



PROVINCIA AUTONOMA DI TRENTO  
Assessorato alla Salute e Solidarietà sociale



World Health  
Organization

REGIONAL OFFICE FOR Europe

A hiker with a backpack, wearing a red long-sleeved shirt and dark shorts, stands on a grassy mountain ridge. The hiker is pointing their right arm towards a vast valley below, which contains a town and is surrounded by rolling mountains under a clear sky.

# Adopting a broader concept of health and well-being in the development of the Trentino health plan (2015–2025): a participatory process







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## Abstract

In December 2015, the Autonomous Province of Trento in Italy adopted a strategic health plan for 2015–2025, broadening the concept of health and well-being in the Province from being solely cure-related to encompassing the social, economic and environmental determinants of health. This shift was enabled by the process followed in developing the health plan, which filtered into all levels of government and society. The Trentino health plan (2015–2025) addresses the challenge of the triple burden of diseases, namely, communicable diseases, newly emerging and re-emerging diseases, and noncommunicable diseases. It calls for governmental and nongovernmental institutions, civil-society organizations and the public to be mutually responsible for community health and well-being, underlines the importance of health promotion, and supports the adoption of the health-in-all-policies approach in planning at the provincial level. This case study focuses on the process followed in developing the plan, including key government involvement, stakeholder participation and cross-sectoral collaboration, and describes the enabling factors and challenges experienced during the process.

## Keywords:

QUALITY OF LIFE  
HEALTH PLANNING  
CONSUMER PARTICIPATION  
HEALTH POLICY  
HEALTH PROMOTION  
ITALY

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## Foreword

*The Autonomous Province of Trento is a small mountainous area located in the northern part of Italy. As in the rest of the country, universal health care and preventive services in the Province are organized in a public health care system and provided by a local health unit. Historically, annual objectives and resolutions related almost exclusively to issues of health care and social assistance, very few items covering preventive services, and little heed was paid to the social, economic and environmental determinants of health and health promotion. In addition, no comprehensive strategic health plan had been developed in the Province for 20 years.*

*The ground work towards the development of the Trentino health plan and for broadening the concept of health started in 2012. Thanks to an update of the health profile, with a focus on the social, economic and environmental determinants and health promotion, to the Province's membership of the Regions for Health Network, and to assistance provided by the WHO European Office for Investment for Health and Development of the WHO Regional Office for Europe, it was possible to make the case for aligning the local health policies with the Health 2020 policy and the health-in-all-policies approach. After this preliminary work, the time was ripe for establishing a strategic health plan. One of the most important aspects of the development process was its participation component, the aim of which was to involve everyone – sectors, stakeholders and community members alike – in contributing to the plan. This highly effective tactic produced more than 1200 contributions, which resulted in a doubling of the number of issues addressed by the plan.*

*Equally important to the process was political leadership and support. The work bridged the terms of office of two consecutive Health Councillors, namely, that of my predecessor, who started the development process, and my own, during which the process was followed up and brought to conclusion. The Trentino health plan (2015–2025) was officially adopted by the Government of the Autonomous Province of Trento in December 2015.*

*There is still much work to do. However, having been developed by both health professionals and members of the community, the Trentino health plan will ease the tasks ahead.*

Luca Zeni  
Health Councillor  
Autonomous Province of Trento



## Foreword

*Translating good policies, strategies and commitments into tangible interventions that really make a difference to people's lives by reducing inequalities without discrimination is not an easy task. The WHO European Member States have put strong policies in place for a comprehensive approach to health and well-being, such as Health 2020. A European policy framework and strategy for the 21<sup>st</sup> century, and, in adopting Transforming our world: the 2030 Agenda for Sustainable Development, the United Nations Member States have committed themselves to an ambitious programme to this end. Both frameworks highlight inequalities as a major concern and call for more participatory governance involving all spheres of society.*

*The Regions for Health Network (RHN), which is hosted and supported by the European Office for Investment for Health and Development of the WHO Regional Office for Europe, provides a platform for sharing experiences, innovations and best practices among health administrations and communities at the subnational (regional) level.*

*This publication presents the experience of one member of RHN – the Autonomous Province of Trento, Italy – in actively involving communities and other stakeholders in regional health planning in a most inclusive manner. It is a showcase of participatory governance, covering a whole process from the development of a joint vision, through changing legal frameworks, to broadening the concept of health in the Province from solely the provision of quality health-care services for those in need to active intersectoral and community involvement in sustaining and improving the health of all citizens. The use of social media, campaigns combining public events for physical activity with creative brainstorming about how to make Trentino healthier, and data providing evidence of what really matters in the Province emerges as a very convincing participatory approach, which resulted not only in an excellent health plan but also in the start of its implementation already during the development process – leaving no-one behind.*

*Much of what Trentino has accomplished can be adapted to local contexts elsewhere. The spirit of participatory governance is one of the determinants*



*of health; I wish Trentino every success in the implementation of its strategic health plan for 2015–2025.*

Christoph Hamelmann  
Head of Office  
WHO European Office for Investment for Health and Development  
WHO Regional Office for Europe

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## Executive summary

In developing its strategic health plan for 2015–2025, the Autonomous Province of Trento (also called Trentino) in Italy decided to adopt a broader concept of health and well-being. The plan addresses the challenges of communicable diseases, newly emerging and re-emerging diseases, and noncommunicable diseases and considers the effects of the individual, social, economic and environmental determinants on health. It calls for governmental and nongovernmental institutions, civil-society organizations and the public to be mutually responsible for the health and well-being of the community, underlines the importance of health promotion and supports the use of the health-in-all-policies approach in planning at the provincial level.

The process followed in developing the plan filtered into all levels of government and society, enabling a shift in the Province's concept of health from being solely cure-related to encompassing consideration of the social, economic and environmental determinants of health. Elements of the five pillars of good governance for health – namely, conditions for success, instruments and mechanisms for action, components of governance, policy coherence and transferability, and scalability – were utilized in developing the plan and are described in the case study.

Enabling factors encountered during the development process were high levels of political leadership and support, sound technical support and expertise in the use of participatory approaches, the opportunity to apply participatory approaches to the local context, the geographical characteristics of the Province, and the availability of data highlighting the individual, social, economic and environmental determinants of health.

Challenges met included broadening the concept of health, finding a balance between strategic and pragmatic objectives in concretizing the plan, tackling the need for a longer-term vision in a period characterized by the reorganization of the health and social services and shortfalls in communication among and within sectors, and maintaining leadership and support in an environment tainted with the fear of applying a participatory approach, the outcome of which was unknown.

The experience gained in developing the Trentino health plan (2015–2025) resulted in four key messages.

1. Data speak. The development process showed that sound and relevant epidemiological data are fundamental to successfully portraying the picture of what needs to be changed.
2. Champions and political support are vital. The support of two health administrations in the course of the development process, combined with the champion role played by a technical government institute and the use of a participatory approach, provided the impetus to move the process forward. While the former provided high-level support, the latter coordinated the process.
3. Participation is essential. The Trentino experience showed that involving the public and other sectors throughout the development process paved the way to healthy change and resulted in a health plan that citizens feel is truly theirs.
4. Progress needs to be celebrated. Capitalizing on improvements made throughout the development process and disseminating information thereon encouraged more stakeholders to participate and motivated people to have their say.

The development process offered the possibility to change the existing system to involve other sectors, such as those for education, sport, social affairs, labour and culture, in taking action to deal with the most pressing health problems, putting the individual center stage.



## Background

The need to broaden the concept of health from being solely linked to curative care has been acknowledged for a number of years. Today, health sectors face multiple challenges, including noncommunicable diseases and communicable diseases, all of which are embedded in the context of increasing health inequalities and economic constraints. It is also recognized that health is influenced considerably by factors outside the domain of the health sector, such as, the social, economic and environmental determinants that shape the circumstances in which people live, work and age. These factors can lead to health inequality in and among countries (1). A comprehensive, holistic approach that goes beyond curative care and empowers individuals, communities, health providers and other stakeholders is necessary to attain the highest possible standard of health. Such an approach fosters leadership for public health, promotes intersectoral action to build healthy public policies, and creates sustainable societal health systems.

This case study describes how the Autonomous Province of Trento in Italy, in developing its strategic health plan for 2015–2025, used a whole-of-government approach, whole-of-society participatory mechanisms and the engagement of diverse sectors and stakeholders to broaden its concept of health. It describes the plan itself, the process followed in developing it, and lessons learnt along the way.



## Impact of European and global health agenda on subregional health-policy development

Health 2020 (2) and the United Nations Sustainable Development Goals (SDGs) (3) provided the Autonomous Province of Trento with the political momentum and scientific evidence to broaden its concept of health and well-being. The goals of the Trentino health plan (2015–2025) resonate with the SDGs, some of which promote action to develop partnerships beyond the health sector and reduce inequalities within and among countries (3). Health 2020 calls for a systemic, whole-of-government, whole-of-society approach, which recognizes the value of involving multiple government sectors, civil society and the public in building resilient communities, and takes physical and social environments, the workplace, health and social systems, and social cohesion into consideration (2). The strategic goals and policy priorities of Health 2020 (2) are integrated throughout the health plan (Box 1).

### **Box 1. Health 2020: motivating the subnational level to take a broader approach to health planning**

In 2012, *Health 2020: supporting action across government and society for health and well-being* (4) was endorsed by the 53 WHO European Member States, health inequality being one of the main drivers behind its development. The policy has two strategic objectives: (i) to improve health for all and reduce health inequalities; and (ii) to improve leadership and participatory governance for health.

These are supported by four priority areas for policy action:

- investing in health through a life-course approach and empowering people;
- tackling the Region's major health challenges of noncommunicable and communicable diseases;
- strengthening people-centred health systems, public health capacity and emergency preparedness, surveillance and response; and
- creating resilient communities and supportive environments

*Source: Health 2020. A European policy framework and strategy for the 21<sup>st</sup> century* (2).

The Göteborg Manifesto (5), adopted in November in 2012 by members of the WHO Regions for Health Network (6), also lent support to the development

of the health plan.<sup>1</sup> Parties to the Manifesto committed to “... work together in new ways to increase equity and improve governance for health, in line with the values and principles of Health 2020...” and to taking “... action across the whole health agenda, with a sharper focus on the environmental, social and economic determinants that can foster or damage health” (5).

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<sup>1</sup> Within the framework of Health 2020 (2), the Regions for Health Network (6) uses participatory approaches to accelerate innovation and improvement in key areas, such as health equality, noncommunicable diseases, the social determinants of health, whole-of-government approaches, health intelligence, and public health capacity. Trentino became part of the Network in 2012.

## Setting the scene

### THE AUTONOMOUS PROVINCE OF TRENTO: EPIDEMIOLOGICAL PROFILE

The Autonomous Province of Trento is located in the northern part of Italy and has approximately 500 000 inhabitants. It is mountainous and spans over 6214 km<sup>2</sup> (7). Agriculture plays an important economic role in the Province: apples, grapes, other fruits and vegetables are cultivated, grapes being used for the production of wine. Small and medium-sized textile, mechanics, wood and paper industries are found in the Province, which also produces hydroelectric energy. Tourism is the main source of revenue (Table 1) (7).

**Table 1. Workforce, by business sector, Autonomous Province of Trento, Italy, 2004–2014**

Business sector	Workforce				
	2004	2005	2010	2013	2014
Agriculture	10 969	11 293	8 769	7 775	8 862
Industry	61 293	62 147	61 225	59 349	60 562
- Mining and manufacturing	42 627	42 761	41 550	40 721	42 634
- Construction	18 666	19 386	19 675	18 628	17 928
Services	142 797	141 786	156 634	162 122	162 728
- Trade and direct services to the public	41 641	41 812	40 846	43 909	40 862
Total	215 059	215 226	226 628	229 247	232 152

Sources: Istituto Nazionale Statistica [National Institute of Statistics] (ISTAT), Italy; Istituto di statistica della provincia di Trento [Institute of Statistics of the Province of Trento] (ISPAT), Italy.

The Autonomous Province of Trento has recently undergone demographic change due to migration, longer life expectancy and an aging population. Mortality rates are low (crude death rate 8.9/1000 versus 9.8/1000 for the whole of Italy and the 28 Member States of the European Union as of 2015 (EU28)); in 2013, life expectancy in the Province was 81 years for males and 86 years for females whereas, in EU28, it was 78.1 for males and 83.6 for females (8,9). The Province also has an aging workforce. Longer life expectancy has resulted in more health problems relating to the elderly and their need for complex health care due to multiple conditions (10).

The main causes of death in the Province are cardiovascular diseases, cancer, diseases of the respiratory system, injuries and disorders of the central nervous system. Approximately 700 preventable deaths occur each year in people under 75 years of age; the major causes of premature death are attributable to cardiovascular diseases, cancer and accidents (10). The four diseases with the greatest impact on the health of the population are cardiovascular diseases, cancer, diabetes and chronic respiratory infections (chronic degenerative diseases) linked to tobacco use, sedentary lifestyle, poor diet and alcohol consumption (10).

In the Autonomous Province of Trento, inequality is linked to problems in accessing social and health services and to poorer health outcomes among the less affluent and those with lower levels of education. People in these groups often adopt health-risk behaviours and their living environments may also expose them to risk. It is estimated that the positive impact of health interventions to tackle the social and economic determinants of health, such as education, income security and employment, could reduce the rates of overweight and obesity in Trentino by 24% and the number of smokers by 19% (10).

## ORGANIZATION OF HEALTH SERVICES

In Italy, health services are provided by the National Health Service through local health units in the provinces. The Local Health Unit of Trentino is represented in the Province's four health districts and 16 valley communities. The financial requirements for health services in the Province in 2016 were calculated at €1 102 732 000 (Resolution 2400, 2015). Traditionally, the Health Council assigned specific objectives and goals to the Local Health Unit on an annual basis. Annual planning was based on expert opinion and not on a systematic analysis of epidemiological data; objectives and goals focused on the provision of health services. Furthermore, epidemiological analysis and annual reporting were carried out using data on assistance- and service-related issues rather than population health, the social, economic and environmental determinants and the distribution of risk factors and resources in the community.

Prior to the development of the Trentino health plan (2015–2025), the Province's health-promotion activities focused mainly on prevention through

vaccination and health education or information. Apart from collaboration with the education sector regarding schools, collaboration with other sectors was limited and the social sector was not included in health-promotion activities. Furthermore, no comprehensive health plan had been developed in the Province for 20 years.

## DEVELOPMENT OF THE TRENINO HEALTH PLAN (2015–2025): LAYING THE FOUNDATIONS

The development of the health plan spanned a period of 19 months (May 2014–November 2015). Before it started, preliminary work towards the adoption of a broader concept of health in the Province was carried out by the Health Observatory, which was established in 2012 under the Department for Health and Social Solidarity with a focus on the social, economic and environmental determinants of health. With a mandate to carry out health surveillance, monitor health-services performance and outcomes, communicate health-related issues, prepare the Province’s health profile, and support the planning and evaluation of health-related interventions and legislation, the Health Observatory changed the face of health reporting in the Province.

In 2013, the Province organized a training course on public health planning with the help of the WHO European Office for Investment for Health and Development of the WHO Regional Office for Europe and the Regions for Health Network (6). Four workshops were held targeting key decision-makers operating at both the regional and district levels.

The health administration that came into office in December 2013 marked the legislative reform, which enabled the development of the health plan and guaranteed that the process would be taken to completion as planned.

## OVERALL VISION AND DESCRIPTION OF THE STRATEGIC HEALTH PLAN

The health plan is based on two key elements:

- the WHO definition of health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (11); and

- the understanding that, to promote and strengthen health, action is needed to tackle the social, economic and environmental determinants of health, which in turn requires the contribution and participation of all sectors of government and society.

The plan has two strategic objectives:

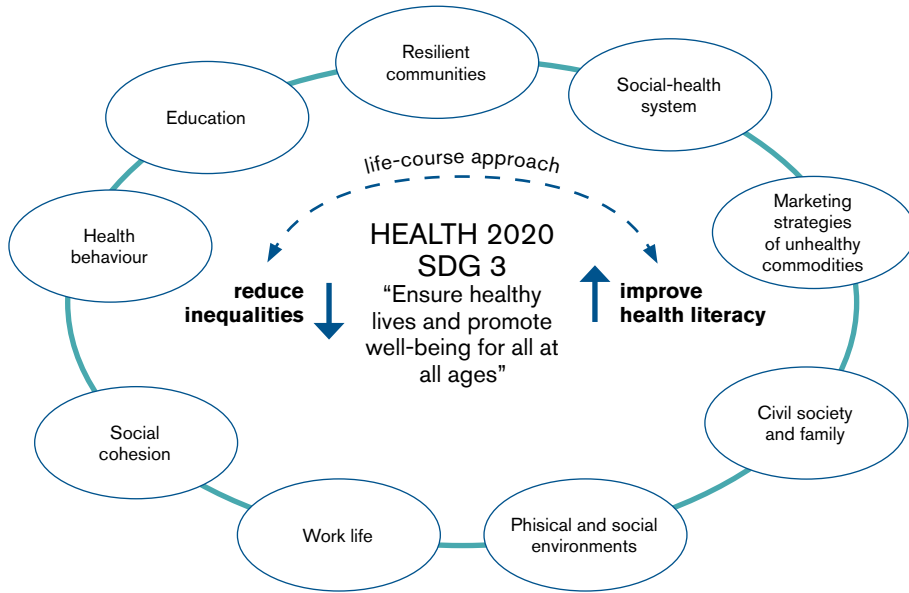
1. to improve the health of all, paying special attention to health inequalities;
2. to improve the organization and governance of health and, specifically, interaction between health institutions and social organizations and their relationship with citizens, and to foster participatory decision-making.

These strategic objectives are broken down into five macro objectives, three thematic and two cross-cutting. The thematic objectives, which cover 44 priority topics, are: to increase the number of years lived in good health; to foster life and work environments that favour health; and to place the individual at the core of the social-health system. The cross-cutting objectives focus on: reducing health inequalities and increasing solidarity to create resilient communities; and improving communication between civil society and health institutions, as well as the health literacy of the population.

The plan underlines the importance of addressing the determinants of health, highlighting the significance of health promotion, and supports a shift to the health-in-all-policies approach in planning at the provincial level. Building capacity among health and social workers in linking epidemiological analysis, prioritization, community participation and public-health planning is also deemed highly relevant (10).

The plan's conceptual framework (Fig. 1) combines the health determinants and the principles of Health 2020 (2): investment in health through the adoption of a life-course approach and the empowerment of citizens. The outer circles of the framework depict the determinants of health as per Dahlgreen and Whitehead (12), showing the link between health behaviour, education, social cohesion, community resilience, working and living conditions, and physical and social environments. Addressing all the health determinants in the plan's conceptual framework calls for a whole-of-government, whole-of-society process, which takes advantage of the multisectoral, holistic approach reflected in the SDGs (3).

Fig. 1. Conceptual framework of the Trentino health plan (2015–2025)



Source: Autonomous Province of Trento (10).



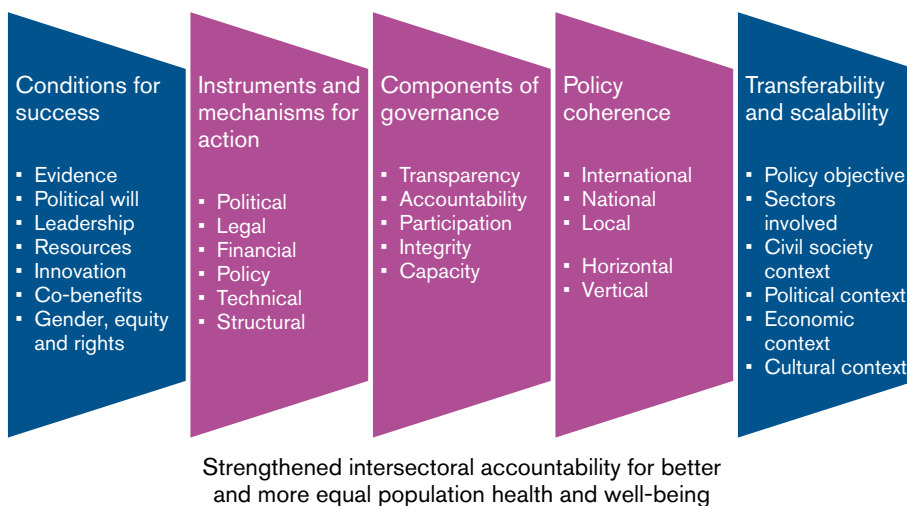
## The principle of the governance process: affording everyone a say

*Traditionally we worked in silos but this health plan embraces a new approach. We need to work together more than we have in the past. We need to move towards health in all policies.*

– Luca Zeni, Health Councillor, Autonomous Province of Trento, Italy

The analytical framework of governance elements for implementing intersectoral action for health and well-being shown in Fig. 2 can be applied to the governance of health-plan development (13); most of the elements listed in the five pillars were utilized during the development process leading to the Trentino health plan. This section focuses on these elements.

**Fig. 2. Analytical framework for implementing intersectoral action for health and well-being**



Source: Kosinska et al. (13).

### CONDITIONS FOR SUCCESS: POLITICAL WILL AND THE ROLE OF THE HEALTH OBSERVATORY

Leadership and innovation were present during the development process as demonstrated by high-level political will and support, the allocation of

resources, and the role played by the Health Observatory of the Department of Health and Social Solidarity<sup>2</sup> in coordinating the process. The Health Observatory produced the first epidemiology-based health profile of the Province, which was used to inform development of the plan. It also set up a multidisciplinary working group comprising representatives of the health and social sectors, including the Department of Health and Social Solidarity,<sup>4</sup> its Unit for Social Services, and the Local Health Unit. The working group was responsible for drafting the first version of the plan and participated in all phases of its review.

#### INSTRUMENTS AND MECHANISMS: LEGISLATIVE REFORM

One of the key elements that fostered good governance of the development process was the legislative reform that enabled its initiation. A revision of the existing legislation provided the entry point for development of the health plan and a broadening of the health perspective of the Province (Box 2). The overall strategic objectives of the plan laid the foundation for good governance from the outset.

#### COMPONENTS OF GOVERNANCE: PARTICIPATION AND STAKEHOLDERS

Right from the start of the process in May 2014, it was decided to apply a systematic participatory approach to developing the health plan – a first for Trentino. The Government’s Unit for Transparency and Participation took the lead. The aim was to provide all stakeholders, including civil society, with the opportunity to make constructive and creative contributions; governmental and non-governmental actors were involved and an Internet platform was featured. Participation was promoted using coherent and transparent processes, such as technical-level and civil-society consultations and a range of activities to facilitate input to developing the health plan. This provided the public administration with the opportunity to cooperate in the process, thus reinforcing transparency and efficiency and increasing reciprocal trust. The decision to include a participation component in the

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<sup>2</sup> The administration of the Province is shared by several departments. That for health is the Department of Health and Social Solidarity, which includes units for health-services policy and for social-services policy.

development process that would include the community was based on the Province's recognition of the importance of creating a network that could promote a participatory culture.

### **Box 2: Entry point for development of the Trentino health plan (2015–2025)**

#### **New legislation allowed for broadening the concept of health**

Until December 2014, two laws made up the regulatory framework for social and health policies in the Autonomous Province of Trento:

- Provincial law on social policies of 27 July 2007, no. 13 (Lp 13/2007);
- Provincial law on health of 23 July 2010, no. 16 (Lp 16/2010).

These laws were linked to two different plans, one for social services and one for health services, both focusing on the provision of assistance to people living in unfavourable social or health conditions.

In 2014, when the Department of Health and Social Solidarity initiated work on the health plan, it realized that the existing legal framework was not conducive to broadening the concept of health. Thus, Bill 56 (ddl 56) – Changes in the provincial law on the protection of health and social policies (the 2010 and 2007 laws respectively) – was passed in December 2014, paving the way for adoption of the law entitled, Integrated planning of health policy and social policy, which was later integrated into the Provincial law on social policies (Lp 13/2007, article 8a).

The social and health laws were revised in 2015 when a new law was passed – Provincial law 6 calling for the integrated planning of health policy and social policy – which allowed the Trentino health plan to anchor itself to both Lp 13/2007 Art. 8a and Bill 56. This new law integrates social and health-related issues and goes beyond providing assistance simply by treating disease to addressing the social, economic and environmental determinants to promote health.

*Source:* Integrated provincial law on social policies (art.8bis) (14)

### **The participatory approach in the Trentino context**

The participatory process consisted of two consultative phases covering a 5-month period in 2014–2015. Phase I (December 2014–February 2015) included consultation with health professionals and technical stakeholders, such as health professionals from the Local Health Unit, social workers from the municipalities, and members of nongovernmental organizations (NGOs). Phase II (April–June 2015) targeted civil society. Mechanisms, such as working

groups, web platforms, information-sharing consultations and participatory workshops, were used in both phases. An Internet platform comprising two sites, “Io partecipo” (“I participate”) and “Io racconto” (“I tell”), was set up and acted as a blog throughout the entire health-plan development process.

Iscriviti Accedi

ioPartecipo

PROVINCIA AUTONOMA DI TRENTO

La Provincia ascolta il Trentino  
Trentino 2020. Costruiamolo insieme.

### Approvato il Piano per la salute del Trentino (2015-2025)

Dopo il parere favorevole del Consiglio delle autonomie locali e l'approvazione della Quarta Commissione, il 18 dicembre 2015 la Giunta provinciale ha approvato il Piano per la salute del Trentino.

Tra aprile e giugno 2015 quasi 3000 persone hanno visitato la piattaforma e 230 persone hanno dato il proprio contributo in modo attivo.

Il Piano per la salute è il risultato di un processo partecipativo avviato a novembre 2014. Alla consultazione pubblica hanno partecipato sia gli addetti ai lavori (dicembre 2014 – gennaio 2015) che la cittadinanza (aprile – giugno 2015), in modo da arrivare ad un documento completo e condiviso.

Tra la prima e la seconda fase di consultazione sono pervenuti oltre 1200 contributi che hanno modificato e arricchito il Piano: circa due terzi delle proposte e dei commenti sono stati integrati nel documento finale dando valore alla partecipazione su un tema di Interesse pubblico.

Le 5 aree tematiche sottostanti danno conto dei contributi pervenuti nella seconda fase di consultazione pubblica aperta a tutti i cittadini ma sono disponibili anche i contributi forniti dagli addetti ai lavori nella prima fase. Su IoRacconto rimane traccia di tutti gli incontri e le occasioni di confronto che hanno accompagnato la promozione dell'iniziativa grazie all'Unità di missione strategica per la Trasparenza e la Partecipazione della Provincia autonoma di Trento.

**Contenuti e metodi del Piano si ispirano alla strategia Health 2020 dell'OMS**, che guarda all'esperienza trentina come una buona pratica tanto da promuoverla all'interno della rete delle regioni dell'OMS (Regions for Health Network). Il Piano per la Salute del Trentino produrrà effetti per i prossimi dieci anni (2015-2025). È uno strumento importante che definisce linee di indirizzo e obiettivi specifici e trasversali che dovranno essere tradotti in piani operativi e strumenti di attuazione.

Il Piano per la salute approvato è disponibile negli approfondimenti.

Per approfondire:

- Piano per la salute del Trentino (documento approvato dalla Giunta Provinciale)
- Il contributo dei cittadini stranieri al Piano (documento di sintesi)
- Come funziona IoPartecipo

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After a kick-off meeting involving the technical stakeholders in November 2014, a total of 21 face-to-face meetings with, and workshops for, key stakeholders were organized, as well as meetings with the health councils of all 16 local valley communities. In phase I, 1926 users visited the Internet platform and 3633 accesses were recorded (an average of 21 a day): 210 comments on, and evaluations of, the initial draft health plan, 60 proposals of new topics and 21 copies of the draft with comments and proposals included were received from over 80 associations, NGOs and professional organizations. As a result, the initial draft of the plan was rewritten to address 14 new topics.

*Some of the contributions we received were of great value and helped us substantially improve the initial draft of the plan.*

– Silvio Fedrigotti, Managing Director,  
Department of Health and Social Solidarity, Autonomous Province of Trento



During phase II, the second draft of the plan was made available for discussion and comments and new proposals were encouraged via the Internet and during meetings held in the 16 valley communities. Other activities included face-to-face meetings, assemblies, and a world café to encourage the participation of non-Italian residents, using cultural mediators and open-space technology. Stakeholders were kept informed of all participatory activities through the Internet platform.

Also during phase II, representatives of the different stakeholders were trained in organizing meetings in their communities, collecting feedback and proposals, and promoting the use of the Internet platform. In some cases, open-space technology, including question-and-answer sessions, was used to obtain input to the health plan (Box 3). While activities to promote participation in the 16 valley communities were coordinated centrally, the operational method used was left to the discretion of their administrations.

### Box 3. Open-space technology

During consultation with civil society in phase II of the participatory process to develop the Trentino health plan (2015–2025), open-space technology was used as an easy and engaging way of obtaining feedback from different groups of people. This involved holding community meetings to introduce the main objectives of the plan. People were asked to propose the issues that were most important to them with respect to each of the objectives. Four tables were set up to discuss these issues and the participants were able to move among the tables and take part in the discussions at each. A facilitator from each table reported back on the discussions. The proposals were recorded on the Internet.



© Sara Carneri



*The combination of IT tools and participatory mechanisms available at the local level enabled citizens to present their points of view and make their voices heard.*

– Patrizia Gentile, Strategic Unit for Transparency and Participation,  
Autonomous Province of Trento



In addition to the possibility of receiving information on, and providing input to, the health plan through the Internet, three public seminars were organized and local meetings were held in each of the 16 valley communities. In addition, working groups were set up in the Primiero, Rotaliana-Königsberg and Fassa valleys to gather input to the plan. These working groups met independently 2–3 times and submitted proposals of topics for inclusion.

There were also several events involving the communities: the Paganella walk (Box 4) during which stakeholders could share their thoughts on what they would like the health plan to offer; an open-space technology workshop in Valle dei Laghi; and a world café for, and meetings with, interest groups in the city of Trento. During phase II, 140 proposals of new topics, 700 comments and evaluations and three copies of the second draft showing proposed input were received.





#### Box 4. The Paganella walk

One of the events organized by the valley communities was a 3-km walk through the Paganella area. The aim was to remind people of how it feels to be physically active. The group included representatives of all ages, ranging from 2 months to 93 years, the oldest being a woman who liked Nordic walking.

The walk addressed the first objective of the health plan – more years of healthy life. Walking in a group benefits both body and mind at no cost. The destination was a cabin where, on arrival, the walkers were offered a healthy snack and listened to an informal presentation of the health plan. The walkers had an opportunity to reflect on the experience and share their thoughts on healthy lifestyle, exercise and physical activity. They were encouraged to contribute to the health plan and to express their hopes in connection with it.

After the walk, the group returned to a room set up with computers by the municipality where people could upload their input immediately to the designated website.

The strength of the participatory approach was that, despite leadership changes in the administration, the broadness of the consultation process and the involvement of many stakeholders helped to assure continuity. This was aptly summed up by Piroska Ostlin, Director, Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe, during her visit to the Province in November 2015.

*The process of developing this health plan has been as important as the final product itself. It shows how participation is a fundamental element to granting solidity to the policy-making process. Changes in governments can hamper or slow down the policy-making process itself but if wide consultations, listening to the voices of all groups in society, have been held, then turnover of top officials may bring changes to the process and contents, while maintaining their essence.*

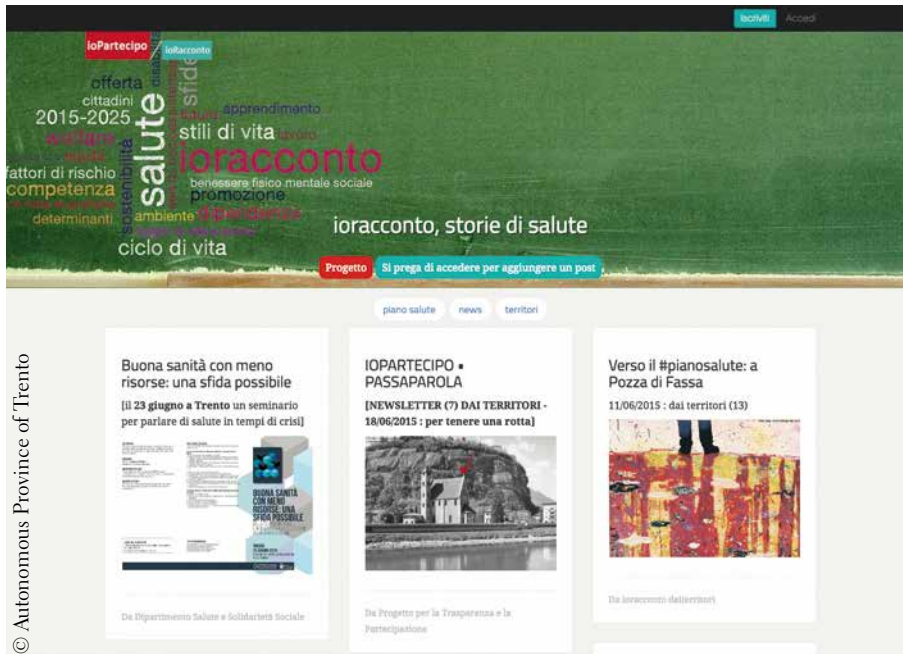
During both phases of the participatory process, approximately 1200 comments, including proposals, were received. A thorough revision of all comments was carried out by the Health and Social Sector Working Group with support from the Committee for Social Programming and a representative of the Local Health Unit. Two thirds of the comments were integrated in the draft health plan. The revision process is described in the following chapter (Key steps).

During the participatory phase, the Health Observatory issued several press releases, distributed postcards and bookmarks to the public with information on how to participate, and posted links to the Internet platform on other websites, for example, those of schools, the Local Health Unit, immigration offices and municipalities. Interviews about the health plan were posted on YouTube and other websites. Information on what was happening during the planning process and on planned activities was distributed in a newsletter and through the “Io racconto” website (Box 5).

#### **Box 5. Involving civil society: “Io racconto” (“I tell”)**

The “Io racconto” website became a repository of health-related stories submitted in connection with the development of the Trentino health plan (2015–2025). The main story anticipates the health status in the Province when the individual is focus of the system as a result of the plan.

During plan development, “Io racconto” afforded technical experts and the general public alike an opportunity to express their feelings about health (for example, in the light of their living and working conditions) and to submit any ideas they may have on how to make health accessible to all. Using the site as a blog, summaries of the outcomes of community meetings and other participatory events were entered, allowing everyone the chance to know what was going on. It also kept readers up to date on progress made in developing the plan and encouraged them to comment on its content and make proposals for change.



## Sector and stakeholder engagement

In developing a comprehensive health plan, considerable stakeholder involvement is required if its goals are to be achieved. In the case of the Trentino health plan (2015–2025), this factor was taken into consideration prior to the start of the development process; a core working group was set up, including representatives of non-health sectors, such as the social sector, NGOs, associations, local authorities, trade unions, and the media, as well as government contractors representing the private sector and civil society. As shown in Table 2, each stakeholder played a specific role in the development of the plan. The Health Councillors provided political support throughout the entire development process. The Health Observatory played the key role in its coordination. The Unit for Transparency and Participation led the participatory process, engaging civil society and the media to ensure, respectively, ample participation and the dissemination of information. Finally, the input of the various government councils and commissions was critical to obtaining the clearance of the Fourth Permanent Commission of the Provincial Council and the Council of Local Authorities, which was needed before submission for government approval. The involvement of all these players reflects a whole-of-government, whole-of-society approach in action.

**Table 2. Involvement of sectors and stakeholders in the development of the Trentino health plan (2015–2025)**

Government/ sector	Stakeholder	Role in development of the health plan
Government of the Autonomous Province of Trento (all sectors)	Unit for Transparency and Participation	<p>The Unit promotes initiatives for involving the public in defining public policies, encouraging the participation of citizens in decision-making processes, ensuring transparency and good relationships with civil society, and promoting action to prevent administrative dysfunction and ensure appropriate management.</p> <p>It took the lead in encouraging civil society to participate in the development of the health plan, using mechanisms, such as open-space technology, a world café, meetings and roundtable discussions. The Unit played a key role in motivating the 16 valley communities and the City of Trento to become engaged in promoting the participation of civil society during phase II and set up a working group, which included cultural mediators, to reach parts of the population that otherwise would have been excluded.</p>
	Press Office of the Autonomous Province of Trento	The Press Office managed corporate communication on the health plan.
	Health-in-all-policies <sup>a</sup> roundtable (included representatives from the sectors for transport, agriculture and education)	The roundtable contributed to plan development through a “know-yourself” procedure to raise the sectors’ awareness about what they were already doing for health. The document they produced informed the health plan.
	Fourth Permanent Commission of the Provincial Council	<p>The Commission acts at provincial level on specific topics related to social and health policies, sports and recreational activities, and housing.</p> <p>Together with the Council of Local Authorities, the Commission clears documents prior to their submission for Government approval. It was involved in the legislative reform that enabled plan development and cleared the final draft prior to the Provincial Government for approval.</p>

<sup>a</sup> Health in all policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity (15).

Table 2 contd

Government/ sector	Stakeholder	Role in development of the health plan
	Council of Local Authorities	Together with the Fourth Permanent Commission of the Provincial Council, the Council of Local Authorities clears documents prior to their submission for Government approval. It represents the local mayors who provided input to the health plan and cleared it prior to submission to the Government.
Health sector	Councillor for Health and Social Policies	With a political mandate to develop the health plan, the Councillor promoted and supported the entire process, building the political framework for approval of the plan, and proposing and enacting the necessary regulatory changes to this end.
	Health Observatory	The Health Observatory coordinated the entire development process, specifically writing and revising the plan, making public presentations and issuing corporate communications regarding the plan.
	Unit for Social Services Policy, Department of Health and Social Solidarity Health and social policy managers	The Unit was a core part of the health and social sectors working group, which drafted the first version of the plan (together with the Health Observatory) and participated in all phases of its review, including assessment of submissions resulting from consultations.
	Local Health Unit	The Local Health Unit participated in the working group on analysis and evaluation of submissions during the phase I consultation and in incorporating them (when relevant) in the plan. It also participated in the technical consultation during phase I by submitting a comprehensive document summarizing the observations made by different departments and those in charge of clinical prevention, directs of health districts and hospital directors. The Unit played a key role in disseminating information to all health workers and requesting their proposals for the health plan.
Social sector	Cinformi (a governmental body responsible for migration issues under the Department of Health and Social Solidarity)	Cinformi was involved in motivating immigrants to participate in health plan development.

Table 2 contd

Government/ sector	Stakeholder	Role in development of the health plan
Private sector	Informatica Trentina (contracted by the provincial government)	Informatica Trentina managed the online platform used in the participatory process: the “Io partecipo” site for receiving input to the plan; and the “Io racconto” site for communications about the plan. These sites ensured that the wording used would be understood by all audiences, acted as live moderators during the consultation phase, contributed to communication about the process (together with the press office of Unità di Mission Strategica [Strategic Unit]) and was part of the core health-plan development group (along with the Health Observatory, the Strategic Unit and the Department of Health and Solidarity).
Health sector Social sector Voluntary sector Local authorities Trade unions (civil society)	Committee for Social Programming comprising the following: <ul style="list-style-type: none"> <li>• Provincial Councillor for Health</li> <li>• General Manager of the Department of Health and Social Solidarity</li> <li>• Manager of the Social Policy Department</li> <li>• Health Planning Manager</li> <li>• a representative of the Trade Union</li> <li>• representatives of the local boards (16 communities)</li> <li>• a representative of the Council of Local Authorities</li> <li>• representatives of the voluntary sector (3 people)</li> <li>• two academic experts on planning and programming social services</li> </ul>	The Committee was involved in the revision of the first draft of the health plan after the technical consultation (phase I), integrating input received in drafts of the plan (where relevant).

**Table 2 contd**

Government/ sector	Stakeholder	Role in development of the health plan
Voluntary sector (third sector)	NGOs Associations	During the development process, representatives of the voluntary sector commented and made proposals. They spread the word in their networks about the Internet platform, motivating participation.
Civil society	Residents of the Autonomous Province of Trento	Trentino residents contributed to plan development, submitting input through the Internet platform.

## POLICY COHERENCE

To ensure policy coherence in developing the health plan, it was important to create synergy with national health documents, such as the National Prevention Plan (2014–2018) and the Health Pact (2014–2016), as well as international instruments, such as Health 2020 and the SDGs (2,3). For example, like Health 2020, the plan calls for tackling the burdens of noncommunicable and communicable diseases and creating supportive environments and resilient communities (2,10).

## TRANSFERABILITY AND SCALABILITY

In 2014, the Department of Health and Solidarity established a health-in-all-policies roundtable involving all sectors of the provincial Government. The aim was to illustrate to the non-health sectors how their policies and interventions can also have an impact on health, and to encourage intersectoral collaboration for health. The health-in-all-policies concept (15) was presented to the general directors of all district government departments who were requested to identify a health-in-all-policies focal point.

During ensuing meetings, the importance of the health-in-all-policies approach was further explained and practical examples of its application provided. In all, 13 meetings were held. The focal points were asked to identify ongoing health-related activities, policies and programmes in their sectors. This exercise became known as the “know-yourself procedure”, the focus



of which was to create awareness about ongoing activities in the non-health sectors that could impact health. The information collected was summarized in a single document with the intention of integrating it into the health plan.

Box 6 exemplifies collaboration with a non-health sector as a result of the health-in-all-policies roundtable. There are plans to establish health-in-all-policies funds, which approved intersectoral projects will be able to apply for.

#### **Box 6. “Trentino pedala” (“Trentino by bike”)**

The health-in-all-policies roundtable led to collaboration between the health and transport sectors. In March 2016, the Government of the Autonomous Province of Trento launched “Trentino pedala” (“Trentino by bike”), a project aimed at making cycling a part of everyday life, using the health-in-all-policies approach. The Government’s Council for Infrastructure and the Environment is coordinating the initiative, which will run until September 2016. Other governmental departments, such as the Local Health Unit and municipality administrations, as well as the University and several private-sector companies, are involved in encouraging the public to cycle.

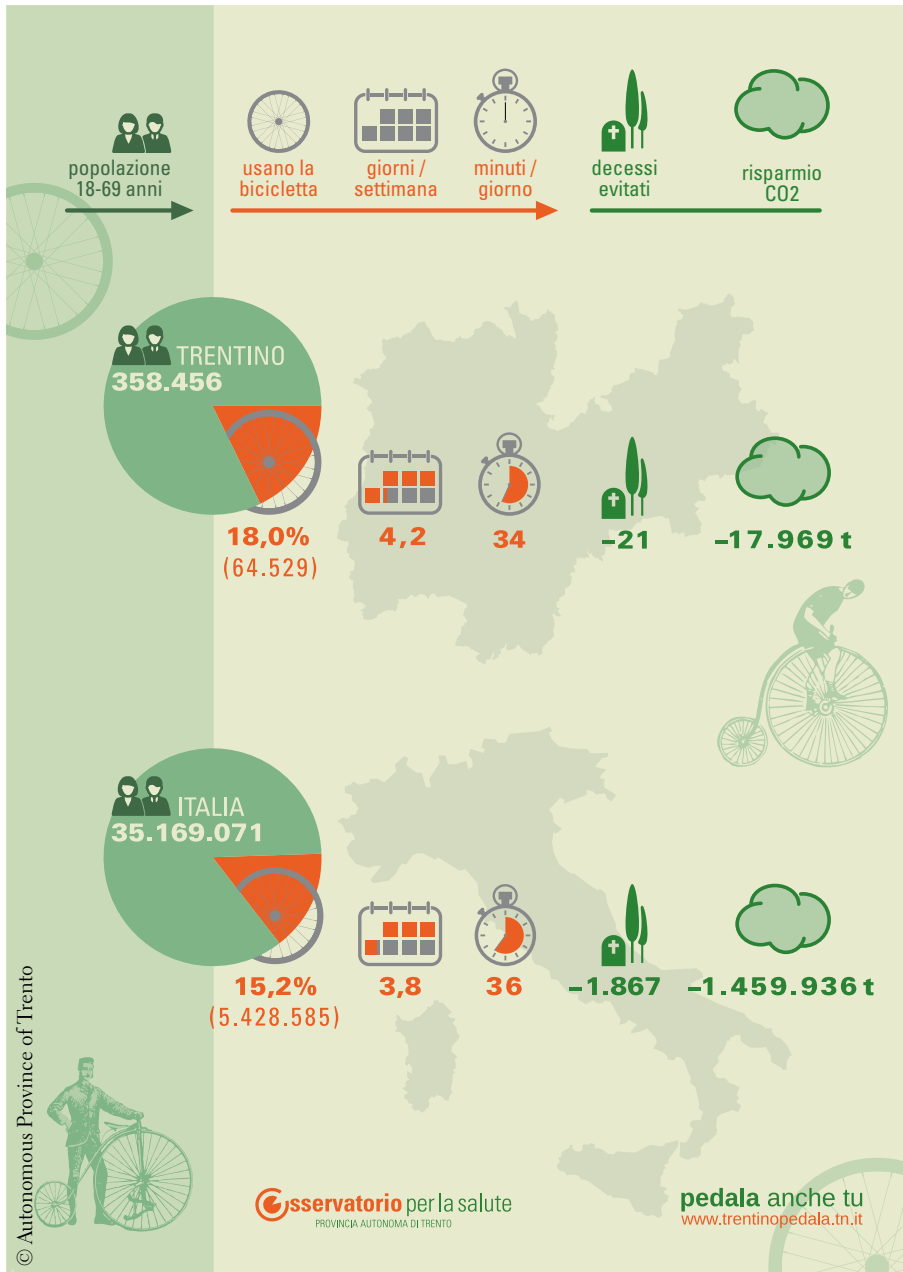
The Province has over 400 km of bike lanes and several bike-sharing programmes and is interested in expanding on its long experience by promoting sustainable mobility in the area. It wishes to reinforce the message that cycling benefits the environment and promotes physical and mental well-being at the same time. It is also affordable, and people of all ages and walks of life can take part in this mode of transport.

“Trentino pedala” is an informal competition to establish which institutions, companies or informal groups are most active in cycling and, thus, save most carbon dioxide. Those wishing to participate are requested to register on the “Trentino pedala” website, which has a social-network component. A free app is available for tracking progress. A draw will identify several winners among those who cycled at least 100 km between March and September 2016. Virtual medals will be granted to the most active cyclists. As of August 2016, around 2000 people had cycled 1 million km and saved approximately 183 000 kg of carbon dioxide to the value of about €300 000 (16).

The Trentino Health Observatory strongly supports the initiative and has prepared an infographic on the prevalence of cycling and its impact on health and the environment in Trentino, based on data from the Italian Behavioural Risk Factor Surveillance System (PASSI) (17). The estimates included were calculated using the WHO health economic assessment tool (18).

*Sources:* WHO Regions for Health (19); Trentino Pedala website (16).





## Key steps

This section seeks to provide the reader with a chronological summary of the key steps taken in developing the health plan. The precedents for and milestones of the process are listed in Table 3, which is followed by brief descriptions of each step, highlighting what was achieved in involving other sectors and the public.

**Table 3. Timeline for development of the Trentino health plan (2015–2025)**

Action	Timeline	Milestones
Precedents	2012	Health Observatory established Epidemiological data collected Epidemiological profile of the Autonomous Province of Trento prepared (report) The Province joined WHO Regions for Health network.
	2013	Dissemination of the Trentino health profile Capacity-building for local health and social workforce on health planning with the WHO European Office for Investment for Health and Development of the WHO Regional Office for Europe
Development process	May 2014	Health and Social Sector Working Group established Health-in-all-policies Commission established
	September 2014	Participatory approach chosen First legislation review carried out
	September–November 2014	Engagement of initial key stakeholders (for example, the general direction of the Local Health Unit, directors of the social services in the valley communities) Internet platform, “Io partecipo”, established Engagement of health professionals and other technical stakeholders
	November 2014–January 2015	Phase I of participatory process (technical consultation)
	February–March 2015	Plan revised
	March 2015	Legislation rewritten to allow development of health plan New legislation approved Internet platform, “Io racconto”, established Civil society stakeholders engaged
	April–June 2015	Phase II of participatory process begins
	July–September 2015	Plan revised
	November 2015	Plan presented to the public
	December 2015	Plan approved and launched

## PLANNING HEALTH SERVICES

In 2012, the Department of Health and Solidarity developed a health-services plan and asked the WHO Regional Office for Europe for its expert opinion. The Regional Office responded that the plan would benefit from greater focus on health promotion. This resulted in a revision of the entire plan.

## DEVELOPMENT OF THE TRENINO HEALTH PROFILE

The work leading up to the Trentino health plan (2015–2025) started in 2012 when the Health Observatory was set up and developed the Trentino health profile in the light of the social, economic and environmental determinants of health and the health-in-all-policies concept (15). This was the first time that epidemiological data were used to portray a broader picture of health in the Province using these parameters. The report was widely disseminated and received much attention.

## JOINING THE WHO REGIONS FOR HEALTH NETWORK

In 2012, the Autonomous Province of Trento joined the WHO Regions for Health Network (6), marking the beginning of official collaboration with the WHO European Centre for Investment for Health and Development. In the same year, the Province also committed to implementing the Göteborg Manifesto (5) and Health 2020 (2). In addition, a critical mass of health and social stakeholders benefitted from a training course on capacity-building and health profiling conducted by the Health Observatory with WHO support (Box 7).

## DISSEMINATION OF THE TRENINO HEALTH PROFILE

The health profile was given high visibility. A press conference was held in connection with its launch and WHO proclaimed its support of this epidemiologically-based report, which took the social, economic and environmental determinants of health and health-in-all-policies (15) into account. It facilitated viewing health and social issues not only from a service perspective but also from that of health promotion and social well-being. It paved the way for the development of the Trentino health plan for 2015–2025.

### **Box 7: Training on health profiling and priority setting at the district level**

At the end of 2012 and into the beginning of 2013, prior to initiating the development of the health plan, a training course on public health planning was organized by the Health Observatory in collaboration with the WHO European Office for Investment for Health and Development. A large number of social and public health workers benefitted from the course, which was held one day every two months for a total of six months. The course consisted of the theory behind health profiling (principles, methodology), as well as practical assignments.

The Health Observatory presented the main characteristics of the Province's health profile and methods of carrying out the exercise at the district level. The participants used this information to establish health priorities at the district level on the basis of data provided to them. They were given assignments to complete in the periods between the course days. The resulting district priorities, which focused on social and health services, were approved by the General Director of the Local Health Unit and incorporated in the health plan.

### **ESTABLISHMENT OF WORKING GROUPS AND A ROUNDTABLE**

In 2014, the Health Observatory was officially charged with coordinating the process of developing the health plan. It established the Health and Social Sector Working Group within the Department of Health and Social Solidarity, comprising representatives of the Health Observatory, the Department of Health and Social Solidarity and the Department of Health and Social Policy. At the same time, it set up a health-in-all-policies roundtable. The Health Councillor made it clear that the health plan was a priority. Nonetheless, stakeholders were sceptical that it would work as there was no legislation to support it. In addition, it took time for people to adjust to the idea of a working group and participation was often sporadic.

### **PREPARATION OF THE FIRST OFFICIAL DRAFT OF THE HEALTH PLAN**

After reviewing WHO feedback on how to go about the task of developing the health plan, the Health and Social Sector Working Group produced the first official draft, identifying five macro objectives: to increase the number of years lived in good health; to foster life and work environments that favour health; to place the individual at the core of the social-health system; to reduce health inequalities and increase solidarity to create resilient communities;

and to improve communication between civil society and health institutions, as well as the health literacy of the population.

#### INCLUDING A PARTICIPATORY APPROACH IN THE DEVELOPMENT PROCESS

The Health and Social Sector Working Group chose to take a participatory approach to developing the plan and requested the assistance of the Unit for Transparency and Participation to this end.

The idea of applying a participatory approach was met with scepticism at first. However, WHO had pointed to the lack of participation in the first draft as a weakness and this, together with the conclusion of the Goteborg Manifesto that "... we are close enough to our citizens to hear what they say and see what they need" (5), helped make the case.

#### INTERNATIONAL INPUT TO THE DEVELOPMENT OF THE HEALTH PLAN

Before starting phase I of the participatory process, the design and a short outline of the plan were presented at the 21<sup>st</sup> annual meeting of the WHO Regions for Health Network, Florence, Italy, 22–24 October 2014. The feedback received from the other regions and the international and subnational levels on this occasion reinforced the belief of those developing the plan that a participatory approach could be fully implemented.

#### ESTABLISHMENT OF AN INTERNET PLATFORM TO ENGAGE CIVIL SOCIETY

In November 2014, an Internet platform consisting of two sites, "Io partecipo" and "Io racconto", was set up to engage civil society in the development process. "Io partecipo" served to collect proposals and comments on drafts of the health plan or on proposals made. The "Io racconto" site was used to store summaries of different meetings, the health-related stories entered by members of the public, their views on health in the Province at the time, and their visions of how it would develop in the 10 years ahead. Both sites were open to the public.

## PHASE I OF THE PARTICIPATORY PROCESS (CONSULTATION AT THE TECHNICAL LEVEL)

Phase I of the participatory process began with a kick-off meeting to decide which health professionals and other technical people should be invited to contribute to the health plan through face-to-face seminars and the “Io partecipo” website. The Health Observatory synthesized the comments and proposals received.

## REWRITING LEGISLATION TO PROVIDE A REGULATORY FRAMEWORK FOR A PARTICIPATORY DEVELOPMENT PROCESS

The revision and merging of already existing legislation (Bill ddl56) to promote a participatory approach were key to the development of the health plan.

## REVISION OF FIRST DRAFT OF THE HEALTH PLAN ON COMPLETION OF PHASE I

The Health and Social Sector Working Group, with the support of the Committee for Social Programming and a representative of the Local Health Unit, revised the original draft plan in the light of the input received in phase 1.

A shared drive was used to record the proposals received and the comments thereon of the members of the working group. All principal technical-level stakeholders (health professionals and other technical people) were invited to participate in the revision process. A public meeting was held to present the second draft of the plan, explain the changes made and why certain proposals were not reflected.

## PHASE II OF THE PARTICIPATION PROCESS (INVOLVING CIVIL SOCIETY)

Phase II of the participatory process was launched during a public consultation when civil-society stakeholders were invited to provide input; in addition, different participatory mechanisms (open-space technology, meetings, the Paganella walk, etc.) were used to collect proposals and comments from the public. All contributions were recorded in the “Io racconto” website, which was accessible to everyone.

At times, it was a challenge for the Health and Social Sector Working Group to decide on which input to integrate into the draft. Therefore, all comments received were added and the resulting document was discussed by the Group over a period of two days. The document was then updated to reflect the consensus reached.

Individual messages of thanks were sent to everyone who had provided comments or proposals, informing them whether or not their input had been integrated in the document. Those receiving positive responses were informed where their input had been integrated. Those whose input had not been used (perhaps because their proposals were already included in the plan) were given the reason. Many of the proposals relating to health-service specifics could not be integrated as they were not applicable at the provincial level.

#### REVISION OF THE SECOND DRAFT HEALTH PLAN AFTER PHASE II

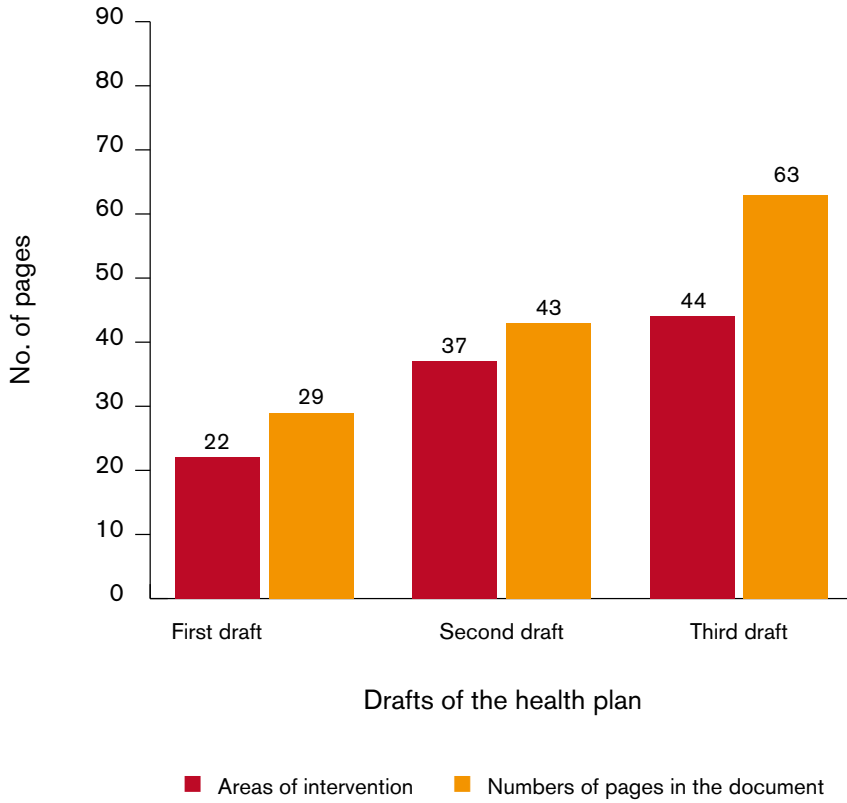
The second draft of the health plan was revised to reflect all comments received during phase II and to include a list of indicators for monitoring implementation of the plan. A public presentation of the updated (third) draft was made and initial approval was received from the Fourth Permanent Commission of the Provincial Council (which includes representatives of the opposition parties) and the Council of the Local Authorities (Table 2). This meant that the approval of the provincial government was only a step away.

Overall, two thirds of the proposals received during phases I and II were integrated in the health plan. Fig. 3 illustrates how the document expanded as a result of the participation process.

#### APPROVAL OF THE HEALTH PLAN BY THE PROVINCIAL GOVERNMENT

The Trentino health plan (2015–2025) was approved by the Autonomous Government of Trento in December 2015. It was presented to and discussed by the local Parliament in March 2016.

Fig. 3. Expansion of the Trentino health plan (2015–2025) as a result of the participatory process





## Lessons learnt: enabling factors

This section groups the enabling factors according to the relevant elements of good governance for health shown in Fig. 2.

### CONDITIONS FOR SUCCESS

#### **Political leadership and support**

The Trentino health plan (2015–2015) enjoyed a high level of political support from its early infancy. Despite government changes during the development process, the Health Councillors in both terms of government provided steadfast support in favour of strategic health planning beyond the health sector, as well as the use of a participatory approach in doing so.

#### **Data availability**

Thanks to the work of the Health Observatory, data were available on a number of risk factors, making it possible to show why a longer-term, broader perspective of care was important in preventing lasting negative effects. Trentino was open to broadening the concept of health beyond the provision of health services.

#### **Instruments and mechanisms for action**

##### Sound technical support

The Health Observatory was champion in coordinating the entire development process. The epidemiological profile of Trentino, which introduced the perspectives of the social, economic and environmental determinants of health and health equality in strategic health planning, marked a change in the Province's concept of health; data on these aspects had not been collected before. The technical support offered by professionals in the Province during phase I also contributed to shaping the plan according to this broader approach.

Being part of the WHO Regions for Health Network brought strong guidance and support to the development process at an early stage; of which the WHO European Office for Investment for Health and Development contributed with detailed input to the plan and training opportunities.

### Legislative reform

Legislative reform (Box 2) made it possible for the Province to develop the current health plan.

## COMPONENTS OF GOVERNANCE

### **The participatory approach**

The Transparency and Participation Unit played a key role in engaging stakeholders. The Unit has facilitators trained in applying participatory methods to real-life settings. The diverse mechanisms used in the participatory process allowed every stakeholder to contribute to the development of the health plan and provided them with the assurance that their input would be taken into consideration. The approach made it possible for every voice – at all levels of government and society and among the general public – to be heard.

### **Transferability and scalability**

#### Geographical characteristics

The physical environment of the Province has both strategic and economic value and promotes the concept of a health-promoting area: this facilitated the work on hand. Its small size was also an advantage during the development process, allowing for weekly meetings and decision-making in a collegial manner.

## Lessons learnt: challenges

This section groups challenges according to the relevant elements of good governance for health shown in Fig. 2.

### CONDITIONS FOR SUCCESS

#### A longer-term vision

Political discussion in connection with the development the health plan drew considerable public and professional attention to the reorganization of health services in the Province. This seemed to make it more challenging to shift the focus to health promotion and the social, economic and environmental determinants of health and health inequalities, which was predicted to have a mid- to long-term impact.

#### Leadership

The development of local leadership was an ongoing challenge; despite strong and positive political commitment, not everyone working in health and social services believed that the new approach could work. However, the engagement of other sectors, and continued communication with and among them, were key factors in closing the gap between the believers and the sceptics.

### GOVERNANCE COMPONENTS

#### Communication

Communication between the sectors and even within the same sector remained a challenge throughout the development process. Personal issues and bureaucratic concerns about autonomy were often a barrier to working effectively.

## **Language issues**

Overcoming the heavy use of technical jargon was a challenge that should not be underestimated. It risked jeopardizing the participation of lay people by making it impossible for them to engage in substantial discussion.

## **Participatory approach**

The use of a participatory approach was new to Trentino and seemed daunting at first. Openness to adopting it was essential. A willingness to risk criticism for constructive change is necessary to reap the benefits of such an approach.

## **TRANSFERABILITY AND SCALABILITY**

### **Broadening the concept of health**

Changing the perspective of health in the Province was a challenge, especially among social workers who were concerned that reframing it could mean their losing out in some way. Organizationally, people work in silos making it a challenge for them to collaborate, even if they have the will to do so, and bureaucracy often stands in the way. The implementation of the health plan must support its broader concept of health. To this end, a cultural change is needed whereby the idea of health is linked not solely with health-care services but also with the health determinants and health promotion.

### **Finding a balance between strategic objectives and pragmatic implementation**

The plan has to be strategic and, at the same time, contain pragmatic objectives to avoid being too theoretical and “innocuous”. The stakeholders that were engaged in and contributed to the development of the plan will be looking to see how its objectives translate into activities and programmes that can be monitored and evaluated to ensure delivery of the desired results.

## **Bringing in other sectors**

The health-in-all-policies roundtable produced some good examples of intersectoral collaboration that could motivate other sectors to join forces. More time should be dedicated to the health-in-all-policies approach since currently its presence is not consistent. Involving new stakeholders should continue during the course of implementation. Though many decision-makers from other sectors were invited to participate in developing the plan, few did so. Employer associations could have been involved but were not; this is an area to explore in the implementation phase.

## Key messages

Four key messages resulted from Trentino's experience in developing the Province's health plan for 2015–2025: (1) data talk; (2) champions and political support are vital; (3) participation is essential; and (4) progress needs to be celebrated.

### DATA TALK

The use of epidemiological data to inform the development of the plan showed that the availability of sound relevant data is fundamental to telling the story of what needs to be changed.

### CHAMPIONS AND POLITICAL SUPPORT ARE VITAL

The support of two consecutive health councils, combined with the champion role played by the Health Observatory, provided the impetus to move forward with the development of the health plan, using a participatory approach. While the former provided high-level support throughout plan development, the latter coordinated the process.

### PARTICIPATION IS ESSENTIAL

The Trentino experience showed that involving the public and other sectors throughout the development process opens the path to healthy change. In Trentino, this approach facilitated the production of a health plan that citizens feel is truly theirs.

### PROGRESS NEEDS TO BE CELEBRATED

Capitalizing on improvements throughout the development process and the dissemination of information on the achievement of important milestones encouraged more stakeholders to join the process and motivated people in all walks of life to have their say.

## The way forward: implementation of the Trentino health plan (2015–2025)

The Health and Social Sector Working Group, which was restored to develop a system for monitoring the operational implementation of the plan, established a reporting system based on a regrouping of the strategic areas of the plan in connection with which the priority topics were reduced from 44 to 17, and intervention areas established according to topic-related issues. In this connection, the existing administrative information system – whereby all sectors of the provincial government are required to transmit information on administrative and other measures in electronic form – was integrated into the monitoring system. The working group plans to add a “health-in-all-policies” field. Any action regarded as operational implementation of the health plan will be flagged as such.

On an annual basis, the Health Observatory will measure progress according to the 72 outcome indicators listed in the annex to the health plan. The results will be summarized in an annual health-plan monitoring report, which will be presented and discussed in public to permit a participatory evaluation and reprogramming of operational interventions.

## Conclusion

The development of the Trentino health plan (2015–2025) provided an opportunity to change from the current health system to one, which puts the individual and the most pressing health problems centre stage, involving other sectors, such as those for education and social affairs. The plan's mid- and long-term aims are to change the culture surrounding health and increase health literacy in the Province in the recognition that everyone is part of the system and can be involved in shaping and improving it. The allocation of adequate resources will be needed for multisectoral health promotion with a particular focus on inequalities; this – in turn – will require the different sectors to work together in an integrated and coordinated manner.

Trentino already has strong links to nature and health-promoting lifestyles, including physical activity. It is hoped that, in 2025, Trentino will be known as a green, dynamic and healthy province, open to comparing itself with other regions of Europe and the outside world. The Trentino health plan (2015–2015) will help the Province become one in which health and well-being go hand in hand, and whose citizens contribute actively to this end and value the power they have to influence change.



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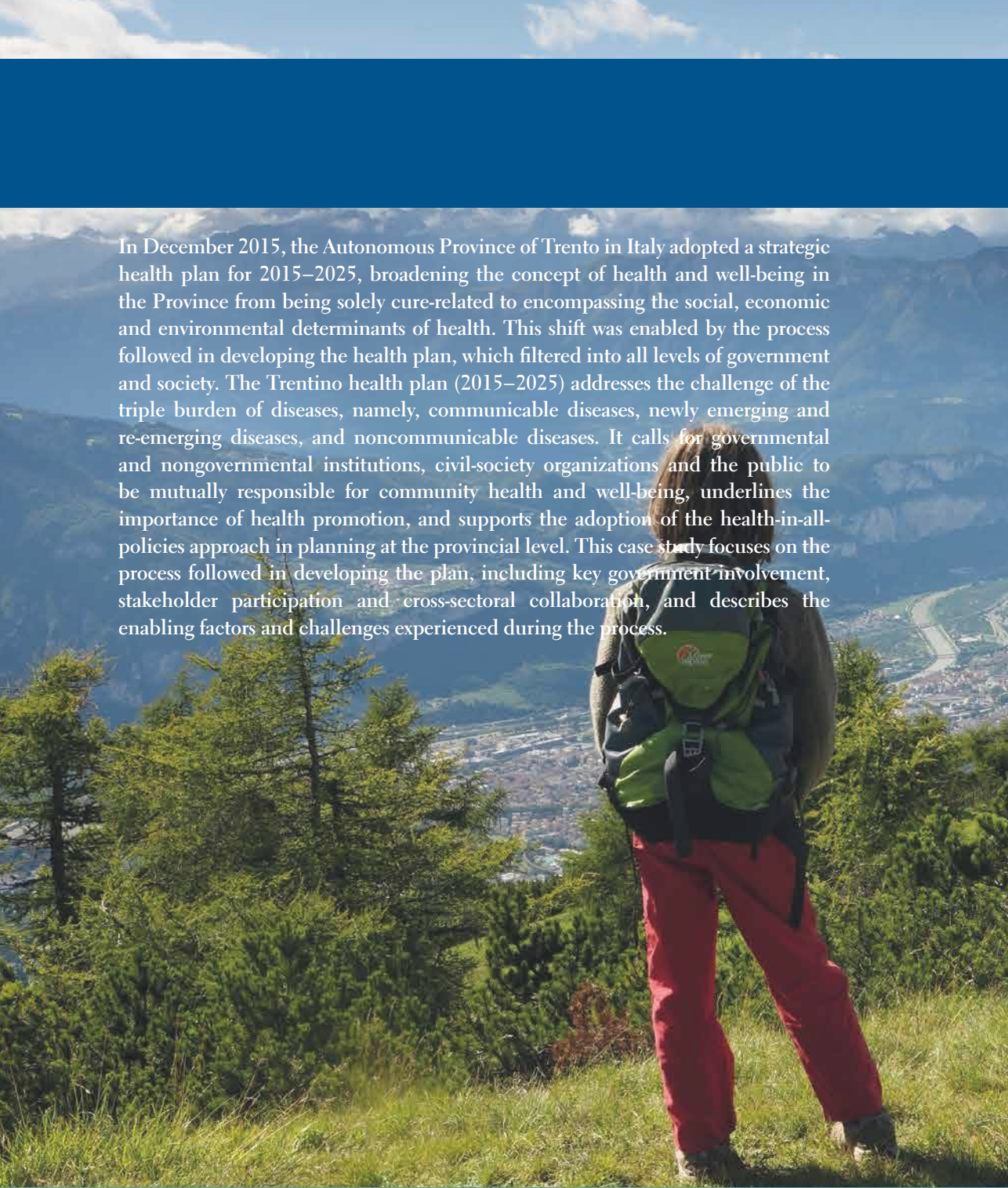
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In December 2015, the Autonomous Province of Trento in Italy adopted a strategic health plan for 2015–2025, broadening the concept of health and well-being in the Province from being solely cure-related to encompassing the social, economic and environmental determinants of health. This shift was enabled by the process followed in developing the health plan, which filtered into all levels of government and society. The Trentino health plan (2015–2025) addresses the challenge of the triple burden of diseases, namely, communicable diseases, newly emerging and re-emerging diseases, and noncommunicable diseases. It calls for governmental and nongovernmental institutions, civil-society organizations and the public to be mutually responsible for community health and well-being, underlines the importance of health promotion, and supports the adoption of the health-in-all-policies approach in planning at the provincial level. This case study focuses on the process followed in developing the plan, including key government involvement, stakeholder participation and cross-sectoral collaboration, and describes the enabling factors and challenges experienced during the process.

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