

## Long Abstract – Monographic Section

### *INVESTING IN THE SOCIAL REINTEGRATION CARE FOR DETAINEES: TRENDS AND NEW PERSPECTIVES OF THE ITALIAN WELFARE SYSTEM*

*edited by Alberto Pesce e Veronica Valenti*

### *Public Health Protection in Italy between the Dismantling of Universalism and the Development of Collaborative Action. The “CASE di COMUNITÀ” PROJECT*

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The present paper explores the ongoing reform of Italy public health system as a critical case study within the broader international context of welfare state transformation. This reform focuses on the paradigm of *working together*, a concept deeply rooted in the principles of universalism and collaborative action that have historically underpinned public health systems.

This approach contrasts sharply with the growing trend toward privatization and market-oriented healthcare solutions, which have gradually eroded the universality of public protection. Against this backdrop, this study highlights the Italian “Case di Comunità” (CdC) project as a potential turning point in public health governance.

Evolving from the earlier “Case della Salute” model, the CdC represents a significant shift toward *community-centered* and *territorially integrated care*. This model seeks to address both chronic health challenges and emerging syndemic threats by emphasizing *proximity*, *collaboration*, and *participatory governance*. Based on the lessons learned during the COVID-19 pandemic, the initiative is intended to strengthen territorial healthcare systems, integrate social and health services, and encourage active citizenship.

Furthermore, it aligns with the *One Health* approach, emphasizing the interconnection between human, environmental, and animal health as a crucial strategy to combat health inequalities and promote sustainability.

The present article critically examines the theoretical foundations, policy framework, and practical implementation of the “Case di Comunità”. It investigates the challenges of harmonizing national and regional healthcare priorities, ensuring adequate funding, and overcoming institutional resistance to change. Specific attention is focused on the architectural and organizational design of these centers, which aim to foster collaboration among health professionals, social workers, and local communities. Despite their promise, the centers face several limitations, including insufficient regulatory support, uneven resource distribution, and a lack of clearly defined pathways for citizen engagement and participatory governance.

Through the analysis of field studies, policies, and a review of scientific and grey literature, the paper identifies key innovations and structural shortcomings in the “Case di Comunità” model. It highlights the importance of empowering local communities as co-creators of health policies and services, integrating health and social dimensions into a cohesive framework, and leveraging the CdC as hubs for health promotion, urban regeneration, and community resilience.



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Moreover, the paper considers how these organizations can contribute to addressing broader societal challenges, such as climate change and urban fragmentation, through their focus on relational and participatory spaces.

The findings suggest that the CdC offers a promising model for reinvigorating the principles of universalism in healthcare. By emphasizing proximity, interdisciplinary collaboration, and community involvement, this approach may potentially mitigate health inequalities, improve care accessibility, and promote social cohesion.

However, its success depends on sustained political commitment, targeted investments, and the development of clear guidelines for its implementation and evaluation.

In conclusion, the present investigation recommends a stronger alignment between health policies and the lived realities of local communities, arguing that the “Case di Comunità” represents a unique opportunity to redefine the social contract of public health in Italy.

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