



SOCIABLE

The Brescia Nexus: SOCIal infrastructure and cognitive ABiLitiEs in an ageing population

<https://sociable.unibs.it/>

UNIBS - IRCCS Fatebenefratelli-Brescia - Socialis - Fondazione Casa di Industria

Sociable

Fondazione
CARIPLO 

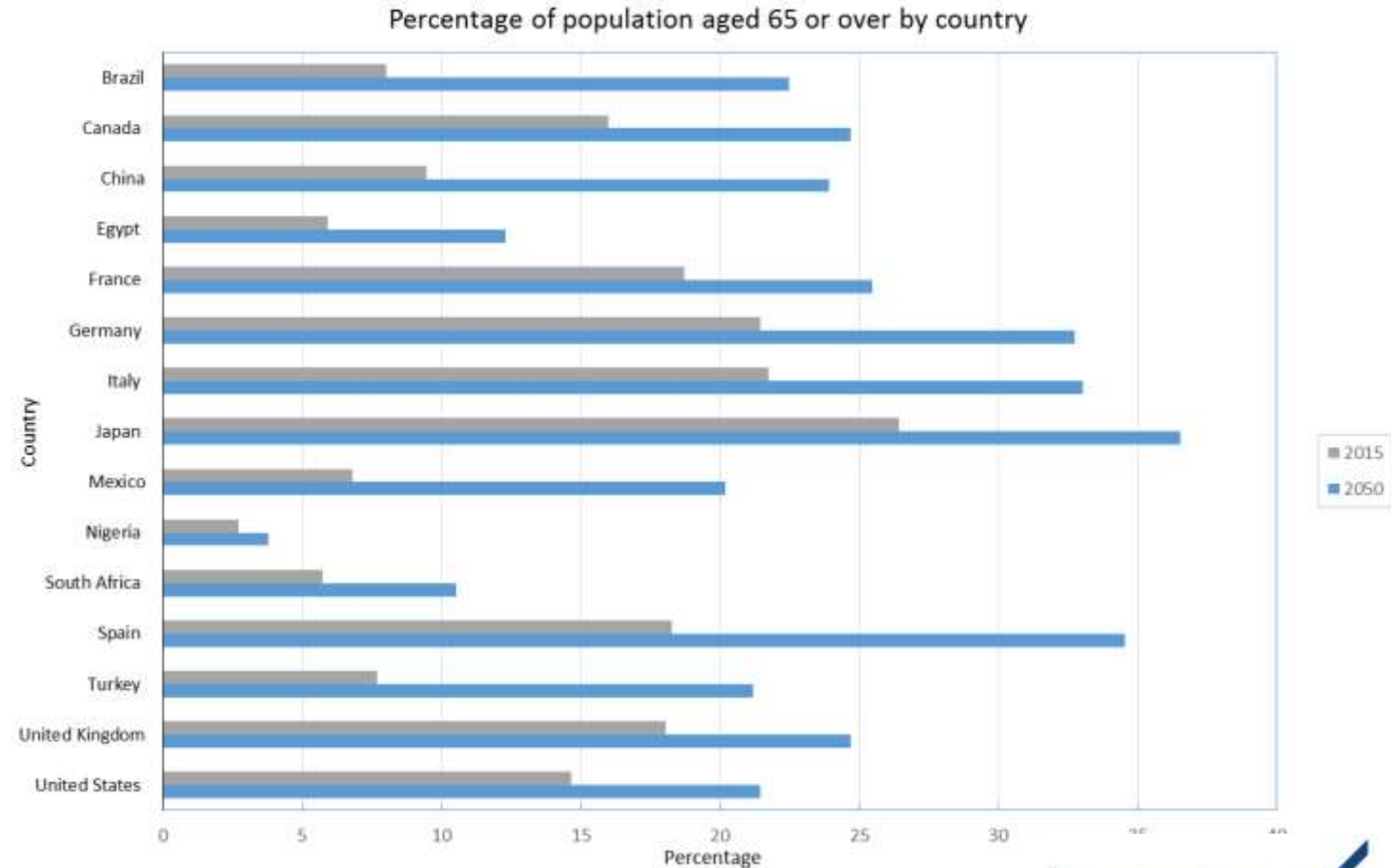
SOCIABLE: lo scenario

Invecchiamento: il tasso di crescita delle aspettative di vita della popolazione mondiale è cresciuto 80 volte più velocemente negli ultimi cent'anni rispetto a prima

Secondo ISTAT, la popolazione anziana (< 65 anni) passerà dal 21% al 36.5% della popolazione del nostro paese nel 2050

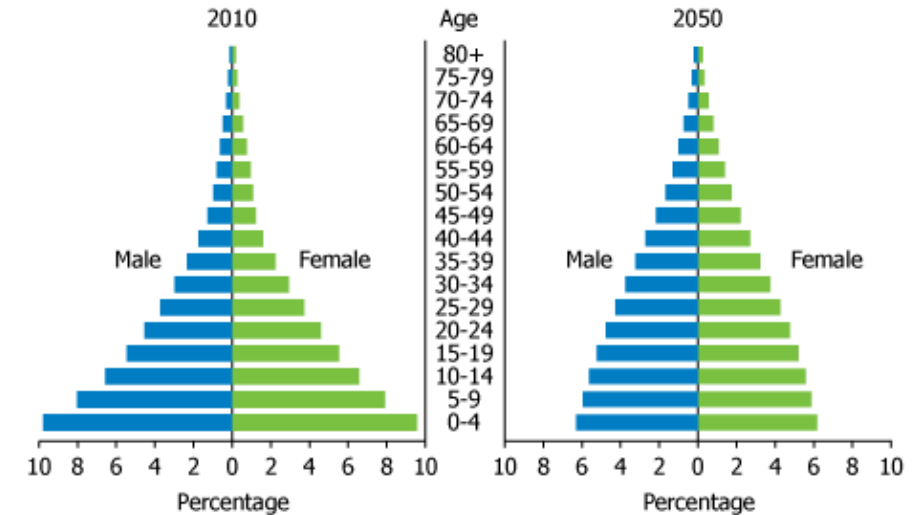
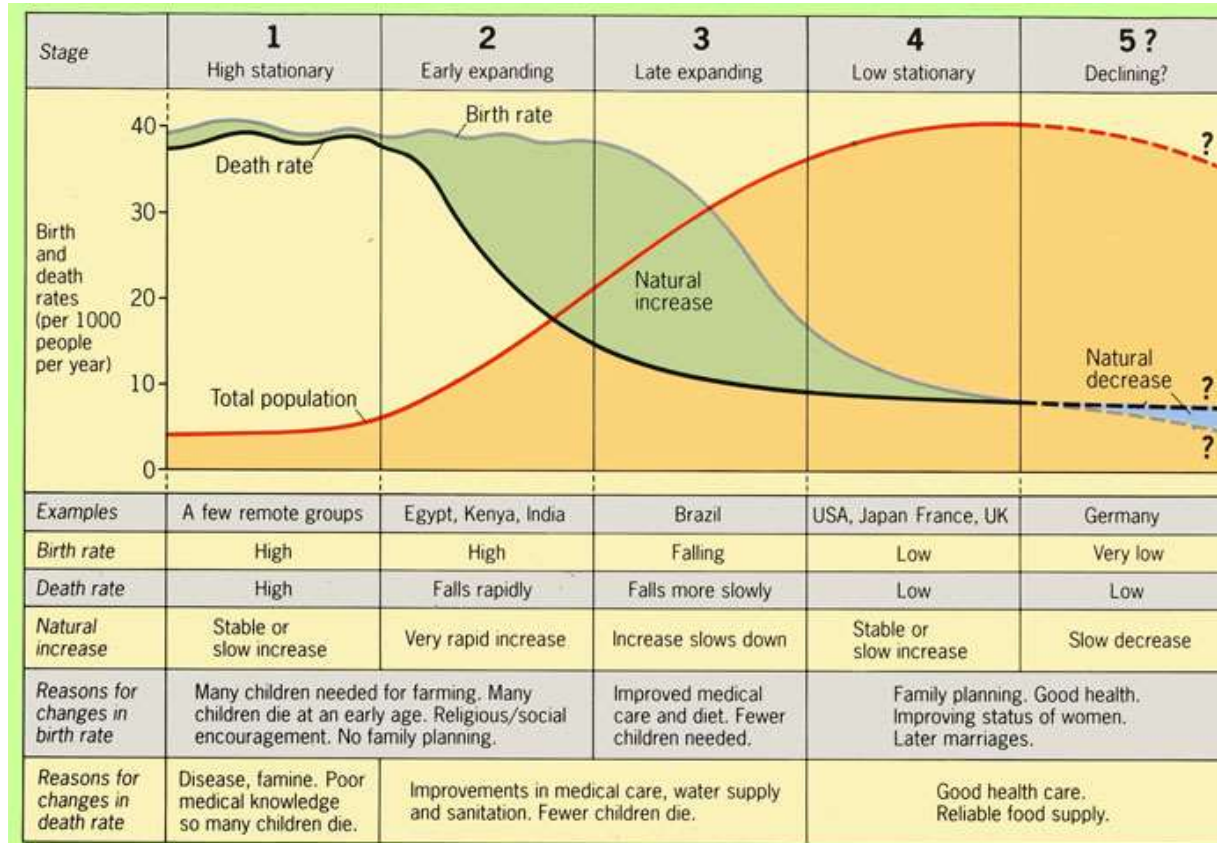
Incidenza delle malattie croniche

Soggetti affetti da demenza: 46.8 milioni nel 2015, 131.5 milioni stimati nel 2050

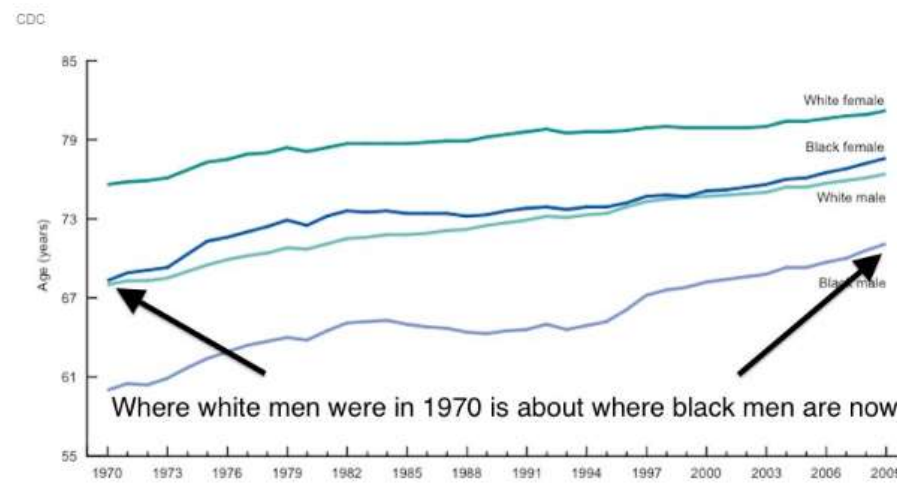
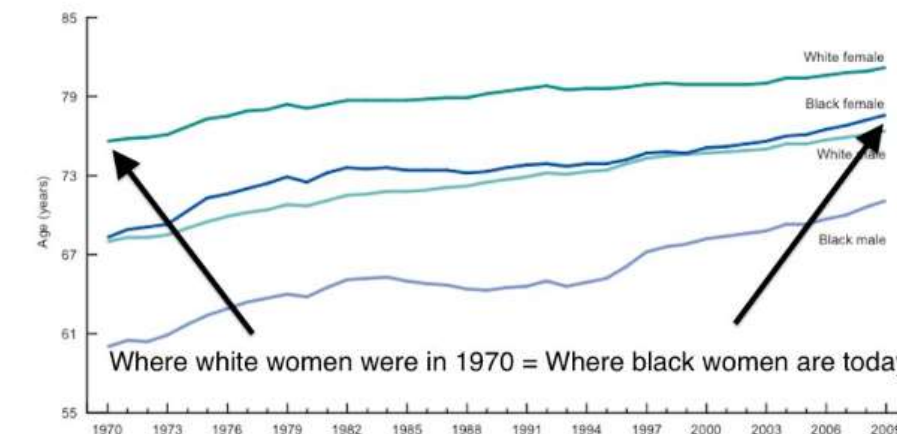
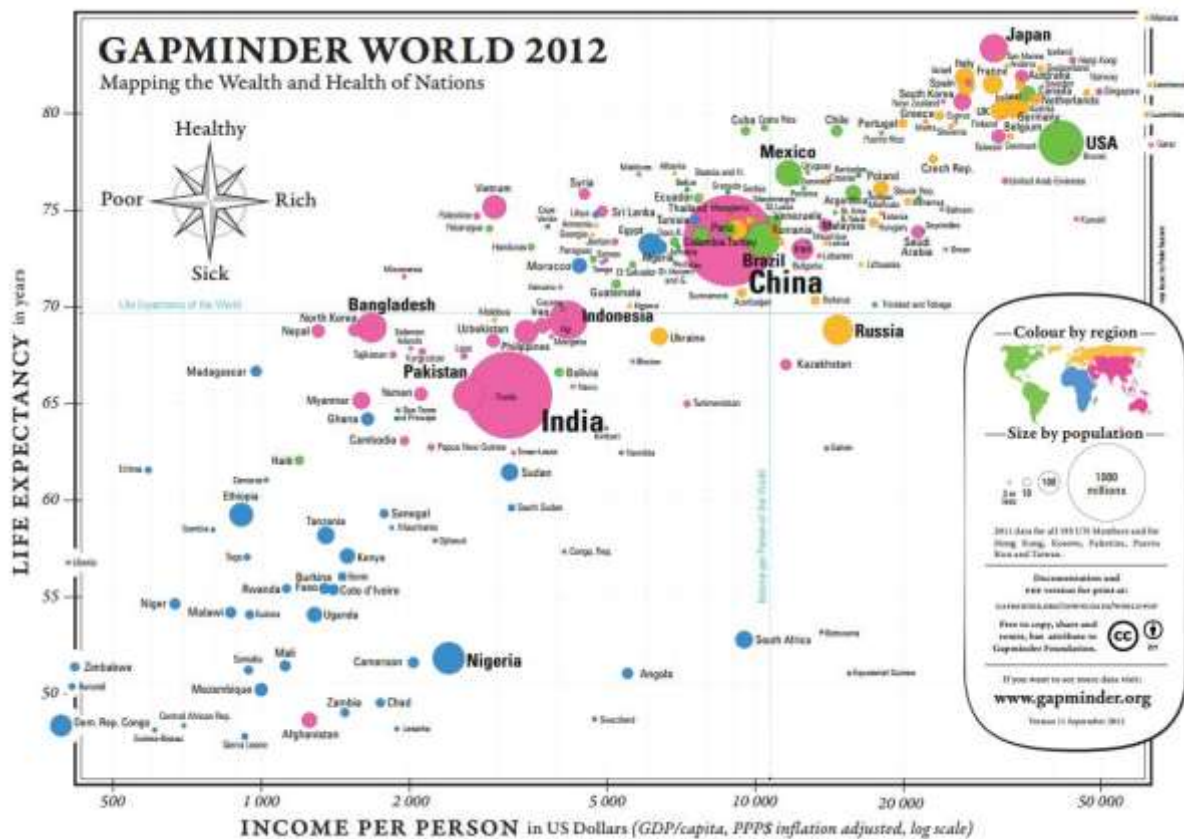


Source: UN Population Division, Ageing and Development Database 2014

SOCIABLE: lo scenario



SOCIABLE: lo scenario



SOCIABILE: il contesto

Tensioni sulle strutture sociali (famiglia) e su sostenibilità ed efficacia dei sistemi di prevenzione, cura e welfare

Necessità di decentrare i servizi e riarticolargli attraverso reti di governance multi-stakeholder partecipata

Integrare reti formali ed informali: i caregiver, la famiglia, il vicinato

INDICE DI VECCHIAIA ANNO 2016				
ZONA	QUARTIERE	> 65	< 14	INDICE
EST	SANPOLINO	353	588	60.03
CENTRO	CENTRO STORICO NORD	1211	1086	111.51
OVEST	FIUMICELLO	1384	976	141.80
SUD	FOLZANO	366	258	141.86
OVEST	PRIMO MAGGIO	630	431	146.17
SUD	CHIESANUOVA	1535	1042	147.31
SUD	FORNACI	599	396	151.26
SUD	DON BOSCO	1396	906	154.08
SUD	PORTA CREMONA	2884	1842	156.57
CENTRO	PORTA MILANO	1450	900	161.11
EST	S. POLO CASE	1210	747	161.98
SUD	LAMARMORA	2128	1262	168.62
OVEST	VILLAGGIO VIOLINO	768	451	170.29
EST	BUFFALORA-BETTOLE	518	301	172.09
CENTRO	PORTA VENEZIA	2576	1496	172.19
CENTRO	CENTRO STORICO SUD	1424	776	183.51
OVEST	CHIUSURE	2670	1386	192.64
CENTRO	BRESCIA ANTICA	1543	800	192.88
EST	S. POLO CIMABUE	1612	827	194.92
NORD	S. EUSTACCHIO	2131	1086	196.22
EST	S. EUFEMIA	871	421	206.89
NORD	S. ROCCHINO	1695	818	207.21
NORD	S. BARTOLOMEO	1329	640	207.66
EST	CAIONVICO	612	280	218.57
OVEST	VILLAGGIO BADIA	918	410	223.90
NORD	BORGO TRENTO	1975	874	225.97
CENTRO	CROCIFFISSA DI ROSA	1359	596	228.02
SUD	VILLAGGIO SERENO	1796	775	231.74
OVEST	URAGO MELLA	3152	1251	251.96
EST	S. POLO PARCO	1865	723	257.95
NORD	MOMPIANO	2393	862	277.61
NORD	VILLAGGIO PREALPINO	1374	482	285.06
NORD	CASAZZA	1015	314	323.25
SD	SD	35	19	184.21
TOTALE		48742	26003	187.45

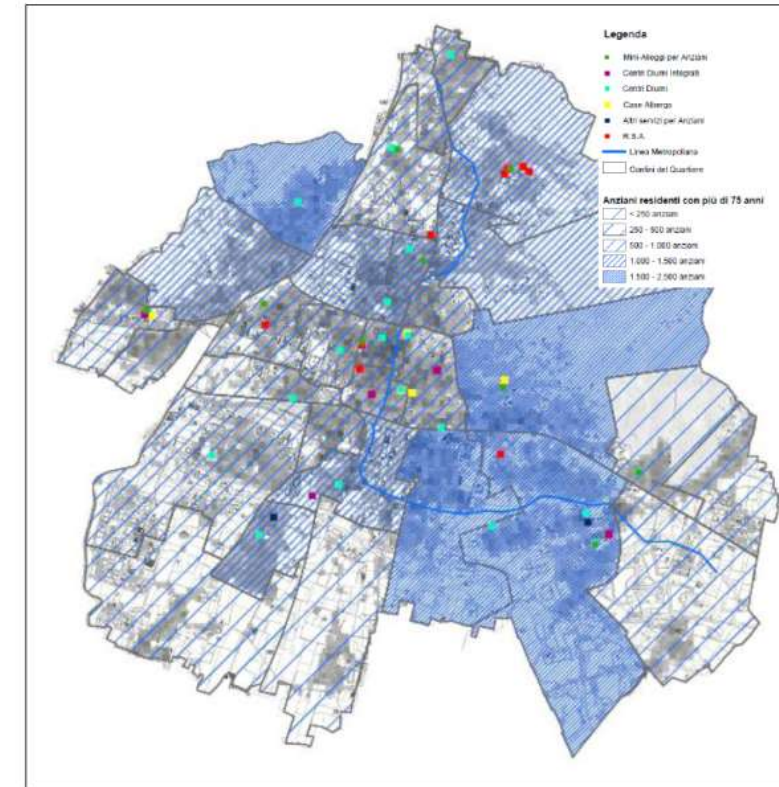


Figura 1.1 Localizzazione dei servizi per gli anziani all'interno del tessuto urbano comunale di Brescia con indicazione dell'incidenza dei residenti anziani over 75 per ogni quartiere.

SOCIABILE: l'infrastruttura sociale

Per “infrastruttura sociale”, intendiamo *“l’insieme di risorse strumentali ed emotive (ad es: informazione, conoscenza, aiuto e supporto) ricche di importanti implicazioni cognitive per l’anziano, il cui accesso è determinato dal radicamento socio-geografico dello stesso”*.

Partecipazione, informazione, aiuto, risorse di sostegno e supporto sono risorse che possono essere ottenute dall’anziano attraverso diverse leve, in primis reti sociali e/o capitale sociale di quartiere.

Mentre le prime sono “personali”, tendono a riflettere il percorso educativo e professionale dell’anziano e costituiscono fonte di «differenza» e «ineguaglianza», le risorse derivanti dal quartiere costituiscono un insieme di “beni pubblici”, potenzialmente appropriabili da chiunque, ma la cui produzione richiede sforzi collettivi

SOCIABLE: l'infrastruttura sociale

Aging Clin Exp Res (2017) 29:1173–1179
DOI 10.1007/s40520-017-0726-7



ORIGINAL ARTICLE

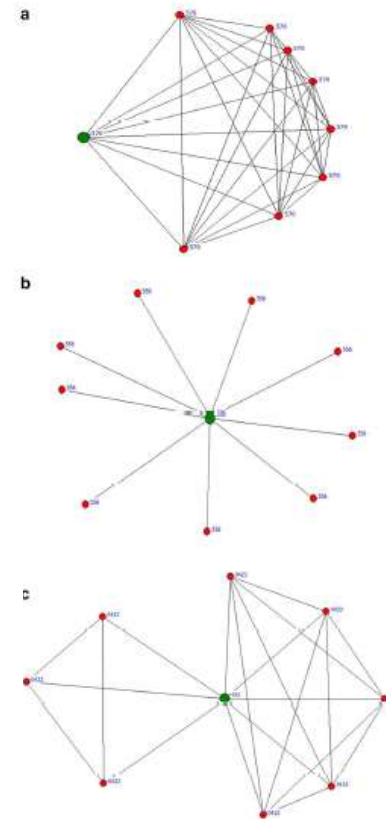
Social networks and health status in the elderly: the ‘ANZIANI IN-RETE’ population-based study

Luca Blanchetti¹ · Flaminio Squazzoni² · Niccolò Casnici¹ · Devis Bianchini³ · Emirena Garrafa⁴ · Claudia Archetti² · Valentina Romano¹ · Luca Rozzini¹ · Michele Melchior³ · Chiara Fiorentini⁴ · Daniela Uberti⁴ · Stefano Calza⁴ · Alessandra Marengoni¹

Table 2 GLM regression model testing social networks characteristics and number of chronic diseases

	Estimate	Std. Error	z value	Pr(> z)
(Intercept)	0.84082	0.73212	1.148	0.25077
Age_75+	0.3128	0.09994	3.13	0.00175***
GenderM	0.03932	0.09963	0.395	0.69305
Civil status	-0.07492	0.10781	-0.695	0.48711
Network_degree	-0.22093	0.1185	-1.864	0.06226*
Network_efficiency	1.50995	0.70744	2.134	0.03281**
Interaction frequency	0.31387	0.2513	1.249	0.21167
Education level heterogeneity	-0.12093	0.08549	-1.414	0.15722
Network_degree: interaction frequency	0.0138	0.03676	0.375	0.7073
Network_degree: education level heterogeneity	0.03906	0.01434	2.724	0.00644***
Efficiency: education level heterogeneity	-0.01954	0.09514	-0.205	0.83727
Efficiency: interaction frequency	-0.58571	0.23664	-2.475	0.01332**

* $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$



ANNUAL REVIEW Further
Click here for quick links to Annual Reviews content online, including:
• Other articles in this volume
• Top cited articles
• Top downloaded articles
• Our comprehensive search

by 06-02-75 12:59 on 07/10/18. For personal use only.

Annu. Rev. Sociol. 2018. 34:103–129
First published online as a Review in Advance on March 24, 2018
The Annual Review of Sociology is online at soc.annualreviews.org
This article's doi: 10.1146/annurev.soc.34.040517.134601
Copyright © 2018 by Annual Reviews. All rights reserved.
0361-0172/18/34-0103\$20.00

Social Networks and Health

Kirsten P. Smith¹ and Nicholas A. Christakis²

¹Department of Health Care Policy, Harvard Medical School, Boston, Massachusetts 02115
²Department of Sociology, Harvard University; Department of Health Care Policy, Harvard Medical School, Boston, Massachusetts 02115; email: nchristaki@hsph.harvard.edu

Key Words

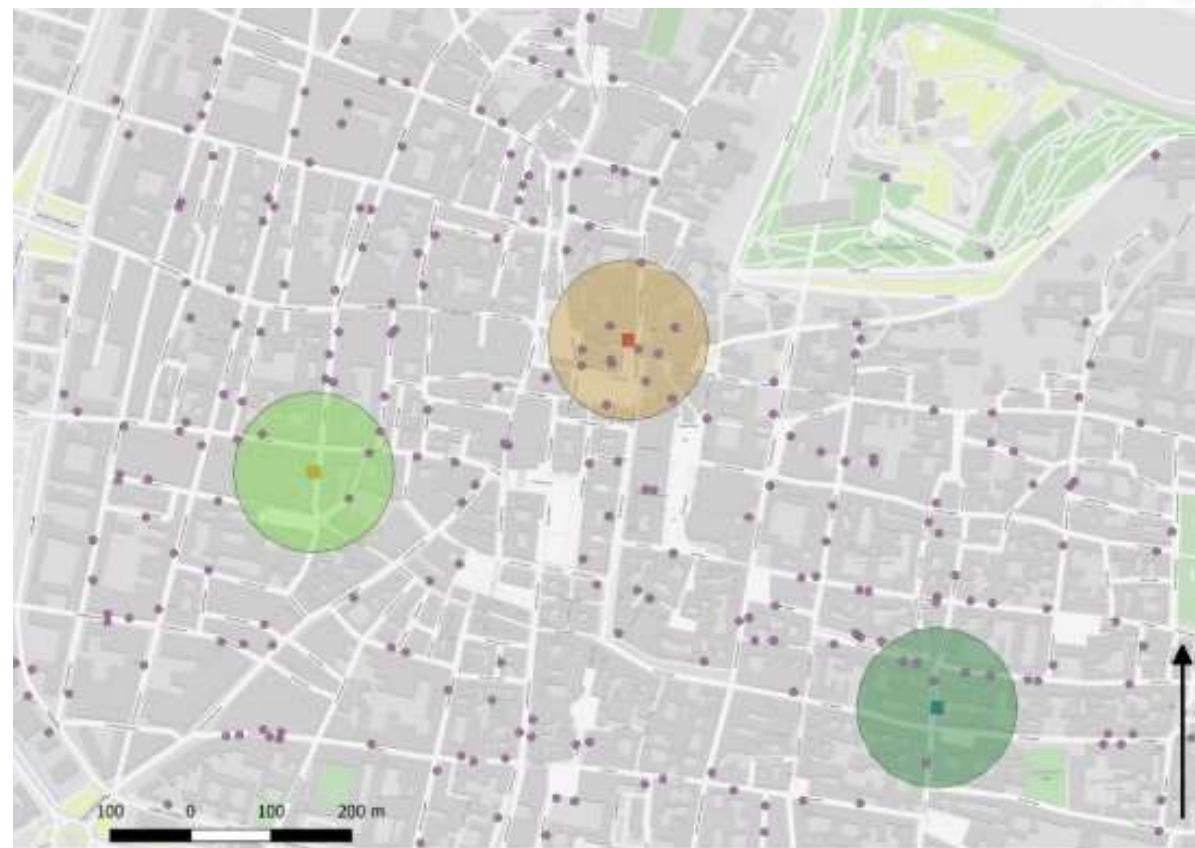
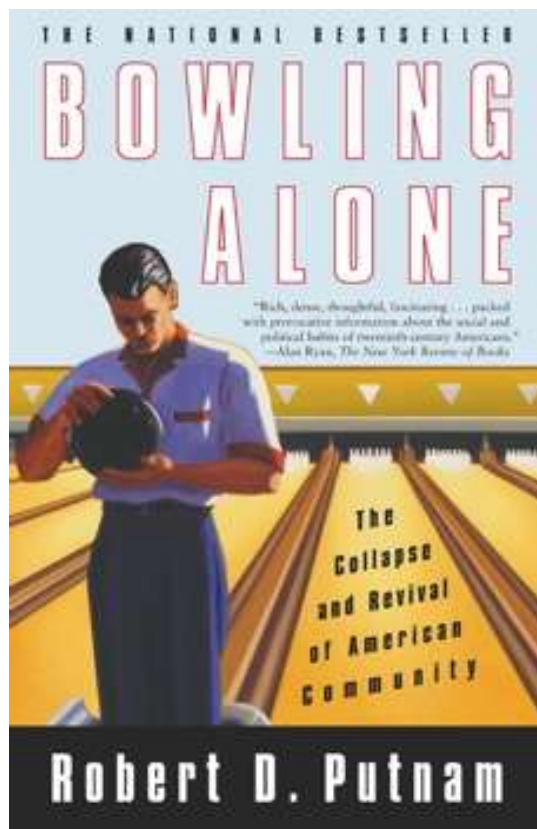
egocentric, sociocentric, health behavior, homophily, peer effects

Abstract

People are interconnected, and so their health is interconnected. In recognition of this social fact, there has been growing conceptual and empirical attention over the past decade to the impact of social networks on health. This article reviews prominent findings from this literature. After drawing a distinction between social network studies and social support studies, we explore current research on dyadic and supradyadic network influences on health, highlighting findings from both egocentric and sociocentric analyses. We then discuss the policy implications of this body of work, as well as future research directions. We conclude that the existence of social networks means that people's health is interdependent and that health and health care can transcend the individual in ways that patients, doctors, policy makers, and researchers should care about.



SOCIABILE: l'infrastruttura sociale



SOCIABLE: “complexity-friendly policy”

Costruire un’infrastruttura sociale sostenibile e resiliente per l’anziano richiede una visione integrata delle politiche sociali, urbane e della salute

Promuovere valutazione delle politiche «amiche della complessità» che siano «prossime» all’anziano

Sociable mira a costruire una piattaforma di dialogo tra stakeholder per sperimentare forme di integrazione sul territorio, ai confini tra ricerca ed azione a Brescia

Il progetto mira a stimolare responsabilità e consapevolezza presso i decisori pubblici e i player locali circa l’importanza della sfida dell’invecchiamento sostenibile

Towards a Complexity-Friendly Policy: Breaking the Vicious Circle of Equilibrium Thinking in Economics and Public Policy

Flaminio Squazzoni

Abstract This chapter aims to discuss certain limitations of the dominant equilibrium thinking in policy and explore more complexity-friendly alternatives. If societies and markets are viewed as complex, non-equilibrium systems, understanding nonlinear, adaptive and evolving patterns emerging from agent behaviour in network structures is fundamental for policy purposes. This requires improved realism of the behavioural and social foundations on which policies are based. We must also reconsider the mantra of incentivisation, institutional design and the top-down regulation that typically dominates conventional policy. Recent cases of financial market regulation and health policies can help us to understand the importance of looking at the subtle ways in which people or organisations behave when exposed to social influence, and pre-existing social norms and network externalities. Changing the current policy narrative and exploring complexity-friendly concepts, instruments and methods requires a shift of focus of policy-making from forecast and prediction of system equilibrium in order to understand and manage complex social systems better.

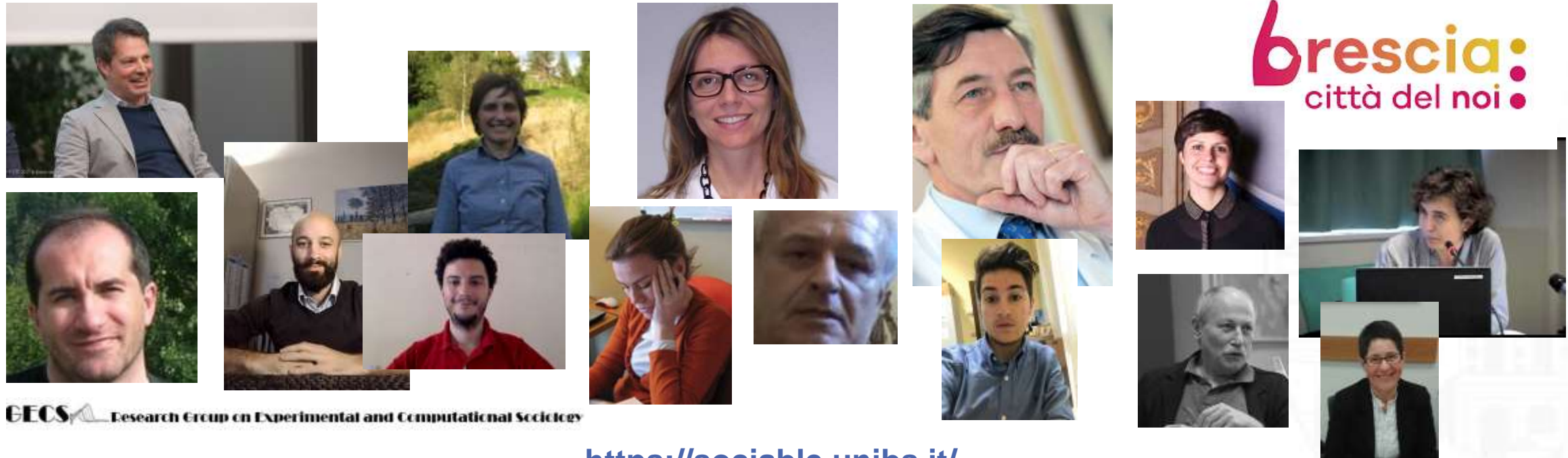
1 Introduction

These are hard times for policy-making. Today, policy makers are asked to cope with serious challenges, such as financial instability, environmental sustainability, demographic change and migration. All of this is occurring in periods of increasing interdependence between explosive technological innovation, real-time communication and new social behaviour. The implications of this interdependence are difficult to predict and control by anyone (see for example [53]). Extreme events, such as local wars, financial meltdown, humanitarian crises and environmental disasters, continue to capture the headlines dramatically affecting public opinion. Policy makers are condemned to cope with these events by referring instruments which

F. Squazzoni (✉)
Department of Economics and Management, University of Brescia, Via Sar
Brescia, Italy
e-mail: flaminio.squazzoni@unibs.it

© The Author(s) 2017
J. Johnson et al. (eds.), *Non-Equilibrium Social Science and Policy*,
Understanding Complex Systems, DOI 10.1007/978-3-319-42424-8_9

SOCIABLE: il team



GECS Research Group on Experimental and Computational Sociology

<https://sociable.unibs.it/>

UNIBS (DEM-DSCS-DICATAM)

Socialis

Comune di Brescia

IRCCS Fatebenefratelli-Brescia

Fondazione Casa di Industria