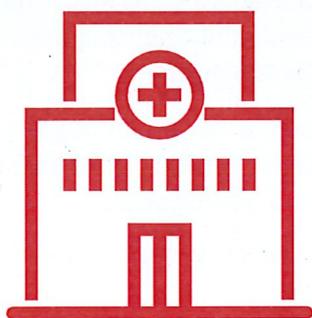




**World Health
Organization**

REGIONAL OFFICE FOR **Europe**



Health & Health
Services



Health & Living
Conditions



Health & Social and
Human Capital

Habitat-Microareas Programme in Trieste, Italy

Description of the intervention



Like many areas in the WHO European Region, Trieste (Italy) has experienced economic crises, austerity policies and high rates of unemployment over the last few decades. These factors, alongside an increasing older population (30% of the population is aged over 65 years), have resulted in higher risks of poor physical and mental health due to a lack of adequate services, financial instability and associated outcomes, such as social exclusion.

In response to these sociodemographic changes, the northern Italian region of Friuli-Venezia Giulia developed the Habitat-Microareas Programme. The Programme aims to develop local welfare plans involving several stakeholders, such as the local health agency, municipalities and the regional public housing organization; moreover, with the active involvement of local citizens being integral to the Programme.

The Programme adopts an intersectoral approach and supports coordinated activities among the health-care, social and employment sectors. Programme staff work with the local community to build and improve relationships between citizens, with the aim of fostering social cohesion and participation.

The first year of the Programme was spent getting to know the area and collecting health data. Based on this information, the strategic objectives of the Programme were identified as:

- improving health for all
- reducing health inequalities
- **improving** participatory governance for health.

The Programme implemented a set of activities of integrated care aimed at linking health-care practices to social services, housing issues and civil society networks and creating supportive environments and resilient communities.

In every microarea (with about 400–2500 inhabitants), the Programme depends on volunteers, active citizens and professionals, including:

- a full-time coordinator, usually from the Regional Health Agency, who is responsible for coordinating, integrating and monitoring health promotion and protection activities; and
- two part-time social concierges, one from the municipality's social services department and the other from the public housing organization.

How the case study creates the conditions to prosper and flourish and reduces the barriers that are holding people back in health and in life

1. The Habitat-Microareas Programme **influences** the collaboration of health-care and social services with civil society associations to improve well-being in the local population.
2. The incidence rate of admissions to hospitals for psychosis, acute respiratory infections and cardiovascular conditions decreased by 85%, 56% and 28%, respectively, after the Programme was introduced.
3. A small-scale approach is strategically important in **facilitating** the coordination of multisectoral actions and in promoting local community engagement.

Relevant HESRi¹ indicators

- Avoidable hospital admissions
- Unmet needs for health care
- Having someone to ask for help

Links to HESRi policy action areas

Health services

- As the risk of poor health is higher among people living in disadvantaged areas, the allocation of more resources to areas with greater health and social needs has a positive impact on reducing health differences among social groups and geographical areas.

Living conditions

- Socioeconomically disadvantaged groups tend to live in environments characterized by high levels of deprivation and the physical deterioration of private and common spaces, and have low levels of perceived control over their health.

Social and human capital

- The planning and construction of spaces has an impact on health, as well as people's social connections and interactions.

Links to HESRi Drivers

- The Habitat-Microareas Programme **promotes** greater involvement of local residents by creating partnerships between local community members and stakeholders.
- Participating in the development of innovative solutions to daily problems empowers people by giving them a sense of control and creates stronger communities and a more equal society.
- The Programme is based on a multisectoral action in which several sectors, including the health, education and employment sectors, collaborate towards achieving agreed goals through intersectoral collaboration.



¹ The WHO European Health Equity Status Report Initiative.

Further information

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