



Emilia-Romagna Region, Italy

Piazza Maggiore, Bologna

General overview

The Emilia-Romagna Region in north-eastern Italy is the sixth-largest in Italy. Covering an area of 22 451 km² (7.4% of the national territory), it is divided into 8 provinces and 1 metropolitan city, Bologna, the capital of the Region.

The Emilia-Romagna Region is home to the oldest university in the Western world, the University of Bologna, which was founded in the year 1088 and counts almost 100 000 students today (1). The Region is also known for its medieval cities, rich gastronomy and seaside resorts.

In 2016, the Region had a population of 4 454 000, among whom, 12% did not have Italian citizenship. In the same year, the Region was characterized by a “zero growth” rate compared with the rates for the previous ten years. The demographic data show a steadily ageing population; in 2016, the number of people aged 75 was 560 835, representing approximately one in ten.

The forecasts up to 2020 predict a moderate growth rate in the Region with a marked change in its composition, which will become increasingly heterogeneous and multicultural: almost one child in three born today in the Emilia-Romagna Region is of a non-Italian mother (2).

After the economic crisis in Europe in 2008–2013, the Region’s economy is now experiencing a period of moderate growth. The level of relative poverty in Emilia-Romagna Region (4.8%) is the third-lowest in the country (after Trentino-Alto Adige and Lombardy, followed by Veneto and Tuscany (2)). The economy is based on small and medium-sized family-run businesses and large industrial companies; cooperatives are also very widespread.

In 2016, the average life expectancy was 81.2 years for men and 85.3 years for women. Life expectancy at age 65 was 19.6 years for men and 22.5 years for women (3).

The Italian National Health Service is statutorily required to guarantee the uniform provision of comprehensive care throughout the country, covering all citizens and legal foreign residents. It is regionally based and organized at the national, regional and local levels. Under the Italian Constitution, the central Government controls the distribution of tax revenue for publicly financed health care and has defined a national statutory health-benefits package – LEA (“livelli essenziali di assistenza” (essential levels of care)) – to be offered to all residents in every region. The 19

regions and two autonomous provinces are responsible for organizing and delivering health services, through local health units (LHUs), and enjoy a significant degree of independence in determining the macro structure of their health systems. LHUs are managed by a general manager appointed by the governor of the region in question, and deliver primary care, hospital care, outpatient specialist care, public health care, and health care related to social care (4,5). They operate through their health districts at which level requirements are determined, services planned, health-care and social-health care provided, and results assessed.

The Health Service of Emilia-Romagna Region comprises:

- 8 local health units
- 4 university hospitals
- 1 hospital trust
- 4 research hospitals
- 38 health districts (6).

The Emilia-Romagna Region is historically characterized by a strong system of public, territorial and community welfare: an “engine of development”. Over time, the system has created good employment opportunities and reduced social and health inequalities, redistributing resources and fostering social inclusion. In recent times, the economic crisis and sociodemographic changes have put the whole system on trial.

The new Regional Social and Health Plan 2017–2019 (2), is the result of a huge participatory process, involving more than 500 stakeholders. These included representatives of health and social institutions, the third sector, trade unions, associations and citizens. Shared by institutional and community actors alike, its main purpose is to guide innovation and strengthen an inclusive and participatory welfare system. People-centred and deeply rooted in their needs, it reaffirms the importance of the fundamental principles of universalism and equity in counteracting the social consequences of the economic crisis.

The key objective of the Regional Social and Health Plan is to tackle social challenges, such as exclusion, frailty and poverty, through intersectoral approaches and the integration of different policies (social, health, housing, work, mobility and education).

The Region has adopted the WHO vision of a world free of the avoidable burden of preventable diseases, and the preventable burden of morbidity, mortality and disability with the aim of eliminating these barriers to well-being and socioeconomic development (7). According to the Regional Social and Health Plan, the enhancement of primary health care services through the Houses of Health (community health centres) and the health districts, and the development of intersectoral, participative initiatives in close collaboration with schools, local associations and local authorities, strongly contribute to the pursuit of these objectives.



Strengths

The Emilia-Romagna Region has the following strengths:

- ✓ a strong system of public, territorial and community welfare, and orientation towards reducing inequality and promoting empowerment and social inclusion;
- ✓ the Regional Social and Health Plan 2017–2019, an innovative and appropriate tool to strengthen the role of public and participative governance in the field of health;
- ✓ integrated programmes to tackle exclusion, frailty and poverty, supported by legislation on labour social inclusion and solidarity income;
- ✓ interinstitutional and intersectoral cooperation at the national and international levels on responding to public health challenges in the fields of health services' organization and health professionals' training.

Aspirations

The Emilia-Romagna Region is aiming to:

- ✓ develop regional programmes and initiatives to tackle poverty and promote social inclusion;
- ✓ strengthen the role of the health district as a strategic hub for primary health care and social integration;
- ✓ support the development of territorial and community health-care services, providing citizens with integrated care in easily accessible locations, such as the Houses of Health and community hospitals.

Challenges

These are:

- ✓ an increasing older population (proportion of old to young people was 175.5 in 2016 compared to 168 in 2012);
- ✓ the increase in frailty among the population owing to the economic crisis, particularly among immigrants and large families, which include minors and/or elderly people;
- ✓ the high prevalence of the main modifiable and intermediate risk factors (such as, hypertension, tobacco smoking, sedentary lifestyle, high consumption of alcohol, obesity and low consumption of fruit and vegetables) leading to a large proportion of life years lived with disabilities (2).

Potential areas of collaboration

The Emilia-Romagna Region is interested in collaboration with other regions on:

- ✓ establishing policies to strengthen home-care and community-care settings;
- ✓ reducing inequalities and promote health;
- ✓ promoting empowerment and social participation;
- ✓ improving the quality of health services and health expertise (including the skills needed to work in multiprofessional teams).

Working groups

The Emilia-Romagna Region is interested in participating in working groups on:

- ✓ the Sustainable Development Goals (SDGs) (8)/ equity;
- ✓ women's/men's health;
- ✓ health systems/primary health care;
- ✓ participatory approaches/resilience;
- ✓ the all-of-government approach/intersectoral action.



People active in the Regions for Health Network (RHN)

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