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EUROINTEGRATION ASPECTS OF PUBLIC HOUSING POLICY IN FORMING PUBLIC HEALTH STRATEGIES IN UKRAINE

In article the domestic legislative and regulatory documents, materials of bodies of public authority, non-governmental organizations, materials of specialized sites are considered. The article used both basic interdisciplinary and systematic approaches, methods of analysis and synthesis, modeling. The purpose of article is to develop complexes of tools to stimulate citizens' participation in formation and realization of the public housing policy and public health policy according to different levels of their housing self-sufficiency. The study proved that the categorical apparatus is being improved in the field of science "Public Administration" in the context of defining the concept of "residential self-sufficiency of the population". This is the ability of citizens, depending on their material wealth, social situation, cultural and aesthetic preference, local traditions to satisfy their basic needs for the use or possession of secure housing and land on a temporary or permanent basis. The importance of connection of public housing policy with the public health system based on the self-sufficiency of the local community has also been proven. The complexes of tools for stimulating the participation of the population in the formation and implementation of the state housing policy for groups of the population are defined, depending on the level of their housing self-sufficiency. Establishing a link between social policies for vulnerable groups of the population, the state of health of citizens and the level of their housing self-sufficiency will allow developing transversal approaches to housing construction and public health policy in general. Establishing the relationship between the state of health of citizens and the level of their living self-sufficiency will allow developing approaches to public housing policy and public health policy.

Key words: public housing policy; public health policy; multilevel policy; social policy; policy results; housing self-sufficiency of the population; housing needs.

Problem setting. In Ukraine, as in the whole world, there is a need for careful research and improvement of the tools of public policy. Tools should improve people's well-being and self-sufficiency in the residential sector. It is also advisable to investigate the relationship between housing self-sufficiency, social policy and

public health. It is also advisable to investigate the relationship between housing self-sufficiency and public health.

Recent research and publications analysis. The World Health Organization has carried out numerous public health studies in cities around the world. A thorough analysis of the coverage of medical services by urban population is conducted, new systemic threats to densely populated areas are identified [1 – 5]. The issues of the public policy are the subject of many investigations, including Ukrainian [6 – 11], Finnish [12] and Estonian researchers [13], and other scientists, as well as the authors of this article [14, 15]. All scientists think that the solution of the pressing problems in the housing and other fields is possible only by means of new approaches and tools implementation. In particular, it is necessary to take into account, that housing problems in different aspects are connected with health condition of territorial communities and are important factors of sustainable development in the corresponding territories. Finnish experience in spending cut for treatment of the homeless is rather interesting. It was achieved due to diseases reduction after provision them with social housing in frames of the programme “Housing First”. Estonian groundwork on provision of the disadvantaged groups with social housing is also noteworthy.

Highlighting previously unsettled parts of the general problem. The purpose of the article is to develop innovative tools for stimulating citizen participation in the formation of public housing policy and public health policy.

Paper main body. In our time, the authorities have to react quickly to public wishes in conducting state policy. The tools of public housing policy and public health policy should be aimed at satisfying the needs of the population.

Proper public policy foresees a rapid response of the public authorities to the society’s requirements and expectations within a given field. Public housing policy tools should be aimed at satisfying the needs of the main and the largest in number participant of the relations in the housing field – population. In most cases housing is a high priority basic good and almost the most expensive liquid asset in life. Now the mentioned tools are at the initial stage of practical implementation by public authorities, that is why there is a necessity to research and improve them essentially. Such tools should serve the main objective of the policy – to create the conditions for citizens’ well-being improvement, formulate and increase their housing self-sufficiency.

It is also necessary to indicate the study and connection of public housing policy with public health policy, as the quality of life depends on the level of health culture.

Today the notion of housing self-sufficiency is used in the USA legislation in national housing programmes, which are aimed to develop financial and technical provision of the housing field, as well as individual, economic, household and housing independence of families and individual citizens in different social strata [16]. Using this new for Ukraine notion, *we suggest to consider housing self-sufficiency of the population as the ability of citizens to satisfy their basic needs for the use*

or possession of secure housing and land on a temporary or permanent basis, depending on their material wealth, social situation, cultural and aesthetic preference, local traditions and level of sedentariness in the particular territory.

Grounding on this notion, it is clear, that housing self-sufficiency results from individual features and needs of the human. In order to develop more systematic policy, it is reasonable to group state population according to the features of housing self-sufficiency development – developed and underdeveloped (table 1).

Table 1

**Grouping of Ukrainian population according
to the housing self-sufficiency features**

Population with developed housing self-sufficiency	Population with underdeveloped housing self-sufficiency
1. Owners of homestead-type houses, built-up lands and adjacent territories (in suburban and rural areas). 2. Owners of apartments in new buildings (economy class or apartment units). 3. Owners of quality renovated apartments in old apartment buildings. 4. Owners of rental housing. 5. Potential buyers (tenants) of the first housing (as a rule, they are young people, who buy or rent apartment in city or house in village or suburb)	1. Owners of low-quality apartments in old apartment buildings, requiring major renovation. 2. Users of rental housing. 3. Users of social housing

It is necessary to help this group of the housing owners first of all to create condominium association or other forms of population self-organization with the help of public housing policy tools (tabl. 1). Self-sufficient homeowners are eager to achieve quality of family medicine and public health services. However, the availability of family doctors and territorial accessibility to primary care and public health professionals for these categories of population remain problematic in Ukraine.

In passive, relatively low-income, paternalistically disposed population strata housing self-sufficiency is not developed or is absent at all. Usually they do not understand its necessity and do not want to achieve it. Unfortunately, now in Ukraine, according to the estimation of the author of this research, population weight of those who do not feel self-sufficient and responsible for own life and housing, constitutes over half of its general number.

The owners of low-quality apartments in old apartment buildings, requiring major renovation, mainly have a stable, longstanding paternalistic attitude to common joint property and even to their own apartments. These owners plan to stay constantly at their homes, because they have no ways to change housing. It is a large, relatively low-income group of people, who are passive in constructive work and sometimes even aggressive in their protest against the state of their housing guarding. This group has a large conflict potential in society in case of considerable damage or destruction of their old deteriorated housing. Housing self-sufficiency is accepted by

the group only as a right for their real estate possession and disposition, but without duties on their proper maintenance.

The users of rental housing usually do not improve housing, where they live, considering it as strictly temporary and non self. They are not interested in the state of adjacent territory. These people are ready to change housing in case of moving to new work place with higher earnings. Correspondingly, they are not interested in civil relations in the land field as well.

The users of social housing are first of all internally displaced people from Donbas to other regions of Ukraine, which are not military conflict ridden, as well as low-income and homeless people, who usually do not improve the quality of the provided social housing. Also they are often not interested in the state of adjacent territory.

Thus, the level of quality housing, legal, property and psychological relation of the person to the dwelling and the adjoining territory give to the researchers a rich material for careful study. An up-to-date study of housing issues in an urban environment is tied to the issue of coverage of public health and family medicine by locals. It is already clear that the higher the housing self-sufficiency, the greater the need and desire to develop a culture of health in the local communities. Conversely, in the poorer neighborhoods public health and family medicine work on a final principle. It is necessary to offer different target tools to stimulate participation in public housing policy and public health policy formation and realization for each population group and municipality (table 2).

Table 2

**Target tools to stimulate participation
in public housing policy formation and realization**

Population groups	Target stimulation tools
1	2
Population with developed housing self-sufficiency	
Owners of homestead-type houses, built-up lands and adjacent territories (in suburban and rural areas)	– state, regional and local programmes on concessional mortgage lending, housing energy renovation, spreading of the use of alternative energy sources; – simplifying the procedures of legal land parcel allotment for individual housing building both in cities and villages; – development of the procedures of anti-corruption, legal institutionalized wide territorial extension of the human settlement for such homestead building; bringing all service lines, roads, street lighting; arrangement of proper household infrastructure public service in the cottage communities (service providers, shops, ateliers, different repair shops, educational institutions and primary health care facilities), which can be solved in the course of territorial communities uniting around the cities and agglomerations formation in prospect; – creation of open electronic registers and provision of transparent functioning of e-services in state and municipal institutions; – creation of additional outpatient clinics, selection of public health and family doctors for these suburban territories; – improvement of staffing of family clinics and public health establishments, professional training of new specialists

Continuation of table 2

1	2
Owners of apartments in new buildings (economy class or apartment units)	– state, regional and local measures to stimulate creation of apartment buildings (condominiums) co-owners associations and other forms of population self-organization in such new buildings; – development of the procedures for rapid land transfer of built-up and adjacent territory into condominiums' property; – development of the market of apartment buildings rulers and private service providers at local level for quality satisfying of the housing and communal needs of exacting real estate owner; – development of e-democracy tools for information distribution, creation of transparent conditions for work and simplifying of population self-organization bodies activity and their associations; – development of e-health tools; – preparation in the city of the existing biosafety system to respond to modern challenges, improving the logistics of the laboratory base for the identification of pathogens of all dangerous and especially dangerous infectious diseases, responding to possible viral threats
Owners of quality renovated apartments in old apartment buildings and owners of rental housing	– state, regional and local programmes on concessional mortgage lending, energy renovation for both individuals and condominiums; – local programmes on co-financing of major and current houses renovations, covered by local budget (e.g., 60%) and apartments owners (correspondingly, 40%), so that passive owners realize their responsibility for own housing; – state, regional and local measures on stimulation of condominiums creation in the “problem” buildings, or at the beginning of the election of responsible person (representative) in the house (or house committee) – to maintain control of service providers work and associate passive residents; – development of local (quarter) strategies of sustainable development on the basis of grant, voluntary projects, fundraising, involvement of the local community to own living environment arrangement with the help of participation management and participatory budgeting; – stimulation with the help of municipalities the creation of sports and green areas in the surrounding areas; – improving the accounting and reporting system for diseases; – the creation of a new system of sanitary rules and regulations that meets current EU requirements
Potential buyers (tenants) of the first housing	– state, regional and local programmes of youth housing mortgage lending; – real estate tax reduction (or exemption from payment) for youth; – provision with sufficient amount of land parcels for youth building in human settlements; – development of youth housing building cooperatives; – initiating saving housing building banks for youth; – building cheap rental housing with right of redemption according to the scheme of regional cluster by municipalities, investors and developers. The scheme permits to involve only local producers of building materials, regional builders, and firms on the housing management and maintenance; – promotion of healthy lifestyles in young people through the use of GH (promotion and advocacy) tools, introduction of a vaccination culture in the population; – the fight against the spread of chronic noncommunicable diseases

Continuation of table 2

1	2
Population with underdeveloped housing self-sufficiency	
Owners of low-quality apartments in old apartment buildings, requiring major renovation	– state, regional, local and social measures on stimulation of condominium association creation in such problem buildings (according to personal calculations of the article co-author O. Demikhov, there are over 60% of such apartment buildings in Ukraine); – participatory budgeting to make population interested in solution of social problems in the community; – gradual creation by public authorities of the conditions that such apartment owners first choose without alternative co-financing of the house renovations (jointly by apartments owners and state, municipal bodies), and further – only self-financing; – an important role of new housing relations participant belongs to house rulers, who have to work with such apartments owners and carry out explanation work, prove that there is no alternative to responsible property possession, be constructive consultants and mediators between apartments owners and communal services providers, as uncontrolled critical debt accumulation and efforts to enforce the debt lead to considerable social tension; – active work of the municipality together with condominium associations and other public organizations, directed at involving the citizens of this group into improvement of their social environment conditions, territory improvement and care of common joint property in frames of different local actions; – election of responsible person (representative) or members of house committee in each such house with the aim of further union of passive apartments owners for common control of the house service, induction of the feeling of responsibility for their own and common housing property; – mass coverage of such segments of the population through the promotion of public health, teaching them basic knowledge about healthy lifestyles, maintaining their own housing at the level of sanitary security; – giving additional attention to family physicians and health care professionals in communities in such areas
Users of rental housing	– local public authorities should create municipal housing and support investment building and rental housing developers with the right of redemption in order to improve living conditions for these people and bind this population group to particular human settlement. In case of their move, it is necessary to offer free housing to other employees immediately for staff rotation, filling vacancies in the local labour market and maintaining number of occupants (taxpayers and service users) of the human settlement; – development of national, regional and local programmes on support of small business for creation of the conditions for work and inhabitancy of this population category. Getting the conditions for stable income, such people will be interested in buying (building) own housing and will stay in the territory as entrepreneurs- employers and taxpayers; – coverage of the epidemiological control of this category of persons as they are highly mobile workers who move around the areas with different epidemiological picture

The end of table 2

1	2
Users of social housing	– creation of state, regional and local programmes on social housing building and social reintegration of this group at the same time (study, treatment, employment, etc.) in order to enhance its economic capacity, form the feeling that it is reasonable to achieve housing self-sufficiency and, subsequently, achieve independence from the state and municipal housing aid; – strengthening by the municipality of sanitary and epidemiological control of such communities, densely living in separate houses or quarters; – improve the city's system of monitoring and evaluation of the sanitary and epidemiological situation in homes and neighborhoods of disadvantaged people; – combating the spread of HIV/AIDS and tuberculosis

The mentioned in table 2 policy tools will contribute to reduction of internal migration to more developed human settlements, external labour migration and suspension of emigration abroad.

It is necessary to mention that work with paternalistically disposed population groups, taking into account their peculiarities, is an influential factor of the public housing policy and public health policy. Timely and complex use of the suggested tools will promote transition to self-financing of the measures on housing maintenance by its owners.

Public housing tools policy for the users of rental housing change citizens' perceptions of housing self-sufficiency, a kind of binding them to some territory first by the possibility of stable earnings, and then – by the possibility of conscious, assured choice to buy own housing and, if necessary, adjacent territory. An additional factor for the formation of a sedentary lifestyle is the creation of an efficient public health and family medicine by municipality.

The users of social housing constitute a rather complicated category of population in the context of their involving to socially important actions and corresponding policy. To formulate in such citizens minimum housing and healthy self-sufficiency, it is necessary to implement the tools, which are mentioned for them in table 2, systemically and for a long time.

We propose to consider the experience of Finland and Estonia in housing policy and public health policy for comparative analysis.

Finland is the only country in Europe where the number of homeless people is on the decline. This is not a coincidence. Since the 1980s, the state, volunteers, municipalities and NGOs have been working with determination to reduce homelessness. Of particular importance is that in the 2000s, the state has launched and funded programmes aimed at reducing homelessness, which have in particular tackled the situation of the most vulnerable long-term homeless. With the help of the programmes, organisations and municipalities have, for example, provided new housing for the

homeless and reformed the services aimed at them. All of these actors have wanted the same thing: to humanise the life of the homeless.

The Housing First principle produces results. In addition to benefiting individual homeless people, the principle benefits society as a whole. In Tampere, for example, the supported housing unit in Härmälä reached almost 250000 euros in savings in one year thanks to the model. The savings in terms of the services needed by one person can be up to 9600 euros a year when compared to the costs that would result from that person being homeless. Additionally, housing one long-term homeless person saves about 15000 euros of society's funds per year. The most important thing, however, is that since 1987 about 12000 people have received a home.

Thus, Finland's successful long-term public housing policy for dealing with homelessness is observed. Combating homelessness is one of the most important aspects of improving public health in local communities. Finland has therefore introduced an effective mechanism for combining two public policies-housing and public health.

Referring to the Estonian experience, let us consider the research of A. Кдрік and J. Kxre. These scientists analysed the practice of social housing building in Estonia for disadvantaged population groups. According to their conclusions the survey conducted among municipalities reveals that the need for social housing exceeds the existing supply in most local administrations in Estonia. On average, the existing supply covers 80 percent of the need, and the need for social housing is estimated as higher in larger cities, where the existing stock covers two-thirds of the estimated need.

Tallinn is the largest city in Estonia, with a population of 399400 in 2010 (Statistics Estonia). It has 172800 dwellings, and per capita floor space is equal to 23 square meters (in 2000). The housing market is largely made up of Soviet high-rise housing estates, which is where most of the city's residents live. Tallinn stands out with its new policy to significantly increase the social housing sector. The Residential Construction Program adopted in 2002 (RCP-1 2002) envisioned the construction of two thousand municipal dwellings and three thousand private dwellings (PPPs) between 2003 and 2007, with the aim of addressing the problem of the lack of affordable modern living space in the city and decelerating the rapid inflation of housing prices over that same period. Social dwellings were to be established under direct local administration (LA) ownership or as PPPs in the form of long-term lease of dwellings built and owned by private developers to the LA. In the PPP projects, it was planned that the LA would participate on construction costs by providing municipal land and technical infrastructure (RCP-1 2002; Interim Report of the RCP-1 2007). The main criteria for choosing potential locations for social housing developments were the following: (a) the land is available to the municipality or is owned by the municipality; (b) the areas are not attractive to private sector developments and cannot be regenerated without public support. The planned budget for the five-year period of the project was 75,4 million U.S. dollars, with a state contribution of 25 percent or 19.5 million U.S. dollars and a contribution from Tallinn's LA of 45,9 million U.S. dollars.

Program passed in 2008 broadened its ambit: it planned to support more the labor force the city relies on (“key workers”) and improve the housing conditions of young families. The program also aimed to create a stable (in terms of prices), adequately sized and secure rental sector. The term key workers refers to public sector professionals with below-average income, such as people working in educational institutions, social welfare services, health services, police officers, and rescue services. Nevertheless, the document states (RCP-2 2008) that in the future the definition of the key workers eligible for social housing will broaden in scope. A “young family” here is a family or single parent with at least one child under the age of sixteen. This program envisioned the construction of around one thousand dwellings. Thus, the main difference between the program passed in 2008 and the previous program is that a shift occurred away from specifically targeted social housing tenure to much broader eligibility criteria, with the quite ambitious goal of integrating social rental housing in the overall housing market. The principles for implementing the program were similar to those in the RCP-1: a part of the housing would be built under the direct ownership of the LA and the rest as PPPs. It was estimated that the rent would be around two-thirds of cost rent and half of market rent in new flats built in the private sector (RCP-2 2008). The rent was to be differentiated according to target groups: two-thirds of cost rent for the ‘key workers’ and five-sixths of cost rent for ‘young families’; this was 6,5 U.S. dollars per square meter per month on average. The rule implemented was that rent could increase by 5 percent per year, which meant shifting the actual rent to cost rent level over a seven-to-ten-year period.

As an outcome of the RCP-1, 914 housing units were built in LA ownership and 680 as PPPs between 2003 and 2008. Most of them are five- and eight-story apartment buildings and they are rented to tenants for a period up to five years. As a result of the RCP-2, 1214 social housing units were built as PPPs by private developers between 2009 and 2011; these are concentrated in three fifteen-story tower buildings. Thus, two RCP programs added almost three thousand new social dwellings, or nearly 2 percent of the total housing stock of Tallinn, with one-third of them in the direct ownership of the LA. All of the newly built dwellings are located in buildings with 100 percent social dwellings. Of the new social housing units built between 2000 and 2011, 63 percent were allocated to tenants in restituted housing, 20 percent to social welfare clients, and 17 percent to young families or “key workers”. Nearly 2 percent of all households in Tallinn got an apartment in new social housing between 2000 and 2011.

Thus, Finnish and Estonian experience proves that it is reasonable to form constantly functioning fund of social housing in cities, which increases their competitive ability. As we can see, social municipal housing creates the conditions for a safe and healthy life of socially vulnerable people and homeless people. The availability of such housing increases the standard of living and reduces the further costs of local administrations for the treatment and rehabilitation of potential disadvantaged patients. Let us not forget about the reduction of criminogenic situation due to a reasonable pre-planned public housing policy.

Thus, housing policy instruments ensure the stability of the public health system in Europe. These practices should also be applied in Ukraine. The impact of public health policy on the development of local housing should also be mentioned. So, plans for the construction of new residential areas in the city, landscaping, location of industrial areas must be coordinated, including with public health professionals.

Together with the use of the mentioned tools of community housing self-sufficiency formation, it is necessary to develop cooperation of the representatives of condominiums and other forms of population self-organization, as common housing territories (entryways, elevators, adjacent objects, etc.) can be the places of different diseases spread. In this context, it is advisable to bring community health professionals and family physicians closer to local communities at the neighborhood and condominium level. The direct interaction of residential institutions and elements of the healthcare sector at the grassroots will ensure disease prevention and a better response to epidemiological threats. It is reasonable to use information and organization possibilities of the communities and separate apartment buildings for wide and quality population.

The above given tools should be used in frames of multilevel public housing policy model, which will be connected with the public health system. In conjunction, they are aimed to contribute to community sustainable development significantly, in particular, to provide such results:

- increased confidence and cooperation of different groups and public authorities, stimulation of public activity in the field of local development;
- equal accessibility to financial and material resources for housing conditions and medical services improvement for all population groups;
- transparency of the development and implementation in frames of the corresponding public managerial mechanisms;
- the use of ICT in the context of modern development of information society and e-democracy and e-governing, including local e-health systems;
- efficiency due to innovation (they should be developed by experienced expert groups);
- primary verification of the tools efficiency;
- more satisfaction of population with housing services and health care;
- public control of the interests observance of all groups;
- the mobilization of public health and family medicine tools to promote the health culture within individual quarterly communities.

Thus, the suggested tools are aimed to transform state or local housing policy and health policy into public housing policy and public health policy, which is characterized by transparency, engagement of many parties and their common responsibility. In addition, effective public housing policies and a sustainable public health system mutually enrich each other and help municipalities create self-sufficient ecosystems in local communities.

Conclusions of the research and prospects for further studies. The tools complexes were developed to stimulate population to participate in public housing policy

and public health formation and realization for population groups depending on the level of their housing self-sufficiency (it is suggested to introduce this notion into domestic scientific discourse), in particular, for such population categories: 1) owners of homestead-type houses, built-up lands and adjacent territories (in suburban and rural areas); 2) owners of apartments in new buildings (economy class or apartment units); 3) owners of quality renovated apartments in old apartment buildings; 4) owners of rental housing; 5) potential buyers (tenants) of the first housing (as a rule, they are young people, who buy or rent apartment in city or house in village or suburb). Corresponding grouping is performed taking into account, that satisfying different needs contributes to general efficiency of the public housing policy and public health policy. Therefore, it is necessary to provide sufficient diversity of the policy tools, which are systematically integrated to the corresponding governing mechanisms. In practice these mechanisms should be represented in housing and medicine programmes, which systematically accumulate different measures, leverage, stimuli, etc.

In addition to such programmes, to improve life quality of the territorial communities, it is reasonable to take measures on local health care provision and diseases prevention, especially in apartment buildings, – with the support of condominiums and other population self-organization structures. In this context the establishment of the housing self-sufficiency level, namely according to the suggested by us population groups, will permit to develop transversal and more efficient approaches to housing public policy and public health in general. Thus, this is a perspective direction of further research.

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**ЄВРОІНТЕГРАЦІЙНІ АСПЕКТИ ПУБЛІЧНОЇ ЖИТЛОВОЇ ПОЛІТИКИ
У ФОРМУВАННІ СТРАТЕГІЙ ГРОМАДСЬКОГО ЗДОРОВ'Я В УКРАЇНІ**

Постановка проблеми. В Україні, як і в усьому світі, існує необхідність ретельного дослідження та вдосконалення інструментів публічної політики. Інструменти повинні покращити добробут людей та самодостатність у житловому секторі. Також доцільно дослідити взаємозв'язок між житловою самодостатністю, соціальною політикою та

охороною здоров'я. Необхідно також дослідити взаємозв'язок між житловою самодостатністю та здоров'ям населення.

Аналіз останніх досліджень і публікацій. Всесвітня організація охорони здоров'я провела численні дослідження в галузі охорони здоров'я у містах світу. Проводиться ретельний аналіз охоплення міського населення медичними послугами, виявляються нові системні загрози щільно заселеним районам. Питання публічної політики є предметом багатьох досліджень, зокрема українських, фінських, естонських дослідників, інших вчених, а також наших статей. Усі вчені вважають, що вирішення нагальних проблем у житловій та інших сферах можливе лише за допомогою нових підходів та впровадження інноваційних інструментів. Зокрема, необхідно враховувати, що житлові проблеми в різних аспектах пов'язані зі станом здоров'я територіальних громад та є важливими чинниками сталого розвитку на відповідних територіях. Досить цікавий фінський досвід щодо скорочення витрат на лікування бездомних. Це було досягнуто внаслідок зменшення захворювань після надання їм соціального житла в межах програми "Житло в першу чергу". Заслугує уваги також естонський досвід щодо надання соціального житла безпритульним.

Виокремлення невирішених раніше частин загальної проблеми. Метою статті є розробка комплексів інструментів для стимулювання участі громадян у формуванні та реалізації публічної житлової політики та політики громадського здоров'я відповідно до різних рівнів їх житлової самодостатності.

Дослідженням встановлено, що категоріальний апарат удосконалюється у галузі науки "Державне управління" в контексті визначення поняття "житлова самодостатність населення". Це здатність громадян, залежно від їх матеріального стану, соціального становища, культурних та естетичних уподобань, місцевих традицій, задовольняти свої основні потреби щодо використання чи володіння безпечним житлом та землею на тимчасовій чи постійній основі. Доведено також важливість зв'язку публічної житлової політики із системою охорони здоров'я, що базується на самодостатності місцевої громади. Визначено комплекси інструментів стимулювання участі населення у формуванні та реалізації публічної житлової політики для груп населення, залежно від рівня їх житлової самодостатності. Встановлення зв'язку між соціальною політикою для вразливих верств населення, станом здоров'я громадян та рівнем самозабезпеченості ними житлом дасть змогу розробити трансверсальні підходи до будівництва житла та політики громадського здоров'я. Встановлення взаємозв'язку між станом здоров'я громадян та рівнем їх життєвої самодостатності допоможе розробити нові підходи до публічної житлової політики та політики громадського здоров'я.

Виклад основного матеріалу. На сучасному етапі публічним органам влади доводиться швидко реагувати на громадські бажання у проведенні політики. Інструменти публічної житлової політики та політики громадського здоров'я повинні бути спрямовані на задоволення потреб населення.

Оптимальна публічна політика передбачає швидке реагування органів державної влади на вимоги та очікування суспільства в певній галузі. Здебільшого житло є першочерговою базовою цінністю і чи не найдорожчим ліквідним активом у житті. На сьогодні згадані інструменти перебувають на початковому етапі практичної реалізації державними органами влади, тому є необхідність їх дослідження та вдосконалення. Такі інструменти повинні слугувати головною метою політики – створити умови для

покращення добробуту громадян, сформулювати та підвищити їх житлову самодостатність.

Необхідно також вказати на вивчення та зв'язок політики житлового господарства з політикою громадського здоров'я, оскільки якість життя залежить від рівня культури здоров'я.

Цікавим є досвід Фінляндії та Естонії у сфері житлової політики та політики громадського здоров'я для порівняльного аналізу. В цих країнах спостерігається успішна довгострокова житлова політика щодо боротьби з бездомністю. Боротьба з бездомністю є одним із найважливіших аспектів поліпшення охорони здоров'я у місцевих громадах. Тому там запроваджені ефективні механізми поєднання двох публічних політик – житлової сфери та громадського здоров'я. Таким чином, досвід Фінляндії та Естонії доводить, що доцільно формувати в містах постійно функціонуючий фонд соціального житла, що збільшує конкурентоспроможність територій. Як ми бачимо, соціальне муніципальне житло створює умови для безпечного та здорового життя соціально незахищених людей та бездомних. Наявність такого житла збільшує рівень життя та зменшує подальші витрати місцевих адміністрацій на лікування та реабілітацію потенційно неблагополучних пацієнтів. Не будемо забувати про зменшення криміногенної ситуації завдяки розумній заздалегідь запланованій житловій політиці.

Таким чином, інструменти житлової політики забезпечують стабільність системи охорони здоров'я в Європі. Ці практики потрібно застосовувати і в Україні. Необхідно зазначити також зворотній вплив політики охорони здоров'я на розвиток місцевого житла. Отже, плани на будівництво нових житлових районів у місті, благоустрій, розміщення промислових зон повинні бути узгоджені, зокрема із спеціалістами охорони здоров'я.

Також доцільно наблизити медичних працівників та сімейних лікарів до місцевих громад на рівні сусідства та кондомініуму. Безпосередня взаємодія житлових установ і елементів галузі охорони здоров'я забезпечить профілактику захворювань та кращу реакцію на епідеміологічні загрози. Доцільно використовувати інформаційні та організаційні можливості громад: окремі житлові будинки для широкого та якісного обслуговування населення.

Такі інструменти повинні використовуватися у межах багаторівневої моделі публічної житлової політики, яка буде пов'язана з системою охорони здоров'я. Отже, запропоновані інструменти спрямовані на перетворення державної або місцевої житлової політики та політики в галузі громадського здоров'я в політику прозорості, залученості багатьох сторін та їх спільної відповідальності. Окрім того, ефективна житлова політика та стабільна система громадського здоров'я взаємно збагачують одна одну і допомагають муніципалітетам створювати самодостатні екосистеми в місцевих громадах.

Висновки і перспективи подальших розвідок. Нами були розроблені відповідні інструменти для стимулювання населення до участі у публічній житловій політиці та формування політики громадського здоров'я для груп населення, залежно від рівня їх самодостатньої життєдіяльності. Відповідне групування населення здійснюється з урахуванням того, що задоволення різних потреб сприяє загальній ефективності публічної житлової політики та політики громадського здоров'я. Тому необхідно забезпечити достатню різноманітність інструментів політики, які систематично інтегруються у відповідні механізми управління. На практиці ці механізми мають бути представлені у програмах із питань медичного обслуговування, які систематично накопичують різні заходи, важелі, стимули тощо. Окрім таких програм, для покращення

якості життя територіальних громад доцільно вживати заходи щодо надання медичної допомоги та попередження захворювань, насамперед у багатоквартирних будинках, за підтримки об'єднань співвласників багатоквартирних будинків та інших структур самоорганізації населення. У цьому контексті встановлення рівня житлової самодостатності, а саме відповідно до запропонованих нами груп населення, дасть змогу розробити трансверсальні та ефективні підходи до публічної житлової політики та охорони здоров'я загалом. Таким чином, це є перспективним напрямом подальших досліджень.

Ключові слова: публічна житлова політика; політика громадського здоров'я; багаторівнева політика; соціальна політика; результати політики; житлова самодостатність населення; житлові потреби.

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