

Many Territories, One City: Uncertain Boundaries and Configurations of Urban Health in Rome

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The onset of the global SARS-CoV-2 pandemic has been an unprecedented event, profoundly impacting social and healthcare structures worldwide. The ensuing health and social crisis has not only highlighted the major pre-existing weaknesses of healthcare systems but has also brought to the fore the relationships and interconnections between health and territory, particularly focusing on the centrality of geographical and social contexts in the production, distribution, and persistence of socio-health inequalities. The persistence of the crisis has underscored the fragility of local healthcare assistance, especially within the Italian National Health Service, which has been weakened by years of neoliberal and austerity policies. This paradoxical situation presents a sector with significant potential to combat health inequalities that is simultaneously the weakest and most marginalized. This study aims to explore the factors and mechanisms influencing territorial health configurations in the Italy in the context of primary care reforms announced in 2021-2022.

The primary objective of this study is to investigate the dynamics at the territorial level, particularly the urban one, that impact the implementation of primary care reforms. Specifically, it examines how the territory acts as a dynamic border between the world of healthcare and society, generating actions, regulations, interactions, and conflicts between various social actors. The research focuses on understanding the factors determining and influencing the implementation of primary care reform and how the territory can be a generative space for these processes. Three main objectives guide the study: Investigate how the relationship between health and territory is realized through the practices of various social actors.

Analyze the conceptions, ideas, and rhetoric surrounding territorial health.

Identify the factors influencing the relationships between different actors involved in territorial health.

The research was conducted using qualitative techniques, including semi-structured interviews and participant observation, within the context of Rome. Employing a case study approach, two units of analysis were selected: the "La salute a casa" project promoted by District 2 of ASL Roma 1 and the mobilization for the reopening of Villa Tiburtina as a Community House in the Ponte Mammolo neighborhood. This comparative analysis allows for the observation of differences in the dynamics occurring in two territories within the same urban context. The study aims to capture the diverse practices and interactions among institutional actors, organized volunteers, and informal groups and

networks that have focused on the health-territory nexus during the pandemic, integrating perspectives on primary care reform.

Three main results emerged from the study of these units of analysis:

Diverse health practices and initiatives: different actors in Rome implement a variety of health practices and initiatives, creating a heterogeneous context of public health actions. This diversity illustrates the multiple approaches and strategies employed by social actors in addressing health issues within their territories.

Common keywords and rhetoric: Despite the diversity of actors and initiatives, common keywords and rhetoric are adopted across different groups, revealing unexpected convergences in their approaches to territorial health. This commonality suggests a shared understanding and rhetoric on health.

Various configurations of territorial health: the study found that various configurations of urban health coexist in the same context: the city of Rome. This coexistence of different forms of urban health derives from several factors: 1. the variety of actors present in each territorial context; 2. the habit of collaboration between different actors; 3. sensitivity to the issue within the ASLs and the presence of people active on the issue of proximity health; 4. the dynamics of controversies and conflicts between actors.

The research result showing that different forms of urban health coexist in a single city makes it possible to advance numerous reflections, starting from the interpretation of urban public health as a configuration with uncertain boundaries that do not correspond to the administrative and organizational structures of the health system.

This research highlights the critical role of territories in shaping healthcare and the implementation of primary care reforms in Italy. The findings underscore the importance of considering the urban dimension in health policy and practice. By exploring the interactions among social actors, the study provides valuable insights into the mechanisms and factors influencing urban health. The study emphasizes the need for continued exploration of the health-territory-city nexus to better understand and address the challenges and opportunities presented by the evolving landscape of healthcare in the post-pandemic era.