



Healthy Communities

National Report Italy

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1 Healthy Communities National Report

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1.1 Content Basis

“Health is a multi-dimensional concept that transcends the mere absence of illness.” Human health seems to be primarily influenced by social factors. Existing frameworks, mainly based on Social Determinants of Health, which try to explain the main factors shaping an Healthy Community has been identified on the following publications: [Solid Facts \(WHO\)](#) , [Community Commons](#) , [Healthy People 2030](#) , [An introduction to Community Health](#).

The "Healthy Community" project aims to enhance health literacy among adults from diverse social groups. It focuses on building the capacity and networking of key stakeholders in the local community by providing a sustainable health education model, including educational guides, outcome-oriented training, and engaging learning opportunities. The project also emphasizes sustainable integration, international cooperation, and knowledge transfer.

Through an analysis of current health literacy levels, identification of community needs, and collaboration with local actors, "Healthy Community" seeks to create a robust and inclusive framework that empowers all individuals to make informed health decisions and actively participate in their healthcare.

This report analyses the results of face-to-face interviews and online questionnaires with stakeholders working in the field of health, aiming to map the most relevant needs and identify the potential beneficiaries who can benefit the most from health literacy initiatives. By examining the current landscape of community-based health literacy programs in Italy, the report seeks to enhance health outcomes by empowering individuals with essential knowledge and skills. The primary focus is on strengthening the health literacy of adults from various social groups in Italy, thereby fostering a healthier, more informed, and cohesive community. The findings and recommendations presented herein are based on comprehensive data collection and analysis, ensuring that the proposed strategies are both evidence-based and tailored to meet the unique needs of our diverse population.



1.1.1 Health Literacy

The interviews highlight a significant gap in health literacy across different demographics in Italy. The lack of clear and accessible health information contributes to poor health outcomes and increased pressure on the healthcare system. There is a critical need to address this issue through structured education, improved communication, and targeted interventions for vulnerable groups.

Based on the interviews and online questionnaire conducted in Vicenza, Italy, several key findings highlight the current state of health literacy in our community:

1. **General Scientific Illiteracy:**
 - There is a pervasive lack of basic scientific education, contributing to overall health illiteracy.
 - Scientific subjects are undervalued in the education system, starting from early school years.
2. **Accessibility and Understandability of Health Education Materials:**
 - Existing health education materials are not widely available and often difficult to understand due to technical language.
 - Information is not uniformly accessible, and there is a lack of funding for the production and dissemination of clear, user-friendly health education materials.
3. **Communication Barriers:**
 - Health information provided by healthcare professionals is sometimes too technical, making it hard for the general public to understand. Even when the health information is provided clearly, the professionals often don't have enough time to dedicate to the patient.
 - There is a need for healthcare professionals to simplify their language and ensure patients fully understand their health conditions and treatments.
 - Verbal communication alone is insufficient; written materials need to be clear and simplified.
4. **Key Target Groups for Health Literacy Initiatives:**
 - **Young People:** Often feel invulnerable and are less likely to seek preventive care.
 - **Migrants:** Face cultural and language barriers that hinder their understanding of the health system.
 - **Elderly (65+):** Tend to over-medicalize minor issues and need better education on health management.
5. **Current Health Literacy Programs:**
 - Health literacy programs are scarce, not enough promoted through the local community and lack comprehensive educational follow-up.
 - Existing initiatives are mainly limited to one-off screening campaigns without ongoing education.
6. **Barriers to Participation:**
 - **Language Barriers:** Health materials are predominantly in Italian, excluding non-Italian speakers.
 - **Timing and Accessibility:** Programs often occur during working hours, making them inaccessible to working adults.
 - **Lack of Awareness:** Insufficient promotion and dissemination of health literacy initiatives.



- **Centralized Services:** Services are centralized, making them less accessible to people in outlying areas.
- 7. **Topics for Health Literacy Programs:**
 - Basic health literacy and digital literacy for evaluating online information.
 - Understanding the structure and functioning of the healthcare system.
 - Emphasis on prevention, nutrition, mental health, and management of chronic diseases.
- 8. **Skills for Health Literacy Role Models:**
 - Effective communication and feedback skills.
 - Empathy and the ability to mediate with foreigners.
 - Basic health knowledge and understanding of the healthcare system.
 - Flexibility, problem-solving abilities, and patience.
 - Knowledge of at least one foreign language to communicate with non-Italian speakers.

Recommendations for Health Literacy Improvement:

- **Basic and Digital Literacy Courses:** Implement basic health and digital literacy courses to help individuals navigate and evaluate online health information.
- **Health System Navigation:** Educate the public about the structure and functioning of the healthcare system.
- **Tailored Health Communication:** Develop clear, simplified, and visually appealing health education materials in multiple languages.
- **Community Engagement:** Organize information sessions and workshops in accessible locations and at convenient times for different social groups. Alternative learning context could enhance the involvement of the learners and make more accessible the learning programs.
- **Role Models and Mentors:** Train community health mentors who possess strong communication skills, basic health knowledge, and the ability to provide culturally sensitive information.

These findings underscore the need for a comprehensive approach to improve health literacy in our community, focusing on clear communication, accessible materials, and targeted interventions for diverse groups.

1.1.2 Healthy Community

The interviews, online questionnaire and online research helped to identify relevant aspects to address the Healthy Community:

1. **Recognition of the Importance of Health Literacy:**
 - There is a strong awareness among stakeholders about the critical role of health literacy in improving public health outcomes.
 - Interviewees acknowledged the importance of educating the community to empower individuals to take control of their health.
2. **Engagement of Healthcare Professionals:**



- Healthcare professionals are keen to improve their communication skills and simplify the information provided to patients.
- There is a willingness among healthcare providers to dedicate more time to patient education to ensure better understanding and adherence to health recommendations.
- 3. Focus on Vulnerable Groups:**
 - The initiative identifies key target groups that would benefit most from health literacy programs, such as young people, migrants, and the elderly.
 - There is a clear understanding of the specific needs of these groups and the importance of tailoring health literacy efforts to address these needs.
- 4. Potential for Community-Based Programs:**
 - There is recognition of the value of community-based health literacy programs that engage local residents and utilize existing community structures.
 - Interviewees highlighted the potential of these programs to make a significant impact on health outcomes by being accessible and relevant to the community.
- 5. Support for Digital Literacy:**
 - There is an understanding of the importance of digital literacy in today's information age, particularly in helping individuals navigate and critically evaluate health information found online.
 - Stakeholders see value in incorporating digital literacy into health education efforts to enhance the community's ability to find and use reliable health information and to interact with the health system.
- 6. Interest in Preventive Health:**
 - There is a strong interest in preventive health measures, including education on nutrition, physical activity, and mental health.
 - Interviewees emphasized the need for preventive education to reduce the incidence of chronic diseases and improve overall health outcomes.
- 7. Collaboration and Networking:**
 - The initiative promotes collaboration among various stakeholders, including healthcare providers, educators, and community organizations.
 - There is a positive reception to the idea of building networks and partnerships to support health literacy efforts and create a more cohesive approach to community health.
- 8. Empathy and Patient-Centered Care:**
 - Healthcare professionals expressed a commitment to empathetic, patient-centered care, recognizing the importance of understanding patients' perspectives and needs.
 - The emphasis on empathy and effective communication is seen as a key component of improving health literacy and building trust within the community.
- 9. Innovative Ideas for Outreach:**
 - There are creative suggestions for outreach and engagement, such as using professional information videos on platforms like YouTube to reach younger populations.
 - Stakeholders are open to exploring new methods and technologies to enhance health education and make it more appealing and accessible.

These positive aspects indicate a strong foundation for the Healthy Community initiative, with committed stakeholders, clear identification of needs, and a willingness to adopt innovative approaches to improve health literacy and community health outcomes.



1.2 Details to the interviewed stakeholders

The health literacy questionnaire conducted with 27 respondents provides valuable insights into the current state of health literacy within the community and highlights areas for improvement. The survey captured responses from a diverse group, primarily composed of males (74.1%) with females making up 25.9%. The respondents were evenly distributed across age groups, with significant representation from individuals aged 18-34, 35-44, 45-54, and 55-64, each constituting 25.9% of the sample. Those aged 65 or older made up 18.5% of the respondents.

Professionally, the respondents were primarily engaged in clinical practice and healthcare assistance (33.3%), public health and health promotion (33.3%), and health system management and technology (33.3%). This diverse professional background provides a broad perspective on health literacy needs and challenges within the community.

Key health topics identified as crucial for improving health literacy include mental health and stress management (55.6%), chronic disease management (51.9%), and physical activity and exercise (25.9%). These areas are critical for fostering a well-informed and healthy community.

In terms of current health literacy programs, the majority of respondents (51.9%) found the health education materials accessible and easy to understand. However, 25.9% rated them as moderately accessible, and 14.8% found them difficult to comprehend. This suggests a need for clearer, more user-friendly materials to reach a broader audience effectively. Additionally, 40.7% of respondents felt that the health information provided by healthcare professionals was clear and easy to follow, although 22.2% found it only moderately clear, indicating room for improvement in health communication practices.

The groups identified as most likely to benefit from health literacy programs include the elderly (65+), caregivers, and individuals with disabilities, each highlighted by around half of the respondents. These findings underscore the importance of targeting these vulnerable groups with tailored health literacy initiatives.

Barriers to participation in health literacy programs were also highlighted. The most significant barriers identified were a lack of awareness (85.2%), followed by time, cost, and transportation issues (37%), and language or literacy barriers (37%). These obstacles must be addressed to improve program participation and effectiveness.

Essential skills for health mentors, as identified by respondents, include effective communication (51.9%), cultural competence (33.3%), and empathy (33.3%). These skills are crucial for mentors to successfully improve health literacy within the community.

Additional comments from respondents emphasized the need for better digital literacy to access health information and integrating telemedicine into health literacy programs. They also highlighted the importance of mental health literacy in schools and workplaces and the necessity of continuous training for health professionals.

Overall, these findings highlight the critical need for accessible, culturally sensitive health literacy programs, supported by well-trained health mentors capable of addressing the diverse needs of the



community and overcoming existing barriers to participation. By focusing on these areas, the community can enhance health literacy and improve health outcomes across all demographics.

The **4 interviews** has been conducted in person or in remote mode with health sector specialists covering the same topics of the survey. The main findings highlight a significant gap in health literacy across different demographics in Italy. The lack of clear and accessible health information contributes to poor health outcomes and increased pressure on the healthcare system. There is a critical need to address this issue through structured education, improved communication, and targeted interventions for vulnerable groups.

Based on the interviews and online questionnaire conducted in Vicenza, Italy, several key findings highlight the current state of health literacy in our community:

1. General Scientific Illiteracy:

- There is a pervasive lack of basic scientific education, contributing to overall health illiteracy.
- Scientific subjects are undervalued in the education system, starting from early school years.

2. Accessibility and Understandability of Health Education Materials:

- Existing health education materials are not widely available and often difficult to understand due to technical language.
- Information is not uniformly accessible, and there is a lack of fixed funding for the production and dissemination of clear, user-friendly health education materials. There is a scarce impact of informative initiatives and lack of follow-up.

3. Communication Barriers:

- Health information provided by healthcare professionals is sometimes too technical, making it hard for the general public to understand. Even when the health information is provided clearly, the professionals often don't have enough time to dedicate to the patient.
- There is a need for healthcare professionals to simplify their language and ensure patients fully understand their health conditions and treatments.
- Verbal communication alone is insufficient; written materials need to be clear and simplified and are useful when the patient fail to replicate treatments by themselves when they are at home.

4. Key Target Groups for Health Literacy Initiatives:

- **Young People:** Often feel invulnerable and are less likely to seek preventive care.
- **Migrants:** Face cultural and language barriers that hinder their understanding of the health system.
- **Elderly (65+):** Tend to over-medicalize minor issues and need better education on health management.

5. Current Health Literacy Programs:

- Health literacy programs are scarce, not enough promoted through the local community and lack comprehensive educational follow-up.
- Existing initiatives are mainly limited to one-off screening campaigns without ongoing education.

6. Barriers to Participation:

- **Language Barriers:** Health materials are predominantly in Italian, excluding non-Italian speakers.



- **Timing and Accessibility:** Programs often occur during working hours, making them inaccessible to working adults.
 - **Lack of Awareness:** Insufficient promotion and dissemination of health literacy initiatives.
 - **Centralized Services:** Services are centralized, making them less accessible to people in outlying areas.
7. **Topics for Health Literacy Programs:**
- Basic health literacy and digital literacy for evaluating online information.
 - Understanding the structure and functioning of the healthcare system.
 - Emphasis on prevention, nutrition, mental health, and management of chronic diseases.
8. **Skills for Health Literacy Role Models:**
- Effective communication and feedback skills.
 - Empathy and the ability to mediate with foreigners.
 - Basic health knowledge and understanding of the healthcare system.
 - Flexibility, problem-solving abilities, and patience.
 - Knowledge of at least one foreign language to communicate with non-Italian speakers.
 - Basic digital skills to teach others.

Recommendations for Health Literacy Improvement:

- **Basic and Digital Literacy Courses:** Implement basic health and digital literacy courses to help individuals navigate and evaluate online health information.
- **Health System Navigation:** Educate the public about the structure and functioning of the healthcare system.
- **Tailored Health Communication:** Develop clear, simplified, and visually appealing health education materials in multiple languages.
- **Community Engagement:** Organize information sessions and workshops in accessible locations and at convenient times for different social groups. Alternative learning context could enhance the involvement of the learners and make more accessible the learning programs.
- **Role Models and Mentors:** Train community health mentors who possess strong communication skills, basic health knowledge, and the ability to provide culturally sensitive information.

These findings underscore the need for a comprehensive approach to improve health literacy in our community, focusing on clear communication, accessible materials, and targeted interventions for diverse groups.

1.3 Health literacy and target group

Here are some community-based health literacy programs in Italy that aim to improve health outcomes by empowering individuals with knowledge and skills:

1. The **Medicina Narrativa course** (Narrative Medicine) is an interdisciplinary program offered by various Italian universities, including the University of Bologna and Università



Cattolica del Sacro Cuore. This course integrates narrative skills with medical education to improve patient care by focusing on the importance of storytelling and understanding patient experiences. The Narrative Medicine course is significant in transforming healthcare delivery by emphasizing the human aspects of medicine. It aligns with the goals of the Healthy Community project by promoting health literacy and fostering a supportive, empathetic healthcare environment.

2. **"Progetto Diabete"**: This project focuses on diabetes management and prevention through community education. It includes workshops, support groups, and educational materials designed to help individuals understand diabetes, manage their condition, and make informed health decisions.
3. **"Città Sane" (Healthy Cities Network)**: Part of the WHO Healthy Cities initiative, this network involves multiple Italian cities that implement local projects aimed at improving public health literacy. Activities include health fairs, educational campaigns, and partnerships with schools and local organizations to promote healthy lifestyles and provide health education.
4. **Slow Medicine** is a movement and cultural project based in Italy, aiming to promote a shared health model centered on sobriety, respect, and justice. It encourages careful, thoughtful medical practices and opposes overuse of medical resources. Involves citizens, patients, and professionals in building a sustainable health model.

Which target groups are not reached by these programmes?

- **Young People**: Often overlooked due to perceived invulnerability and lack of targeted preventive care programs.
- **Working Adults**: Programs scheduled during working hours are inaccessible to this group.
- **Elderly with Limited Mobility**: May have difficulties accessing centralized or off-site health literacy programs.

Which learning opportunities are used by the target groups? Recommendations to accessing and addressing the target group?

- **Young People**: Utilize digital platforms like social media and YouTube to create engaging health education content. Integrate health literacy into school curriculums.
- **Working Adults**: Offer flexible program timings, including evenings and weekends, and provide online resources and webinars.
- **Migrants**: Develop multilingual health education materials and collaborate with community leaders and organizations that serve migrant populations.

What are their needs for health literacy?

- **Young People**: Education on preventive health measures, including nutrition, physical activity, mental health, and digital literacy to evaluate online health information critically.
- **Migrants**: Multilingual resources, basic health practices education, and information on navigating the healthcare system.
- **Working Adults**: Accessible information on managing chronic diseases, preventive health, and flexible learning opportunities.
- **Elderly**: Clear, simplified information on managing health conditions and navigating the healthcare system, as well as support in using digital health tools.



By addressing these barriers and tailoring health literacy efforts to meet the specific needs of different target groups, these programs can more effectively enhance health outcomes and promote a healthier community.

1.4 Guide Model

Here are some community-based initiatives and guide models in Italy that are social space-oriented or focus on health, integration, and family:

1. **"Benessere in Comune" Program:**
 - Health literacy through community engagement and education on healthy eating, physical activity, and disease prevention. This initiative involves workshops and activities conducted in community spaces to promote health awareness and literacy among all age groups.
2. **"Salute in Movimento":**
 - Physical activity programs combined with health education for older adults, focusing on managing chronic diseases and maintaining a healthy lifestyle. Local health professionals lead these programs, which often take place in community centers and other accessible locations.
3. **"Biblioteca della Salute" (Health Library):**
 - Providing reliable health information and educational sessions in libraries, often in collaboration with local health professionals. This initiative includes multilingual resources to cater to non-Italian speakers. Libraries serve as community hubs where residents can access health information and participate in educational workshops.
4. **"Progetto ABC" (ABC Project):**
 - Improving health literacy among children and their families through school-based programs that include activities and educational sessions on nutrition, physical activity, and preventive healthcare. Schools serve as the primary venue for these programs, which aim to instill healthy habits from a young age.
5. **"Salute per Tutti" (Health for All):**
 - Promoting health literacy in rural and remote areas. Local health professionals conduct workshops and provide educational materials on various health topics, including chronic disease management, preventive care, and mental health. This program reaches out to communities in remote areas through local health facilities and community centers.
6. **"Cultura della Salute" (Culture of Health):**
 - Partnering with local cultural and social organizations to provide health education and resources. This includes health fairs, educational campaigns, and collaborations with local artists and influencers to spread health messages. Community events and cultural programs are utilized to engage residents and promote health literacy in a culturally relevant manner.

These initiatives illustrate Italy's commitment to enhancing health literacy through community-based approaches, leveraging social spaces and addressing the needs of various demographic groups. For more detailed information on these programs, you can visit the respective websites of the National Institute of Health (ISS) and other local health departments involved in these initiatives.



1.4.1 Needs for qualification

Developing healthy community training courses in Italy to enhance role models requires addressing several key needs. Role models must possess a basic understanding of health and an extensive knowledge of the healthcare system. They should not provide medical treatments or advice but rather guide community members in effectively utilizing the healthcare system and accessing available health literacy programs.

To address low health literacy, training should include comprehensive health literacy components, enabling role models to communicate health information clearly and help individuals discern and evaluate online health information critically. Given the diverse cultural backgrounds within communities, training must incorporate cultural competency to ensure role models can engage with various populations effectively.

Accredited courses that offer recognized certification and continuing education credits will enhance the credibility of role models and attract health professionals. Delivery methods should be flexible, combining online modules for accessibility with in-person workshops for practical experience. Hybrid models that integrate both approaches can maximize engagement and practical application.

Interactive learning methods, such as simulations, role-playing, and real-life case studies, will improve understanding and retention. Continuous evaluation and feedback are essential for ongoing improvement. Motivation can be sustained by highlighting professional development opportunities and emphasizing the positive community impact of being a health role model.

By addressing these needs, Italy can develop effective training programs that equip role models to direct community members to the right healthcare resources, educate them about available health literacy programs, and help them critically evaluate health information, particularly from the web. This will ultimately improve health literacy and outcomes across diverse communities.

1.4.2 Acceptance of the guide model in everyday practice

The integration of the guide model into daily health literacy efforts is essential for its success, particularly within the Italian context where community relationships play a crucial role. Acceptance of this model relies on effectively utilizing both volunteers and professionals and ensuring robust organizational support.

Volunteers are invaluable due to their deep community connections and intrinsic motivation. In Italy, where personal relationships and community ties are strong, leveraging these connections is vital. Comprehensive training is necessary to ensure they understand their role in guiding community members rather than providing medical advice. Continuous support and clear role definitions help maintain their effectiveness and motivation. Recognizing their contributions through incentives and acknowledgment programs also sustains their engagement.

Professionals bring essential expertise and credibility, making their involvement critical. Attracting professionals can be achieved by offering continuing education credits and professional development opportunities. Encouraging interdisciplinary collaboration among healthcare workers enhances the



support provided to the community. Given their demanding schedules, flexible participation options and strong support mechanisms are necessary to integrate their contributions effectively.

A robust **organizational framework** is vital for supporting both volunteers and professionals. In Italy, the importance of local institutions and stable points of contact cannot be overstated. Connecting guides to a stable institution within the district ensures they are not left to manage independently. This institution should provide ongoing support, access to resources, and regular training. Facilitating strong ties between guides and community institutions, such as health centers, schools, and local cultural organizations, enhances the reach and impact of health literacy programs.

By addressing these factors and leveraging the specific strengths of Italian community relationships, the guide model can be effectively integrated into everyday practice, improving health literacy and outcomes within the community. This approach acknowledges the unique cultural context of Italy, where personal relationships and community engagement are fundamental to effective health education and support.

1.5 National Conclusion

To enhance health literacy effectively in Italy, learning opportunities must be comprehensive, accessible, and culturally sensitive. The sustainability of the guide model relies on continuous training, institutional support, and ongoing evaluation. By leveraging local community relationships and providing recognized certifications, the guide model can significantly improve health literacy and health outcomes across diverse Italian communities.

These opportunities should include both online and in-person training, combining flexibility with hands-on experience to cater to diverse needs and schedules.

1.6 References

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