Investigating Integration of Formal and Informal Care in Primary and Community Care

**Background**

*Long-Term Care (LTC) services* are becoming increasingly crucial given the population aging; *Primary and Community Care* settings provide comprehensive and continuous medical and social care to patients considering the characteristics of the specific context. *Informal care* plays a role of support for formal care. *Patient and voluntary associations* are a fundamental pillar of informal care, but their support and how they influence integration is still unclear.

**Research Questions**

Case study analysis of the *Primary care model of the Italian Case della Salute (CdS)*, focusing on Piacenza in the Emilia Romagna region.

01 What is the role of associations in providing care?

02 How is their role valued and devalued within the formal care system?

**Method**

**A. Data Collection**

- Semi-structured interviews addressing head nurses (formal care) of the Italian CdS;
- Semi-structured interviews and a focus group addressing patients and voluntary associations (informal care) that interface with the CdS and assist patients.

**B. Data Analysis**

Mapping the current critical areas of integration with formal care in this primary care model; *Interviews were coded based on the SELFIE framework* for integrated care for multi-morbidity (Leijen et al., 2018). The model was *reinterpreted on existent and expected integration* activities to create a mapping on critical areas.

**Preliminary Results**

**Technologies & Medical Products**

- Provision of health devices for use in the community setting (blood glucose meter, etc.)
- Loss of data sharing and interoperability due to the inadequacy of information systems

**Financing**

- Self-financing and substitute role by foundations in financing association projects
- Regeneration and reallocation of public spaces for services run by associations

**Information & Research**

- Screening programmes run by the associations independently to map the population at risk and take preventive actions
- Unuse of data collected by associations with health authorities due to privacy issues

**Workforce**

- Training of volunteers in health promotion and light assistance in the community
- Lack of multidisciplinary teamwork approaches including associations on social aspects
- The lack of recruitment of new volunteers is linked to low motivation in the absence of a chronic illness or family member

**Assessing the role of associations in providing care**

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