

## *Summaries*

### **Third Sector and Community Health Governance: A Comparison of Three Models of Partnership**

*(Guido Giarelli)*

After defining the concept of “community health governance”, the evolutionary differentiation of the Third Sector in the Italian health care system is considered in order to gain a better understanding of both its internal articulation and its external connections with the State, the market and the life worlds. By an analytical grid, three different regional health care systems are then examined to define the actual type of governance implemented and of community partnership built up between the public and the private sectors.

### **Not for Profit Sector and Health Strategies**

*(Carlo Borzaga and Luca Fazzi)*

The not for profit sector is made up of a plentitude of structures that share the prohibition of the distribution of the profits amongs their members. Actually, under this label – non profit – we find many kinds of organizations that differ for goals, aims and memberships. These features are present also in the not for profit sector for the enhancement of health policy. The article describes the strategies of the health organization not for profit sector under the following perspectives: the different actions of health promotion; the governace issue in an environment of interdependency of the main health actors; the trends and the conditions for the improvement of health policy in a complex society.

### **The Role of the Not for Profit Sector in the Supply of Health Services in Italy**

*(Giovanni Cerulli)*

The large development of not for profit organizations has increased the supply of health services from private actors in an arena traditionally run by the State. Yet, the general pattern of health care delivery can be considered more a Partnership Model between the public and the not for profit sectors, than a Managed Care Model. The main feature of the *Partnership Model* is the *contracting out* of the services to private actors. A set of reflections about advantages and weak points of the Model is carried out.

**Non Profit, Health and Effectiveness***(Sara Depedri)*

Sara Depedri proposes an analysis of the health care system under three main frames: the multidimensionality of the system; the presence of many contexts of asymmetric information (between doctors and patients, between workers and management) and the central position held by trustful and motivated employees in the system. As health is related to a “primary” good, that is life, in order to increase the quality and the effectiveness of the health care system Depedri proposes to strengthen the trustworthiness of the system as a whole, acting on the three main elements mentioned above.

**Social Capital and Health: the Challenges for the Not For Profit Sector***(Davide Galesi)*

The reflections of Davide Galesi are developed through three stages. At first, Galesi shows the different theoretical conceptions on social capital between macro (Putnam and Fukuyama) and micro (Bourdieu and Coleman) levels. At second, Galesi describes the use of the social capital concept in sociology of health and in epidemiology pointing out the lack of applications. Finally, Galesi proposes a link between social capital and not for profit organization, with examples in the organizational field.