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**Health Houses and Community Houses in Italy:
a first reconnaissance**

Abstract

This article addresses the topic of Health Houses, established in 2007 and subsequently renamed, in 2023, Community Houses, a substantially new typology for which there is a lack of consolidated scientific literature in the sector of architectural and urban design. In this context, despite having thematic and typological analogies, such as hospitals and district health centres, it seems appropriate to review what has been achieved in recent times in terms of decentralized structures and already largely corresponding to the community evolution of the Health House. The aim is to provide a first brief case study of Health Houses and Community Houses already built or in the planning phase in the Italian context, focusing in particular on the analysis of the outcomes in terms of typo-morphological characterization of the built architecture. However, it is necessary to underline that the documentation of the architectural projects financed by the PNRR at present, publicly available, is still rather lacking and therefore susceptible to progressive updates.

Keywords

Healthcare Architecture — Territorial Healthcare — Health House

The concept of Health Houses in Italy originates from the ministerial conference of the same name in 2007, marking the beginning of a path, guided by the amendments to Title V of the Constitution, which transferred competences in the health field to the Regions. Consequently, the Regions have started to legislate on the topic, as demonstrated by Regional Council Resolution no. 291/2010 of Emilia-Romagna, entitled «House of Health: regional indications for implementation and organization» (DGR 2010).

Although only fifteen years have passed since their introduction, in 2021 554 institutions with this name are operational in Italy, a number that is evidently insufficient for decentralized and widespread structures of this type (Pesaresi 2022).

But the paramount issue does not lie so much or only in the quantity of Health Houses at a national level, but rather in their location on an urban and neighborhood scale, as well as in the relationship with the surrounding environment and in the architectural and spatial quality that should distinguish them.

The SARS-CoV-2 epidemic has acted as a catalyst for a profound reflection on social and healthcare structures, revealing their fragilities and indicating the need for new spaces and models of healthcare facilities (Quintelli et al. 2020).

In response to these problems, within the National Recovery and Resilience Plan, the contents of Ministerial Decree 77/2022 are determined and entitled «Models and standards for the development of territorial assistance in the National Health Service» (DM 2022). Planning and regulatory policies that define the characteristics of Community Houses and provide for a significant numerical increase on a national scale.

The National Recovery and Resilience Plan establishes the construction of 1,350 (Italiadomani 2021) Community Houses, which later became 1,430 (Openpolis 2023) following the requests of the Regions, by mid-2026, using both pre-existing and newly built structures, also if, following the revision of the plan in the summer of 2023, the number is reduced by approximately 400 units, thus significantly downsizing the original programming. However, the analysis of the projects financed so far has highlighted the scarcity of qualified architectural projects recognized by critics through publications, underlining the need for a more marked commitment in the design, even before the construction, of these structures to guarantee their success in terms of full achievement of the objectives.

It is important to underline that the presence of Health Houses (HH) and Community Houses (CH) is significantly uneven in the regional geography, with a greater concentration in the northern regions. In this scenario, there is an increase in diffusion in the Emilia-Romagna Region, traditionally at the forefront in the healthcare field.

From the analysis of an albeit limited Italian case study, some significant HH and CH structures have been selected, in relation to which it is possible to highlight some initial aspects of characterization as being of critical importance. The selected structures include: the HH of Carpaneto Piacentino (Province of Piacenza), the CH Ljubljana-San Lazzaro (Parma), the HH of Casalgrande (Province of Reggio Emilia), the HH G.P. Vecchi (Modena), the HH Navile (Bologna), the CH of Predazzo (Province of Trento) and the CH of Salò (Province of Brescia).

The project of the new HH in Carpaneto Piacentino, created by A+C_Architettura e Città associated studio in 2017, envisages its positioning between the historic structure of the former slaughterhouse, whose functional destination currently remains suspended, and the building post office, finding beyond the area involved the spacious Piazza Rossi which, used mainly as a car park, as well as for the market, appears as an asphalted space without a distinctive urban quality in everyday life and with little relevance to the CdS if not in terms of rest area.

The building is characterized by a simple, monoplanar and linear structure, with distinctive elements such as the “L” shape and extended arms that create a suggestive green semi-courtyard of access, highlighted by the significant presence of a pre-existing tree. The linear bodies facing the courtyard, with glass façades protected from sunlight and rain by a projecting overhang, house the entire distribution and waiting system of the structure.

The architecture is inserted into the area in order to facilitate the creation of three green areas and a car park dedicated to staff. Inside, two distribution trajectories intersect in the central corner, appropriately hosting a reception space in that junction, albeit small in size, also intended for an information and waiting desk. A dimensional lack that calls into question the fulfillment of the functions foreseen according to a condition of real reception.

The architectural project underlines the importance of visual comfort and connection with the external environment by users, emphasizing these aspects above all through the creation of widely glazed distribution corridors, according to a language aimed at restoring lightness and formal elegance to that space. The waiting areas are also positioned along the corridors according to an unfortunately consolidated practice, to which is added a lack of attention in the placement of the seats which, oriented with the backrest against the glass, do not allow waiting users to have

**Figg. 1-4**

A+C_Architettura e Città, Health House of Carpaneto Piacentino, Piacenza, 2017.

a view of the space court green. Furthermore, the presence of windows along the distribution space, although it contributes to comfort in terms of vision and brightness, does not guarantee sufficient privacy for waiting users.

Given the limited size of the HH, the flexibility of the building also in terms of expansion is not conceivable except on the Piazza Rossi side.

In the Parma context, the project created by Vincenzo Facchino (S.A.T.) in 2022 for the new Ljubljana-San Lazzaro Community House stands out through an architectural complex divided into four parts, each with a clear functional destination. The first three parts, arranged in an interconnected manner to form a single body with a “C” structure, are designed to host the health activities of the CH and the Territorial Social Centre. The fourth part is identified in a building located behind and independent of the other mainly intended as a Territorial Dialysis Centre, with further spaces dedicated to the 118 Operations Centre.

The central nucleus, identified as the main access point to the structure, houses an entrance characterized by a reception space which includes an information desk and for collecting reports. However, it is clear that the current small size of this space could force users to wait at the entrance door or, on certain occasions, outside the structure, with evident problems of congestion in the access environment. In fact, the lack of reception spaces and services, probably due to a design dated well before the new regulatory guidelines, risks at least partially compromising the very concept of CH.

On the sides of the entrance, the two bodies connected to the central nucleus host, with equal availability of spaces, the component of the Territorial Social Center and the healthcare part. Critical issues related to this

**Figg. 5-6**

Vincenzo Facchino (S.A.T.),
Community House Lubiana-San
Lazzaro, Parma, 2022.

rigid distribution of the operating surface clearly emerge. The social part, represented by the Territorial Centre, enjoys large and comfortable spaces, while the area dedicated to healthcare activities appears undersized and on average crowded. It is a system centered on a single corridor, on average crowded and with little access to the outside, which has dimensions that are not adequate to fully and effectively support the significant and qualified provision of healthcare services present, creating a working environment not entirely optimal for staff, with negative repercussions for users from multiple points of view.

The waiting areas, often obtained from the use of an outpatient module or from the placement of seats along the distribution corridor, further contribute to the problems of use within this area of the complex.

The structure develops on a single floor, built on a previously unbuilt area, free of constraints, and therefore originally susceptible to a high architectural quality system.

Accessibility to the complex is guaranteed both through a pedestrian entrance that leads to the common atrium facing via 24 Maggio, and through a vehicular access that leads to a car park, located on the side towards the north, dedicated to users and staff.

In the formal identity of the structure, an evident semantic discrepancy emerges between the architectural image and the nature of the functions carried out within it. In general, the architectural choices are not concerned with representing the civil and urban value that typifies a Community House even on an iconic level.

The project under construction for the New Health House in Casalgrande, in the Province of Reggio-Emilia, designed by Bertani & Vezzali architects & partners in 2017, according to a typology defined as a “pavilion in the green”, is articulated through the following functional blocks the acute triangle shape of the area. The cellular organic character of the complex derives from the sequence of different elements related through a large and articulated distribution path, which also performs the function of a waiting space, up to the nodal point where the entrance and reception are located.

The structure has differentiated entrances, a main one for the public, a separate one for child neuropsychiatry and a side service corresponding to the driveway access. Volumetrically developed on a single floor, it has a height highlight in the part dedicated to the entrance and reception area. The area not occupied by the building is intended for protected public greenery.

The layout of the clinics and treatment rooms is developed through areas opposite the main access side, guaranteeing reserved and protected spaces. At the same time, the common distribution area for the various servi-

**Figg. 7-10**

Bertani & Vezzali, Casalgrande Health House Project, Reggio Emilia, 2017.

ces offers welcoming waiting spaces with dual north and south exposure, capable of providing high brightness and visual permeability also from a safety point of view.

Even within a residual space dictated by the road infrastructure, the architects wanted to give the building an architectural and urban identity through a network of functional and urban relationships, stitching together the western edge with the countryside, the nearby rural courtyards, the expansion recent residential area, the distribution avenues and the public and private garden areas close to the historic centre. This texture extends to include the library, the town hall, the theater and the public park, creating a concatenation of urban places integrated into the dynamics of the village.

Currently, the area includes a car park accessible to both users and staff and is served by a cycle/pedestrian sidewalk along the entire Via Carlo Marx, ensuring an excellent connection for low environmental impact travel towards the center of Casalgrande.

The project for the construction of the Health House G.P. Vecchi in Modena, created by Studio Lenzi & Associati and ZPZ partners and completed in 2020, is spread over four functional floors, with a basement and an upper floor dedicated to logistics and plant management. The design approach is based on a block system, highlighted on the ground floor by a vast room, a central “square”, above which, through a vertical hollow space, the different levels are perceived.

The “square” plays a fundamental organizing role in the structure, acting as an entry, sorting and passage point for access to the upper floors, as well as a waiting area for the clinics. This space optimizes the internal distribution of the building and is also an information and orientation point for users.

The reception and related waiting areas are distributed on all levels of the building starting from the “square”, with furnished spaces overlooking the central cavity. A distinctive element is the use of color which varies

**Figg. 7-10**

Lenzi & Associati, ZPZ Partners, Health House G.P. Vecchi, Modena, 2020.

according to its health or social function; this not only facilitates user orientation but also contributes to creating a more “humanized” environment that differs from standardized healthcare facilities historically characterized by poor chromatic variety.

Particular attention is paid to children, with a specifically designed area on the ground floor, near the café, to entertain them while they wait. Furthermore, each floor has seating areas dedicated to the little ones, creating a welcoming environment suited to their needs.

The external formal identity of the building appears semantically ambiguous and partially reflects its healthcare and community function, unlike the characterization developed internally.

The architectural entity of the Health House in the Navile district of Bologna, built by MATE Engineering in 2018, emerges significantly, almost signally, in the urban landscape, thanks to its volumetric character and the cladding in green panels that completely envelops the entire structure. Distinctive aspects that would like to underline the importance of this large health service center relating to the north-west area of Bologna.

The structure of the Casa della Salute Navile is characterized by a compact architectural block layout, within which, starting from the second floor, an open courtyard cavity is created to provide air and light, while on the first two levels there are determines a central closed double-height environment, including waiting spaces, reception areas and booking services. An arrangement on four floors above ground, capable of adequately organizing the various healthcare and administrative activities envisaged.

The choice to use a sort of covered internal hall as the fulcrum of the activities reflects an architectural approach aimed at creating a single central, welcoming and multifunctional distribution environment, although it presents similarities with the character of a tertiary hall or a commercial mall as highlighted by the presence of an escalator, an element not

Figg. 7-10

MATE Engineering, Health House Navile, Bologna, 2018.



entirely suitable in a healthcare context for functional and management reasons. The escalator, in fact, does not contribute to encouraging physical activity, does not favor access to users with limited mobility and has high management costs that are difficult to amortise in the absence of a strong flow of users.

The waiting space presents a concentration of sessions with inevitable consequences in terms of acoustics, health distancing logics and proximity to outpatient services.

The white porticoed base band on the facade plays an important role in signaling the access points, where the portico acts as a protected transit area and at the same time capable of integrating the building into the surrounding urban context.

The design approach for the Community House of Salò, designed by Stefano Boeri Architetti in 2022, adopts a circular layout, divided into two levels above ground and a basement. A building also characterized by two distinctive elements: the open courtyard and the green facade, conceived as fundamental landscape features of the project.

The ring configuration of the system marks a onerous route development, according to a single corridor through which to reach the services located at the opposite ends.

The volumes that overlook the open courtyard are intended to accommodate the social, refreshment and waiting areas.

The roof of these volumes is transformed into an open terrace, accessible to the patients of the facility. The court is designed to offer a protected environment, but without covered yet open mediation spaces.

The external facade of the CH of Salò stands out for its large windows which favor visual permeability between the internal and external spaces, thus guaranteeing adequate natural lighting inside the structure, a choice which however must take into account privacy of users and healthcare professionals. The façade is integrated with a wooden structure, anchored to the main system, which acts as a shading and support system

**Figg. 7-10**

Stefano Boeri, Project of the Salò Community House, Brescia, 2022.

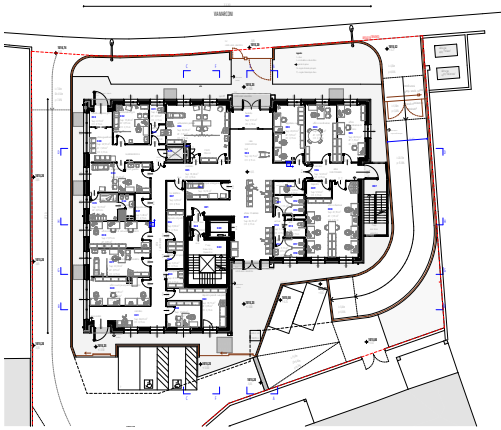
for the vegetation called upon to play a preponderant role up to what is now often defined as a jungle effect.

The project focuses heavily on image, in terms of sustainability and the role of greenery; however, it was contested by the State Superintendency for the protection of the landscape as its implementation would have inevitably led to the “gutting of the wooded slope” in the context of its inclusion.

The last case analyzed in this provisional comparative review, the Community House of Predazzo not yet built and designed by Weber + Winterle architects in 2023, concerns a building project characterized by a block system that emerges through its relevant structure on five levels, including a basement and an attic, from which the extent of the planned functional equipment can be obtained. A building whose image does not capture the need for semantic denotation required by a community-type healthcare facility in the urban landscape, remaining suspended between the idea of the residential condominium and the office building, furthermore devoid of contextual references.

The structure has a main entrance and a secondary entrance positioned on the opposite side, both aimed at facilitating access to the reception space, which, designed to act as a hinge for the entire structure, is however limited in terms of dimensions, resulting proportionally reduced compared to the expected influx of users that the CH should receive.

Defined by the designers as a “hall / waiting space”, this environment, more comparable to a large hallway, is proposed on all floors intended to provide specific services and ends up taking the form mainly as a standardized waiting area, with a acceptance, without adequate differentiation for the different types of users. A key space but without any connection with the outside except for the functions of access and overlooking the street, therefore devoid of characteristics capable of translating situations of a community nature, both functional, perceptive and symbolic. This is a condition, among others of an architectural nature, which deserves in-depth reflection on the aspects determining user satisfaction within a public service structure such as the CH.

**Figg. 7-10**

Weber + Winterle, Predazzo Community House Project, Trento, 2023.

This first itinerary within the Italian context, although as already mentioned on a necessarily limited sample, has so far highlighted a lack of relevant creations in terms of the typo-morphological and urban quality of the Health Houses and Community Houses built or in the project phase. However, it is possible to identify some recurring critical issues that can be considered paradigmatic, together with some appreciable attempts, regarding the design of the spaces required by the potential of the foreseen integrated services.

From the collection and analysis of the cases carried out, the predominant issues relating to these structures emerge as the pre-eminent question of their location at an urban and neighborhood level, the relationship with the surrounding context, a distribution typology and an iconic definition still not well focused on the functional and identity innovation of the CH. These structures are often positioned within the territory in a random manner, selecting areas available to the Municipality or other competent body, sometimes characterized by limited accessibility especially in terms of cycle-pedestrian paths. Furthermore, they have a poor connection with green spaces and with the places and public services characterizing the condition of urban aggregation. Fundamental public service spaces which thus do not contribute to the processes of concentration and integration of essential services for the city community.

In other words, at times there emerges a lack of awareness of being the House of Health and even more so of the Community, a center of public services which is not limited only to healthcare provision, but which invests in a much broader way in the various needs of the elderly, the disabled, young people, women and families within neighborhood life in the contemporary city.

Starting from this interpretative deficit, it is difficult to functionally re-

present, through architectural forms, the concept of “health” aimed at improving both individual and social well-being. In this context, it is important to underline how the quality of the built space can have a significant impact on the functioning of the services offered and, at the same time, on the sense of belonging, representativeness and inclusion of the citizens who should benefit from the socio-health services according to an approach increasingly oriented towards the community dimension. In the design of social and healthcare facilities, the architect takes on a role of primary importance that extends beyond mere aesthetics and compliance with specific regulations and technical observances. The conception of an optimal care environment requires an approach based on the direct identification of the needs of users, understood as culturally denoted subjects, placing the architect at the forefront as an agent who identifies with the social context in which he operates.

A fundamental perspective not only to understand the functional dynamics, but also to immerse oneself deeply in the expectations and experiences of both operators and patients, from which to derive a logic of spaces that responds in an integral and anthropocentric way to the complex needs inherent to care and well being.

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