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Cinzia Badiali, Andrea Donatini, Ambra Baldini

The Community House in the healthcare policy of the Emilia Romagna Region.

Abstract
The article represents the outcome of an interview addressed by Alessia Simbari, curator in this issue of the national-level survey on Community Houses, to the Territorial Assistance Sector of the General Directorate for Personal Care and Welfare of the Emilia-Romagna Region. This interview is the follow-up to a meeting to share the PNRR research underway at the UALab of the Department of Engineering and Architecture on the architecture of Health Houses and Community Houses at a national level.

Keywords
Healthcare architecture — Proximity healthcare — Territorial assistance

Fig. 1
Health House Navile, Bologna.

The Emilia-Romagna Region was among the first to take action on the topic of Health Houses (HH), now Community Houses (CH). Through what assumptions of health culture and administrative choices?

The idea of the Health House derives from two impulses: at an international level, with the orientation received from the Health and Consumers Directorate General of the European Commission (10 July 2014) "Definition of a reference model relating to primary care with particular attention to financing and referral systems" to provide answers to community health problems, through universally accessible services, provided by teams of professionals in partnership with patients and caregivers, providing a central role for the coordination and continuity of care processes; at national level with Law no. 189/2012 and by the 2014-2016 Health Pact, where the task of defining the organization of primary care services from a multi-professional and interdisciplinary perspective is delegated to the Regions. From these assumptions, the Emilia-Romagna Region has undertaken the path of development of the Health Houses, formally established with DGR 291/2010 and DGR 2128/2016.

What overall structure is envisaged between hospital structures and Community Houses in the urban and territorial context? Which good conditions can make it efficient and productive and which ones instead tend to slow it down and bring out critical issues?

The CH are a node in the wider network of health, social and healthcare services and at the same time they are an integral part of the living places of the local community. In this sense, the network in which the CH is in-

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Fig. 2
Community House Terre D'Acqua, Crevalcore, Bologna.

serted includes both the services provided directly by the Regional Health Service and those provided by other actors such as local authorities, accredited private individuals, service pharmacies, social and voluntary networks and last but not least the services offered by hospitals. of the territory on which the CH is located.
The organizational model identified by Ministerial Decree 77 to connect services in the area is the Territorial Operations Center (Centrale Operativa Territoriale - COT), which carries out the function of coordinating the care of the person and linking services and professionals involved in the different care settings.
The objective of the COT is to ensure continuity, accessibility and integration of health and social care. All the players in the system (district, hospital and intermediate, residential and semi-residential hospital staff) can request its intervention. This interface process between territorial structures and services presupposes 7-day-a-week operations and the provision of adequate technological and IT infrastructures (common platform integrated with the main business management applications, software with access to the Electronic Health Record, information system interconnected with the Regional Operations Center 116117).

Have you already obtained a significant picture of feedback on the satisfaction of users and operators within the Health Houses or now Community Houses?

To evaluate the HH organizational model in terms of satisfaction, in relation to some quality dimensions (accessibility, relationships with staff, organizational aspects, environments and overall level of satisfaction), between June 2018 and July 2019, a questionnaire was administered to users of Health Houses and Clinics, in which a level of satisfaction was highlighted that fluctuated from 64 to 98% depending on the aspects evaluated, with an excellent evaluation of reliability/trust towards the two types of structure and an excellent overall perceived quality.

Fig. 3
Community House Regina Margherita, Castelfranco Emilia, Modena.

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To what extent are the factors of interdisciplinarity and transdisciplinarity reflected within the current organizational structures and working regime of Community Houses?

The CH are healthcare facilities promoting a multidisciplinary intervention model, as well as privileged places for the planning of social interventions and socio-health integration. In the CH, multidisciplinary work is reflected both in the organizational models (e.g. Multidimensional Evaluation Unit, Single Access Point) and with the presence of multifunctional spaces such as meeting rooms, classrooms for training and meetings, which can be used by operators but also for the involvement of citizens.
The development of the use of IT tools will favor interdisciplinary work even when professionals are not present in the same place, reinforcing the concept promoted by the Emilia Romagna region of widespread CH, made up of the set of relationships that exist not only between the network of delivery places , but also between the network of actors and services present in its territory of reference and the community broadly understood as a set of more or less formally organized social networks.

Have the regional administration and the health districts managed, to what extent and through which tools, to operationally interpret the conceptual passage, which emerged from Ministerial Decree 77, which closely links the two dimensions of healthcare and community life?

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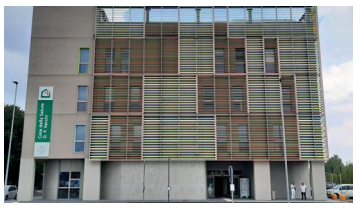

Figg. 4-5
Health House G.P. Vecchi Modena,

The CH introduces an organizational model of an integrated, multidisciplinary, proximity approach, characterized by proactivity which is achieved through the operational method of the territorial multi-professional team and by structural participation of the community. To encourage an innovative transition, which does not end in a mere nominal transformation, the Emilia-Romagna Region has launched a three-year training and experimentation path which will involve all the AUSLs (Health Authorities) and all the Districts. The objective is to work on elements capable of generating integration, proximity and participation such as: integrated governance between healthcare, social and third sectors; integrated organizational coordination between social and healthcare; multi-professionalism; participation of citizens, administrators, representatives of the third sector in the processes of reorganization of territorial assistance, identification of needs, design and planning of services, implementation, monitoring and evaluation; adoption and dissemination of an integral approach to health understood as a collective good to be pursued as a community, in all its aspects of physical, mental, emotional, relational and cultural well-being.

How do you evaluate the factor of urban quality, of the architectural structures and environments of the Health Houses, and today of the Community, as a contribution to their community performativity?

The transition from HH to CH has among its objectives that of promoting, at a micro-local level, greater integration and continuity on multiple levels: settings (of care and life), organizational devices, practices and relationships (interprofessional and professional-assisted -citizens). To encourage an innovative transition it is necessary to consider and work on some elements capable of generating integration, proximity and participation as the main directions of health promotion, in many aspects, among which the quality of the architectural spaces of the structures, of the green areas, of public places are fundamental.

What is the current state of implementation of the Community Houses to be built with PNRR funds in ER. also in light of the Government's renunciation of a portion of the expected funding?

Given that at the moment we have no updates regarding the waiver of a portion of funding, we continue with the implementation of the Community Houses through the DGR N. 2221 of 12/12/2022 in line with the objectives of the PNRR and with the Institutional Contract of Development (CIS). To date, there are 132 active Community Houses, following the planning of projects financed both with the PNRR and with other funds, it is expected that, by 2026, 185 Community Houses between hub and spoke will be built in Emilia-Romagna.

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Regione Emilia-Romagna ha intrapreso il percorso di sviluppo delle Case della Salute, istituite formalmente con le DGR 291/2010 e DGR 2128/2016.

Cinzia Badiali obtained a specialist degree in Nursing and Midwifery Sciences from the University of Pisa and obtained a II level Master's Degree in Management Functions and Management of Health Services and an Advanced Training Course "Management innovation and experimentation of organizational and management models" at University of Bologna. She worked in private and public healthcare facilities as a nurse and subsequently as OU nursing coordinator and manager of both territorial and hospital organizational areas in the City of Bologna AUSL. He currently works full-time in the Territorial Assistance Sector of the Emilia-Romagna Region. She was a teacher in the degree course in Nursing Sciences, module of "Clinical and Rehabilitation Nursing in Chronic Conditions at the University of Bologna.

Andrea Donatini graduated in Economics and Business from the University of Bologna and obtained a Master's degree in Economics from the University of Southampton and in Health Policy from the University of Bologna. He worked for the National Health Agency (AGENAS), for the Social and Health Agency of Emilia-Romagna and for the Department of Health Policies of Emilia-Romagna, mainly dealing with issues relating to primary care and evaluation of primary care. He was Manager of Management Control at the Local Health Authority of Modena and currently manages the Primary Care Area, Community Homes of the Emilia-Romagna Region.

Ambra Baldini was born in Brescia where she completed her first professional studies and in 2014 she obtained a Master's Degree in Nursing and Midwifery Sciences at the University of Ferrara, discussing her thesis on the topic of Health Houses. She worked in Lombardy and Emilia-Romagna as a nurse and health assistant in the territorial services of the NHS, dealing with the coordination of care and primary prevention activities. He currently collaborates in the Territorial Assistance Sector of the General Directorate for Personal Care and Welfare of the Emilia-Romagna Region. Numerous experiences of educational interventions aimed at the community, planning of events in the health sector in co-planning with public bodies/population groups and teaching in universities and public administrations.