufficient evidence)

[“Point-of-decision” prompts](#)

Insufficient evidence to determine effectiveness

Classroom-based health education focused on information provision

Insufficient Evidence to determine effectiveness

Mass media campaigns

### Behavioral and social approaches to increasing physical activity

Recommended (strong evidence)

[School-based physical education](#)

Recommended (strong evidence)

[Individually-adapted health behavior change programs](#)

Recommended (strong evidence)

[Social support in community settings](#)

Insufficient evidence to determine effectiveness

Family-based social support

Insufficient evidence to determine effectiveness

Classroom-based health education focusing on TV turnoff

Insufficient evidence to determine effectiveness

College-based health education and physical education

### Environmental and policy approaches to increasing physical activity

Recommended (strong evidence)

[Creation of or enhanced access to facilities](#)

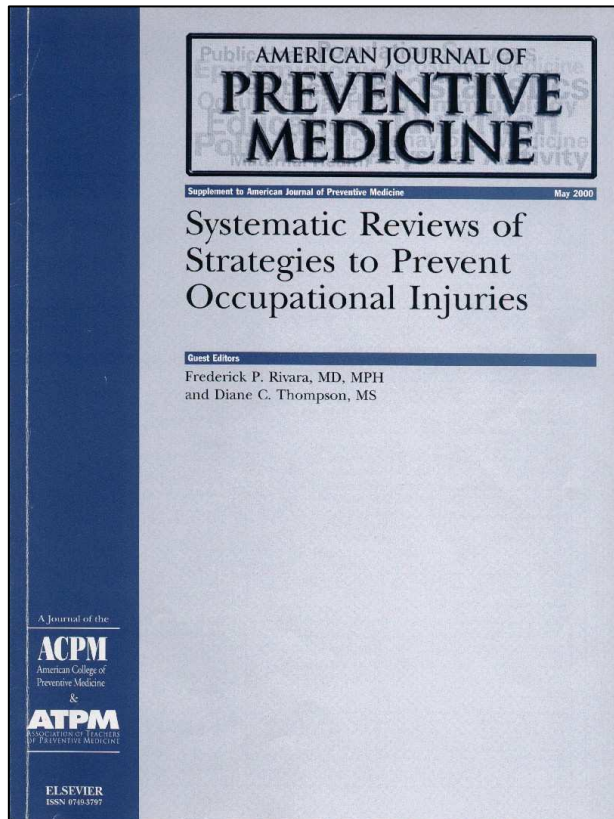
[+ informational outreach](#)

Recommended (sufficient evidence)

[“Point-of-decision” prompts](#)

# Revisione Sistemática delle strategie per la prevenzione degli infortuni sul lavoro

(Systematic reviews of injury-prevention strategies for occupational injuries Am J Prev Med 2000;18(4S):1-129)



Vengono presi in considerazione 41.871 lavori scientifici selezionati in modo automatico, usando parole-chiave, da 18 data-base bibliografici di 7 settori differenti. Dopo lettura di titoli e riassunti sono scelti 1.356 lavori (3,2%) che si riducono a 207 (0,5%) una volta sottoposti a vaglio critico

Systematic reviews of injury-prevention strategies for occupational injuries  
(Am J Prev Med 2000;18(4S):1-3)

1. Valutazione presso il luogo di lavoro degli interventi che promuovono l'uso delle cinture di sicurezza fra gli impiegati;
2. Prevenzione delle cadute in edilizia;
3. Prevenzione delle cadute in edilizia: evidenze di effectiveness dei programmi;
4. Effectiveness degli interventi di prevenzione di infortuni agli occhi dovuti al lavoro;
5. Infortuni da fatica e da turni di lavoro;
6. Interventi di prevenzione primaria per la sindrome del tunnel carpale da lavoro;
7. Revisione degli interventi di sicurezza in agricoltura.
8. Effectiveness delle strutture anti roll-over per ridurre le morti in agricoltura fra i conducenti di trattori;
9. Incidenza e disabilità degli infortuni in agricoltura nei bambini;
10. Effectiveness degli interventi per ridurre avvelenamenti e intossicazioni da pesticidi nella popolazione di addetti;
11. Valutazione degli interventi per prevenire punture da ago in operatori sanitari;
12. Prevenzione del crimine attraverso un "*environmental design*" (CPTED): analisi preliminare delle evidenze di effectiveness per la riduzione di furti;
13. Interventi amministrativi e comportamentali per la prevenzione di violenze sul luogo di lavoro.

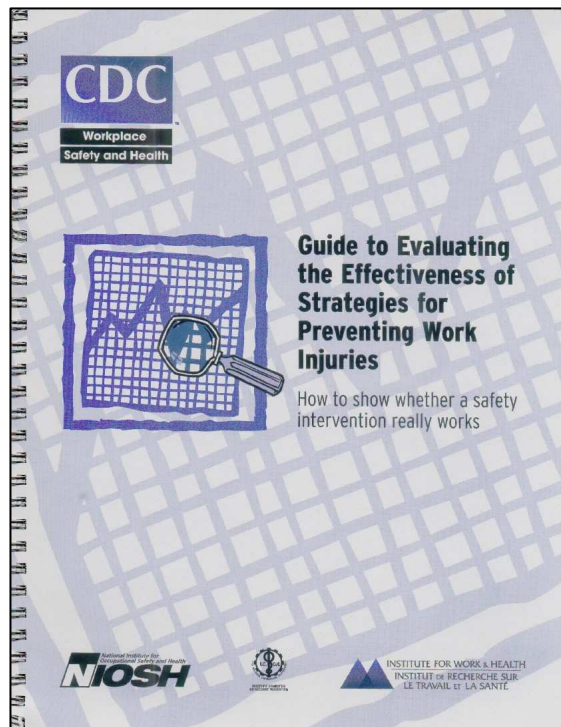
**Table 1.** Literature selection results for all review articles

<b>Author(s)</b>	<b>Total number of abstracts (titles) screened</b>	<b>Total number of articles initially selected for review</b>	<b>Total number of articles included in final review</b>
Beahler et al. <sup>7</sup>	—	—	—
Frank <sup>2</sup>	802 (2687)	79	7
Keifer <sup>8</sup>	263 (5735)	129	17
Lincoln et al. <sup>6</sup>	623 (2546)	310	24
Lipscomb <sup>9</sup>	671 (768)	110	7
Casteel et al. <sup>3,a</sup>	808 (5628)	110	26
DeRoo et al. <sup>4</sup>	378 (9449)	118	25
Reed and Claunch <sup>10</sup>	118 (557)	108	32
Reynolds and Groves <sup>11</sup>	277 (723)	53	21
Rivara and Thompson <sup>12</sup>	200 (1255)	53	3
Rogers and Goodno <sup>5</sup>	615	76	11
Runyan et al. <sup>13,a</sup>	771 (5665)	137	9
Segui-Gomez <sup>14</sup>	208 (1124)	73	25
Totals	5734 (36,137)	1356	207
	41,871		

<sup>a</sup> Abstracts and titles for the two workplace violence papers included only once.

# Guida alla valutazione dell'efficacia di strategie per la prevenzione degli infortuni sul lavoro

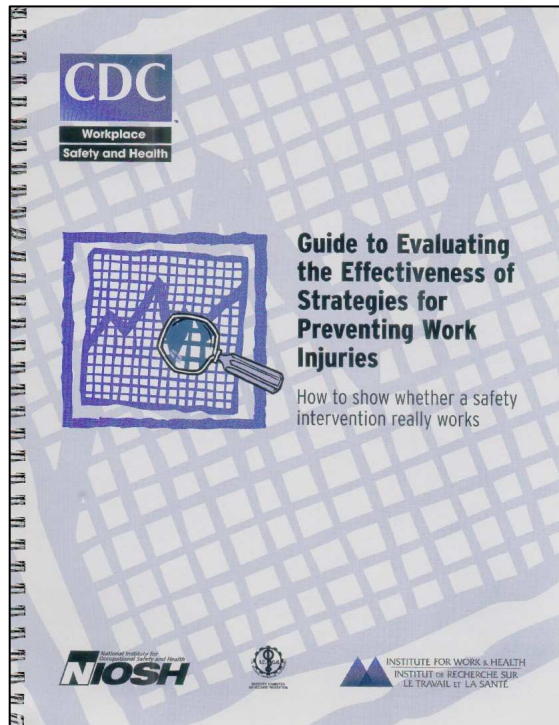
## Come mostrare se un intervento per la sicurezza effettivamente funziona



Lynda S. Robson, Harry S. Shannon,  
Linda M. Goldenhar, Andrew R. Hale  
Aprile 2001

Manuale di buona pratica per chi voglia cimentarsi nel compito di valutare l'efficacia del proprio intervento. E' diretto soprattutto a consulenti aziendali in tema di sicurezza, ma offre suggerimenti utili anche al personale dei servizi pubblici di prevenzione

<http://www.iwh.on.ca/Pages/Publications/safetybook.htm>



Offre un'esauriente panoramica sui metodi epidemiologici di disegno dello studio e sulle tecniche statistiche di base per l'analisi dei risultati da utilizzare nel lavoro di valutazione dell'efficacia di interventi per la riduzione del fenomeno infortunistico nei luoghi di lavoro.

# CHIUDO CON DUE SLOGAN



# RICORDANDO CHE ...

Efficacy: Efficacia teorica,  
sperimentale, scientifica

Effectiveness: Efficacia sul  
campo, pratica, "qui e ora".

LA EFFICACY  
LA DEVO STUDIARE,

LA EFFECTIVENESS  
LA POSSO MISURARE

# E RICORDANDO ANCHE CHE ...

VRQ: Verifica e Revisione di Qualità.

EBP: Evidence Based Prevention

FAR BENE (QUALITA'),

LE COSE GIUSTE (EBP).