

Giuseppe Verterame

**The urban role of architectures and places for decentred facilities for community health**

---

**Abstract**

The recent Ministerial Decree No. 77/2022 has introduced new models and standards for the development of territorial assistance in the National Health Service, aimed at solving the critical issues that emerged during the past health emergency including the Community House. This contribution reflects on the potential urban role of these new structures, where a paradigm shift occurs: from mere buildings providing health services to civil architectures encompassing a significant extension of services directed towards the social sphere. In order to interpret this transformation, the concepts of *centrality* and *urban place* are explored to which the architecture of the *Community Houses* contributes. Subsequently, a methodology is proposed for the urban-scale design of these structures, which are part of a broader system for healthcare and social assistance in the city where, in addition to *Places and Centers for Community Health* as an evolution of the concept of Community House, Neighbourhood Assistance Points are hypothesized, as the ultimate terminals of decentralized assistance.

**Keywords**

Community — Urban centrality — Urban place — Macroblock

The shock caused by the recent pandemic has generated a common desire for the renewal of social policies, which a necessary advancement can be perceived in. Indeed, between isolation and forced closures, we experienced loneliness, physical distancing with repercussions on behaviors, and consequences on social interaction. At the same time, the period of home confinement highlighted vulnerabilities and strengthened awareness of the importance of personal relationships within communities, organizing actions of solidarity to support the most fragile ones providing food, medicine, and emotional support.

The health emergency has thus highlighted the need to adopt new approaches to achieve a better quality of life, including a paradigm shift in public health «moving from a medical model, focused on the individual, to a social model, in which health is considered as the result of various socio-economic, cultural, and environmental factors» (Capolongo, Buffoli, Brambilla, Rebecchi 2020, p. 271). The sudden spread of the virus led to some of the strictest containment measures in the world within democratic states, adopted precisely because the healthcare system had evident weaknesses in the lack of decentralized support to central healthcare structures such as hospitals themselves.

To rectify the highlighted deficiencies, the Ministry of Health in May 2022, with Ministerial Decree No. 77<sup>1</sup>, conceived a new territorial model for the Health Service, introducing the Community House as the focal point of a network of health and social services spread throughout the territory. Derived from the organizational and functional matrix of the Health Houses – which has found uneven application in different regions – it is characterized by an integrated and multidisciplinary approach among professionals in the healthcare, social-healthcare, and social sectors, with attention to continuity of care and home support, particularly for disadvantaged groups



**Fig. 1**  
Carlo Aymonino, "Ecco qua un altro pezzo di città", 1981.

with new professional figures such as the so-called *Community Nurse*.

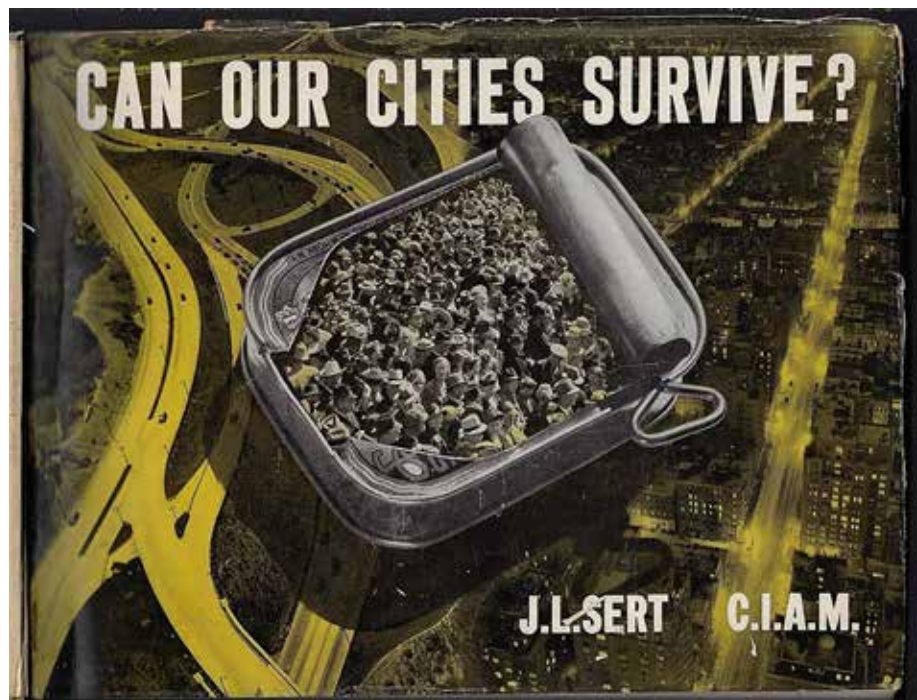
This model attempts to respond to the need for a paradigm shift mentioned earlier, which obviously cannot be resolved solely by adopting new models and standards – as defined by Annex 1 of the aforementioned Decree – but through a broader vision, first and foremost one that includes its strategic role towards the city.

For several decades, there has been insistence on the intrinsic relationship between city and well-being and how the quality of life of individuals depends on it, since the United Nations Conference on the Environment held in Rio<sup>2</sup>. Recently, in 2021, the Ministry of Health published the Guidance Document for urban planning from a Public Health perspective, where it highlights that «the concept of the Healthy City presupposes the idea of a community aware of the importance of healthcare as a collective good» (Ministry of Health 2021, p. 6). In this way, the importance of the urban environment for health is highlighted, which is not only associated with the individual sphere but correlated with the community benefit and therefore the idea of community healthcare (ivi, p. 10).

However, the various recommendations contained in the issued documents from the Conference to the recent proposals, have mostly become slogans. Today, beyond some collective facilities, urban renewals of more or less abandoned areas, cycling tracks extensions and low urban impact parks, urban regeneration interventions characterized by a holistic vision capable of restoring a condition of well-being of strong social relevance are not evident. Once again, the health emergency has highlighted issues related to collective facilities and spaces: to many it seemed evident the importance of rethinking the city – during that period denied due to lockdowns – experienced in the vicinity of one's home to reclaim that innate instinct for community and social expression, often disillusioned because those few and reduced practicable spaces did not have relevant quality.

### **For community health: the paradigms of centrality and urban place**

The need to start from the city as a collective phenomenon and geographical field of community phenomenology seemed evident, capable of – as Jean-Luc Nancy writes – relating singular with plural being, that is, the scene capable of representing the «good show, the social or community being [that] presents itself its own interiority, its own origin (in itself invisible), the foundation of its right, the life of its body» (Nancy 2001, p. 77). Within the necessary paradigm adoptable in the post-COVID context, therefore, the theme of collectivity emerges, a social priority based on the matured awareness of the importance of the role of the community in a solidarity key, as manifested by various entities during the isolation period. The nominalistic substitution from Health House to Community House, although carried out only by Decree without resulting in many contexts in a real change in terms of programming and operational, seems to fall within that matured awareness by the institutions produced during the pandemic to which reference was mentioned above. Considering the present, the advantages of the Community House would be numerous, particularly in relation to themes of inclusion and diversity, solidarity and assistance to vulnerable groups, civic participation and education. Indeed, the community can represent a key element in addressing social, economic, and health challenges, as collaboration and solidarity are fundamental to building sustainable societies in the long term. Adriano Olivetti claimed the importance of the Community within society for the construction of civic sense from the bottom and by focusing on individual responsibility, social solidarity, dignity and rights of individuals, interests of future generations (Olivetti 2013). Olivetti applied community values to different contexts,



**Fig. 2**  
Josep Lluís Sert, “Can our cities survive?”, 1942 Cover.



**Fig. 3**  
Saul Steinberg, “Piazza San Marco”, 1950.

from rural settlements in Canavese – with the construction of Community Centers – to the industrial work context and up to the development of Ivrea, where he integrated work, residence, and facilities, promoting the construction of houses, schools, and health service to improve the quality of life of employees and their families (Renzi 2008). He unequivocally demonstrated that there cannot be community development disconnected from a place construction which takes to the idea of city, as scene, whilst, of *Communitas* (Esposito 1998) and *Immunitas* (Esposito 2002).

However, among ministerial guidelines, there is no reference to the urban potential of these models of territorial assistance that possess the status of public buildings. The critical emphasis does not aim to be obvious but necessary, considering the meta-design proposals, the initial projects, and the built examples – also including Health Houses – often lacking in terms of typological articulation and representative quality within the urban structure. A forward-thinking and, therefore, sustainable vision must consider the realization of the Community Houses according to the typical collective vocation of civil architecture, interpreting it as the potential community district of a specific part of the city and a means of community phenomenology.



**Fig. 4**

Ludovico Quaroni and Federico Gorio, with the involvement of Adriano Olivetti, Borgo La Martella in Matera, 1952-1954.

In addition, architectural and urban mechanism characterized and adequately equipped in this way can play a crucial role in managing emergencies that, as demonstrated in the recent pandemic, are particularly concentrated in urban areas.

Therefore, working on the city with an awareness of the potential role of its facilities can, on one hand, effectively limit the impacts of future emergencies and, on the other hand, underline the central role of the community.

In light of the most significant events, the transformation of the city is conditioned by the urgency imposed by current affairs, such as the necessity represented by community health. According to Antonio Monestiroli, architecture design must experiment with new forms able to reveal the collective reason behind the themes that unfold throughout history (Monestiroli 1979, pp. 34-35).

Given these premises, we should now ask ourselves what the reason for architecture is, in relation to community health, precisely in connection with the city, which, as Carlo Quintelli (2010a, p. 9) believes, should be considered

a community structure, where the mechanisms of reproduction of the whole and its parts tend to reinterpret and reproduce the community principle as a necessary confirmation of the urban background, but according to different declinations and elaborations of meaning.

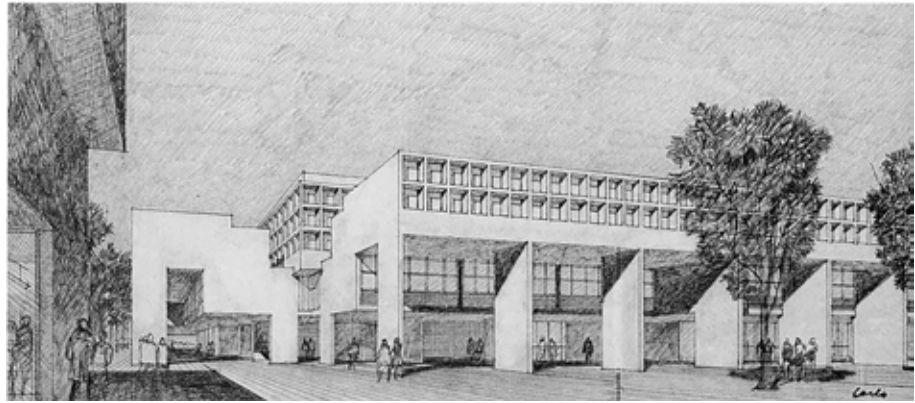
In this sense, the architecture of community health cannot be dissociated from its collective dimension, without which it would lose meaning.

However, the collective dimension is not solely found in the realization of its practical purposes in response to its main functions, such as those for health, because we would find ourselves with a structure that meets functional and utilitarian requirements but lacks architectural qualities capable of representing its urban role as a civil building.

Thus, in attempting to interpret the meaning of such a work for the community, it is appropriate to delve into what Monestiroli (1979, pp. 34-35) sustains:

«I believe that the reason for every building is based on its function, originates from it, but does not coincide with it. And it is precisely this non-coincidence that allows the progress of architecture, or at least the progress of one aspect of it, that of understanding the meaning of each artifact [...] if we consider function as what links architecture to the concrete reality in which it is built, we can say that knowledge of the function occurs through knowledge of reality as a whole. It is not possible, therefore, to stop at the function as it is, but it is necessary to know its deep aspects, linked to a more extensive and general knowledge of reality. It is this knowledge that allows us to go beyond function and to know the reason for the buildings».

Given certain analytical-critical premises, it is now necessary to proceed

**Fig. 5**

Carlo Aymonino, School compound in Pesaro, 1974-1978.

synthetically to the design definition, also analogically, of architecture for community health in an urban sense.

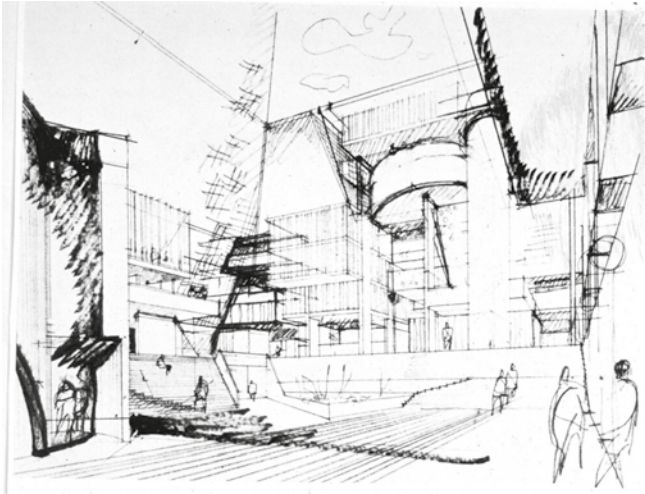
If you observe the city – especially the suburbs – a widespread lack of overall characterization emerges, arising from an evident formal indeterminacy. Within a previously determined state of necessity, on the one hand, in terms of urban phenomenology and, on the other hand, sociologically, architecture for community health finds its reason in being able to represent itself as a *factor of urban centrality*<sup>3</sup>, a collective building, and a composite architectural device, relevant not only in terms of functionality and usability but above all for its ability to interpret its civic sense as urban equipment with predisposition to multifunctionality, flexible in its various uses, easily accessible, endowed with open common spaces, and socially contaminable thanks to the various facilities it can offer.

In this sense, the contribution to the determination of *centrality*, in addition to implementing specific functional programs, can promote exchange and cooperation among various entities and institutions, generating synergies among the actors involved in promoting health as well as social interaction, materializing one of the meanings of community.

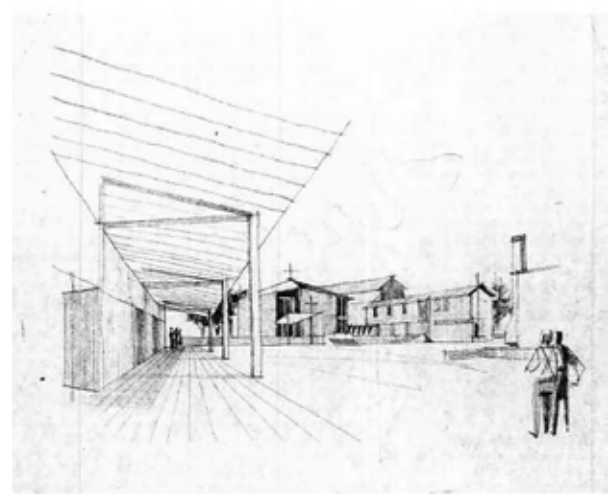
The concept of *centrality* is conceptually appropriate both for the scale of architecture and for the city one, the physical context in which the architecture of community health aims to establish relationships. In this regard, we could evaluate the appropriateness of adopting the paradigm of urban place to concretely translate that dimension of *centrality* which architecture contributes to. Indeed, this dual character can represent a plurality of organized forms, such as buildings for various types of activities and services, public or private – including specialized residences – but at the same time expresses a unified image, better able to express its potential urban role as a space for the community.

In this sense, the place represents a complex architectural system, possesses structural and identitary urban qualities, encourages social phenomena, and establishes multiple relationships between architecture and the city. According to Rykwert, the concept of place transcends rational criteria to reach symbolic aspects to the extent that citizens can feel pride in belonging to a certain area, so as to develop a sense of belonging. It is an intrinsic force that influences the sociality of its inhabitants, activating the vitality of a community. Furthermore, he argues that the presence of reference places is crucial because it enriches the urban experience: understood as reference points, they have a significantly urban role and act as catalysts for human activities, to the extent of determining a character, through their representative and distinctive qualities in the urban experience (Rykwert 2003, p. 306).

Drawing from historical experience, the square is the type of urban place that best translates the described qualities: in terms of representation, it is a space endowed with symbolic qualities, identifiable as a catalyzing void of

**Fig. 6**

Carlo Aymonino and Costantino Dardi, Mirano Hospital Competition, 1967.

**Fig. 7**

Vittorio Gandolfi, Montanara suburb square in Parma, 1956-1957.

public and social activities. In this regard, Paolo Portoghesi argues that it is «indeed the square, understood as the beating heart of the city, the driving force and intellect of the urban fabric [...] the privileged place of encounter, dialogue, and social exchange» (Portoghesi 1990, pp. 13-14). Moreover, he embraces Nancy's thesis on the community's need to represent itself in an urban theater:

«stage and theater enter into the design of the square not as external contributions, but as an inherent requirement of the very concept of square: a place where the presence of man, whether daily or linked to particular events, must become a scene» (ivi, p. 24).

According to Carlo Aymonino, this capability transforms the public space of the square into an urban fact. He demonstrated this in numerous square realizations: surpassing the axiom of empty space, he considered it as «an urban place par excellence» (Aymonino 1995, p.20). He employed one of the archetypal themes of architecture and city construction through the composition of architectural plurality, made up of different but converging parts in the expression of unity, capable of sublimating the concept of place, a conceptual and relational synthesis between urban structure and architectural solution. He made this evident in many of his projects: the realization of schools, residential complexes, theaters, and administrative centers. The importance of his contribution lies in demonstrating that architectural design is not only the solution to a single problem – such as the realization of a building for healthcare purposes – but the response to a complex issue. As evidence of this, for the project of the school compound in Pesaro, he recounts that in the context of the project site, «a central place was missing, organized for civil life, an architecture that represents it» thus suggesting

«to insert a civic, political, cultural, and commercial center in the campus, a meeting place for student segregation and the social reality of the neighborhood [...] a visible and recognizable reference point of that part of the city, undifferentiated in its architectural results» (ivi, p. 54).

To exemplify the structural capacity of the urban role of the concept of place, it may be useful to recall the experience of Ina Casa, without specifically entering into the detail of realized examples. More than half a century later, the architectural and urban quality of those realizations and their ability to become places are still evident. Many constructed neighborhoods, thanks to their layout, have managed to generate significant urban relationships, transforming from autonomous and self-sufficient nei-



**Fig. 8**

Analytical Criterion 1: Endowment and distribution systematization of Community Health Centers at the territorial and urban scale.

©UALab, UNIPR Research

**Fig. 9**

Analytical Criterion 2: Position of the area for the Community Health Center.

©UALab, UNIPR Research

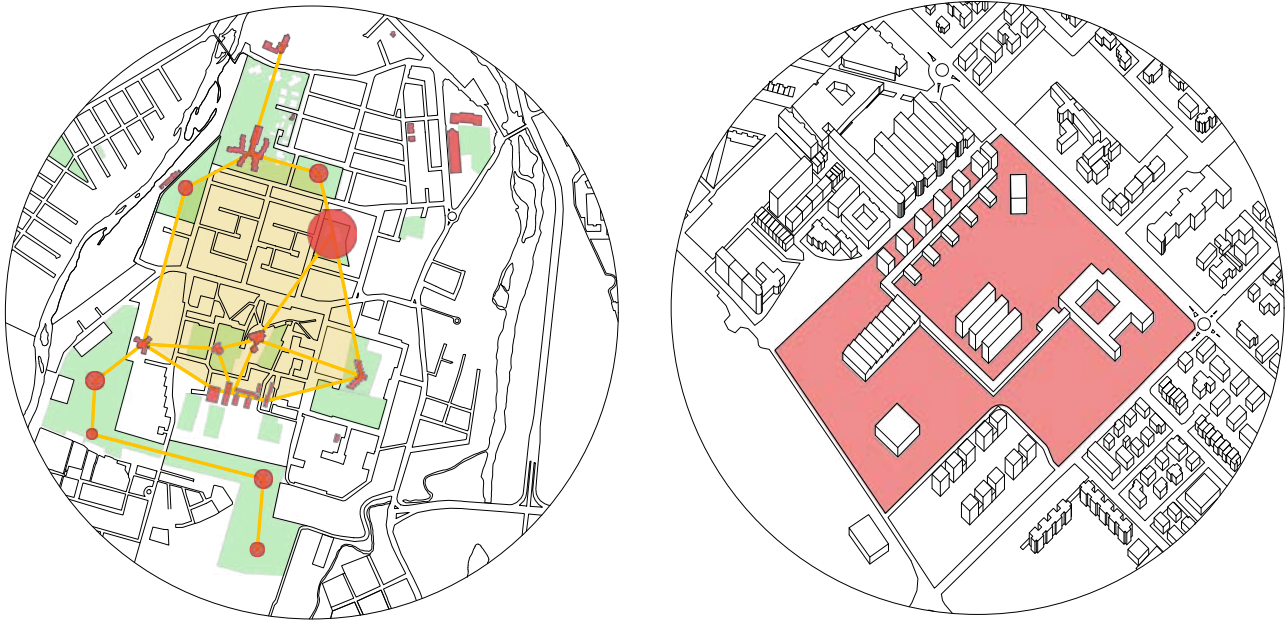
ghborhoods into urban structures, thereby facilitating the construction of new cities around them. This was made possible mainly by the strength of the plural system characterizing the central place of these neighborhoods, where various services, activities, and public spaces converged, capable of triggering identities and strong recognition, even landscape-wise, of that piece of the city (Boccacci 2010, pp. 124-129).

Today, the need to create architectures for healthcare can represent, following the experiences mentioned above, an opportunity to regenerate the suburbs, give meaning to their unresolved fragments, and make them formally complete urban parts. Pre-existing urban elements such as parks, schools, commercial activities, libraries, can synergize with the architectural components of community health to create a strongly denoted place of urban centrality.

Regarding this hypothesis, other scholars, who have recently developed the theme of the Community House<sup>4</sup>, agree on the urban role to be attributed to the new structures to make them «pieces of a regeneration strategy aimed at creating new social networks and, at the same time, capable of substantiating new forms of urbanity» (Ugolini and Varvaro 2022, p. 29-30).

### **An urban-scale design research hypothesis for Places and Centers of Community Health<sup>5</sup>**

To meet the requirements of representativeness, urban structurality, and identity characterization through the adoption of the architectural-urban paradigm described, within the research on new built typologies for community health conducted by a group from the University of Parma, some methodological-design tools are hypothesized to support the prefiguration of places and centers dedicated to these new developments in the socio-health public service. These are criteria and indicators for evaluating the settlement qualities of places and centers of Community Health, supporting their design at the urban scale, even before the architectural one. In particular, this section, included in the ongoing research, deals with the strategic relationship between the aggregate centrality place and the city understood in its structural and morphological articulation of the neighborhood. For this reason, the structural aspects of urban space are considered, especially the ones dedicated to public use and related facilities, designed in relation to other components of the settlement fabric, infrastructural elements, gre-

**Fig. 10**

Analytical Criterion 3: Relationship between centrality factors concerning the Community Health Center.

©UALab, UNIPR Research

**Fig. 11**

Analytical Criterion 4: Formal identity of the area for the Community Health Center.

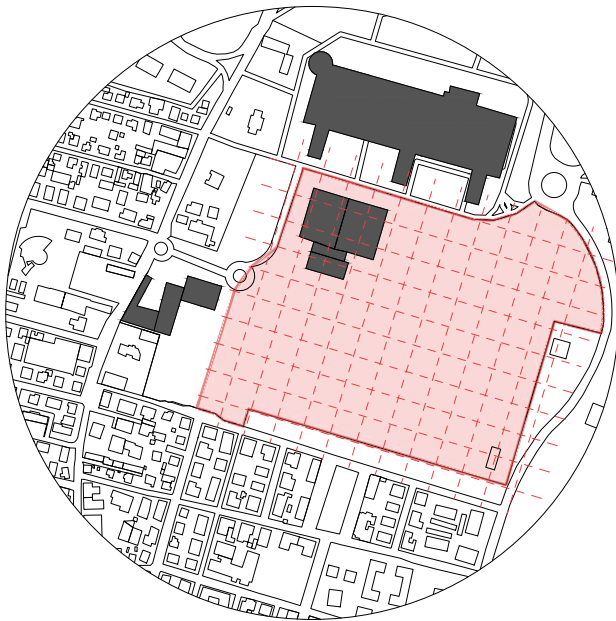
©UALab, UNIPR Research

en areas, and large equipped voids of collective and environmental interest. In summary, the methodology outlined within the research evaluates the existing urban conditions and resources, including distributive efficiency, location, relationship with other urban elements, the shape and size of the project site, accessibility, urban planning constraints, and potentially harmful conditions for collective health as well as for the feasibility of implementing the Places and Centers of Community Health.

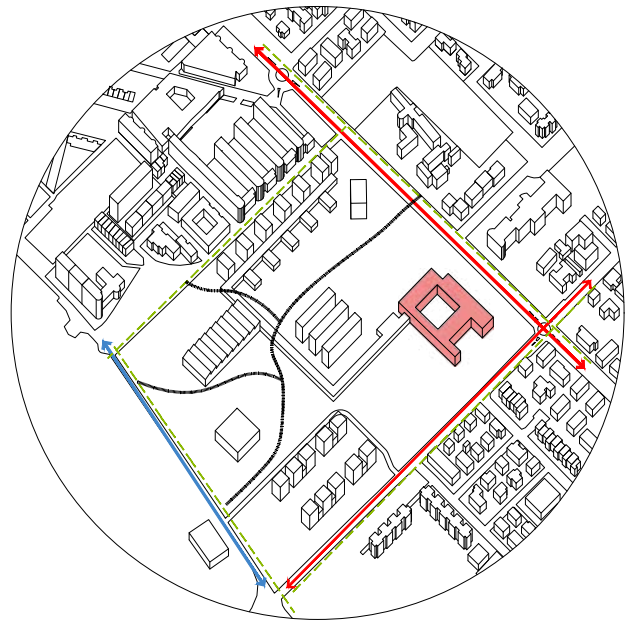
The methodological tool is developed through the following analytical criteria and evaluation indicators:

1. Provision and distribution system of Community Health Centers to the territorial and urban scale: this parameter assesses the distribution of socio-healthcare service nuclei at the urban and territorial scale and verifies their distributional balance and capillarity, based on the scale considered.
2. Position of the area for the Community Health Center in the neighborhood/urban area: this parameter highlights the possibility of locating the Place-Center of Community Health in a suitable position – starting from the baricentric one – in order to achieve the necessary accessibility, usability, and recognizability requirements for determining the place and centrality referred to earlier.
3. Relationship between centrality factors regarding the Place-Center of Community Health area: this parameter justifies the positioning in relation to the presence, the capacity for relationship, and prossemic characteristics of pre-existing centrality factors, such as other public services or buildings for collective activities and of strong attraction.
4. Dimensional entity of the area for the Place-Center of Community Health: this parameter verifies the dimensional adequacy of the area in relation to the possibility of settlement in terms of place and urban centrality.
5. Formal identity of the area for the Place-Center of Community Health: this parameter verifies the morphological suitability to capture the functional, representative, and identity potentials, as well as the perceptual relevance of the Place-Center of Community Health.
6. Accessibility and mobility related to the Place-Center of Community Health area: this parameter verifies the presence and effectiveness of various accessibility modes, particularly those of soft mobility.
7. Negative conditioning factors for the healthiness of the Place-Center

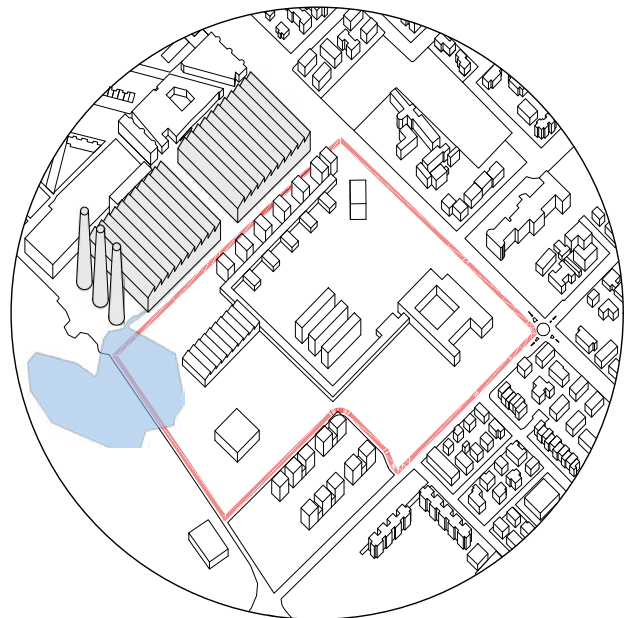


**Fig. 12**

Analytical Criterion 5: Dimensional extent of the area for the Community Health Center.  
©UALab, UNIPR Research

**Fig. 13**

Analytical Criterion 6: Accessibility and mobility related to the Community Health Center location.  
©UALab, UNIPR Research

**Fig. 14**

Analytical Criterion 7: Negative factors influencing the healthiness of the area surrounding the Community Health Center location  
©UALab, UNIPR Research

of Community Health area: this parameter verifies urbanistic, environmental, and infrastructural constraints, as well as other harmful conditions for healthiness and the feasibility of implementing the Community Health Center.

These above-mentioned parameters are verified through experimentation on susceptible areas identified within the city of Parma, used as a case study. The exposed succession allows the parametric evaluation of susceptible areas and their insertion into an overall analytical framework from which to deduce synthetically the potential and critical aspects of design application and experimentation.

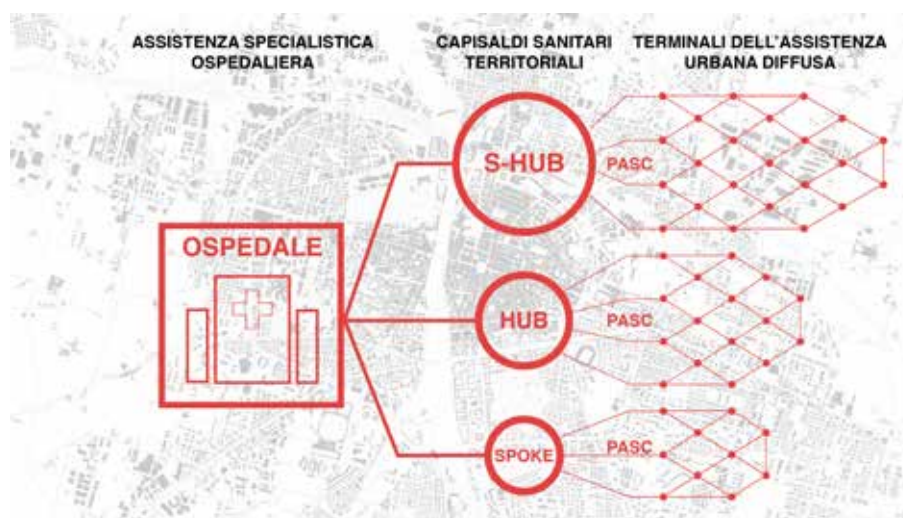
The application of the seven analytical criteria and evaluation indicators produces a ranking divided into four thresholds – negative, sufficient, good, optimal – which allows defining an order in relation to various possible susceptible areas, in order to guide the choices of identifying the areas most congenial to the realization of Places and Center of Community Health.

The Places and Centers of Community Health described so far represent the territorial healthcare cornerstones of a possibly even broader system of healthcare and social assistance within the city, if the adoption of Nei-

**Fig. 15**

Diagram of the healthcare and social assistance system in the city.

©UALab, UNIPR Research

**Fig. 16**

Within the macroblock: PASC, gathering spaces, and green areas

©UALab, UNIPR Research

**Fig. 17**

Functional layout of the macroblock. PASC highlighted in red.

©UALab, UNIPR Research



ghbourhood Assistance Points (NAPs) is envisaged, which are terminals of widespread urban assistance. In fact, to meet the need for a widespread healthcare and social assistance system, the introduction of additional facilities is envisaged, spread throughout the living spaces within the urban fabric, to support the higher-ranking structures, namely the Community Health Centers.

In order to analyze and manage the scale related to the urban fabric, it is appropriate to introduce the architectural and urban model of the *macroblock*<sup>6</sup>, useful for the organization and management of a widespread, capillary urban service strategy that is easily accessible from residential areas. The *macroblock* is a unit of the urban fabric obtained by merging multiple blocks – the number can vary depending on the typological-morphological conditions of the blocks and demographic characteristics – inserted into the overall system of the neighborhood. It represents an aggregative principle of the urban organism and constitutes a significant minimum urbanity in terms of demographic critical mass, which, by involving individual housing units at the management level, proposes spaces for socialization, rethinks soft mobility, and experiments with a new organization of neighborhood welfare within it.

The NAPs, which, for its basic operational role, is congenial to the usage physiologies of the *macroblock*, responds to the demand for an observatory as well as for assistance proximity that adequately corresponds to the daily needs of individuals in conditions of health and social fragility, partially self-sufficient and often with limited access to Community Health Centers. The NAPs benefits from the presence of multifunctional concierge services within each *macroblock*, capable of performing additional tasks for



**Fig. 18**  
Architectural and urban prefiguration of the macroblock.  
©UALab, UNIPR Research

the urban community, such as reception and information, access control and security, parcel delivery, maintenance and general services, emergency management.

In general, the conditions of services and collective spaces within the *macroblock* counteract physical and social degradation and promote the construction of a cohesive community. Additionally, they improve the quality of life of residents through the introduction of new functions such as playgrounds, gardens, squares, vegetable gardens, and pedestrian and cycle paths. Moreover, the inclusion of assistance services like the NAPs not only contributes to the general well-being of the population but also transforms cities into healthier, more attractive, comfortable, and secure places.

## Notes

<sup>1</sup> The Ministerial Decree No. 77/2022 approved by the Ministry of Health provides, for the first time, standards for territorial assistance and introduces new organizational models, including the Community House (Casa di Comunità).

<sup>2</sup> This is the so-called Earth Summit and the First World Conference of Heads of State on the Environment, held in Rio De Janeiro from June 3rd to 14th, 1992.

<sup>3</sup> To delve into the concept of urban centrality, see STRINA P. (ed.) (2023) - *The Merged City: A research on the urban project*, Il Poligrafo, Padua.

<sup>4</sup> Research “Coltivare Salute.com” coordinated by Michele Ugolini, Maddalena Bufoli.

<sup>5</sup> This is the progress report of the methodological experimentation of analytical criteria for the urban-scale design of Places and Centers of Community Health, within a research project on urban centralities of community health. The research group Urban & Architectural Laboratory is part of the Department of Engineering and Architecture at the University of Parma, with scientific supervision by Carlo Quintelli, and scien-



tific coordination by Enrico Prandi, along with Giuseppe Verterame, Alessia Simbari, and Sahar Taheri.

<sup>6</sup> The *macroblock* is developed within the doctoral thesis VERTERAME G. (2022) – *Il macroisolato come strumento della rigenerazione urbana. Spazi, forme e funzioni per la città di medie dimensioni*, Doctoral Thesis, University of Parma, supervised by Carlo Quintelli. For a deeper understanding of the *macroblock*, see VERTERAME G., “The city in quarantine. Perspectives on urban regeneration through the experimental model of macroblock”. In QUINTELLI C., MARETTO M., PRANDI E., GANDOLFI C. (eds.) (2020) – *Coronavirus, city, architecture. Prospects of the architectural and urban design*. FAMagazine [e-journal], 52-53, pp. 113-119, and VERTERAME G., “Interpretations of Centrality: Structuring Fabric Through the Macroblock Tool”. In STRINA P. (ed.) (2023) – *The Merged City. A research on the urban project*, Il Poligrafo, Padua, pp. 192-235.

## Bibliography

- AYMONINO C. (1995) – *Piazze d'Italia. Progettare gli spazi aperti*, Electa, Milan.
- BOCCACCI L. (2010) – “Quartieri-città per le case popolari nell’Emilia della ricostruzione”. In E. Prandi (edit by) *Community/Architecture. Documents from the Festival Architettura 5 2009-2010*, FAEdizioni, Parma.
- CANNATA M. (2020) (edit by) – *La città per l’uomo ai tempi del Covid*, La Nave di Teseo, Milan.
- CAPOLONGO S., BUFFOLI M., OPPIO A. (2015) – “How to assess the effects of urban plans on environment and health”. In *Territorio*, 73, pp. 145-151.
- CAPOLONGO S., BUFFOLI M., BRAMBILLA A., REBECCHI A. (2020) – “Strategie urbane di pianificazione e progettazione in salute, per migliorare la qualità e l’attrattività dei luoghi”. In *Techné. Journal of Technology for Architecture and Environment*, 19, Firenze University Press, Florence, pp. 271-279.
- ESPOSITO R. (1998) – *Communitas. Origine e destino della comunità*, Einaudi, Turin.
- ESPOSITO R. (2002) – *Immunitas. Protezione e negazione della vita*, Einaudi, Turin.
- MENDES DA ROCHA P. (2021) – *La città per tutti. Scritti scelti*. Edit by Gandolfi C., Nottetempo, Milan.
- MINISTERO DELLA SALUTE (2021) (edit by) – *Documento di indirizzo per la pianificazione urbana in un’ottica di Salute Pubblica*, Clup, Milan.
- MONESTIROLI A. (1979) – *L’architettura della realtà*, Clup, Milan.
- NANCY J.L. (2001) – *Essere singolare plurale*, Einaudi, Turin.
- OLIVETTI A. (2013) – *Il cammino della comunità*, Edizioni di Comunità, Rome.
- PORTOGHESI P. (1990) – *La Piazza come «luogo degli sguardi»*. Edit by Pisani M., Gangemi, Rome.
- PRANDI E. (edit by) (2010) – *Community/Architecture. Documents from the Festival Architettura 5 2009-2010*, FAEdizioni, Parma.
- PURINI F. (2000) – *Comporre l’architettura*, Laterza, Rome-Bari.
- QUINTELLI C. (2010) – “La comunità dello spazio progettato”. In R. Cantarelli, C. Quintelli (edit by), *Luoghi Comunitari. Spazio e società nel contesto contemporaneo dell’Emilia occidentale*, FAEdizioni, Parma.
- QUINTELLI C. (2010) – “Comunità/Architettura”. In E. Prandi (edit by) *Community/Architecture. Documents from the Festival Architettura 5 2009-2010*, FAEdizioni, Parma.
- QUINTELLI C., MARETTO M., PRANDI E., GANDOLFI C. (edit by) (2020) – *Coronavirus, città, architettura. Prospettive del progetto architettonico e urbano*. FAMagazine [e-journal], 52-53.
- RENZI E. (2008) – *Comunità concreta. Le opere e il pensiero di Adriano Olivetti*, Guida, Napoli.

- RYKWERT J. (2003) – *La seduzione del luogo. Storia e futuro della città*, Einaudi, Turin.
- SETTIS S. (2020) – *Città senza confini?* In CANNATA M. (edit by), *La città per l'uomo ai tempi del Covid*, La Nave di Teseo, Milan.
- STRINA P. (edit by) (2023) – *La Città Accorpata. Una ricerca sul progetto urbano*, Il Poligrafo, Padova.
- UGOLINI M., VARVARO S. (2022) – “The Community Healthcare center as engine of urban and social regeneration. A post Covid-19 public space design. Health Citadel and Community Center in Fiorenzuola d'Arda”. In UPLanD. *Journal of Urban Planning, Landscape and Environmental Design*, 6(1), pp. 13-34.
- VERTERAME G., (2020) – “La città in quarantena. Prospettive di rigenerazione urbana attraverso il modello sperimentale del macroisolato”. In QUINTELLI C., MARETTO M., PRANDI E., GANDOLFI C. (edit by) (2020) – *Coronavirus, città, architettura. Prospettive del progetto architettonico e urbano*. FAMagazine [e-journal], 52-53, pp. 113-119.
- VERTERAME G., (2023) – “Declinazioni della centralità: strutturale il tessuto attraverso lo strumento del macroisolato”. In STRINA P. (edit by) (2023) – *La Città Accorpata. Una ricerca sul progetto urbano*, Il Poligrafo, Padova, pp. 192-235.

Giuseppe Verterame (Crotone 1990) is an architect and PhD in “Architecture and Cities” at the University of Parma. In May 2022 he defended the thesis “The macroblock as a tool for urban regeneration. Spaces, forms and functions of the medium-sized city” (speaker Carlo Quintelli). He attended the FAUP in Porto as part of the Erasmus program and worked in the same city from 2013 to 2015. Since 2015 he has participated as a tutor in various international workshops and collaborates in the teaching and research of the Architecture courses at the University of Parma. He is currently a research fellow and deals with research topics on the centralities of urban community health and collective living in medium-sized cities.